

HEALTH AND WELLBEING BOARD

Wednesday, 26th May, 2021, 2.00 pm - MS Teams (watch it [here](#))

1. FILMING AT MEETINGS

Please note this briefing may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site.

2. WELCOME AND INTRODUCTIONS

3. COVID-19 AND VACCINATION UPDATE

To receive a verbal update on the Covid-19 pandemic and the vaccination programme.

4. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY

To receive an update on work to tackle racism and inequalities in Haringey.

5. SERVICES FOR 0-5 YEAR OLDS (PAGES 1 - 52)

To receive an update on services for 0-5 year olds.

6. UPDATE FROM THE ROYAL FREE HOSPITAL AND NORTH MIDDLESEX UNIVERSITY HOSPITAL

To receive an update on the Royal Free Hospital and North Middlesex University Hospital from Andy Heeps, Interim Chief Executive.

7. UPDATE FROM THE NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP (PAGES 53 - 64)

To receive an update from the North Central London Clinical Commissioning Group, including the development of Integrated Care Systems and the community and mental health services review.

8. FUTURE AGENDA ITEMS AND MEETING DATES

To note the dates of future Health and Wellbeing Board meetings:

9 June 2021 – joint meeting with Community Safety Partnership (provisional)

21 July 2021

22 September 2021

24 November 2021
26 January 2022
16 March 2022

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Thursday, 20 May 2021

Report for: Health and Wellbeing Board – 26 May 2021

Title: Partnership response to children aged 0 – 5 years and their families during the Covid-19 Pandemic

Report

Authorised by: Charlotte Pomery, Assistant Director of Commissioning, London Borough of Haringey

Lead Officer: Kathryn Collin, Head of Children’s Commissioning, Haringey, NCL CCG; Susan Otiti, Assistant Director of Public Health, Haringey Council; and Beverley Hendricks, Assistant Director Safeguarding and Social Care, Haringey Council.

1. Describe the issue under consideration

1.1 This brief paper frames a presentation to the Health and Wellbeing Board on the partnership response to the needs of children aged 0 – 5 years and their families during the Covid-19 pandemic. The attached presentation sets the response in context and then goes on to summarise how services responded and how they are positioning themselves to recover as lockdown restrictions are eased over the coming weeks.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are asked to note the presentation and to comment on how the system wide response could be strengthened as everyone begins to look to recovery and renewal, beyond the immediate crisis of the pandemic.

3. Background Information

3.1 Partners would like to take this opportunity to highlight the huge changes introduced at pace and at scale to ensure continuation of key services throughout the pandemic. Organisations have demonstrated a genuine flexibility of approach which can be seen in the detail of the attached presentation.

3.2 However, partners also recognise that the impacts of the pandemic, and its associated lockdowns, economic downturn and limits on social contact, will be long-standing particularly for the youngest and most vulnerable in our community. There is an appreciation that existing inequalities are being further exacerbated by the pandemic and that it is through the joint recovery and renewal work that partners can seek to redress these inequalities. Despite the adaptability of services, there remains much which is unknown about Covid-19 and there is a need to remain vigilant to further change and impacts over time.

4. Contribution to strategic outcomes

- 4.1 The work described here is part of the borough whole systems approach to ensure all children and young people in the borough have the best start in life. It contributes to the vision set out by partners in the Borough Plan: A Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential. Adopting a whole systems approach, partners believe, supports engagement of communities in work to improve health and wellbeing across the whole population in the borough as required in both the Health and Wellbeing Strategy and the Borough Plan.

5. Statutory Officer Comments (Legal and Finance)

Not required as report is for information.

6. Use of Appendices

- 6.1 Presentation attached.

7. Background Papers

Not applicable.

Partnership response to children aged 0 – 5 years and their families during the Covid-19 Pandemic

Health and Wellbeing Board, 26th May 2021

Kathryn Collin, Head of Children's Commissioning, Haringey, NCL CCG

Beverley Hendricks, Assistant Director Safeguarding and Social Care, Haringey Council

Susan Oti, Assistant Director of Public Health, Haringey Council

Charlotte Pomery, Assistant Director Commissioning, Haringey Council

The impact of the COVID-19 pandemic on council, health and education services, on communities, on families and on children and young people themselves cannot be understated and adds further challenge to an already complex picture of rising demand and sustained pressure on our public sector finances and resources.

This presentation provides a summary of how partners across the Borough have together responded to support the health and wellbeing of our Children and Young People aged 0 – 5 years in Haringey during the pandemic.

Our wider, pre-existing work (before Covid-19 when some business as usual had to pause) is beginning to shape a whole system and whole borough approach to children’s physical and emotional health and wellbeing.

We know that the impact of the pandemic and its associated lockdowns and restrictions on the physical and emotional health and wellbeing of children and young people has been profound and is, as yet, not fully understood. Our approach has been to work together to address need on a number of levels ensuring that health and wellbeing remain a high priority across our partnership.

Our wider work across the system includes primary care, Accident and Emergency, early years education and childcare, health visitors, school nurses, therapists, paediatrics, education staff, children’s social care, family support and voluntary sector providers such as MIND and Tottenham Hotspur Foundation.

Young children's physical and emotional health and wellbeing is one of our core priorities, monitored strategically at senior level through our Start Well Partnership Board (0-25 years). This group is chaired by our DCS with the CCG Director of Integration as vice-chair. The Start Well Partnership Board reports in to the Borough Partnership Executive, which is a Chief Executive and Director Level meeting bringing together all key partners in Haringey and which in turn feeds into the Health and Wellbeing Board as the partnership oversight.

- Services across the spectrum from childcare to primary care to specialist therapies have remained open throughout the pandemic
- Clinical activity via telephone/video conferencing has taken place where safe/possible. Children were assessed through multi-agency discussions to ensure the most vulnerable have been prioritised
- Staff in services were impacted by COVID-19, affecting the workforce in many ways across the partnership
 - High sickness rates, absence for those directly affected by COVID-19 and/or shielding
 - Staff redeployment within community services to inpatient and other essential /crisis care services. This reduced capacity at the front end particularly for NHS provision

- Impact on residents and staff mental health and wellbeing
 - Increased anxiety, depression and bereavement with some communities more acutely affected than others
 - Parental and child anxiety about school closures and reopening fed back through schools, families using the helplines and voluntary sector providers.
- COVID-19 and impact on those with the most complex needs
 - Increased crisis presentations with increased complexity and acuity

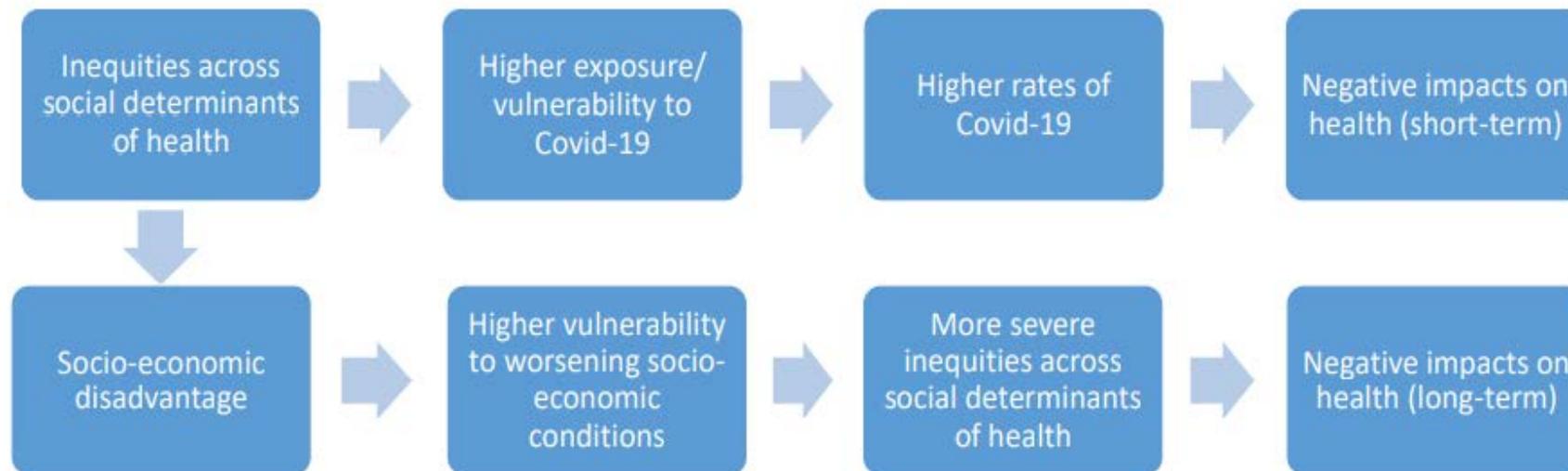
In the context of the above, Haringey has focused on connections between community, hospital and social care services. This has been positive and has overcome some of the traditional organisational boundary issues which at times impede progress

We are keen that this progress is sustained as we enter and come through the period of recovery and reopening. We have found services very flexible to meeting requirements to change under a time of great pressure.

