London Borough of Hammersmith & Fulham

Health & Wellbeing Board
Agenda

Tuesday 29 June 2021 at 6.00 pm
Online – Virtual Meeting

MEMBERSHIP

Councillor Ben Coleman - Cabinet Member for Health and Adult Social Care (Chair)
Vanessa Andreae - H&F Clinical Commissioning Group (Vice-Chair)
Dr James Cavanagh - Chair of the Governing Body, H&F Clinical Commissioning Group
Councillor Adam Connell - Cabinet Member for Public Services Reform
Councillor Larry Culhane - Cabinet Member for Children and Education
Philippa Johnson - Central London Community Healthcare NHS Trust (Appointment to be confirmed)
Dr Nicola Lang - Director of Public Health
Jacqui McShannon - Director of Children's Services, H&F
Lisa Redfern – Strategic Director of Social Care, H&F
Sue Roostan – Borough Director, H&F Clinical Commissioning Group
Glendine Shepherd – Assistant Director of Housing Management, H&F
Sue Spiller - Chief Executive Officer, SOBUS
DI Luxan Thurairatnasingam – Metropolitan Police (Appointment to be confirmed)

H&F, Healthwatch Representative – To be appointed

Nominated Deputy Member
Councillor Patricia Quigley – Assistant to the Cabinet Member Health and Adult Social Care
Councillor Lucy Richardson, Chair, Health, Inclusion and Social Care Policy and Accountability Committee
Nadia Taylor, H&F, Healthwatch Representative

This meeting will be held virtually, and a livestream can be viewed at https://youtu.be/HMCqAZNnN2s

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Date Issued: 21 June 2021

London Borough of Hammersmith & Fulham

Health & Wellbeing Board
Draft Agenda

Item **Pages**

1. APOLOGIES FOR ABSENCE

2. ROLL CALL DECLARATIONS OF INTEREST

The Chair will carry out a roll call to confirm attendance. Members also have the opportunity to declare any relevant interests.

If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

3. MINUTES AND ACTIONS 4 - 12

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health & Wellbeing Board held on 24 March 2021; and

(b) To note the outstanding actions.

4. APPOINTMENTS TO THE BOARD

Members of the Board are invited to agree the appointments of two new members:

1. Mrs Philippa Johnson, Director of Operations, North West Division
   Central London Community Healthcare NHS Trust; and
2. Detective Inspector Luxan Thurairatnasingam, Metropolitan Police (replacing the previous Metropolitan Police representative).

5. THE YOUTH CRIMINAL JUSTICE SYSTEM 13 - 23

This report sets out the work of H&F Youth Offending Service and The Youth Crime Prevention Partnership (YCPP). It also seeks to highlight measures that might address the disproportionate representation of black and Asian minority ethnic communities within the criminal justice system, and those in the 'not in education or employment' cohort.

6. HAMMERSMITH & FULHAM INTEGRATED CARE PARTNERSHIP UPDATE 24 - 37

This report provides a general update on how the ICP is working and an update on the progress made in each health campaign over the last 3 months. The progress reports are set in the context of our continued efforts to manage through the pandemic and the recognition that all parts of the ICP face significant challenges.

7. WORK PROGRAMME

The Board is requested to consider items for inclusion in the work programme.

8. ANY OTHER BUSINESS

- Progress update on the draft Dementia Strategy

9. DATES OF NEXT MEETINGS

The Board is asked to note the meeting dates scheduled for the remainder of the current municipal year 2021/22 which are as follows:

Tuesday, 29 June 2021
Monday, 13 September 2021
Monday, 13 December 2021

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Wednesday 24 March 2021

Committee members:
Councillor Ben Coleman, Cabinet Member for Health and Social Care (Chair), LBHF
Vanessa Andreae, H&F CCG (Vice-chair)
Dr James Cavanagh, Chair of the Governing Body, H&F CCG
Councillor Larry Culhane, Cabinet Member for Children and Education
Toby Hyde, Deputy Director of Transformation, Imperial College Healthcare NHS Trust
Dr Nicola Lang, Director of Public Health, LBHF
Maisie McKenzie, Operations Manager at Healthwatch H&F
Jacqui McShannon, Director of Children's Services, LBHF
Lisa Redfern, Strategic Director of Social Care, LBHF

Nominated Councillors in attendance:
Councillor Patricia Quigley, Assistant to the Cabinet Member for Health and Adult Social Care, LBHF
Councillor Lucy Richardson, Chair of the Health, Inclusion and Social Care Policy and Accountability Committee
Jane Wilmot, volunteer, Your Voices Healthwatch (H&F)

Other attendees:

Residents
Jim Grealy, HAFSON
Merril Hammer, HAFSON
Jane Wilmot, volunteer, Your Voices Healthwatch (H&F)

Health services
Janet Cree, Chief Operating Officer / Programme Director CYP & Maternity at Central, West, Hammersmith & Fulham - NWL CCGs
Caroline Durack, Director of Operations, H&F GP Federation
Philippa Johnson, Director of Operations, Central London Community Healthcare NHS Trust, and, Integrated Care Partnership Director for Health and ICP co-chair
Dr Bob Klaber, Consultant General Paediatrician & Director of Strategy, Research & Innovation at Imperial College Healthcare NHS Trust
Deborah Parkin, Assistant Director of Primary Care, H&F CCG

Council
Kim Smith, Chief Executive, H&F
Linda Jackson, Director of Covid 19
Joanna McCormick, Assistant director, health and social care

1. MINUTES AND ACTIONS

RESOLVED

That the Committee agreed the minutes of the previous meeting held on 2 December 2021.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Lucy Richardson, Glendine Shepherd, Inspector Mark Kent and Janet Cree.

3. ROLL CALL AND DECLARATIONS OF INTEREST

The Chair noted the attendance of members of the Board, officers, speakers and observers. There no declarations of interest reported.

4. BETTER CARE FUND

The Chair introduced a report on the Better Care Fund which sets out details of financial support provided to the council to plan and help deliver local health services. The Board was asked to review and formally approve the agreement. Lisa Redfern presented the report which would help deliver services through a partnership arrangement within a framework of joint priorities agreed with H&F Clinical Commissioning Group (CCG). A proposed budget of £49 million comprised of approximately £31.1 million contributed by the CCG and a H&F contribution of £17.8 million. Councillor Coleman welcomed the agreement which offered a positive example of partnership working. The Board looked forward to receiving an end of year report outlining the expected outcomes of the schemes and the impact of these in terms of improving the quality of life experienced by residents.

RESOLVED

1. That the Chair on behalf of the Health & Wellbeing Board agreed the planned total expenditure and the proposed schemes for 2020-21; and

2. That the Board received an end of year report that outlined the outcomes of each scheme and the difference it made for residents of H&F.

5. VACCINATION UPDATE

Councillor Coleman briefly provided context to the discussion highlighting challenges around increasing flu vaccination take up which had been prevalent for the past 5 years, what activity had been undertaken by the CCG address this and how the council could provide support. Sue Roostan referenced the local plan which had been jointly agreed between H&F CCG and the council and submitted to the North West London (NWL) Collaborative of CCGs. This was a “live” document which would incorporate improvement

around vaccine take up. Presenting data on improved local uptake Sue Roostan offered assurance that ongoing work was having an impact. The new vaccination site at the Novotel had by 24 March administered vaccinations 6370. It was recognised that there was significant ongoing work being undertaken jointly between the CCG and local authority to support groups that were reluctant or had refused the vaccine and that this contributed to a much broader piece of work across NWL.

Locally the use of pharmacy sites was also being considered (subject to review) as was the deployment of pop-up clinics and how these could be strategically placed around the borough. As the vaccination programme developed there would be a shift in focus to second dose vaccinations and the delivery, availability and supply of vaccines had been planned to mid-April.

