

0-19 years commissioning Sector Led Improvement Review (London region)

Phase 3 Appendices

March 2022

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Glossary

ADPH UK – Association of Directors of Public Health (National office)

ADPHL - Association of Directors of Public Health (London office)

ALDCS – Association of London Directors of Children’s Services

BCYP - Babies, Children and Young People

CAMHS – Children and Adolescent Mental Health Services

CCG – Clinical Commissioning Group

COVID-19/Covid – Coronavirus

C(s)PH – Consultant(s) in Public Health

CQC – Care Quality Commission

CYP – Children and Young People (0-19 years)

DCS – Director of Children’s Services

D(s)PH – Director(s) of Public Health

GLA – Greater London Authority

HCP – Healthy Child Programme

HV – Health Visiting

ICS – Integrated Care System

iHV – Institute of Health Visiting

iPiP - Institute of Performance in Practice

LA – Local Authority

LB – London Borough

LGA – Local Government Association

NCL – North Central London

NEL – North East London

NWL - North West London

OHID – Office for Health Improvement and Disparities

ONS – Office for National Statistics

PHE – Public Health England

SAT – Self Assessment Tool

SCPHN - Specialist Community Public Health Nursing

SEL – South East London

SLI – Sector Led Improvement

SN – School Nursing

STP – Sustainability and Transformation Plan

SWL – South West London

T&F – Task and Finish

Designing the Learning Event

In May 2021, Project Board for the SLI review considered options for reconvening the SLI review process in accordance with the points identified at the board meeting in Spring 2021.

A brief survey of lead contacts within each borough was undertaken to establish the readiness to resume, focusing on appetite, capacity and need.

The survey yielded mixed results with:

- 12 boroughs keen to re-engage
- 12 were keen but concerned about limited capacity to engage fully
- And seven cited that they were not yet ready but wanted to be kept informed.

It was agreed that the most resource effective way forward would be to run a single half day event based on the following:

- Recruitment of a part-time project manager to organise and design the event working in conjunction with the Project Board and colleagues at ADPH London.
- A good lead in time to help boroughs prepare for the event and for the benefits of attending the event to be communicated.
- An open invitation to all boroughs and service providers, whilst extending the invitation to the wider system.
- Consulting and engaging with boroughs to both build enthusiasm for attending the event whilst seeking to ascertain their key challenges and priorities.

The aims of the learning event were to:

- Provide a supportive and interactive space for boroughs to reflect on where they are at within a changing landscape.
- Share and capture borough learning and good practice from the COVID-19 pandemic.
- Provide a space for boroughs to identify what further support and collaborative pathways would be most useful.

Whilst no explicit objectives were set at the planning stage, the intention of the event was to:

- Reengage, refresh and re-enthuse boroughs to continue with the SLI review prior to and during the event.
- Remind stakeholders of the original purpose and collective will of the SLI Review, whilst placing the work with a context of change.
- Use the event as a stepping-stone, focusing on encouraging participation in SLI work.
- An opportunity for show and tell / sharing good news stories, making it creative.
- Share information prior to the event to capture boroughs' positions.

To support the design and comms for the event a Task & Finish Group was convened (comprising of some members of the Project Board), with final details and sign off done by the Project Board.

Pre-event questionnaire

In advance of the event boroughs were sent a brief questionnaire which asked the following questions:

1. What has been working well in the last 18 months?
2. What are the main challenges you have been and are currently experiencing?
3. What are your current / emerging priorities?
4. Any additional thoughts and reflections that can help us understand where you are and how the event can serve your needs.

A total of 9 borough teams responded to the questionnaire

- Barnet
- Camden
- City & Hackney
- Islington
- Kingston
- Lewisham
- Redbridge
- Richmond & Wandsworth (joint submission)
- Westminster & RBKC (joint submission)

A summary of the key themes to emerge are included in the dataset are as follows:

1. What has been working well in the last 18 months?

BUCKET	SUMMARY OF RESPONSES
Service continuity	<ul style="list-style-type: none"> • Delivering HCP, KPIs etc despite the pandemic • Delivering core School Nursing services despite schools being closed • New ways of working / Hybrid working • Rapid Response Team set up
Prioritising and meeting needs	<ul style="list-style-type: none"> • Safeguarding • Focus on most vulnerable • Completion of a Health Equity Audit
Digital innovation	<ul style="list-style-type: none"> • Online service delivery innovation • Development of virtual pathways which have supported multidisciplinary working • Creation of new digital content • Use of technology at patient and corporate level • Higher levels of service user engagement
Collaboration and Partnership working	<ul style="list-style-type: none"> • Provider / commissioning relationship has evolved • New service pathways designed through closer working • Integrated working with children's centres / services