The Covid-19 virus is primarily a public health crisis but also an economic and social one. Where we see impacts on the social determinants of health in the short-term, we can expect these to lead to more health challenges in the long-term and disproportionately impact our most vulnerable residents including families.

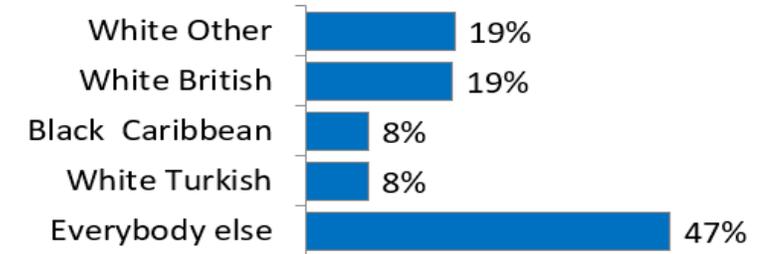
Covid-19 has caused a severe economic shock to the global, national and local economy with a significant impact on our high streets, business resilience and employment levels in Haringey. 18% of eligible employments in Haringey were furloughed in December 2020, the second highest in London. Claimant rate for unemployment benefits reached 13.5% in Tottenham and 8.9% in Hornsey and Wood Green in November 2020 – well above average.

Certain groups have been disproportionately impacted in the labour market, including, young people, women, Black, Asian and Minority Ethnic groups, the self-employed, disabled people. These groups are more likely to experience unequal treatment in other areas of their lives too.

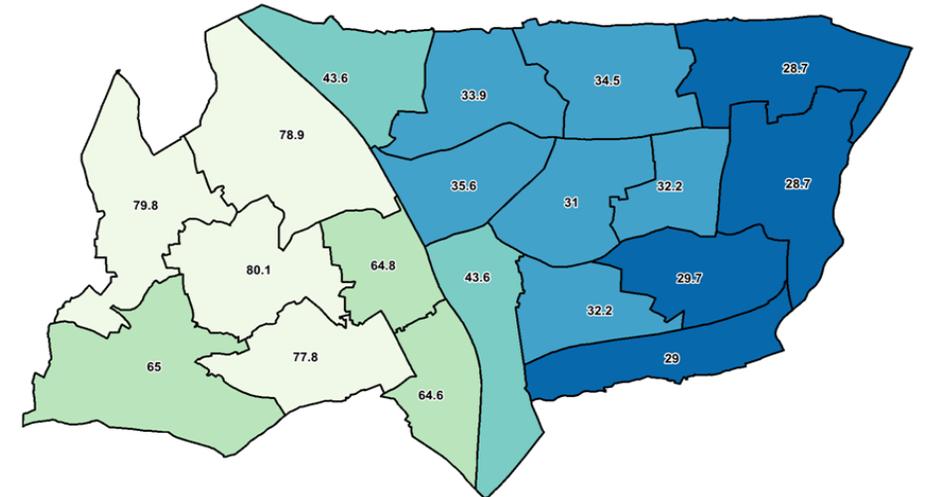


- The Covid-19 impacts are felt on existing inequalities.
- Haringey is an exceptionally diverse, young and fast-changing Borough.
 - There are 56,718 children in Haringey aged 0-17 years, representing 21% of the population.
 - 67.1% of Haringey’s population are from a Black, Asian or Minority Ethnic or Other White Group compared to 60.7% in London.
 - Haringey has the 22nd highest inflow rate for international migration in Britain
 - 186 different dialects were spoken by Haringey pupils and the population has the sixth highest percentage of individuals with a non-English first language in London.
- 21.3% of the local authority’s children under the age of 16 are living in poverty – childhood deprivation is unequally distributed across the borough mostly affecting those in the East
- Provisional DWP data (updated June 2020) on children living in low income families shows an increase of over 20% in families living in relative low income from 10,935 families in 2016/17 to 13,167 in 2018/19.

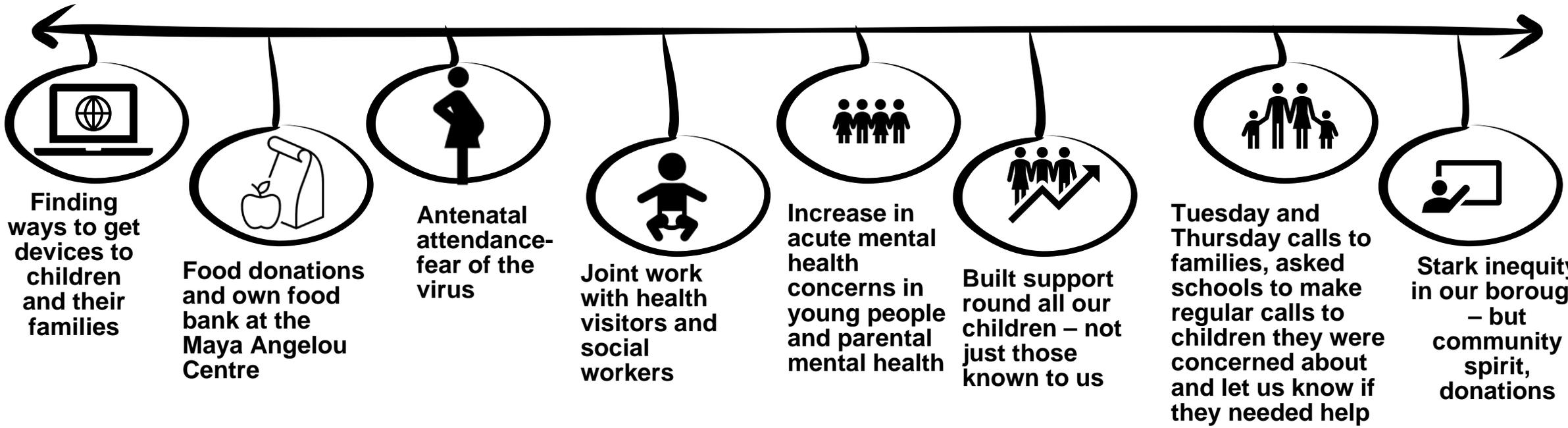
Pupils by ethnicity



Pupils whose first language is English (%)



The Experience of Children in Haringey



Whilst these experiences will not have been the experiences of all children and young people in the borough, we know that the lack of social contact, the lack of physical activity, the limited access to care and support services for some, the impacts of loss and grief and the wider economic impacts on our communities will have affected significant numbers even of very young children

In the next slides we set out service by service our summary approach to enabling young children and their families to continue to achieve the best start in life, despite the constraints of the global pandemic

We recognise we will not be able to cover every service in detail – but trust this gives a flavour of our approach overall.

Primary Care for Children & Young People

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

These service are mainly commissioned by NHS England although the CCG plays a significant role in co-commissioning of GPs (primary medical services) and supporting development of and training of primary care locally.

Parents with queries or concerns will most often access their GP surgery.

GP surgeries have remained open with rapid changes implemented to allow for remote clinical triage of children with face to face appointments where necessary.

- Safeguarding context remained important for primary care with additional support alongside routine training
- Child immunisations were an early priority to ensure children were prioritised in line with NHS guidelines.
- 6-8 week infant developmental checks continued after a brief pause in April 2020
- Learning Disability checks were prioritised in primary care for families
- Training arranged and clinical guidelines developed for primary care staff across North Central London:
 - psychological support for children in Covid Context, including managing fever
 - training and liaison with secondary care colleagues (paediatricians in hospital) about the management and recognition of PIMS-TS (the rare inflammatory condition linked to Covid for children)
- Parents/ Carers of children in reception (who would have had a routine vision screening examination in school) have been advised to attend their local optician instead.
- Oral health promotion packs have continued to be distributed to schools for families

- Going forward, through the Integrated Care System, we would like to build on our liaison and training between GPs and paediatricians, across primary and secondary care
- We plan to develop joint patient clinics and multi-disciplinary training across North Central London Boroughs. This will allow some children to be seen by a GP and paediatrician in their local GP surgery/health centre rather than having to attend a hospital. This is part of the NCL programme to improve quality and timeliness of appointments and avoid the need to attend hospital. This work programme is known as *Paediatric Integrated Care*

Paediatric Accident and Emergency Attendances

- North Middlesex University Hospital (NMUH) A&E department is the busiest in London
- A new Children's A&E department opened in 2020 to improve space and create a more pleasant environment for supporting children
- More and more children are now seen and treated in A&E without the need for admission to hospital. There has been a sustained improvement programme in place over the last three years to reduce unplanned admissions to hospital and bring rates down to London averages. This includes specific clinical pathway work for children under 6 months of age.
- The CCG and North Middlesex meet regularly as part of our Strategic Paediatric Emergency Department Group.
- This groups also looks at how we can reduce inappropriate/unnecessary attendances to A&E by families.
- Parent Education, led by a paediatrician at NMUH, has been supporting families in Enfield and Haringey who frequent A&E to feel more confident managing minor ailments and responding to emergencies e.g. choking. This is called ABC Parents and had some significant successes pre-Covid.

