Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Wednesday, 26th September, 2018

7.00 pm

Room 102, Hackney Town Hall, Mare Street, London E8 1EA

Contact:
Jarlath O'Connell
☎ 020 8356 3309
✉ jarlath.oconnell@hackney.gov.uk

Tim Shields
Chief Executive, London Borough of Hackney

Members: **Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair), Cllr Anna Lynch, Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence**

Agenda

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Hackney

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Providing oral commentary during a meeting is not permitted.

Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **Minutes of the previous meeting and matters arising**	Item No **4**

OUTLINE

Attached please find the draft minutes of the held on 24th July 2018.

MATTERS ARISING from July

Action at 4.2

ACTION:	*Managing Director of CCG to update the Commission on the outcome of the negotiations with NHSEL about the future provision of Pharmacy Enhanced Services i.e. Minor Ailments Service and Medicines Optimisation Service*

A verbal update will be provided at this meeting.

Action at 4.3
A reply has now been received from NHSE London to Cllr Munn's letter of 3 July Cllr Munn's letter of 3 July regarding concerns about changes to breast screening services for Hackney residents. The response dated 14 August is attached.

Action at 4.4

ACTION:	*Workstream Director for Planned Care to provide an update on the Housing First once the scheme had been assessed.*

This will be scheduled

Action at 5.10

ACTION:	*Workstream Director and Neighbourhoods GP Lead to report back in one year on the progress being made with:* a) *Outline of targets and outcomes for the project* b) *Examples of how the model is reaching hard to reach groups in the borough.*

This has been scheduled for July 2019.

Action at 6.4

ACTION:	*Head of Commissioning in Adult Services to update the Commission on any planned changes to the Health and Wellbeing Network once the independent assessment has been completed and the new specification agreed.*

Head of Commissioning for Adult Services responded on 25 July:

Thanks for the email and great to know that the Commission is taking a keen interest in the forthcoming recommissioning project for the wellbeing network. As a small point of clarity, the

network didn't get a two year extension but rather the contract always contained two options to extend for one year. We are currently in the first of those extensions and the second will certainly be required to allow sufficient time for the commissioning process. It's a fine distinction but an important one in terms of our procurement framework.

The request from Health in Hackney is timely as we are establishing the programme team to deliver this review now. We will be using our Intergrated Commissioning approach for this work, involving public health, the CCG and Mental Health Co-ordinating Committee - as part of a co-production approach with service users and providers.

Our initial review process will include an independent evaluation of the current service, benchmarking and a review of approaches to prevention and wellbeing activity for mental health used elsewhere, analysis of delivery over the period of the current contract, etc. A timeline for the whole process is being developed by colleagues in procurement and I will share this once it is ready. That will be a swift action to resolve, your wider request to outline what changes will be made as part of a revised specification will be subject to the recommissioning work outlined above, and will come over a longer timescale. I can update you about that separately but will give an indication in the timeline.

Hope that will meet the Commission's requirements but very happy to catch-up if there are other points to cover.

Action at 6.6

ACTION:	*Chief Executive and Workstream Director for Prevention to be invited to a future meeting of the Commission for a briefing on the Obesity Strategic Partnership.*

They have agreed to attend the 4 Feb 2019 meeting.

Action at 8.3

ACTION:	*Group Director CACH to provide a response to the Commission on the issue of St Joseph's involvement in the work in the Council to redesign the service to Carers in the borough.*

This is attached.

Actions at 10.6

ACTION:	*The Chair to request that the issues of the Single Financial Officer for ELHCP and the potential conflicts of interests of the JCC members be added to the agenda for the next meeting of INEL JHOSC.*

A request on this has gone to the INEL Secretariat.

ACTION:	*The Chief Executive of HUHFT be asked to provide an update on the future of the pathology service at HUHFT at the next meeting.*

This is on the agenda for this meeting.

ACTION:	*That the issue of the draft Estates Strategy for NEL be added to the agenda of the next meeting.*

This is on the agenda for this meeting.

ACTION

The Commission is requested to agree the minutes and note the matters arising.