2. What are the main challenges you have been and are currently experiencing?

BUCKET	SUMMARY OF RESPONSES
Workforce	<ul style="list-style-type: none"> Recruitment and tension Staff sickness / absence Impact of redeployment
Service delivery	<ul style="list-style-type: none"> Increase in workload / service demand Staff capacity Expectations from other professionals Achieving return to full model of delivery of the Healthy Child programme offer Returning to a full school nursing model / reluctance of schools
Meeting needs of service users	<ul style="list-style-type: none"> Increased complexity and risk with the children and families we work with. Safeguarding concerns have increased Increase in parents and children experiencing emotional health and wellbeing concerns.

3. What are your current / emerging priorities?

BUCKET	SUMMARY OF RESPONSES
Service recovery	<ul style="list-style-type: none"> Wider service pandemic recovery and delivery Resuming health visiting face to face contacts fully to pre covid level Implementing recent changes to the Health Child Programme e.g. adapting 2-2.5 year reviews to incorporate ELIM Improving uptake of mandated reviews to ensure early identification and support for families Mitigating the impact of missed face to face reviews and reduced contact with families during covid recovery Business continuity beyond COVID-19 Reviewing and planning to implement changes in the new healthy child programme May 2021.
Meeting the needs of service users	<ul style="list-style-type: none"> Children and young people's mental health - support to schools with the increase in children and young people's mental health needs, increase in anxiety, suicidal ideation and disordered eating. Meeting the increased public health needs of children and young people as a result of the pandemic
Workforce	<ul style="list-style-type: none"> Recruitment and retention of staff Recruiting to vacancies
Partnership working, Innovation and new ways of working	<ul style="list-style-type: none"> Better integration with other services e.g. children's centres Reviewing how we provide our services to continue to use social media where appropriate To re-engage with Local networks and partners (community / Voluntary) within the post pandemic landscape

4. Do you have any additional thoughts and reflections that can help us understand where you are and how the event can serve your needs?

BUCKET	SUMMARY OF RESPONSES
Service delivery and the needs of service users	<ul style="list-style-type: none"> How services have improved uptake to mandated reviews and access to services generally. Service capacity and availability of qualified staff are ongoing challenges so some discussion around how we can deliver the changes to the HCP would be valuable The PCN's are currently still more focused on adult services so one of our challenges is to make children's services / the needs of children and families more visible and important.
Evaluation of impact of Covid	<ul style="list-style-type: none"> Need to capture the impact of the altered delivery of services and continuing positive practice
ICS rollout / service redesign	<ul style="list-style-type: none"> To consider the role of public health nursing teams within the wider ICS framework
Procurement	<ul style="list-style-type: none"> Does the competitive tendering of public health nursing teams reduce opportunities for cross system working.
Partnership working	<ul style="list-style-type: none"> Are there greater opportunities for partnership working across systems? Where services have joined up to prevent duplication or facilitated sharing of intelligence and relevant data sharing which seems to be an area of challenge

Pan London Learning Event

The event was held on Monday 18th October 2021 virtually through Microsoft Teams. In total 110 people attended the event. There was representation across 31 boroughs and City of London (one London borough was not represented).

The table below shows the spread based on the ICS footprints:

Regional / sub-region	Number	%
London and wider partners	12	11%
North Central London	14	13%
North East London	38	35%
North West London	9	8%
South East London	18	16%
South West London	19	17%
Number of attendees	110	100%

Overall attendance of over 100 people was encouraging given the read the readiness survey results in Spring 2021. Representation was particularly high amongst North East London colleagues.

There was a good mix of commissioners, service providers, DsPH, public health strategists and even a few practitioners. The event was also attended by representatives from partner organisations e.g., OHID, GLA, LGA, ADPH National, London Councils, Institute of Health Visiting.

As part of the event, following a scene setting introduction, there was an opening Mentimeter poll on priority areas for HV and SN, followed by a 15-minute presentation by the LB Newham Children's Health 0-19 and HeadStart service, including an engaging, young people led video of eight minutes on the subject of asthma¹. Thereafter, members were split into breakout groups (see below).