How has the service changed/been delivered during the pandemic?

Temporary changes in NCL were made to A&E departments during the pandemic. UCLH and Royal Free Children's A&E departments were closed.

Our Haringey local providers, Whittington Health and North Middlesex remained open. North Middlesex received additional capacity for its department.

As of Summer 2020, children's attendances to A&E were reported to have **fallen by 73–88%** since the start of the pandemic in March 20 (The Lancet Medical Journal)

The NMUH undertook a retrospective clinical audit comparing 0-16 year old A&E attendances in March, April, May 2020 with the same period in 2019. This included a through analysis of patient details, demographics, their presentation and outcomes.

- Demographics of children presenting were roughly in proportion to what the hospital was seeing pre-COVID-19
- Attendances broken down by gender was consistent with 8.3% more boys attending than girls.
- Attendances by ethnicity and age were also largely consistent during the time period
- Black, African and Caribbean community attendances reduced by 5% as did presentations by 'other' ethnic groups

How has the service changed/been delivered during the pandemic?

- Less than half the number of attendances during the audit period
- 866 fewer children in 2020 were discharged with no follow up, compared to the same period in 2019. This is likely because those who may have attended previously may have decided not to visit/sought help elsewhere. N.B. Audit work previously has shown that 30- 40% of children who attended A&E would have been able to be treated by a GP/ pharmacist instead
- There was a significant decrease in the following conditions:
 - Gastrointestinal
 - Respiratory
 - Dermatological
 - ENT
 - Notifiable Diseases
 - Trauma/poisoning/foreign body/burns
- There was also a decrease in mental health & safeguarding presentations (reduction of 38.63%) which was of concern.
- Increase in Infant specific problems
- ABC Parent Education Sessions were paused during the lockdowns but are now restarting
 - Peer support groups online/ WhatsApp continued.

Following the NMUH audit, we would like some recent attendance data for children and young people across North Central London to understand impact and any trends e.g. Will we see more children later because we are seeing less now?

We would like to understand if there was a reduction in disease OR whether parents/carers chose not to bring their child due to Covid risks. It is likely to be a combination of the two elements.

As a system we need to ask 'How can we prevent those that don't need hospital care from attending in future?'

- Educating parents
- Positive re-enforcement to empower parents

Our strategic CCG-NMUH meetings have restarted and are planned with Whittington. It may be that there is centralised work undertaken at NCL CCG level re. unplanned attendances/admissions for children.

- Potential missed safeguarding cases is an area of concern and joint system wide work on this is a priority.

Maternity Services

Maternity Services in Haringey

Maternity services within Haringey are predominantly provided by North Middlesex University Hospital NHS Trust and Whittington Health NHS Trust.

Care is provided through the antenatal, intrapartum and postnatal period in both hospital and community settings and, in line with the Maternity Transformation Programme, there is a focus on improving outcomes for birthing people and babies through increased choice and personalisation, continuity of carer and the Saving Babies Lives Care Bundle.

Pregnant people are able to choose birth at home, in a midwife-led birth centre or in an obstetric led labour ward.

The total combined number of births at NMUH and WH in 2020 was 7,480

Antenatal services - Outpatients

Face to face sessions reduced for bookings and appointments. Virtual and phone call contacts. Antenatal clinics at North Middlesex were relocated to Tottenham Hotspur Football ground in an excellent example of community collaboration. Vulnerable women- offered face to face appointments with professionals
Scans- limited partner presence
Face-to-face classes stopped, some virtual
No access to CC services
COVID infection controls and measures in place with guidelines and protocols produced as the pandemic unfolded

Joint partnership work

The pandemic brought Midwifery and HV/Early Year practitioners together virtually to share information on the rapid changes that were taking place across the sector and to find different ways of working:

- Improving the information on the maternity website on health visiting services including different languages
- Discussing ways to improve care and access to women from vulnerable, socially disadvantaged and ethnically diverse backgrounds
- Infant feeding support continued virtually and remotely – additional provision commissioned by NCL LMS.
- Implementing Healthy start vitamins availability in maternity

Labour and birth

Inpatient provision remained unchanged, however the homebirth service was suspended for two periods in the first and second wave due to pressures on LAS
Elective Caesarean sections were undertaken by the Portland Hospital
Throughout the pandemic, birthing people were always able to be supported by a birth partner.

Maternity Voice Partnership (MVP)

Increased co-production work with MVPs in producing information for birthing people and partners (visiting, homebirths, changes to maternity services) and Comms team

Perinatal Mental Health

In 2020 the North London Partners Specialist Perinatal Mental Health Service bid to be a 'Fast Follower' in the national roll out of Maternal Mental Health Services (MMHS) across the country. The new Maple Service (nationally known as Maternal Mental Health Service) is for women whose trauma symptoms have a moderate to severe impact on their mental health. This may be due to a traumatic birth experience, pregnancy loss, neonatal death or the loss of a baby as a result of social care procedures due to safeguarding concerns. This is a pilot service for 1 year, designed to address some of the service gap in perinatal mental health services. Maple offers psychological therapy and peer support. Maple will be supported by and work alongside Magnolia midwives and the North London Partners Specialist Perinatal Mental Health Service.

Inpatient services

Reduction in visitors to all areas
Information for staff and women about rapid changes
COVID infection control protocol and procedures in place

Postnatal

No reduction in care. Visits were not decreased though some were done remotely. Priority given to vulnerable families for face-to-face visits.

Continuity of Carer Teams

Some CoC teams were stood down due to staffing issues

Key learning & messages

No increase in maternal deaths

No increase in stillbirths

No increase in adverse incidents

No increase in neonatal deaths

Reduction in number of bookings and birth rate.
This possibly reflects more people working from home & able to access local services more easily or possibly preferring to stay local.
We will monitor to see whether this changes as we move out of lockdown.

Continuity of Carer
There is a renewed focus on providing CoC to people from minority ethnic and socially deprived backgrounds. These groups continue to have poor outcomes. CoC pathways are being implemented at both WH and NMH.

Returning to “normal”
Increasing access to scans and antenatal appointments for birth partners
Increasing visiting in inpatient areas

Midwifery Led Births
We saw a significant reduction in ML births during the pandemic. This was reflected across the whole of the region as the homebirth service was suspended for several months and the Edgware Birth Centre also closed. Increasing ML births is a key focus for 2021-22

Remote Services / Appts
Some services will remain remote (e.g.. Birth reflections) and virtual antenatal/postnatal appts maybe retained where appropriate.

Perinatal Mental Health Service
Excellent feedback from The Maple Service which has now been extended across Haringey and Enfield.

The Maternity Services at Whittington and North Middlesex Hospitals faced significant challenges during the pandemic keeping birthing people, families & staff safe, whilst working within the necessary constraints and limitations. The joint partnership working was successful and will continue.

Community Paediatric Medical Team

The service includes

- Child Protection Service – providing acute child protection medicals and health input, neglect clinic for non acute safeguarding medical assessments.
- Neuro-developmental clinics – medical assessments for children presenting with a range of neurodevelopmental difficulties.
- Medical contribution to the autism diagnostic assessment pathway
- Paediatric medical input to the special schools involving the medical management of children with complex long term conditions
- Children in care and adoption and fostering services

How has the service changed/been delivered during the pandemic?

- Throughout the pandemic face to face appointments were maintained for children where it was considered essential, this included all child protection medicals and clinic appointments where it was felt to be clinically essential that the child was seen and examined
- Attend anywhere video consultations and telephone appointments were used where appropriate
- All professionals meetings such as peer review and multidisciplinary team meetings were conducted virtually
- Special school clinics were carried out by phone and all children on the shielding list had virtual review appointments
- Junior doctors were re deployed which led to increased waiting times in some areas specifically neurodevelopmental clinics and children in care
- Autism assessments had to be carried out over several separate sessions and this has increased the waiting time further

The use of virtual meetings has facilitated multidisciplinary working and we aim to continue this.

Access to educational events has improved

The autism waiting time remains a huge challenge for children, families, schools and the service and we are working as a system to try to address this through the All Age Autism Strategy for Haringey and the NCL Community Health Services Review

Early Education and Childcare

Haringey's childcare and early education offer is delivered across a landscape that encompasses primary schools, nursery schools, children's centres, childminders, and private, voluntary, and independent sector providers. The sector plays a fundamental role in:

- Improving outcomes for all children – making sure gaps in attainment, access, and outcomes for the most disadvantaged groups of children are minimised
- Making available affordable and accessible childcare – supporting employment and pathways into employment for all residents
- Creating community capacity – growing community wealth through a localised offer meeting a range of local needs
- Building inclusive neighbourhoods – offering children and families with emerging developmental, disability and special educational needs support and respite

Childcare provision was prioritised for opening throughout the pandemic.

- The continuation of the free early education funding was part of the government's strategy for supporting the early years sector.
- During the Autumn term of 2020, we undertook a stocktake to understand the impact of the pandemic on providers of early education and childcare, as well as for their service users.

How has the service changed/been delivered during the pandemic?