Health in Hackney Scrutiny Commission

NHS England (London Region)
Skipton House
80 London Road
London SE1 6LH

14 August 2018

Hackney Council
Room 118
Town Hall
Mare St
London E8 1EA

By email to jarlath.oconnell@hackney.gov.uk and ben.hayhurst@hackney.gov.uk

Dear Councillor Hayhurst

Breast screening services for Hackney residents

Thank you for your letter seeking assurances about the breast screening services for Hackney residents.

The contract for breast screening services for women in Central and East London (CELBSS) was awarded to The Royal Free (RFH) in July 2018 following an open and transparent procurement (which we are legally obliged to conduct) led by NHS England (London). Between the start of the procurement process and contract award, the performance of the then Bart's Health screening service deteriorated by a significant extent by the time the RFH took it on.

Women are invited for screening every three years, based on their registered GP practice; a practice population will be invited once every three years. Invitations for screening across London are managed by the London Administrative Hub, in compliance with national guidelines and liaising closely with the clinical breast screening service, who are responsible for delivering capacity at their screening sites.

During the mobilisation from Bart's Health to RFH, there have been operational challenges resulting in cancellations and a diminished service for screening in all areas covered by the Central and East London catchment service including Hackney. We can confirm that significant progress has been made regarding the service workforce allowing services to be reinstated at the Homerton Hospital which serves most Hackney women.

Although recruitment of radiographers is at the forefront of the RFH's recovery plan, there is a national shortage of qualified mammographers and this shortage is impacting services nationwide. Since January 2018, the trust has been proactively recruiting to substantive, bank and agency positions. Their plan is to recruit 2 whole time mammographers per quarter and are broadly on track this quarter.

In response to your specific questions, we have some information from the National Breast Screening System (NBSS) which holds all breast screening data going back to 2016 when the Hub was established.

a) All women from Hackney who are invited to attend for breast screening are offered appointments at the Homerton screening site. Those women who wish to change their appointments or to self-refer for screening would, in line with national guidance, be offered appointments at another screening unit if there no appointments were available at their local site.

Approximately 25 women a month from the entire CELBSS catchment area (no data available for Hackney) will be offered an appointment at another screening site. In March 2018 this figure rose to 211 and in April the figure was 148. In July 2018 only 28 women were offered appointments at a different site and we interpret this as an improving trend.

b) Between February and April 2018, a total of 255 appointments for Hackney women were cancelled as shown in the table below:

CANCELLATION DETAILS					No Clients affected
SERVICE	CLINIC CODE	CLINIC DATE	TYPE (thinout/ canx period)	REASON	
FLO	CH200	19/02/2018	Canx ALL DAY	Equipment Failure	36
FLO	CH200	14/03/2018	Canx ALL DAY	Staffing Capacity	90
FLO	CH200	21/03/2018	Canx ALL DAY	Staffing Capacity	129
Total					255

Source: NBSS

All women have been offered another appointment at the Homerton screening site.

c) Annual breast screening coverage between 2010 and 2017 (published data from https://fingertips.phe.org.uk/) is shown below:

Period	Number of Hackney women screened	Coverage of Hackney women as %	Coverage of London women as %	Coverage of England women as %
2010	8,727	60.9	66.9	76.9
2011	9,554	65.0	68.7	77.1
2012	9,804	64.0	69.2	76.9
2013	9,808	62.1	68.6	76.3
2014	9,626	61.0	68.9	75.9
2015	9,772	58.2	68.3	75.4
2016	11,110	63.1	69.2	75.5
2017	12,190	66.2	69.4*	75.4*

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

d) The latest data, June 2018, shows that all Hackney resident women invited for screening were offered an appointment within 40 months of their last screen. This is very similar to the other five sites in the CELBSS area.

e) In order to address the funding / training gap, Public Health England:

- Has worked with a trailblazer group to develop a new associate mammographer apprenticeship. This is now approved and PHE will look at introducing more apprenticeship schemes;
- Introduced a return to work toolkit for mammographers who wish to return to breast screening practice; You can find some more information here https://phescreening.blog.gov.uk/2018/08/09/attracting-mammographers-back-into-screening/
- Is currently completing workforce modelling with Health Education England, who commission training courses;
- Is working with the new breast academy to look at rationalising mammographic training and introducing more on-line training

f) RFH is committed to investing in overseas recruitment for nursing and radiography staff; this includes recruitment to breast screening posts. Previous appointments through this route have had no problems with acquiring Level 2 visas.