¹ My Asthma Hero Travel Pack (https://youtu.be/pfaG_Rz5CwQ)

Agenda

TIME/MINS	LEAD	ITEM				
2:00-2:05PM (5 MINS)	ALL	JOIN MAIN MEETING				
2:05-2:20PM (15 MINS)	CHAIR	WELCOME AND SCENE SETTING <ul style="list-style-type: none"> HOUSEKEEPING, PURPOSE OF SESSION, AND HIGHLIGHT THE CHANGING LANDSCAPE MENTIMETER POLL - LIKERT SCALE OF PRIORITIES IN YOUR LOCAL AREA(S) 				
2:20-2:50PM (30 MINS)	LB NEWHAM	EXAMPLE MODEL OF HEALTH VISITING AND SCHOOL NURSING SERVICES IN LONDON (FOLLOWED BY Q&A)				
2:50-2:55PM (5 MINS)	ALL	SPLIT INTO BREAKOUT GROUPS				
2:55-3:55PM (60 MINS)	BREAKOUT GROUPS BY ICS	NORTH WEST LONDON	NORTH EAST LONDON	NORTH CENTRAL LONDON	SOUTH WEST LONDON	SOUTH EAST LONDON
3:55-4:00PM (5 MINS)	ALL	END BREAKOUT GROUPS AND REJOIN MAIN MEETING ROOM				
4:00-4:30PM (30 MINS)	CHAIR	FEEDBACK AND NEXT STEPS <ul style="list-style-type: none"> FEEDBACK FROM EACH BREAKOUT GROUP AND SUPPORT NEEDS MENTIMETER POLL - WHAT HAVE YOU LEARNT FROM TODAY'S EVENT AND WHAT ACTION(S) WILL YOU TAKE? 				
4:30PM	CLOSE					

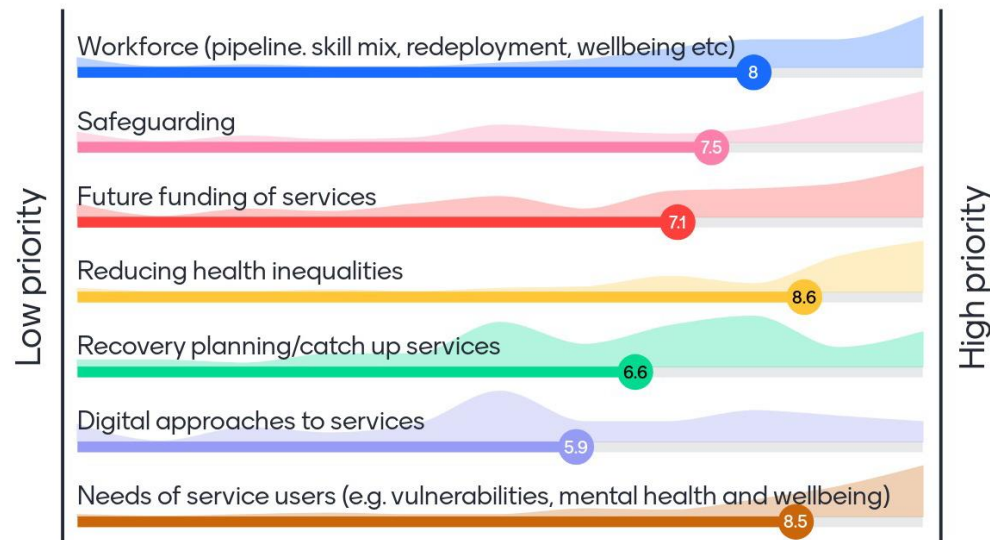
Outputs and analysis from the Learning Event

Event opening Mentimeter poll

- A Mentimeter poll was conducted at the start of the event to prioritise the following key themes on a scale of 0 – 10 which yielded the following results based on a total of 81 respondents:
- The top three areas of priority voted by attendees were: Reducing health inequalities, needs of service users and workforce

Prioritise these themes from a scale of 0 (low priority) to 10 (high priority)

Mentimeter



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Breakout Groups

A core component of what was only a two-and-a-half-hour session was the breakout group conversations scheduled for 60 minutes.

Each breakout group was facilitated by one or two members of the Project Board, and conversations were captured by recording the conversations and using Google Jamboards.