The varied sector has had to respond to changes in demand and service delivery:

- A decrease in demand in paid-for childcare owing to changing working environments/situations.
- The impacts for childcare businesses as the Government furlough scheme comes to an end – both for their own workforces and for parents who may no longer be in work.
- Working on lower capacity, smaller bubbles having a financial effect on the childcare business
- Staff isolating and unable to work
- Extra costs related to cleaning materials and PPE.

For parents and carers we have seen:

- Concerns, fears or worries amongst some parents about their child/children taking up a childcare place when risk of transmission and infection remains high.
- Higher proportion of families claiming Universal Credit and able only to take up funded entitlement hours.
- Changing needs following lockdown, furlough scheme, redundancies and prevalence of working from home.
- Parents/carers of children with SEND, particularly affected by reduction in access to suitable childcare, including out of school and holiday.
- Increasing need for flexible childcare.

Looking forward, key areas of focus for 2021 include:

- Continuing to track the changing demographics - the overall estimated decrease in population across London during the course of the pandemic, currently stands at approximately 700,000 households.
- Increasing the take up of the two year old funding
- Increasing the take up of the 3 and 4 year old early education funding.
- Working with providers that are most at risk due to falling numbers
- Considering financial support for settings that serve areas of deprivation and policy priorities and where there is clearly a sufficiency need
- Social media marketing strategies to increase participation of childcare and monitor impact
- Ensuring key partners are involved in supporting childcare sufficiency

Children's Centres

There are 9 Children's Centres in Haringey forming part of a system of locality based early help services for families with young children across the borough. The current purpose of Children's Centres is to ensure that families with children under 5 years old can access early support through a community-based partnership model with a focus on locality services. The separately commissioned Lubavitch Children's Centre also provides universal access to stay and play provision for children under 5 years old for the Orthodox Jewish Community of Haringey. There are 3 different types of management arrangements structures across the 9 centres:

- Broadwater, Welbourne, Pembury House, Rowland Hill and Woodlands Park are run by school governing bodies.
- The local authority directly manages the Centres at Woodside, Triangle, Park Lane
- The West Peripatetic Team is line managed by the Council

Children's Centres are universal at point of access and provide services to meet the needs of the most vulnerable including stay and play, access to midwifery and health visiting, support with benefits and parenting and peer to peer mentoring. There is a statutory duty to ensure the reach of children's centres services and wards located in the east of the borough tend to have the greatest numbers of children; these are also amongst the most deprived wards.

How has the service changed/been delivered during the pandemic?

All 9 children's centres are open and remained operational throughout lockdown

The majority of services adapted to delivery online. There has been sustained focus on engagement and maintaining contact with the most vulnerable children and their families.

The core service profile has been adapted as follows:

- Targeted stay and play sessions, in the centres and outside, bookings only and space limited, depending on risk assessment for space
- New parents group – 5 weeks *centre (5 weeks parenting advice sessions for all new-born babies from 0 - 12 months covering a wide range of topics to help give you and your baby the best start in life)
- Free Entitlement Applications *Phone, or centre
- New birth engagement with new parents *phone and face to face
- Outreach to vulnerable families *phone and face to face
- Healthy Start Vitamins, appointment *Centre
- Learning, volunteer and Training Support *in-centre and phone
- One-to-one parenting support *in-centre and phone
- Referrals to Connected Communities the following:
 - Housing, benefits and financial advice, council tax, employment, English lessons, parenting and childcare, linking in with community services

The 7 centres with nurseries have continued to provide childcare, in line with the wider early years sector.

Looking forward, key areas of focus for 2021 include:

- Transition to wider and full face to face service offer as we move out of lockdown
- Planning for the wider resumption of targeted small group activity and the reintroduction of a universal offer as we move through the roadmap
- Early years review underway to maximise partnership and holistic working and ensure reach to and sustained engagement with the most vulnerable families
- Continued alignment with other services set out here to make sure we are reaching those families who need most support
- Continued alignment with the localities strategy to support community assets
- Continued tracking of the changing demographics - the overall estimated decrease in population across London during the course of the pandemic, currently stands at approximately 700,000 households.

Health Visiting

All families can access the health visiting team, it is part of the 0-19 year old integrated public health nursing service provided by Whittington Health NHS Trust. Families are offered at least five health reviews between pregnancy and when children start school:

- Ante-natal (between week 28 and 36 of pregnancy)
- New birth visit (between 10 and 14 days old)
- 6 and 8 week check
- 1 year review
- 2 - 2½ year review

The Health visiting team lead the implementation of the multi-agency 0-5 year old Health Child Programme. This is an national evidence based prevention and early intervention programme supporting families.

The health visitor team has adapted and flexed at considerable pace to continue to deliver the healthy child programme. The service has adapted data collection systems to reflect and report on the differing modes of delivery – face to face, virtual and by telephone. The service continued to flex and adapt, delivering universal reviews, prioritising families most in need and supporting the well being of staff working in such unprecedented times. Health Visitors and their teams remained front line making an important and sustained contribution to families in Haringey.

How has the service changed/been delivered during the pandemic?

- The health visiting team continued to operate throughout the pandemic
- In March 2020 the service rapidly changed to offer virtual and telephone contacts as well as face to face contacts for all local families
- The service also offered in person clinic-based appointments where families and/or staff were concerned about home visiting
- Vulnerable families and those with safeguarding needs were prioritised for face to face contacts
- GP liaison meetings with health visitors continued to take place, the vast majority moved to virtual meetings
- There was close working with social care colleagues and some joint visiting to ensure children with a Child Protection Plan or those identified as Children In Need had a robust agreed timely plan in place
- Case conferences and core groups moved to a virtual format and HVs continued to attend
- Information on how CYP services were adapting was regularly shared by the Head of CYP with all partner agencies
- Internal service developments were communicated via team meetings and a regular health visiting team brief
- In October 2020 67% initial contacts with babies under 1 were face to face rising to 75% in November and 73% in December. This data includes new birth reviews.

- Links with social care have strengthened and we are working to embed this closer way of working
- The team has worked very differently and some elements of this will be maintained, e.g. working more flexibly has significant workforce benefits and will help address workforce challenges.
- Teams have focused on equity of workload allocation taking a whole borough approach and paving the way for the introduction of the vulnerable parent pathway, training will start in June 2021.
- Many families have responded positively to virtual appointments and want to continue a blended approach
- As lockdown eases planning is underway to return to a full face to face offer of all elements of the Healthy Child Programme including the re-engagement of children's centres and the provision of covid secure spaces.
- Anticipate all Healthy Child Programme appointments may take longer and referral rates into other services may increase as families emerge from a year of lockdown with unidentified or unreported health and social issues e.g. domestic abuse, mental health concerns, attachment concerns, developmental delay.
- The rate of contacts has not been significantly impacted but there has been a significant increase in virtual/phone contacts particularly for 1 and 2 year reviews with a significant number of families who will not have had a home visit – we will be prioritising this
- Re-engaging families and encouraging attendance at face to face appointments remains a challenge for health visiting teams in some parts of the borough.

Children's Therapies and Specialist Nursing Service

The Services provide assessment, advice and intervention for children aged 0-5 with additional needs, complex needs and disabilities.

Professionals working in the service:

- Speech and Language Therapy (communication and eating and drinking)
- Physiotherapy (mobility, specialist equipment, MSK and orthotics)
- Occupational Therapy (functional activities of daily living, specialist equipment and splinting)
- Dietetics (enteral feeding and those requiring supplements)
- Specialist Health Visiting (support for families on a range of health issues and signposting)

The Service is provided from community clinics, early years settings, the child development centre and children's homes and delivered via group sessions, 1:1 sessions and training for parents and professionals.

How has the service changed/been delivered during the pandemic?

Service changes during the pandemic:

- Initial focus on delivery of essential services only
- Many of the team were redeployed to work in the acute hospital and some were required to shield, other staff were asked to work from home
- In the initial phase, face to face appointments were restricted to delivering essential work only
- Later, services expanded to include non-essential work and were provided over the telephone and over virtual platforms with face to face services where needed
- Delivery of group therapy has not been possible since March 2020. due to social distancing rules

Changes in delivery:

- Virtual training for parents and education staff
- Virtual assessments for Autism diagnosis and to inform EHCP advice
- Virtual appointments for assessment of equipment and use of videos to support speech and language development and a move to telephone/video appointments

Children at highest risk were identified and were prioritized for appointments dependent on level of risk . Ongoing liaison with education settings, safeguarding teams and health visiting teams supported this approach.