Linda Jackson added that it was important to recognise that this was an on-going journey and that process had been continually refined. There had been challenges in identifying H&F residents that had refused an offer of the vaccine and the reasons for that choice. Joint engagement work with the GP Federation within the borough included follow-up phone calls with residents and the provision of support where needed ranging from transport to home visits. It was anticipated that this was potentially a model that could be successfully replicated for other vaccination programmes such as flu and childhood immunisations. Long term, the work would also help inform the Vaccine Equity Plan and continued joint working.

The Board was informed about the significant work being undertaken with the borough's Faith Forum, community and voluntary groups speaking with community leaders to help communicate information about vaccination which had been very successful and would inform the Vaccine Equity Plan. Linda Jackson reported that the mass vaccination site had been a very successful piece of work and thanked all partners for their commitment and hard work.

Councillor Coleman commented that the borough had been unfairly criticised for having lower vaccination rates compared to neighbouring boroughs. Sue Roostan responded that in the previous three months H&F CCG had proactively engaged with hugely diverse communities and that open and continued dialogue was essential. The range of screening work undertaken within the NHS invited public engagement which helped with prevention and earlier diagnosis. Lower H&F vaccination rates could be attributed to several factors including target setting within a fixed time frame, particularly in the 80+ group or people waiting to see how others would be impacted but there had been some good signs of improvement amongst other cohorts with daily numbers increasing. Sue Roostan commended the work of the Primary Care Network (PCN) sites which had been operational 12 hours a day.

Councillor Quigley sought further information about the actual number of those who had received the vaccine from the clinically extremely vulnerable group and why this rate was not higher as many within this group will have be shielding for about a year and would be keen to be vaccinated at the earliest opportunity (Linda Jackson confirmed 11, 856 within the borough had been

vaccinated). Sue Roostan explained that the lower than expected 76% rate could be attributed to a coding issue and that some would have been identified in other cohorts according to age. Dr James Cavanagh assured Councillor Quigley that every individual with the cohort had been offered a vaccine inferred that more nuanced conversation was required to understand reasons why it had been refused. This could be attributed to beliefs, or in some cases relatives with medical power attorney who had refused the vaccine.

Vanessa Andreae reiterated that every patient had been contacted unless they lived overseas. It was highlighted that there was marked difference within the cohort between refusing the flu vaccine and refusing the Covid-19 vaccine. As part of the Covid-19 vaccination process people were required to report whether they had received a flu vaccine within the past 7 days, and many had remarked that they have never had one and would refuse to have it in future.

Councillor Coleman reported that there had been considerable work within the borough to remove barriers and which also provided information that helped to understand why people refused to be vaccinated and to avoid assumptions as to reasons for refusal. Councillor Coleman shared his concern about vaccine take up within some minority ethnic communities and the decades of social and historical mistrust of government institutions which had in some cases informed decisions to refuse Covid-19 vaccination.

Toby Hyde commended the work of the Primary Care Network working jointly with the local authority to deliver the vaccination programme locally. Many of these teams involved had already worked extremely hard in the past 12 months and were now trying to get as many people vaccinated as possible. Many minority ethnic community healthcare staff reflected the point made by Dr Cavanagh and that it was necessary to have more nuanced dialogue as to why vaccination had been refused.

In many cases, the reasons why some were more reticent than others about vaccination pre-dated the pandemic that it would take some time and longer-term engagement to fully address the issue. It was reported that a mass vaccination site had recently been opened at the Novotel and that there had been a significant number of bookings with 6300 vaccinations provided this week. The Board highly commended the extraordinary work undertaken by those involved and acknowledged how challenging this had been.

Councillor Coleman also commended Linda Jackson for negotiating the provision, which had initially been declined but which was eventually agreed to following sustained representations from the borough. Linda Jackson reported that vaccine take up on the first operational week of the Novotel site was significantly better than the numbers reflected across North West London with a 100% of bookings completed on day one. This emphasised the importance of understanding the needs of the local population of a borough and for this to be evidence based, recognising that every borough was different.

Merril Hammer enquired if mobile vaccination units would be deployed in more deprived parts of the borough. Sue Roostan responded that there were plans to undertake a more targeted approach with the borough through funding that would be made available from NWL working with communities. Vanessa Andreae added that funding had been received to run two pop-up clinics which had been delivered by the Bush Doctors practice. This was offered to residents with learning disabilities to enable them to access a clinical site staffed by clinicians that were familiar to them.

A separate pop-up clinic had provided vaccines to 40 people within the 80+ cohort that could not make the journey to the Richford Gate site confirming that adjustments had been made to ensure more tailored delivery responding to identified need within the local population, within the challenging parameters of vaccine transportation and storage.

Jim Grealy enquired if the electronic information boards could be redeployed at busy public sites such as parks to ensure that a cultural expectation of getting the vaccine could be developed. Linda Jackson welcomed the suggestion and confirmed that the dot matrix boards could be utilised in this way however this would have to align with delivery according to the eligibility criteria. A general message about having the vaccination would not be ideal but careful messaging about this was potentially helpful.

RESOLVED

1. That the HWBB considered the plan and the proposed planning numbers to reach the community within the JVCI priority group; and
2. That the Board receive update at the next meeting on the progress made.

6. HEALTH INEQUALITIES

Councillor Coleman referenced data analysis undertaken by the borough's Business Intelligence Unit evidenced vaccine take up according to each ward and by ethnicity. This had comprehensively depicted the reticence of some black and Asian minority ethnic communities in being vaccinated. The underlying reasons for this varied significantly but clearly signalled the need to understand these in the context of race and health inequity.

Dr Bob Klaber explained that following the good news of the vaccines being made available it was quickly recognised that there were also some disparities around the practical considerations that local authorities were having to work with in addressing health inequity. Working with Linda Jackson, Samira Ben Omar (Head of Engagement and Partnerships, NWL Integrated Care System (ICS)) and colleagues from within the wider ICS, and supported by Hannah Fontana (Strategy, Research & Innovation Programme Manager, Imperial College Healthcare NHS Trust) a 10-week series of co-production huddles was developed. This was a weekly, hour long meeting which facilitated space for conversations between different people with the intention to co-produce concepts and share learning to comprehend the qualitive work underpinning the data. Dr Klaber shared details of the huddles

and encouraged Board members to access this through a link (shared in the Zoom chat) noting that many had already done so.

Sharing his reflections on the extent of reluctance to be vaccinated Dr Klaber accepted that there was a deeper issue around structural racism and a decades long, deep mistrust of medical research. He recognised that this was a pivotal opportunity for the NHS to evolve, moving from a model that not only treated illness but also progressively advocated for health and well-being.

Councillor Coleman commented that this was a conversation that exceeded a refusal to be vaccinated. The strength and prevalence of negative views about vaccination stemmed from the knowledge that black communities had routinely been unwitting test subjects or provided with lower standards of care to ensure more effective care for other ethnic groups. It was abhorrent that 70 years after the establishment of the NHS, and, 65 years since Windrush such views were not unfounded.

Jim Grealy commented on a Department for Education requirement that schools collect student ethnicity data. He advocated that there should be greater assurance offered about data collected by the NHS as it was apparent that minority ethnic people were more likely to have experienced cultural bias often when accessing health or education services. Councillor Quigley commented on the phrase “no blacks, no dogs, no Irish”, well known in 1960’s and 70’s Britain and that conversation and dialogue with black and Asian minority ethnic communities to tackle racism was critical. Merril Hammer commented that the threat of removing local services galvanised many but there was significant mistrust of the wider NHS as an organisation and senior health managers.

Dr Cavanagh commented that greater data analysis had revealed unconscious bias within health services. Working with the Royal College of Obstetricians and Gynaecologists in July 2020, he reported that data had shown that a person of West Indian heritage was five times more likely to die during childbirth and that this was twice as likely if you were Asian. This was attributable to the inherent attitudes of the department from where the data was sourced. A task force had been established to investigate and this offered greater scope for more equitable insight highlighting opportunities for delivering real change.