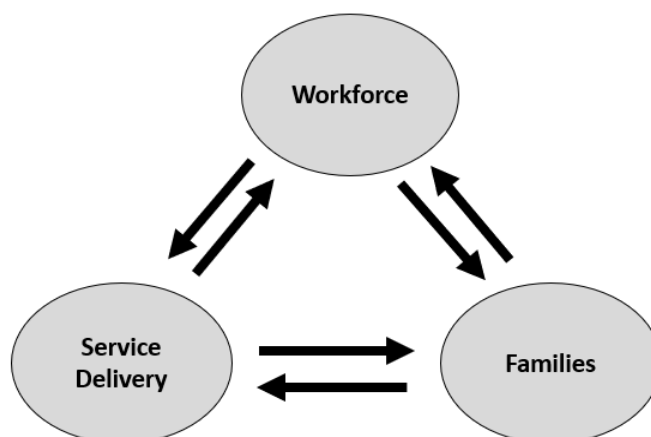
The questions were as follows:

QUESTION TOPIC AREA	DETAIL / PROMPTS
Where are you at with your services?	<ul style="list-style-type: none"> • Health Visiting – priorities and challenges • School Nursing – priorities and challenges • HCP core commissioning, is it reaching local needs?
What have we learnt during Covid in adapting services?	<ul style="list-style-type: none"> • Good news stories/examples to share? • How has your approach to engagement with service users changed?
Workforce	<ul style="list-style-type: none"> • What's the current situation? • Challenges and opportunities? Good practice to share? • Redeployment • Skill mix, future of workforce pipeline, development and training • Mental health and wellbeing of staff
What opportunities do you see going forward and where do you need support?	<ul style="list-style-type: none"> • Awareness and opportunities of the new landscape and how that will influence future of HV and SN services • How would you define integration? • How would you define partnership working? • What improvement support do you need going forward?

Analysis of the breakout group recordings and Jamboards (conducted by OHID London and ADPH London) identified three dominant themes that reflect a 'dynamic tension' between:

- Dealing with complex and ongoing **workforce** challenges and issues.
- The need to maintain standards, quality and consistency in **service delivery** whilst seeking to return to 'business as usual' within what continues to be a context of unparalleled uncertainty.
- Meeting the disparate and evolving needs and preferences of **families** and service users.

This dynamic tension is represented in the simply model below:



Below is a summary of key learning:

a) Experience of and responding to Covid

How individual boroughs responded to the Covid crisis reflected the diversity of approaches to commissioner / provider relationships, service delivery models, governance, service user engagement. To varying degrees there is a sense of being 'betwixt and between', with no real sense of resumption of BAU within the ongoing context of the pandemic.

b) Workforce challenges and issues have been compounded by the effects of the pandemic

The diverse models for commissioning and varying approaches to redeployment has created a postcode lottery for service users. For many boroughs there is a disproportionate gap in the school nursing workforce. Some boroughs are experiencing a perfect storm of high vacancies, high workforce churn, employee sickness and absence and huge challenges in recruiting suitably qualified staff.

c) Service delivery model evolution

The experience of the pandemic has accelerated the shift to online and remote new ways of working. Digital is here to stay and blended approaches to service delivery are being pursued by all boroughs to varying degrees. Whilst there is anecdotal evidence of good practice in the delivery of online and remote service delivery there is a strong need for the evidence base in this area.

The need for in-person health visiting will continue to remain strong in particular with regard to safeguarding. In-person service delivery at earlier post birth stages appear to be where there is greatest need.

d) Status and positioning of school nursing in schools

The profile of school nurses has increased amongst schools, creating an opportunity for this role to be recognised and acknowledged in a different even, with opportunities for greater integration with school teams.

e) Service integration / joint working with CYP services

There has been a closer working relationship between social services, schools, children's services and Public Health over the last 18 months that can act a platform for closer collaboration and joint working.

Service integration is at the forefront of many local discussions, but definitions and terms are not consistent or agreed, reflecting the significant diversity of approaches to service integration, which emerge from the nuances and individual context of each borough (i.e., there can never be a one size fits all approach to integration).

f) Data and evidence base

There is a clear need for fresh data, with specific support required from OHID, albeit the breadth and depth of this resource may be limited (compared to pre pandemic / PHE levels).

g) Opportunities for sub regional collaboration

The development of the ICS model offers significant opportunities for borough collaboration at a practical level where there can be a degree of self-organisation without excessive demand of administration to support the process of collaboration.

Event closing Mentimeter poll

Event attendees were invited to a Mentimeter poll (open text response) to respond to the following questions:

- What have you learnt from today's event?
- What action(s) will you take?
- And what support do you need from the London system?