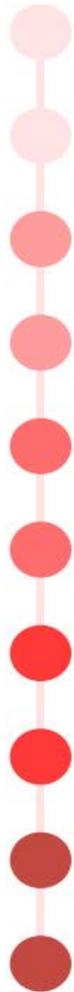
We recognise there have been a number of specific challenges for these services:

- Long waiting lists for intervention for some services, exacerbated by the pandemic
- Difficult to provide physiotherapy virtually so f2f appointments re-started as soon as was safe to do so
- Continued social distancing measures make returning to some therapy forms, e.g. group therapy, difficult. This is having an impact on waiting times for intervention.
- IT resourcing including access to smartphones and better telephony
- Creating 'Covid safe' appointments make the processes longer but reduce clinical time eg PPE, Covid questionnaire etc
- Increased stress and anxiety in the team

Opportunities

- Remote and flexible working for the team
- Use of virtual training, videos and online assessment tools are likely to be embedded into core offer
- Telephone assessments have been highly effective and will continue
- Reduction in travel time will be realised as some meetings and supervision will continue to take place virtually
- Trial of different telephony options

Immunisation



8 WEEKS

- **6-in-1 vaccine first dose** (protects against diphtheria, tetanus, whooping cough, Hib, hepatitis B and polio)
- **Rotavirus vaccine first dose**
- **Meningococcal group B (MenB) vaccine first dose**

12 WEEKS

- **6-in-1 vaccine second dose**
- **Rotavirus vaccine second dose**
- **Pneumococcal (PVC) vaccine first dose**

16 WEEKS

- **6-in-1 vaccine third dose**
- **MenB vaccine second dose**

1 YEAR

- **Hib/MenC vaccine single vaccine given against Hib (fourth dose) and MenC (first dose)**
- **MMR vaccine first dose** (protects against measles, mumps and rubella)
- **PVC vaccine booster**
- **MenB vaccine booster**

2-10 YEARS

- **Nasal flu vaccine yearly**

3 YEARS, 4 MONTHS

- **MMR vaccine second dose**
- **4-in-1 pre-school booster** (protects against diphtheria, tetanus, whooping cough and polio)

For more information visit www.nhs.uk/conditions/vaccinations (information source)

- The childhood (pre-school) vaccination programme is delivered by GP's.
- In Haringey, herd immunity (target is 95%) has not been achieved for any of the preschool vaccines (PHE Fingertips 2019/20) and we have been well below national and London uptake levels for preschool routine immunisations for many years.
- In Haringey, we average between 82% to 89% for different vaccinations. However, the 2nd dose of MMR at 5 years old is as low as 70% coverage
- Immunisations is contributing to health inequality. Local data demonstrates significant variation in uptake across different community groups; socio-economic deprivation, language, religion and ethnicity (HealthIntent flu data Nov 2020).

How has the service changed/been delivered during the pandemic?

- The service model delivered by primary care has not changed.
- The Covid-19 pandemic is likely to have reduced uptake of preschool vaccination further, because of a reduction in face-to-face opportunities for health care professionals to discuss vaccination with families, fear and structural barriers to accessing vaccinations and the complexities of vaccine hesitancy.
- There is a risk of increasing transmission of vaccine preventable diseases following the reintroduction of social mobilisation and mixing after lockdown amongst unvaccinated children.
- Awaiting equity data and evaluation data on the pilot study that has informed the pre-school vaccination strategy

Haringey Public Health team has developed a preschool vaccination strategy. It includes:

1. A population health (**universal**) approach, targeting all families, to promote preschool vaccination uptake across the borough
 - Raise awareness amongst parents and carers and professionals of preschool vaccination programme
 - Share evidence-based vaccination information with parents and carers to allow informed decisions to be made
 - Empower parents to share evidence-based vaccination knowledge within their communities
 - Provide parents, carers and professionals space and time to ask questions to professionals about preschool vaccinations
 - To support access to vaccination centres
 - To provide the above in accessible formats for all communities and families
2. To develop **targeted** interventions to support vaccination uptake within hard to reach and low uptake communities
 - Targeted promotion to low uptake families
 - Additional resources and support to families within low uptake communities
 - Local community champions and leaders to deliver consistent, evidence-based information about preschool vaccination within low uptake communities

Social Care and Early Help

- Anyone who has concerns about a child's welfare will make a referral to our Multi Agency Safeguarding Hub (MASH). Where staff decide what service, investigation or type of assessment and action is needed.
- Where a child's need is relatively low level, individual services and universal services may be able to take swift action. If more support is needed then Early Help will work with partners to undertake an early help assessment and provide the agreed support for the children and their family
- Where there are more complex needs identified at a safeguarding threshold, we will undertake a child and family assessment or an investigation which may result in:
 - **A child in need plan** being put in place to ensure the child receives services to support them achieve and maintain a reasonable level of health and development
 - **A child protection plan** being agreed where a child has suffered or is likely to suffer harm – this plan will set out clearly what work needs to be done to reduce concerns and meet the child's needs
 - **Care and supervision orders** are granted by the family court if a child is at significant risk of harm and this allows us to have responsibility for child to safeguard their welfare – children may be placed with foster carers or may need more intensive support in residential placements.

How has the service changed/been delivered during the pandemic?

- social workers moved to remote working on a shift pattern of 1 week in 3 weeks off for most teams
- In the MASH all core partners maintained their commitment with minimum disruption despite all core partners moving to virtual working
- provided early signposting of families to food and support
- risk assessed visits taking place with families using PPE
- reviewed and revisited a number of issues where we knew that fewer community, school and universal services support might increase risks for families – e.g. we revisited recently closed early help cases due to lack of engagement, reviewed child protection cases closed in the preceding 6 months and reviewed cases where 3 or more contacts had been received in the last 12 months
- assigned key professionals to contact families, build relationships and get to know and understand changes in families
- we asked partners to help us identify and support the most vulnerable children – we asked for lists of children of concern from all agencies and voluntary organisations to be sent to the MASH
- built strong and effective collaboration between midwifery, health visiting and social workers to safeguard unborn babies and children under 5 years through joint assessments
- took an appropriately cautious approach to decision making about ending or stepping down child protection and child in need plans
- set up the multi agency Early Help Panel which helped partners to navigate and access the range of services and support available for children and families

Children are the  of all we do

We have worked on our recovery and renewal plans, and the following are the key learning points which underpin our current practice and will inform our future thinking for services:

- Examples of excellent practice – health visiting connections with social workers and maternity services e.g. provided through Maya Angelou Centre initially and now through Children’s Centres.
- Smarter use of technology- greater use of virtual consultations and meetings going forward.
- Developing a flexible response, implementing a virtual groupwork offer alongside face to face sessions from our Children Centres.
- Greater understanding of our families and their domestic situations.
- Greater information sharing across agencies for safeguarding purposes and assessing risk.
- Improved communications with services - sharing updates and having regular touchpoints.
- More flexible and collaborative practice.
- Sharper understanding of inequalities and poverty in the Borough.

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Overview of the NCL Community Services and Mental Health Strategic Review Presentation to Haringey Health and Wellbeing Board

May 2021

Background to the Community and Mental Health Services Strategic Reviews

- North Central London (NCL) CCG spends more than £270m/Year across a range of NHS, Local Authority and Private Providers delivering a wide range of community Services that supports our 1.7m population across the 5 Boroughs (Barnet, Enfield, Camden, Haringey and Islington). The CCG spends a further £325m on mental health services for this population.
- Before the formation of the NCL CCG services were commissioned by each of the 5 legacy CCGs in isolation leading to variation in service delivery models and services provided. This range of services has led to variations in outcomes, inequalities in access to provision. It has also created opportunities to identify improvements.
- For community services an initial review was undertaken in 2020 and identified differing service specifications, differing thresholds for treatment, differences in reporting and not unsurprisingly differing outcomes for the population we serve.
- Local Delivery of the LTP and mental health Investment standard etc. has already started to deliver improvements in mental health. These now need to be sustainably and consistently implemented and able to cope with the rising demand for care and treatment post Covid.
- With the formation of the NCL CCG and as we move toward an Integrated Care System (ICS) along with the development of Borough Based Integrated Care Partnerships (ICPs) we are in a position to address both the issues highlighted in the initial review as well as accelerate the development of neighbourhood/PCN local Care services in line with the Long Term Plan.
- This work will also enable us to create sustainable community and mental health services that improve outcomes, addresses health inequalities and inequities and also drives better value from our current spend.

Scope of the Community and Mental Health Services Strategic Review

The scope of the Community and Mental Health Strategic Review is summarised below:

In Scope	Out of Scope
<p>All NHS funded Community Services (meaning Adult and Children and Young People services delivered outside of a hospital setting and not part of an Acute Spell) delivered by both NHS Community and Acute Providers. All NHS funded mental health services (including Perinatal, Children and Young People, Adults and Older Adults and People with a Learning Disability).</p>	<p>Continuing Health Care</p>
<p>All NHS funded Community Services delivered by Private and other Providers (Voluntary and Charitable Sector etc). This includes Community Services delivered by Primary Care partners that are not part of a Primary Care Core Contract, Locally Commissioned Service/Directed Enhanced Service or similar arrangement.</p>	<p>Care Providers / Care Homes (except non Continuing Healthcare NHS Services delivered in a Care Setting)</p>
<p>The scope also includes services such as Discharge (Integrated Discharge Teams) etc, End of Life Care , services for people with Long Term Conditions etc where these are funded by the NHS and delivered outside an acute episode of care.</p>	<p>NHS Acute Services</p>
	<p>Primary Care contracts including core GP contracts and additional NHS service contracts</p>
	<p>Statutory Homelessness Services</p>
	<p>Local Authority Commissioned Services with the NHS (except where jointly funded)</p>
	<p>0-19 Services Delivered by Local Authorities</p>
	<p>Specialist Mental Health Services for Adults and Children/Young People</p>
	<p>Learning Disability Services (Transforming Care cohort of people)</p>

Interdependencies will need to be considered and this review is being undertaken in conjunction with a strategic review of mental health services to take into account population co-morbidities and the need for integrated services for some people.