Toby Hyde agreed and reported that Imperial were about to announce which grass roots community groups had been successful in their applications for grant funds to undertake work that would support communities that had been impacted by the pandemic, particularly those communities that had historically experienced worst consequences of health inequalities. The disproportionate number of successful H&F bids reflected the strength of the local voluntary sector supporting excellent but fragile organisations. Toby Hyde offered to provide an update to the Board on this progress of this project.

Bathsheba Mall outlined the virtual engagement work which had delivered twenty two, tailored Q&A sessions and webinars held with borough voluntary, faith and community groups.

Fundamental to the success of these events was the opportunity to discuss concerns about the vaccines with clinical and vaccine research experts. The events facilitated a conversation that offered assurance and generated significant trust, and this was amplified where the panel were able to communicate in minority ethnic languages. Vanessa Andreae acknowledged that engagement activities that empathised with participants through shared culture and language would be significantly more effective and that this had been evident in the work and support of a Somali practice nurse. This could also be a model that could extend beyond Covid-19 vaccination and be effective in encouraging flu and immunisation vaccine take up.

Philippa Johnson echoed similar comments and said that as a community healthcare organisation (CLCH) minority ethnic staff had 80% Covid-19 vaccine take up which compared very well to flu vaccine take up. However, achieving such a positive level of take up had been a hard and challenging process. Maisie McKenzie commented on the impressive work of the borough in engaging with communities which indicated a willingness to listen. Coupled with the co-production huddles this demonstrated the high value placed on empathising with communities and it was important for this to continue.

RESOLVED

That the report be noted.

7. INTEGRATED CARE PARTNERSHIP

Councillor Coleman referenced the Chief Medical Officer for England, Chris Whitty's recent comment on the amazing, collaborative social care and health work undertaken with local authorities which should not be lost and could be built upon. Lisa Redfern indicated that the Integrated Care Partnership (ICP) reflected a similar ethos and explained that in her role as co-chair, together with Philippa Johnson, significant work had been undertaken to provide a foundation on which to develop five key areas for focus and as set out in the report.

The relationships built during the past year in responding to the devasting impact of the pandemic could not have been achieved without a strong willingness to work together with a shared sense of purpose. The purpose of a centrally placed ICP was to meaningfully drive forward a local agenda and this had been difficult to achieve to date. The ICP board had recently been joined by Dr Nicola Lang who could not only offer empirical expertise on population health but as had been evident throughout the pandemic, was able to build strong relationships with colleagues an external partners.

Philippa Johnson added that the key priorities had been informed by inclusive engagement workshops with primary care networks and residents. At the same time, an evidenced based approach would be used to address health inequity. Dr Lang commented that this aligned with well with a Public Health focus on wider health determinants (poor housing, access to education and employment) coupled with strong community engagement.

Commenting on the formation of relationships that had resulted from the response to the pandemic, Jim Grealy welcomed the establishment of the Integrated Care System (ICS) and felt that despite how remarkable this had been it was not sustainable without an institutionalised and formal framework offered by an ICP. The ICP and local decision making at a borough level would help inform the wider ICS and redress the balance of power. Councillor Coleman agreed and referenced the fifth priority which was the development of an ICP with primary care networks located at the heart of local communities. An important part of this was to ensure that residents were engaged and listened to throughout.

Merril Hammer concurred that health inequalities needed to be a central priority but emphasised the importance of incorporating co-production within work of the ICP and more critically, the inclusion of the patient voice to directly inform and determine priorities. On a final point she encouraged health colleagues to not talk about patients but “people” or “residents”.

Toby Hyde reflected on his experiences of establishing ICPs across North West London and how they unfortunately did not always manage to succeed in capturing the excellent expertise and knowledge of board members and cautioned that there was much to be learned from this. He reported that Imperial clinicians were keen to work with GPs and the local community to help improve health outcomes for H&F residents and that a way of managing this strategically should be considered. He welcomed the report but suggested that it could go further by identifying measures so that outcomes translated into benefits for residents and offer greater accountability and transparency at the same time. Sue Roostan responded that the CCG was developing the scope of their work to include clinical input within this through engagement with clinicians and that this could help inform clinical outcomes.

Jackie McShannon welcomed the report and the discussion points. However, while the needs of children and young people were challenging and complex, they could be more centrally and explicitly included. Acknowledging this and earlier points, Lisa Redfern confirmed that they had considered the inclusion of more meaningful local priorities and how to improve evaluation measures. Young people were key and had been explicitly referenced within the full ICP report which could be provided, but it had been necessary to distil and broaden priorities. Incorporating the patient voice was essential in formulating the work of the ICP and it would also be helpful to have a more co-ordinated approach to incorporating clinical input.

Councillor Coleman welcomed opportunities to develop engagement effectively within the framework of strategic coproduction, together with the support of organisations such as Healthwatch. He emphasised the critical importance of reaching out to the community in new ways to help shape and inform local health services.

RESOLVED

That the Board noted the report and commented on the draft priorities and areas of focus.

8. WORK PROGRAMME

The Board noted that the current priority areas would continue to be informed by Covid-19 and the delivery of local health services through the reconfigured CCGs and establishment of new structures such as the ICS and the ICP.

9. DATES OF FUTURE MEETINGS

To be confirmed.

Meeting started: 5.00 pm
Meeting ended: 7.30 pm

Chair .....

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The Youth Criminal Justice System

Health & Wellbeing Board - June 2021

H&F Youth Offending Service

- Hammersmith and Fulham Youth Offending Service focus on getting the best possible outcomes for young people who offend by working with our partners to **support young people through the justice system**, reintegrating into their local communities and reducing their risk of reoffending.

- The YOS work with the council's **early help and intervention services** to prevent escalation and divert our young people away from statutory services, **including social care and the youth justice system**.

- Outside of Children's Services, we pride ourselves on our strong working relationships with **Community Safety** which includes our **Gangs Unit** and the anti-social behaviour unit.

The Team

Head of YOS

Court and Community Team

- Court sentences
- ISS court orders
- Bail
- Statutory cases
- Resettlement

Out of Court Disposal Team

- Pre-court and non-statutory work
- Diversion from CJS
- FTEs
- Reparations
- Victim work
- OOCD Panel

Community Team

- Supervises community orders
- Holds some cases where YP in custody

Wellbeing Team*

- SaL Therapist
- Education Psychologist
- YJ Liaison and Diversion worker
- CAMHs worker
- Substance Misuse worker

* seconded/commissioned/shared resource

Health and Wellbeing Services within the YOS

YOS Wellbeing and Risk Panel (YWRP)

This panel is used as a space to discuss MAPPA Level One cases in the interest of keeping the public safe, alongside cases where the young person is at risk of harm.

YOS Wellbeing Team

Our team of specialist workers ensure all young people's needs are identified and met to ensure the best outcomes and reduce the risk of reoffending. Every young person is assessed by our specialist team upon entering the service with regular reviews and intervention based specifically on the young person's needs

The Wellbeing Team is made up of health professionals who provide targeted support to cases across the Community, Court and Community, and Out of Court Disposal Teams.
The wellbeing team is a combination of NHSE, Local Authority and Public Health funded posts.

- Speech and Language Therapist
- Youth Justice Liaison and Diversion Worker
- Educational Psychologist
- CAMHS Worker
- Substance Misuse Worker

Youth Crime Prevention Partnership

- The Youth Crime Prevention Partnership (YCPP) is our strategic oversight board supporting Children's Services to drive our collaborative response to youth offending with the partnership's members.

- The multi-agency board consists of senior representatives from the police, national probation service, local authority, health and community representatives.

- The YCPP takes a coordinated approach in service delivery to drive improved outcomes for young people who offend, their families, victims of crime and the wider community.