55 comments were made, which focused on the following themes:

THEME	HIGHLIGHTS
WORKFORCE	<ul style="list-style-type: none"> • Challenges with recruitment are London-wide • Different approaches to redeployment, which has an impact on service users • Importance of support and recognition of the workforce. • A mixed skilled team works well • There is a strong case for standardising workforce support, training and learning from providers • Capacity and workforce wellbeing are crucial
ADAPTING TO COVID	<ul style="list-style-type: none"> • A blended approach to face to face and remote service delivery can work
SYSTEM	<ul style="list-style-type: none"> • We have the same problems across London • Valuable to hear perspectives from across the system e.g. providers, commissioners, strategists etc
SERVICE MODELS	<ul style="list-style-type: none"> • Blended delivery is here to stay • Good to hear about inhouse service delivery models • Recognition that there is a diversity of models – no one size fits all approach
SERVICE USER ENGAGEMENT	<ul style="list-style-type: none"> • Lack of service user involvement a strategic level
COMMISSIONING MODELS	<ul style="list-style-type: none"> • Each model has its benefits and challenges, but the latter can be overcome • The breadth of models that exist and the issues they each raise
INEQUALITIES	<ul style="list-style-type: none"> • Where you are in London and who commissions / provides has a direct impact on outcomes • Too much variation in the service offers across London
COLLABORATION	<ul style="list-style-type: none"> • Good to understand where everyone is at, at ICS level, seeing opportunities for more sharing of learning and information
SAFEGUARDING	<ul style="list-style-type: none"> • Safeguarding is a huge burden for HV and SN teams (part. SN), which gets in the way of SN focusing on prevention
GOOD PRACTICE	<ul style="list-style-type: none"> • Newham's asthma video was very informative

Request for Support

Set out below is a summary of overview of the requests for support made by boroughs, based on what was shared in the final Mentimeter poll by participants.

- A pan London approach to taking forward the key actions and learning from the Learning Event.
- More support at London level in terms of data.
- Common / core service standards at London level.
- Consideration of how the delivery of the Health Child Programme aligns with different approaches to service integration at the local level.
- Streamlining the system and process of safeguarding and sharing of good practice in this area.
- Support to address the huge gaps in professional supervision for HVs / SNs (additional to line management).

Borough level actions

The Mentimeter poll at the end of the event only yielded a few areas at local level:

- With so many common challenges, collaboration at sub regional and London level will be beneficial.
- ICS level meetings and sharing should be progressed to look at common issues and to share learning.
- Working together to deal with recruitment challenges.
- Intend to look at the Early Intervention Foundation self-assessment for closer working with midwifery service.
- Embedding school nurses in schools so they feel part of the school's workforce rather than just a visitor.
- Creating better partnerships to help take a holistic response to CYP challenges.

Reflections on delivery of the learning event

What the learning event affirmed that boroughs are in different positions with different experiences of delivering services in the midst of the Covid pandemic. However, many boroughs are facing very similar challenges, thereby adding additional rationale for continued collaboration.

The learning event has highlighted that the ongoing impact of the pandemic and wider contextual changes have had a significant impact on health visiting and school nursing services which invite rethinking across the following emergent priority themes:

- **Outcomes** – identifying what matters most and what we measure.
- **Service models** – developing an approach to minimum standards, recognising the rapid evolution of hybrid models of service delivery.
- **Delivery models** – building on the closer working relationships between commissioners and providers.
- **Workforce** – recognising that boroughs are all experiencing huge challenges in respect of capacity, capability, skills mix, wellbeing and career development.
- **Integration and partnership working** – further advancing the CYP joint agenda with Education / CYP services which has been accelerated during the pandemic.

Below is an analysis of the extent to which the aims for the event were met.

Provide a supportive and interactive space for boroughs to reflect on where they are at within a changing landscape.

The pre-event engagement to determine readiness to engage in a resumed SLI review process and the subsequent questionnaire both contributed to achieving what is considered to be a high level of engagement.

Key to feeling supported is the extent to which one feels listened to and taking a consultative approach is considered to have been a positive influencer on create a sense of being supported. By inviting colleagues from all of London and across the system, this created a sense of being 'in it together' and a key reflection to emerge was that many very challenging borough level issues are experienced across London.

The learning event itself was effectively a very light touch approach to bringing the SLI review to a conclusion, when compared to the time, energy and focus that preparing for, engaging in and attending the peer review workshops required in early 2020. Thus, the degree to which the event could create as stronger level of 'interaction' was always going to be limited. But again, there was sense of collectiveness achieved.