Community and Mental Health Services Strategic Review Aim & Objectives

Aim:

Our aim is to have a consistent and equitable core offer for our population that is delivered at a neighborhood/PCN level based on identified local needs and that is fully integrated into the wider health and care system ensuring outcomes are optimised as well as ensuring our services are sustainable in line with our financial strategy and workforce plans.

Objectives:

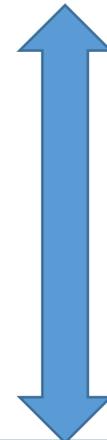
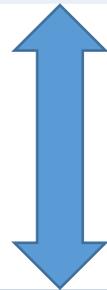
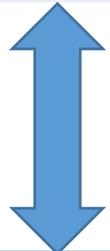
- Provision of a core & consistent offer that is delivered locally based on identified needs and that addresses inequalities and inequities of access and health outcomes.
- Provision of community and mental health services that optimises the delivery of care across NHS Primary, Secondary, Tertiary services and the wider system with Local Authority and Voluntary & Charitable Sector (VCS) partners and services.
- Moves us closer to the national aspirations around the delivery of care Out of Hospital where clinically appropriate and ensuring it is as maximally accessible as possible.
- Improved data recording and consistent KPIs to allow us to better track performance and delivery.
- Reduction in the complexity and diversity of contracting arrangements for services across NCL.
- Ensuring we have a financially sustainable system both now and into the future based on the growing and changing needs of our population.
- Ensure we deliver on national Must Dos for community and mental health services.

Structure of the Mental Health Services Strategic Review

Data Gathering & Baselineing
1-2-1 Interviews (May)
Group Interviews (May)
Health & Care Survey (May)
User/Resident Engagement (May-September)
Activity Data (May-June)
Workforce Data (May-June)
On-Going Engagement (May-October)
Partner Meeting Attendance (May-October)

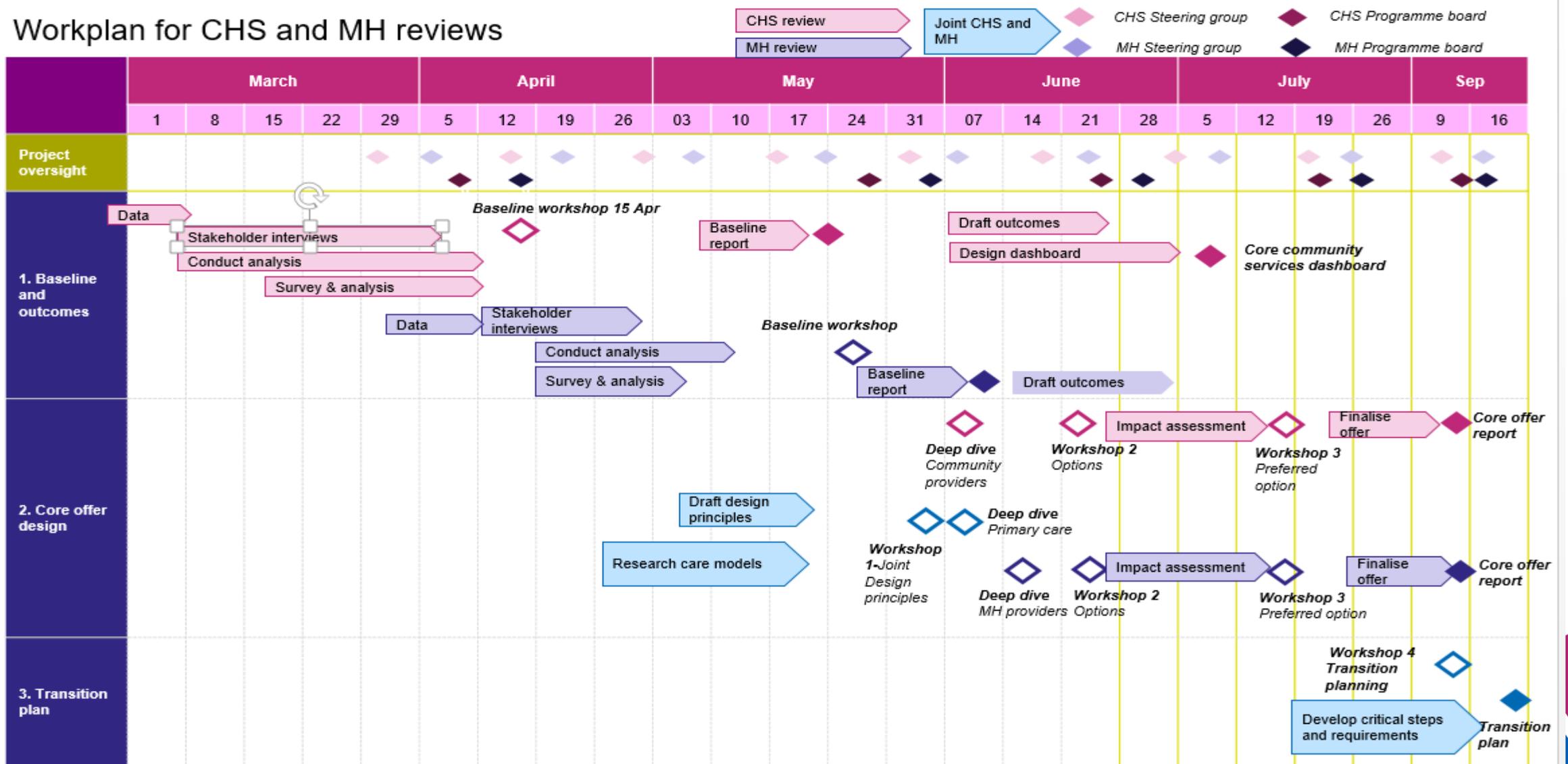
Design & Iteration
Structured questionnaires
Baselining Workshop (May)
3 x Design Workshops (June/July)
Deep Dive Workshops (June/July)
Ongoing engagement
Testing and Challenging Emerging Proposals (June-July)

Refinement
Options Appraisal (June-July)
Impact Assessment (June-July)
Financial Impact Analysis (June-July)
Initial Proposal (July)
Transition Plan Development (August-September)



Engagement with Partners, Service Users and residents and the System

Workplan for CHS and MH reviews



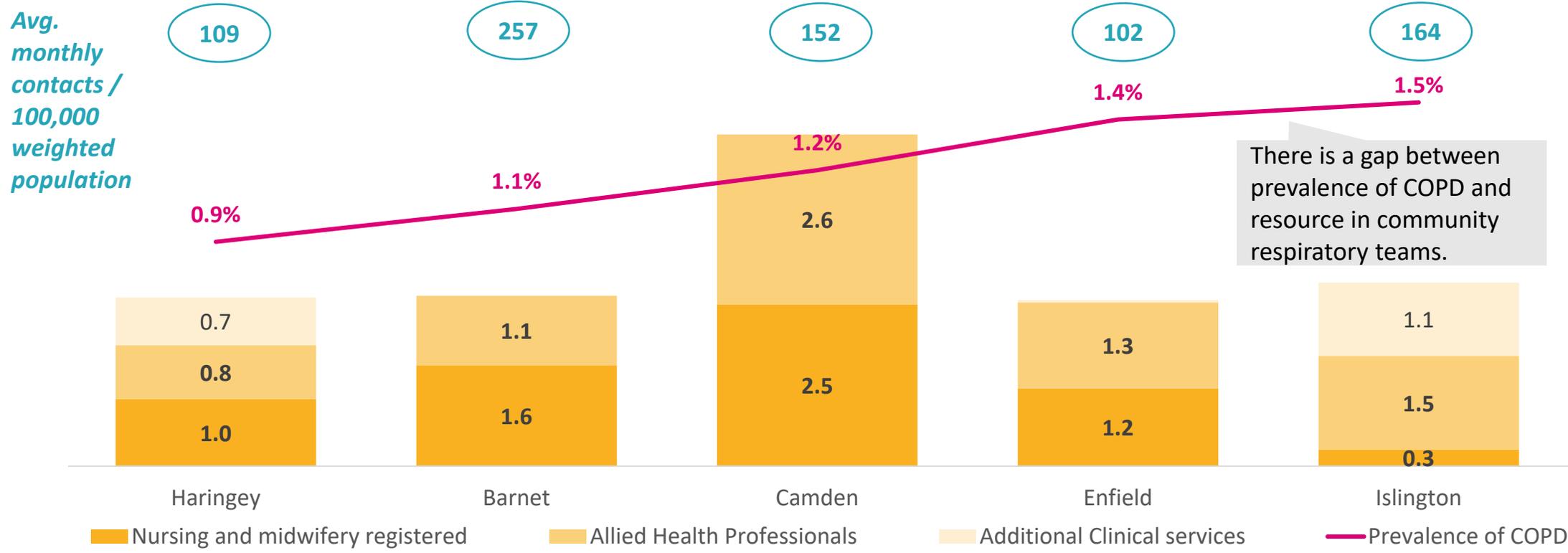
Commissioners report that patients in Enfield, Haringey and Barnet with LTCs have access to less comprehensive community health services than elsewhere