- The impact of the YCPP has led to the creation of a sub-groups focused on both disproportionality and Not in Employment, Education or Training (NEET) cohorts to tackle the following challenges:
  - Male Black and Minority Ethnic young people are overrepresented in youth justice system;
  - Our NEET cohort is also overrepresented within the youth justice system. School exclusion is a key factor which impacts young people's engagement in criminality.

Key Facts and Figures*

YOS Cohort

- Current **56** CYP open to YOT both pre and post court disposals. **52** male, **4** female.

First-time Entrants

- Our number of first-time entrants continues to decrease. We are now below the London and national averages with comparative rates of **220 per 100,000**, well below the family average of **278 per 100,000**.

Reoffending

- Our re-offending rate remains high, at **50%** for the 12-month cohort of Jan-Dec 2018. However, live reoffending tracking shows the 2019/20 cohort tracking at **31.9%**, lower than the national (38.4%) and London (41.9%) rate.

Custodial Sentences

- Our rate of custodial sentences is currently below the London (**0.05**) and national (**0.04**) averages. We have worked hard to strengthen practice in this area. There were no custodial sentences between Jan-Mar 2021 and the **quarterly rate per 1,000 of youth population dropped to zero.**

Disproportionality

- Our CYP from BAME (Black, Asian and Minority Ethnic) backgrounds are significantly overrepresented in the youth offending service. BAME represents approximately **32%** of our local population but **60-80%** of our YOS Cohort.

** Cohort data is tracked across a 2-year period with figures published 2-years following entry in to the system. 2019/20 data published May '21*

Our Challenges

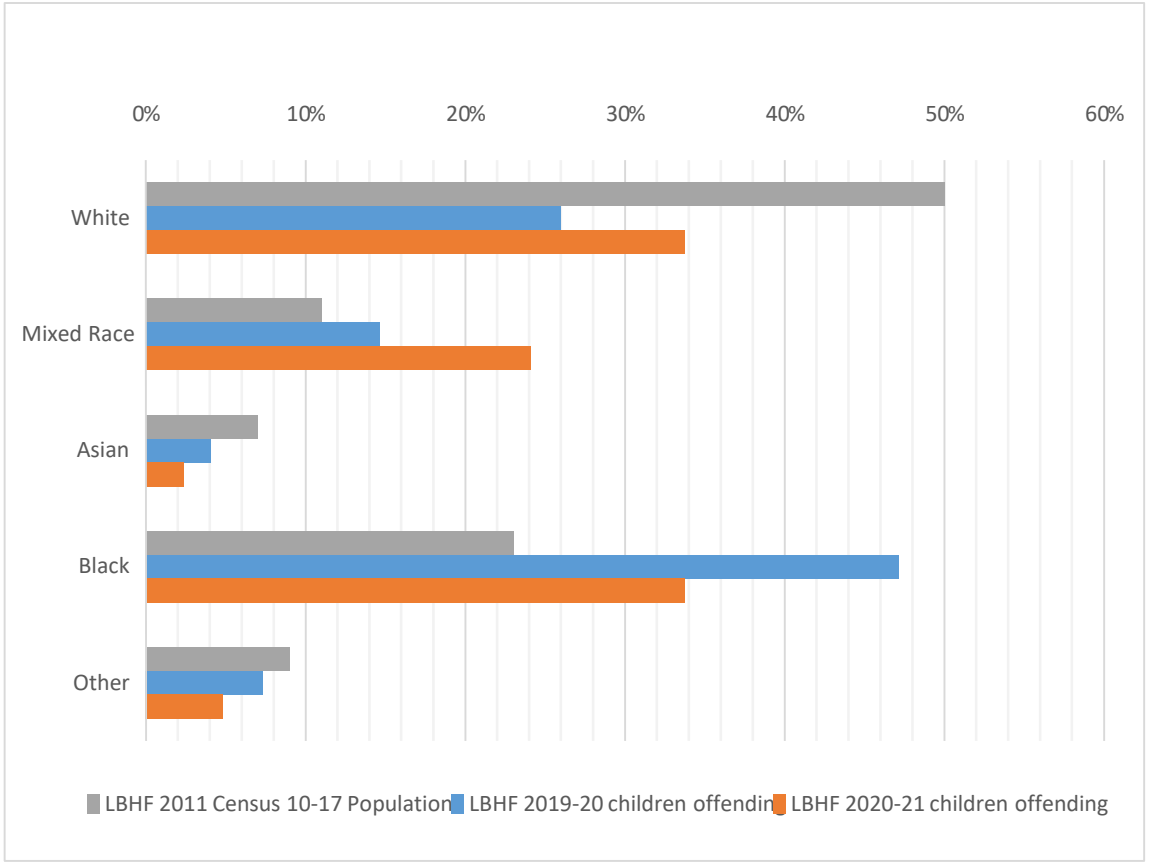
- Between 17/18 & 18/19 **serious youth violence increased by 94%** in the borough, knife crime with injury increased by 20% and violent crime increased by 13%. There is a clear link between adverse trauma, poor educational attainment, drugs, exploitation and serious youth violence.

- Despite Black and Minority Ethnic groups representing **32%** of our community, **60-80%** of our YOS cohort are Black and Minority Ethnic demonstrating a dramatic overrepresentation.

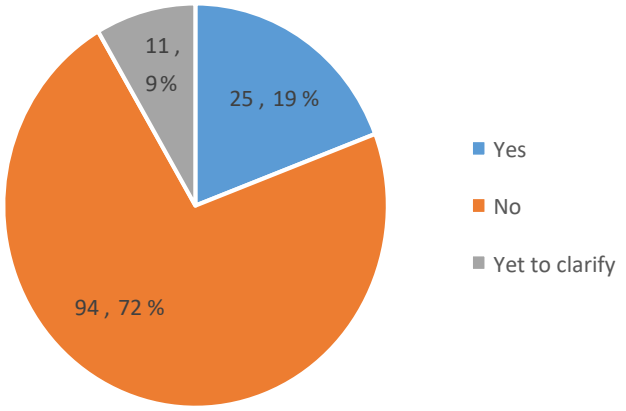
- Black children and young people are the most highly over-represented. In the last year this has decreased from 21.6% to **15.3%** over-representation

- Children and young people from mixed heritage backgrounds this has increased from 6.0% to **12.9%** over-representation.

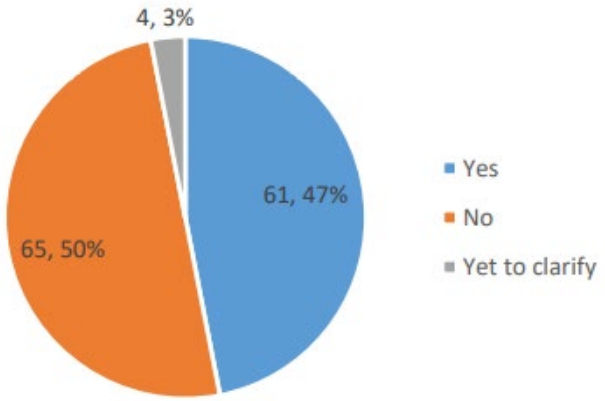
Percentage of children who have offended vs youth population



Our Challenges



Identified Special Educational Needs or Disabilities



Contact with Mental Health Services

- Approximately **19%** of the YOT cohort have identified Special Educational Needs or Disabilities.
- Approximately **37%** of the YOT cohort present to the service with **Speech and Language** concerns.
- Eleven young males (**21%**) open in the service either have an **EHCP** or are undergoing an assessment. Eight of whom have been charged with/committed serious violent offences including murder.
- **47%** of young people had some form of contact with Child and Adolescent Mental Health Services.
- Often these health and wellbeing needs were unidentified and previously unsupported at the point of entry in to the service.