The design of the agenda is considered to have invited attendees into a reflective state – the best practice case study presented by colleagues from Newham was very well received and provoked a number of interesting and engaging questions, which also led to direct follow up to the presenters outside of the event. The breakout groups, whilst large in number in a few cases, did produce a lot of data and the wide range of comments and observations captured both orally and in written form did create some clearly identified common themes which arguably the majority of attendees could in some way relate to.

Share and capture borough learning and good practice from the COVID-19 pandemic.

Both the pre-event questionnaires and the breakout groups captured both the nuances and common themes to have emerged from what has been learned during the pandemic.

How individual boroughs responded to the Covid crisis reflected the diversity of approaches to commissioner / provider relationships, service delivery models, governance and service user engagement.

A key observation is of a sense of being 'betwixt and between', with no real sense of resumption of BAU within the ongoing context of the pandemic. So, whilst much has been learned during the pandemic in for example, how digital approaches to service delivery can be effective, the evidence base is lagging behind and may be for some time.

The learning event was an opportunity for boroughs to share their positive experiences in responding to the pandemic, albeit the extent to which it is determined to be 'good practice' is in many respects subjective. As such, whilst the formal record of the event does not specifically capture individual examples of good practice (save for the Newham case study), many participants will have taken away something from what another borough shared that may inform their thinking locally and / or lead to a direct follow up to another borough.

Provide a space for boroughs to identify what further support and collaborative pathways would be most useful.

The focus and tone of the breakout group conversations did vary and as part of this some groups were more focused on the solution orientated 'next steps' that can emerge from collaborative reflection and sharing.

Within the time allowed it is considered that this aim was partially met but requires further consideration by the Project Board to consider what can realistically be put in place to facilitate such support and collaboration. What has been identified is that the pathways that can be put in place need to be scaled at three levels as follows:

Local & ICS level	Self-organising, peer led, with opportunities to influence / report / upwards
London / ADPH London	Strategic, informed by existing partnership structures, required wider support and engagement with wider networks and systems e.g., via the CYP Network, with OHID, ALDCS, GLA
National / Regional	Engagement with ADPH National, regional engagement (e.g. with emerging Midlands SLI review grouping), wider stakeholders e.g., Institute of Health Visiting (iHV)

A key objective of the event was to act as a stepping-stone for further actions. It is considered that the common themes identified can act as a platform for action at two levels:

- Self-initiated – by borough teams, using the learning from the event and the wider SLI review process to inform service planning, plans for recommissioning, etc.
- Collective – via informal groupings, existing networks and governance structures, aided and supported by ADPH London.

There does however need to be consideration of what to prioritise for action at the collective level, taking account of the resources available.

Overall, the learning event has created more questions for further exploration and the challenge is how to turn these questions into further enquiry and actions that is of value to the system.

As a brief overview, the following reflections are offered on the event, which includes perspectives shared by members of the Project Board at the meeting post event were as follows:

QUESTION	COMMENTARY
What worked well?	<ul style="list-style-type: none"> Overall, the technology worked well with fairly seamless transition to the breakout groups. Overall retention to the end of the event was approximately 90%. The support provided by all five ADPH London team members was key to the success of the event running smoothly. Productive / informative breakout groups, albeit raising as many questions as generating answers.
What did not work so well?	<ul style="list-style-type: none"> An online event creates limited opportunities for networking and exchange of contact details, etc. in the immediate aftermath of the event. There was limited success with the Jamboards, with some participants not using them and / or the support officer completing it on their behalf based on what was being discussed. The breakout groups were set a large task and thus the conversation lacked focus. Having such large numbers in a room did not make for a in depth conversation. The Jamboard notes and the feedback by facilitators did not fully capture the conversations in each breakout groups.
What would we do differently next time?	<p>Large breakout groups do limit the kind of discussions that can take place – if there was another event we could:</p> <ul style="list-style-type: none"> Have smaller groups More focused conversations Incorporate more challenge <p>The scope of the conversations was so broad that a disparate dataset has been generated, albeit this data is rich in depth.</p> <p>The Mentimeter poll at the end mixed two very different questions together – learning and actions and it may be better to focus on only one.</p>
Would a future event be better in person or online?	<p>There is room for both, with online being convenient and accessible but missing the personal touch and in person events involving far more organisations and logistics and being time consuming when taking into account travel time, etc.</p>