District nursing	All boroughs have district nursing provision, but there is variation in terms of scope and resource.	District nursing provision in Enfield is scaled back in comparison to other boroughs, in terms of staff numbers and skill mix.	Variation in how criteria for 'housebound' patients are implemented between boroughs.	Variation in levels of integration with GP practices, as well as variation in overnight nursing and cross-border provision.
Rapid response	The enhanced virtual ward offer in Islington and Haringey is unique in NCL. It bridges the gap between ambulatory care and rapid response.	The services operate consistently 7 days per week at least 8am-8pm, but there is variation in when last referrals are accepted ranging from last referrals received at 8pm to referrals accepted 24/7.	There is a need to ensure that pathways are consistent and enable staff to operate at the top of their license to maximise support for people at home.	
Long Term Conditions	Enfield has gaps in Long term condition teams and provision for structured education in heart failure, diabetes and respiratory.	There is a gap for community pain management services in Haringey .	There is limited structured education for patients in Enfield and Barnet . The Whittington's expert patient programme is not replicated elsewhere.	
Neuro-rehab and Stroke rehab	Pressure for neuro-rehab beds across NCL.	Neuro-Rehab Centre and St. Pancras beds now an NCL-wide offer.	Different non bedded offers. Camden, Haringey and Islington: integrated stroke and neuro community teams. Barnet: CLCH stroke services and RFH community neuro-rehab, Enfield: Community Stroke and general physio teams, some private neuro-rehab	Islington and Barnet do not have community MS nurses.
Tissue viability	There is a gap for leg ulcer care for ambulatory patients in Haringey . Additionally, tissue viability Home visits are not offered in Haringey.	The tissue viability service in Barnet is more specialist than the service in other boroughs. There is a gap for patients in Barnet who require less specialist care.	In Enfield district nurses doing more routine wound care. The specialist service is fragile. In Islington and Haringey , leg ulcer clinics are delivered by district nursing.	

Source: Service mapping developed based on review of service specifications and review of service mapping with borough commissioning leads, NCL CCG Neuro-rehab pathway demand and capacity April 2021

Resource is not aligned with need in community respiratory services

Community respiratory service budgeted FTE per 100,000 community weighted population by borough, 2019/20
 % prevalence of COPD, per GP registered population by borough, 2019/20, and average monthly contacts with community respiratory teams, per 100,000 community weighted population by borough, 2019/20



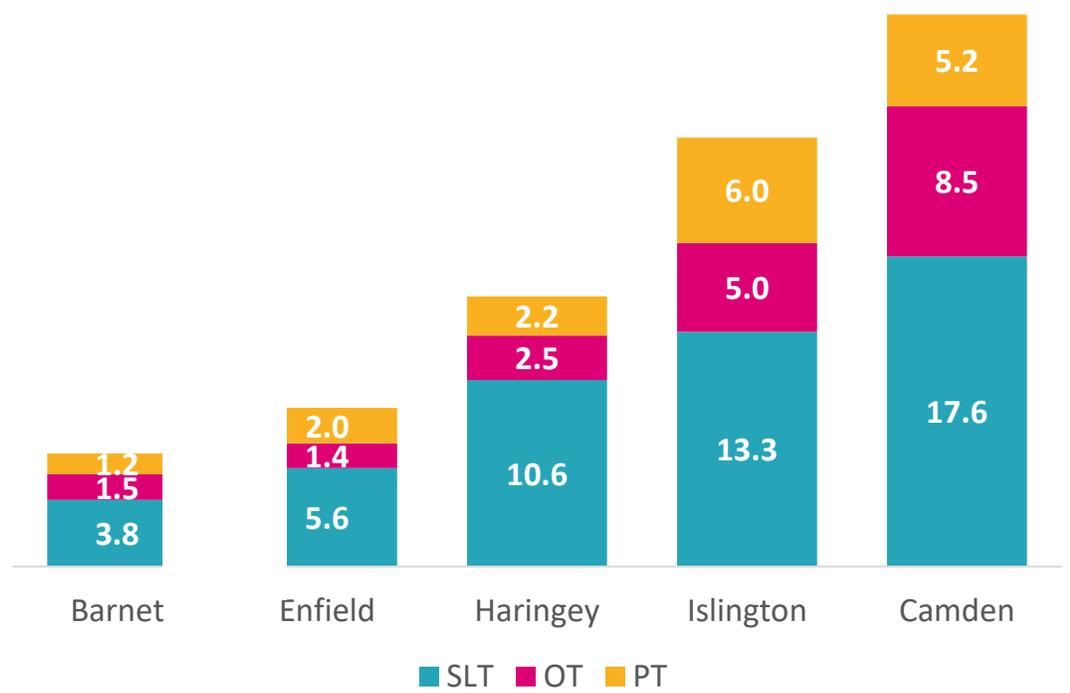
There is a gap between prevalence of COPD and resource in community respiratory teams.

Note: Barnet (CLCH) service includes spirometry. Community spirometry provided by WH in Haringey, but not in Islington. Prevalence of COPD based on GP practice registers used as a proxy measure for demand, as there will be some patients who are not yet formally diagnosed.

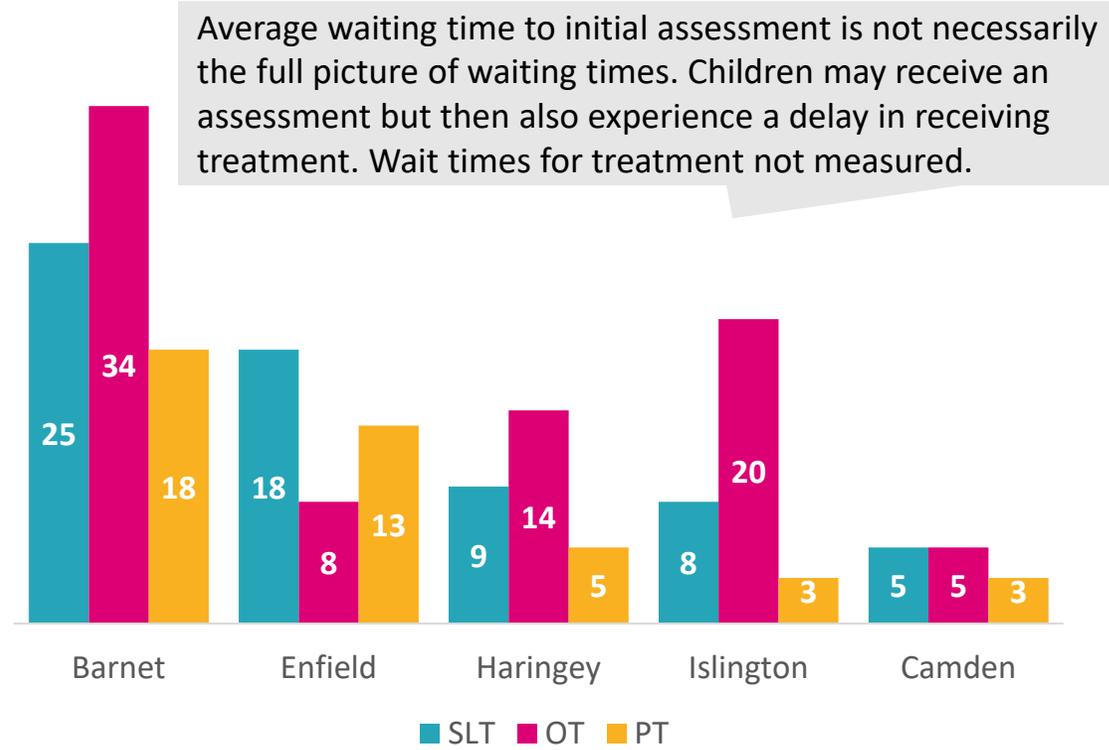
Sources: C3.1 WH Monthly Community Report 1920 M09, CNWL Camden CCG Performance Report M11, ECS Commissioning report 2019-20 Q1, 4a. BIPA-BAU-003_Barnet SLA 19 20 M10 CLCH Final, CCG and GP community services weighted populations, Quality and Outcomes Framework 2019 data by GP practice, Provider workforce returns 2021, Community recovery dashboard 2021.

There is significant variation in children’s therapy resource across NCL; Barnet has the lowest levels of resource and the longest waiting times for initial assessments

FTE for children’s therapies services, FTE per 10,000 school age pupils, 2020/21 against caseload, 2020/21



Average wait for initial assessment, weeks, as of end of March 2021



Note: detailed work is in progress by NCL CCG on the variation in service offer and provision of children’s therapies services across boroughs.