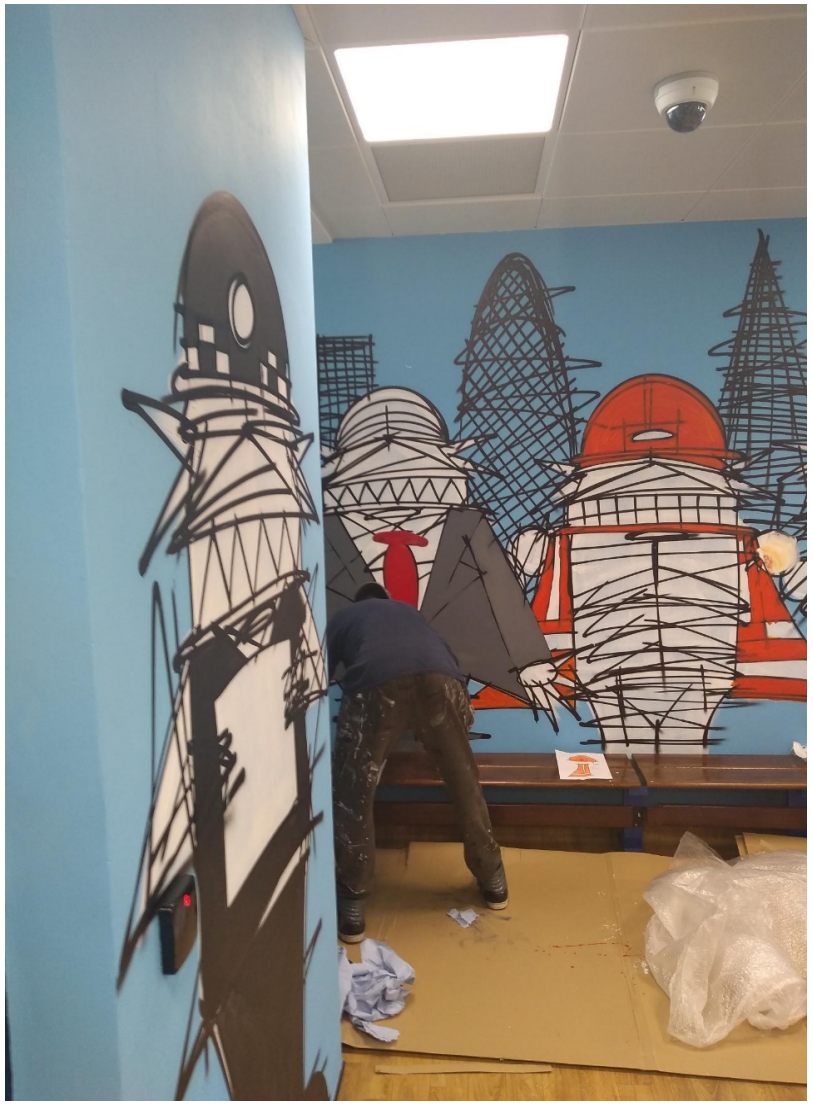
Case Study

- Youth Justice Liaison and Diversion (YJLD) worker assessed a 13-year old young person during their first appearance in court.
- It was clear this young person had speech and language needs, and would require support through the court process. YJLD worker brought the case to the monthly YOS Wellbeing team meetings, Strategic Leadership Team and the Educational Psychologist ensuring a joint assessment. This highlighted several communication needs, particularly around expression and understanding, as well as emotional needs.
- The Strategic Leadership Team and Educational Psychologist requested the young person have intermediary support whilst in court, to better understand and engage in the process, and ensure a fair and equitable trial.
- The young person was referred to YOS Child and Adolescent Mental Health Service (CAMHS) for further support around his emotional needs. The Educational Psychologist was then able to highlight these needs to school, and request an EHCP (educational health care and support plan).

Impact: The joint assessment highlighted special educational needs, ensured the young person had a fair trial and access to the right resources and support. The joint assessment also reduced waiting times for individual services, and meant the young person wasn't subject to multiple assessments by multiple professionals.

Our Response

- Our **Youth Ambitions Board** ensures we are working in collaboration to produce the best outcomes for our CYP. Led by our Chief Executive, with senior attendance across the council including membership by key Councillors.
- The **H&F Gangs Unit** work closely with our team to identify young people at risk and develop effective safeguarding responses.
- We are working to mitigate the risk of young people becoming victims to violence through the provision of **Street Doctor training** sessions.
- We are part of the **7-borough disproportionality group** alongside all boroughs who share Highbury Corner Youth Court. We believe the group has made positive steps which are starting to produce noticeable outcomes.
- The YOS has ongoing group work available for young people delivered by our community partners including **Key4Life, QPR in the Community, Violence Intervention Project (VIP), Wipers Youth and Active Successful Engagement (ASE)**. Programmes include:
  - The **Parent and Carer Champion network** working with parents of CYP who have been through the criminal justice system or may be at risk to provide support and prevent younger siblings entering the system.
  - Our **Prevent and Prosper programme** is one way we are addressing disproportionality, keeping CYP out of the criminal justice system. A project worker who sits as part of the multi-agency Out of Court Disposal (OOCD) Panel provides additional support to CYP subject to pre-court orders.



A young person undertaking an art project as part of a restorative justice programme

Youth Justice Plan

- The YOS has submitted our multi-agency Youth Justice Plan 2020-22 to the Ministry of Justice signed by the Director of Children's Services and Cllr Culhane which draws together our response and how we are meeting our key priorities.

- Our annual Youth Justice Plan is a statutory document produced in consultation with our partner agencies: National Probation Services, Police Services and Health Authority with input from our strategic oversight board the Youth Crime Prevention Partnership (YCPP).

FOREWORD

The last 12 months have been both a time for celebration, challenge and change for the Hammersmith and Fulham Youth Offending Service (YOS). The YOS have shown themselves to be resilient, adapting to the conditions necessitated by the Covid-19 pandemic in order to ensure that the needs of our most vulnerable young people continued to be met.

In the last couple years, we have seen a rise in serious youth violence across the country. In March 2019 a young man was tragically murdered in the borough. The 17-year old was known to the YOS and the senseless loss of life at such a young age reminds us of the importance of this plan in shaping services and initiatives which support young people, keep them safe and help them achieve their dreams. Our thoughts are with his family as they come to terms with the loss of a son and brother.

This Youth Justice Plan 2020/22 is aligned with the wider corporate plans of tackling crime, keeping people safe and supporting children to reach their potential with the following objectives:

- Reducing First Time Entrants (FTEs) into the youth justice system
- Reducing the rate of reoffending
- Reducing Disproportionality and the overrepresentation of BAME (Black, Asian and Minority Ethnic) groups within the youth justice system
- Minimising the use of custody

The Hammersmith and Fulham Youth Offending Service have recently moved out of Cobbs Hall and into 145 King Street in September 2020. This move will strengthen partnership work with other teams in Children's Services and provide a more appropriate location for meeting with young people and their families. We would like to thank the Youth Offending Service and its partners for their continued collective drive and determination to support young people and their families in Hammersmith and Fulham.

Cllr Larry Culhane
Cabinet Member for Children and Education

London Borough of Hammersmith & Fulham Integrated Care Partnership

Report to: Health and Wellbeing Board

Date: 29 June 2021

Subject: Hammersmith & Fulham Integrated Care Partnership Update

Report of ICP Co Chairs: Lisa Redfern, Strategic Director of Social Care, Philippa Johnson, ICP Director

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1.0 Introduction

The Health and Wellbeing Board received a report from the Hammersmith & Fulham Integrated Care Partnership (H&F ICP) in March describing the five areas of focus for its work across the life course to improve the health and wellbeing of the population, with an ethos of reducing and preventing health inequalities across the borough.

This paper will provide a general update around how the ICP is working and will provide an update on the progress made in each campaign over the last 3 months. The progress reports are set in the context of our continued efforts to manage through the pandemic and the recognition that all parts of our system face significant challenges. The recent rise in cases means our absolute priority is the vaccination effort, in parallel with keeping our services operating as fully as possible to meet the needs of our population. We have a tired workforce and recovery is, and will continue to be, a significant challenge.

At the previous Health and Wellbeing Board, the ICP leadership heard the strong desire to capitalise on resident voices, build on current networks and commit to improving the engagement with H&F residents to ensure anything we do is “with” not “to” residents. This report will update on progress and provide a forward look at our engagement work.

Finally, the report will provide the Board with an update on the North West Lindon ICS work with the newsletter included at appendix 3.

2.0 Recap on ICP Areas of focus and Immediate priorities

We have 5 areas of focus and 4 campaigns:

Focus	Aim	Campaign
Staying well	We support people of all ages to live well and support communities and voluntary organisations to develop &	Health and Wellbeing Campaign

	mobilise support/community assets.	
Living with illness	Keep people of all ages well at home, avoid admissions to hospital unless necessary and ensure good transitions between care sectors.	Diabetes Campaign Frailty Campaign
All age mental health	Partners unite to rapidly tackle the impact of COVID-19 on mental wellbeing for all ages with a long-term focus on the development and delivery of holistic mental wellbeing support.	Mental Health Campaign
Recovery	Restoration of health and care services based on learning from COVID-19 in order to address the most pressing needs.	
ICP and PCN development	Develop the ICP to be delivery-focussed with PCNs at the heart of local communities.	

3.0 Progress Update

Generally, the ICP has been making good progress. Governance consists of an **ICP Board** that meets every two months to look forward strategically and monitor progress against plans. Additionally, the (i) **ICP Executive Group** and (ii) **ICP Leadership Group** meet on alternate weeks.

(i) The Executive Group is an ICS requirement and has one executive member representing primary care, one from the lead community healthcare trust, one from the mental health trust, plus the CCG borough director, Local Authority Director of Strategy and the CCG Inner Cluster Chief Operating Officer. We have recently invited the GP Federation Managing Director to add additional connection with primary care.

(ii) The ICP Leadership Group includes members from every sector across the borough, a representative from each primary care network (PCN), lay partners and voluntary sector partners. This is a large group which meets fortnightly to focus on operational matters and system connectivity, so that all partners understand what is happening in the borough and can seek support from each other to address operational matters.

The conversations are focussed on the needs of the population across the borough and how we as system leaders can collaborate to address need. This is a real shift in

ethos as all system partners are working together to understand gaps and develop solutions. The obvious example is the response to COVID-19 pandemic, e.g., vaccination plans and long-COVID plans. There are other example too; care home response and integrated discharge developments, for example

NWL ICS team have offered a workshop on population health management which we look forward to as population health data is a key enabler of our work.

3.1 Campaign updates

The campaign groups have been set up by building on previous work and capitalising on the positive energy in the borough: interested individuals have self- selected to be part of the initial scoping exercise. The first stage of the work has focussed on gathering opinions and synthesising the views into campaign priorities. The ask was to ensure that each campaign adopts a population health approach and an inequalities lens, but also to think in the widest and most creative way about what we could do to improve health and wellbeing across the borough and address any inequalities.

This has been a challenging phase of the work as there is a lot of interest and lots of passion, which has resulted in many people stepping forward and wanting to participate. In addition, the people who have stepped into this initial leadership space have invariably done so alongside their busy roles. This is hugely impressive and shows the level of commitment we have across the borough. Our next step is to work out how to manage the campaigns going forward so that it a reasonable and manageable task especially for individual leads.

HWBB should be aware that the ICP programme manager left at the end of May and the role is currently in recruitment. We therefore have very little infrastructure and need to fill this post to add some management capacity to the ICP. Whilst we recruit we continue our momentum trading on lots of goodwill and hope to be able to secure resource quickly to make the programme management more sustainable.

In the meantime, we have asked leads to bring a proposal on campaign priorities and proposal on delivery to the July Board meeting. Below is a brief update on each Campaign from the groups. HWBB are asked to note that these priorities are draft and a point in time, and we would warmly welcome input from the HWBB to ensure we stay true to the ambition of the ICP.

3.1.1 Diabetes Campaign

Hammersmith and Fulham local diabetes stakeholders' group has been reinstated, chaired by Dr Paula Fernandes. The group met on 16.06.21 to discuss progress in priority areas. Updates are as follows:

<u>REWIND programme</u>

- H&F referrals are exceeding target as a borough (305 referrals as 15.06.21 compared to a target of 29)
- Further work is required to identify variation in uptake across the borough.

- Review of practice allocations and utilisation of TDR (Total Diet Replacement)
- Targeted support for practices with low uptake of REWIND

Virtual Group Consultations (Type 2)

- A new element of the Enhanced Primary Care specifications for Diabetes Level 1 now includes a requirement to provide group consultations to support the management of our diabetic population.
- Primary Care Networks (PCNs) to sign up to training programme by 21.06.21
- Ongoing work with CLCH and PCNs to scope dietician, podiatrist and pharmacist support.

Community Type 1 Clinics Pilot

- Targeted support from secondary care diabetes consultant for primary care clinicians to manage Type 1 patients who do not wish to be seen in hospital settings.
- This model was piloted successfully in the South Fulham PCN and Central PCN in 2019.
- Proposed rollout of Type 1 virtual clinics in North Hammersmith PCN, led by Diabetes Nurse Consultant and ICHT Diabetes Consultant.

3.1.2 Frailty Campaign

The Frailty campaign is led by Dr Louise Cavanagh and Sonia Berjon, community matron CLCH. A wider frailty group meeting including representatives from CCG, LBHF, primary care, provider organisations including CLCH, CIS, West London Health Trust and Imperial, plus community sector took place on 17 June 2021. The campaign has identified the three main priority areas below:

Mapping of services around frailty in HF which includes

- Health, social care, voluntary sector and communities integration.
- Existing services, initiative and innovations
- Mapping IT systems and how could integrate better.

Data (including relative and carer feedback),

- Unplanned admissions and A&E attendances,
- measuring quality of life, role of life care-plan/CMC.

Mental/Physical health interface in Frailty Integration.

- Early detection. Dementia (diagnosis-coding- and services).
- Mental health for older people.

3.1.3 Mental Health Campaign

The mental health campaign is led by Helen Mangan Deputy Director of Local services at West London Trust. A core group has met three times and includes representation from health, social care, voluntary sector and lay partners. The campaign has identified the three main priority areas below. It has mapped work which has already started or needs to be undertaken to support the priorities.

Main priority identified	Work to be undertaken
Increase community offer and reduce the use of unscheduled care	• MINT (Mental Health Integrated Network teams) fully operationalised; Integration with primary care and social care • Advance mental health equalities and working with communities • Expand local voluntary sector and mutual aid groups • Full operationalise crisis alternatives • Asset mapping (service and community asset mapping) • Identify the strengths of the community/micro-communities/PCN
Reduction of out of area placements and spend	• Optimising the use of in-borough supported accommodation • Bolster reablement provision • Increase use of direct payments • Community mental health rehabilitation service to be fully operationalised • Development of complex emotional needs offer from West London Trust
Improving the physical health of people with mental health problems	• Annual physical health checks: Minimum requirement **60%** of all patients on the SMI register and the top 5% of the CMI register to have the full Physical Health Check • Devise a clear list of interventions available to address areas of need identified from the physical health checks • Undertake CLCH and West London Trust Case load audit

The children and young people's subgroup of the mental health campaign is holding its first meeting on Monday 28th June to agree priority areas. Improvements to the ASD pathway has already been identified as a key area of focus.

A mental health stakeholder group has been formed to support the work of the campaign. Dr Beverley McDonald, GP clinical Lead has chaired the first two meetings. The group is looking to identify a co-chair either from the VSCE or expert by experience. The meetings so far have been very well attended with over 40 stakeholders including a wide range VCSE partners, experts by experience as well as health and local authority partners. Initial meetings have focused on sharing information about current services available. The next meeting on 24th June will include presentations on the new Crisis Safe Space run by H&F MIND which has just opened and The Listening Project. A small working party is being set up to agree terms of reference and how the group can support the campaign going forward.