Source: NCL CCG Therapy services for CYP Current position

There is variation in resource for children’s community nursing (CCN) services; service offer and hours of operation are inconsistent, with Islington having an increased offer

Children’s Community Nursing, FTE per 10,000 population aged 0-18, 2020



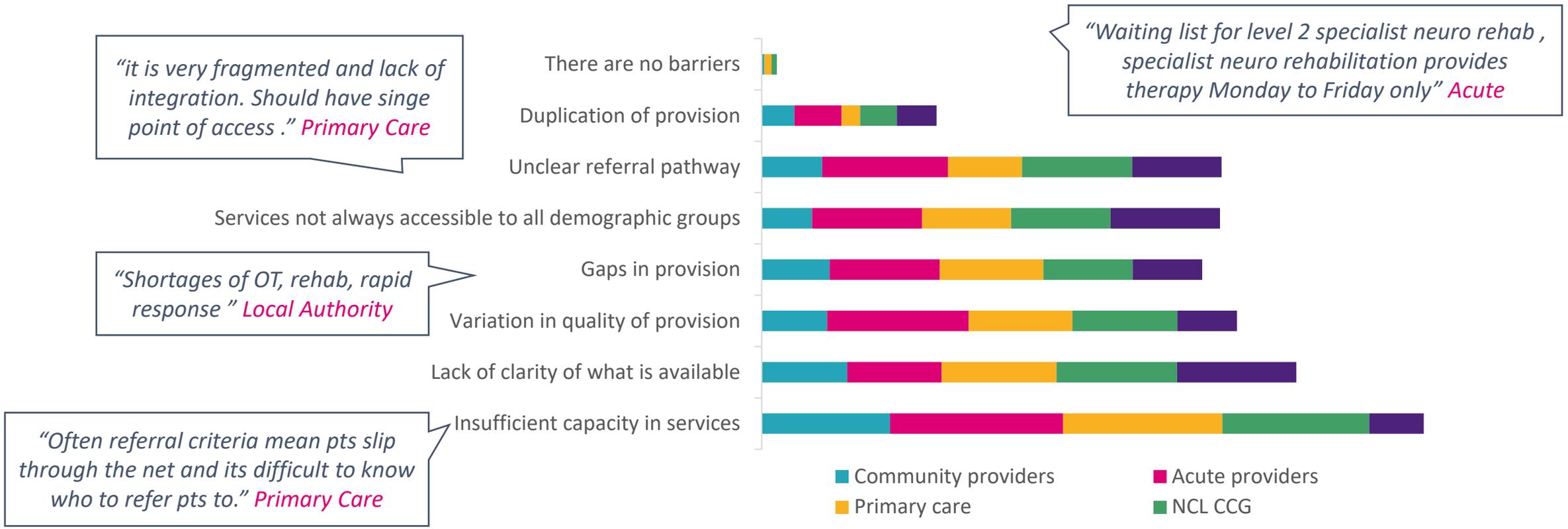
Note: detailed work is currently in progress by NCL CCG on the variation in service offer and provision of children’s community nursing services

Source: NCL CCG, NHSD GP practice populations

Borough	Offer	CCN Hours
Barnet	<ul style="list-style-type: none"> Barnet CCN provides generic nursing service Hospital-based Epilepsy and Diabetes CNS and enuresis nurse CCN works with GOSH and RFH to deliver palliative care CLCH provide special school nursing and Integrated Specialist Children’s Nursing Service for CYP with complex health needs 	Mon-Fri 8am-6pm Sat-Sun 9am-5pm
Camden	<ul style="list-style-type: none"> RFH CCN Team provides generic nursing service, palliative care (Life Force) and special school nursing Continuing care is provided by the Islington CCN team Community CNS’s for Atopy and Epilepsy Hospital based Diabetes CNS who does community work 	Mon-Fri 8am-6pm Sat 9am-4pm
Enfield	<ul style="list-style-type: none"> Enfield CCN provides generic nursing service Asthma, Epilepsy and Enuresis CNS’s Enfield CCN provides palliative care 	Mon-Fri 8am-6pm Sat-Sun 9am-5pm
Haringey	<ul style="list-style-type: none"> NMUH CCN Team Hospital CNS’s for Atopy, Diabetes, HIV, Sickle Cell and Epilepsy CCN provide palliative care (Life Force) 	Mon-Sun 9am-5pm
Islington	<ul style="list-style-type: none"> Islington CCN provides generic nursing service and sees children with long-term conditions; continuing care for children with complex needs and palliative care (Life Force) Community CNS’s for Atopy, Epilepsy Hospital CNS’s for Atopy, Diabetes, Haemoglobinopathy Hospital @ home service treats higher acuity patients Paediatric primary care nurse clinics for asthma, viral induced wheeze, constipation and eczema 	Mon-Sun 8am-6pm Hospital @ Home 7 days 8am-10pm

Lack of clarity of offer, insufficient capacity and unclear referral pathways are seen as key barriers to effective community health support across NCL

Barriers preventing service users and carers from accessing and receiving effective community health care. View of answers by organisation, based on organisation respondents primarily work in. Respondents could select multiple answers

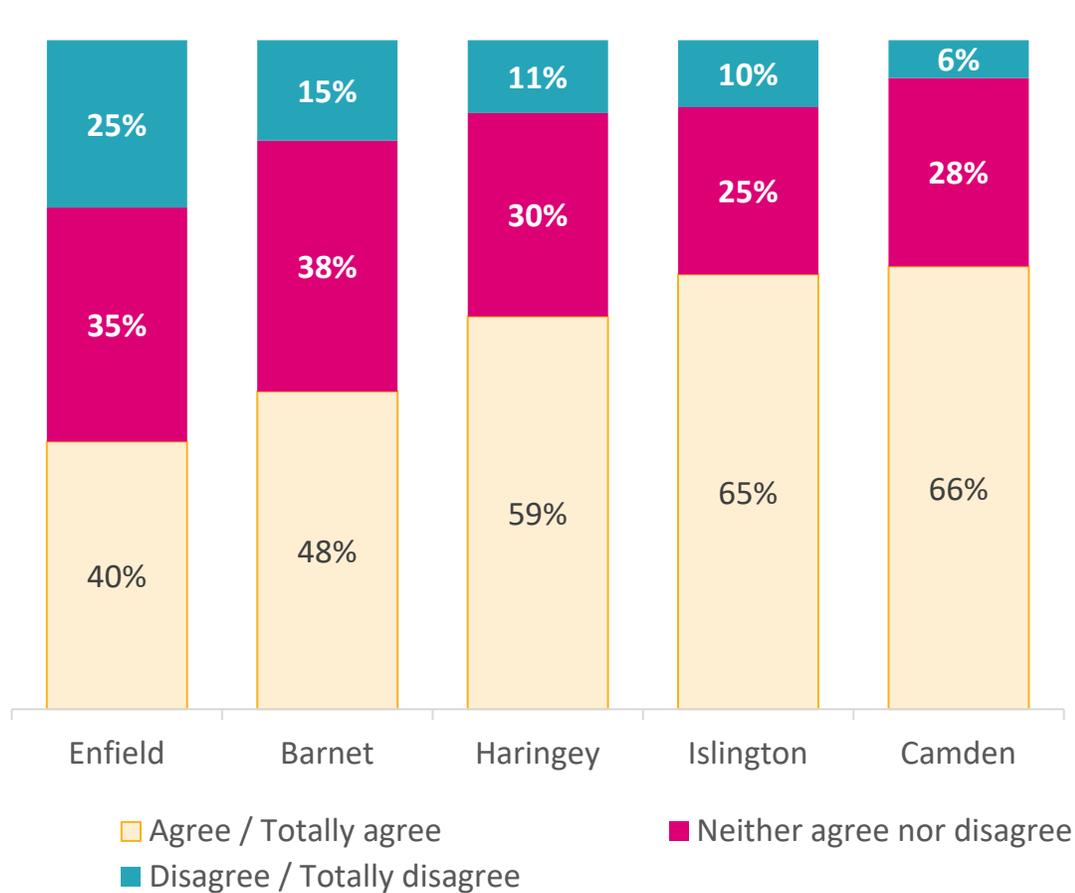


Note: Size of bar corresponds to % of respondents from borough who mentioned this barrier. Respondents were able to select multiple answers.

Source: NCL Community services review survey, 2021.

In boroughs with lower levels of community spend, survey respondents felt that patients were less likely to be effectively supported with their long term conditions

Do you agree with the statement ‘Community services effectively support service users with long term conditions to avoid going into an acute hospital when their health needs escalate’? View of survey answers by borough, based on geography respondents primarily work in



“There is variation between boroughs, maybe generally we are less good at upstream prevention” NCL wide

“Lack of step-down, prevention and admission avoidance.” NCL wide

“Services for long term conditions are very under resourced and staffed” Enfield

“There is a deficit in specialist nurses for the area I work in to support patients at home and avoid hospital admissions.” Camden

Source: NCL Community services review survey, 2021