It has been identified that further work needs to be undertaken to develop partnership working, improve the ways the diverse populations of the borough are reached and how data is used to address health inequalities.

3.1.4 Health and Wellbeing Campaign

Dr Chad Hockey and Dr Nicola Lang co-chair the group. They have met twice and have started to shape the work around addressing inequalities and connecting with communities in a real and meaningful way both to understand need, especially unmet need, but also to understand community asset, and how as an ICP we can build on the fantastic effort of communities and sustain this positive momentum and way of working.

A wider health and wellbeing group meeting took place on 17 June 2021 and included representatives from CCG, LBHF, provider organisations, community sector and primary care. The group agreed the following:

- All the group members were on board with developing a social model / social definition of health rather than a medical driven model defining health.
- The group agreed to work at level of place; with local communities, within communities.
- The group is conscious of the role of systems in terms of disempowering and the system potentially being causative for some of the issues that we are facing in terms of inequity. The group agreed that this work stream needs to focus on inequity.
- As the first priority, the group agreed to develop a health equity framework which would define a set of overarching principles that provides the architecture to support the discussion about how we can best help and support communities at place level.

4.0 Engagement

The ICP has re-started its resident and patient engagement and, in line with the discussion at March HWBB, is committed to getting this right. We have taken some small steps but recognise there is much to do and have recently agreed to prioritise this work now the ICP governance is in place and campaigns are underway.

From May 2021 we have undertaken the following virtual engagement activity:

- Sobus Providers for Older People Services (POPS) Forum, 10th May 2021 (attendance 40+). The forum is a mixture of Voluntary and Community sector organisations and some key stakeholders in attendance.
- Central Primary Care Network, Patient Participation Group (PPG), 12th May (attendance 33).
- South Fulham Primary Care Network, Patient Participation Group update, 27th May (attendance 18).

We also have planned discussions with Healthwatch Hammersmith and Fulham and the Maternity Champions to run some blended virtual and face to face events during the summer for local residents.

To progress the thinking, we invited our engagement lead to present at and lead a discussion at the leadership group on 16th June. As a result, the group agreed that the ICP Communications and Engagement strategy and plan needed to be added to our list of immediate priorities in order to ensure meaningful engagement. A draft list of the audiences is set out in appendix 1 (this list is not exhaustive).

The leadership group also agreed to ensure each Campaign group (Diabetes, Frailty, Mental health, Health and Wellbeing) would need to assign a Communications and Engagement lead, VCS and Lay member representation.

In addition, we agreed we needed a set of engagement principles (see draft at appendix 2)

5.0 Communications

We will need to use a wide and varied selection of communications channels to share our messages and to promote the Integrated Care Partnership.

Next steps for the ICP involve:

- Agreeing the key messages and information.
- Creating clear and effective branding, website, social media presence and printed materials.
- As above, finalise the communications strategy and plan.
- Agree resources and how work is undertaken collaboratively with the existing Communications teams within the Council, NWL CCG, NHS Trusts and other partners.

6.0 NW London Integrated Care System

The ICS has set out immediate priorities of recovery and rapid acceleration of the vaccination programme (see newsletter at appendix 3).

Clarity on the engagement strategy is required through dialogue with the ICS. An understanding of the integration between ICS and ICP engagement strategies is also important. Further information can be given at the next board meeting, if required.
We welcome your views on the above.

Appendix 1: Engagement Plan (Audience, Groups and Key Stakeholders (draft)

Audiences	• Patients/residents • Community groups • Voluntary groups/organisations • Faith groups • Council • NWL CCG • NHS Trusts • GP Federation • Other key stakeholders ie Healthwatch, Sobus
Patient Forums/Meetings	• Sobus – POPS Forum • Patient Reference Group • Patient Participation Groups (PPG's) • Citizens Panel • Youth board (link with Healthwatch) • Community Champions Provider meetings • ICS Patient Forum • Community groups • EPIC NWL (Engage, Participate, Involve, Collaborate – 'Resident advisory groups' to support ICS Workstreams) • NWL Integrated Lay Partner Group • Hammersmith & Fulham Pensioners Forum
Groups and organisations identified by Demographics	• Black and Minority Ethnic (BAME) • Disability • Faith groups • HIV • LGBTQI+ • Carers • Homeless • Older people • Mental Health • Refugees and Migrants • Young people • Women's groups
Community & Voluntary & Residents Groups	• Bishop Creighton House • Fulham Good Neighbours • Fulham Estate Residents Association • Elgin Close Resource Centre • South Acton Wellbeing Centre • Masbro Centre Urban Partnership Group • Neighbourhood Watch
Other Key Stakeholders	• Chelsea Football Club Foundation • QPR in the Community Trust • Fulham FC Foundation

Appendix 2: Engagement principles

Engagement Principles (Draft)	
Engage early: embed a strategic approach to engagement and communications from the start	• Embed strong engagement and communications from the start, with early notification of patient and public involvement opportunities. • Recruit, train, place, support and value patient, carer and public representatives on the board and campaign groups • Co-production to be an embedded process. • Engage early with patients, residents, NHS Trusts, GP practices, Public Health, Local Borough of Hammersmith and Fulham, NWL CCG, Sobus, Healthwatch and other key partners (particularly groups able to circulate key messages further afield). • Enable decision-making and system transformation through strong engagement and communications – recognising these as a key enabler of change. Both are fundamental to ensuring the voices of patients, communities and staff are involved and that their insights are used to inform planning and decision-making.
Build trusted relationships: Adopt systematic approaches to continuous relationship building	• Work together on effective two-way communication with patients, residents, NHS Trusts, GP practices, Public Health, Local Borough of Hammersmith and Fulham, NWL CCG, Sobus, Healthwatch and other key providers and partners. Ensure the process is bottom up and not top down. • Ask the public how they want to be involved and ensure that face to face engagement and small group discussion are an option wherever possible. • Success in building strong relationships is done through a planned, systematic and continuous basis. It is important to get governance and co-production processes right so that everyone can see how decisions are made – transparency leads to trust. • Leaders and others must invest time in building relationships systematically by reaching out across institutional, professional and hierarchical boundaries with clearly communicated messages.
Develop a shared vision and narrative and make it real	• Develop a shared vision and narrative, with strong messaging that all ICP partners support and which is also well understood and supported by the public. This will support the delivery of effective engagement and communications at local place and neighbourhood level. • This must be shared ‘with’ people, not done ‘for’ or ‘to’ them. Articulating stories that demonstrate steady improvements in the lives of patients, communities and staff is an important part of ICP engagement and communications.

Improve accessibility and consistency of engagement	• Provide accessible communications and engagement in other languages and accessible formats where requested as well as digital and social media to meet the needs of both patients and community groups. • Proactively seek views from groups seldom heard or groups with poor health outcomes. • Embed consistent and accessible communications and engagement across the ICP • ICP to produce all information and documents in plain English, with a reduction in the use of acronyms.
Promote effective, transparent engagement and co-production. Embed open, transparent and two-way engagement approaches	• Provide transparent and clear requests to local people and partners to work with the ICP and demonstrate how their contributions affected decisions. • Measure and evaluate engagement, communications and co-production effectively and transparently. • A broad and strategic engagement approach is important to build confidence and trust. This should encompass a focus on transparency and the provision of clear public information about vision, plans and progress. • Utilise existing engagement and communication channels, i.e. residents' panels, to ensure services are designed in partnership with patients, carers, staff and other partners.
Develop engagement and communication leadership, capacity and expertise	• Strong engagement and communication can help to build effective partnerships, more open and transparent ways of working, greater trust, and more engaged public. These will help the ICP to achieve their aims of more joined-up care and better outcomes for the public.

Appendix 3

North West London Integrated Care System
Working together for better health and care

Monthly NW London ICS update
June 2021

This is the first monthly update from the NW London Integrated Care System (ICS).

It covers our two current priorities: service recovery and Covid 19 response and vaccination programme, along with a brief update on ICS development.

Context

The NW London ICS will play a critical role in aligning action between partners to achieve our vision: **to improve life expectancy and quality of life, reduce inequalities and achieve health outcomes on a par with the best global cities.**

As a starting point, it is worth noting again that everyone across our health and care system has made extraordinary efforts to manage the COVID-19 pandemic and deliver the vaccination programme, while continuing to provide essential services. We want to put on record our thanks and appreciation for their remarkable response to an unprecedented public health challenge.

As this paper makes clear, we still face major operational challenges to provide the services our communities need: tackling backlogs; meeting deferred demand; new care needs; tackling longstanding health inequalities; and enabling respite and recovery for staff who have been at the frontline of our response.

1. Service recovery

The pandemic has had a significant impact on services, creating a lengthy backlog of unmet need. As patients with Covid-19 were prioritised and essential infection prevention and control measures and workforce pressures further limited our capacity, we now have around 4,500 patients who have been waiting over a year for elective care. This compares to a figure of just 26 patients waiting for a year or more prior to the pandemic. The figure peaked at 7,000 and we have been working since then to reduce it. Even with our best efforts, we expect it will take us until March 2022 to have nobody waiting for over a year.

We are committed to equity of access across North West London. Our view is that it should not matter where in North West London you live; treatment should be offered in priority order of patient need. This means that patients in greatest need will be prioritised, potentially resulting in treatment in a different North West London hospital to the one they were referred to. This approach is likely to make waiting times more equal across our hospital sites and will mean a shorter wait for those in most urgent need. It follows that patients with less urgent needs may wait longer – though we recognise all of these patients have had longer waits than we would have wanted.

In order to maximise treatment, we are carrying out a number of measures:

- We will bring together routine clinical operations into ‘fast track surgical hubs’ in order to improve quality and efficiency.

- In common with other areas of the country, reduced theatre capacity during Covid has created a significant backlog in cancer care. Patients are being offered treatment in order of need regardless of where in North West London they live.

- Hospital clinicians are reviewing each of their patients to prioritise and ensure the treatment is still needed.

- Primary care services have been operating throughout the pandemic and have been pivotal to the Covid vaccination programme. Some GP appointments are offered virtually, though patients are seen on face to face when necessary. Demand is significantly increasing in primary care.

- For new referrals, GPs can get advice and guidance quickly and easily from specialist colleagues in the acute trusts to ensure that only those patients who need hospital treatment are referred.

- We will maintain high quality, virtual outpatient appointments for a significant proportion of our patients. We continue to build in improvements to our processes and ways of working and to find better ways of identifying and supporting patients who have difficulty in accessing care in this way.

- To ensure patients get appointments when they need them, we are increasing our offer of ‘patient initiated follow-ups’ in line with national guidance on outpatients, meaning patients get follow-up appointments when they clinically need them and we reduce pre booked appointments that are not needed.

- The NHS 111 First service was introduced in December, enabling patients who need to attend A&E or an urgent treatment centre to be given a timed slot to attend and we have expanded our ‘same day emergency care’ services.

- Demand for mental health services has risen significantly, particularly among children and young people. This includes increased urgent attendances at hospitals by young people and a significant rise in young people with eating disorders. A joint approach between CAHMS and social care is needed to address this rising challenge. Fewer beds are available nationally than previously for Child and Adolescent Mental Health Services (CAHMS) which is being addressed nationally. We are investing an additional £14.4m in mental health services in 2021/22.

- In order to provide consistent high quality care across NW London clinicians continue to develop clear, evidence-based specifications for delivery, for example for hospital discharge, care homes, long term conditions and community nursing.

  A good example is diabetes care, where significant variation has resulted in uneven service delivery and outcomes. For example, Brent, Harrow and Hillingdon have been less well-resourced in primary and community based diabetic services in spite of high need. The agreed service specification and additional resource will reduce

variation, drive up equality of access and provision, and address health inequalities in these boroughs.

- System-wide reviews to ensure we provide the best care are being carried out on community rehab beds, end of life care, walk in and urgent treatment centres and neurological rehabilitation.

2. Covid-19 update and immediate rapid acceleration of the vaccination programme

Rates of Covid-19 are rising rapidly again in North West London and we have to plan for a potential third wave of hospitalisations in late summer. The Delta variant is now the dominant strain of Covid-19. This strain is highly transmissible: it is the most infectious strain of Covid-19 to date. Proposals for 'opening up' on 21 June 2021 were postponed by the Government for a minimum of four weeks, with the aim of vaccinating as many people as possible during this period, **including second doses for those over 40 and single doses for all adults aged 18-40.** The second dose is essential protection against the Delta variant.

Across health and care in NW London we are making every effort to protect all adults through vaccination and **we need to vaccinate 200,000 people a week for the next four weeks** – in most weeks, we deliver just over 20,000 vaccines, so the new target is placing unprecedented demands on clinical staff and vaccination centres and relies on people wanting to be vaccinated. Vaccine hesitancy remains an issue with some communities and residents and the challenge of getting people to take up the vaccination offer – including going back for second vaccines – cannot be under-estimated. However, through working together we are determined to succeed. We have already carried out over two million vaccinations in North West London; the highest number of any ICS in the country.

We are diverting clinical staff and resources to vaccination centres where appropriate to support this demand and three mass vaccination events took place on Saturday 19 June, at Chelsea Football Club, Bridge Park Community Leisure Centre in Brent and the Dominion Centre in Ealing. Mass vaccination events have been taking place across the capital, following our event in May at Twickenham, where 11,000 people were vaccinated in a single day.

We recognise that this serious situation means the NHS needs to be prepared for a potential third wave and that this could further impact our ability to recover elective care services. The next four weeks will be critical in striving to avoid this.

3. NW London ICS development

Local Authorities and the NHS in NWL will, together with residents, deliver a real and felt difference in care and outcomes in NWL through the ICS. We are determined to maintain our commitment to collaborative action, along with the agility and pace in decision-making that has characterised our response to the pandemic and vaccine.

North West London was formally designated as an ICS from April 2021, and ICSs are expected to become statutory bodies from April 2022, pending national legislation. In reality, we have been working as an ICS across all parts of the local NHS and our eight local

authorities for some time, and this partnership working was strengthened as we worked together in response to the Covid-19 pandemic.

Our collective leadership is committed to continued progress in improving outcomes and supporting recovery while responding to the proposed new legislation to embed new arrangements for collective strategic planning and collective accountability across partners

Together we will do the following.

- Agree core strategic priorities for ICS and bespoke priorities for Boroughs. And agree an ICS financial strategy that directly tackles inequalities and directs resource where the need is greatest and reduces the current variation in outcomes within and between boroughs.
- Ensure integrated delivery, as local as possible, through the eight ICPs.
- Hold ourselves and each other to account through trusting relationships and good governance.

The NHS in NW London has a significant underlying deficit. We are working to understand the drivers of this deficit and we will reduce costs through increased productivity which will not impact on the quality of patient care.

The ICS has an independent Chair, Dr Penny Dash and an interim Chief Executive, Lesley Watts (also chief executive of Chelsea and Westminster NHS Foundation Trust). Statutory accountability remains with statutory bodies – Trust boards, local authorities and the CCG governing body – until ICSs become statutory bodies and take on the CCG statutory functions. The ICS will operate formally in shadow from October and subject to proposed legislation, is expected to become a statutory body in April 2022.

We expect senior appointments to the NW London ICS to be confirmed in the autumn. Our current ICS plan will be further developed following the publication of the ICS Design Framework by NHS England on 16 June 2021. All partners will work together to design a governance structure that will assure the success of the ICS and maximise opportunities for residents and stakeholders to work with us to deliver on our vision.