I hope this gives you some assurance but we would be more than happy to meet with you to answer further questions along with the provider Director of Screening if you would find that helpful.

Yours sincerely

Matthew Bazeley
Director of Public Health Commissioning,
Health in the Justice and Military Health

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Response from Adult Services to matter arising from July mins:

St. Joseph's Hospice - Carers Redesign

Note for Cllr Hayhurst

The Adult Carers Service Redesign project was launched on the 29 May 2018. The project is led by the Head of Commissioning for Adult Services, Gareth Wall. The aims of the project are set out below, and reflect points made in the Commission's review of services to adult carers in 2017/18.

- The new service delivery model will focus on meeting the needs of carers in Hackney, supporting them to continue their caring role and preventing carer breakdown.
- The redesign project will refresh the existing pathway for carers, providing accessible routes to high quality advice, and a streamlined assessment process.
- The new Adult Carers Service will ensure effective implementation of the Care Act 2014 within the resources available locally, with consideration given to the increase in statutory responsibilities.

The work required for this project will include demand and service mapping, gaps analysis, benchmarking against statistical neighbours, and co-production with service users and partners. St Joseph's Hospice and other partners will participate through the service mapping and co-production elements of this work , helping to make sure that the new service is accurate and able to meet the needs of all Hackney carers.

The Project Team is planning the consultation phase now, and has already made contact with St Joseph's to ensure the new model complements and learns from their experience.

It was surprising to learn that colleagues at the hospice were not aware of the Council's redesign project. In June this year the Adult Services team participated in a Wellbeing day for carers at the Hospice, which included a 30 minute presentation and discussion slot about the Adult Carers Service Redesign project, with a wide range service users and partners present. Since then, a member of the redesign project team from Adult Services has been in contact with Emma Quintal, who is the lead for the carer's service at St. Joseph's. They have spoken about how the redesign project and existing hospice service can work together, and how St. Joseph's can best inform a redesign of the wider borough service. To date this partnership discussion has included:

- The current offer to carers at the hospice
- Recent history - St Joseph's used to complete carer assessments, so we need to clarify their referral routes and other options.
- The palliative care offer, as this represents the bulk of carers requiring assessment at the hospice.
- The current and future bereavement offer as it relates to carers.

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Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Tuesday, 24th July 2018

Minutes of the proceedings of the Health in Hackney Scrutiny Commission held at Hackney Town Hall, Mare Street, London E8 1EA

Chair	**Councillor Ben Hayhurst**
Councillors in Attendance	**Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair), Cllr Anna Lynch, Cllr Deniz Oguzkanli and Cllr Emma Plouviez**
Apologies:	**Cllr Patrick Spence**
Officers In Attendance	**Dr Penny Bevan CBE (Director of Public Health, LBH/CoL), Anne Canning (Group Director, Children, Adults and Community Health) and Jayne Taylor (Workstream Director - Prevention)**
Other People in Attendance	**Tara Barker (Chair, Healthwatch Hackney), Dr Stephanie Coughlin (GP Confederation), Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), Amanda Elliott (Healthwatch Hackney), Nina Griffith (Workstream Director Unplanned Care), Dr Coral Jones (BMA Rep), David Maher (Managing Director NHS City & Hackney Clinical Commissioning Group), Shirley Murgraff (Older People's Reference Group) and Jon Williams (Director, Healthwatch Hackney)**
Members of the Public	**3**
Officer Contact:	**Jarlath O'Connell** ☎ 020 8356 3309 ✉ jarlath.oconnell@hackney.gov.uk

Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Cllr Spence, Dean Henderson and Laura Sharpe.

2 Urgent Items / Order of Business

2.1 The Chair stated that there would be a request under AOB relating to the changes to pathology lab at HUHFT.

3 Declarations of Interest

3.1 Cllr Snell stated the he was Chair of the Board of Trustees of the disability charity DAB UK.

3.2 Cllr Lynch stated that she worked for NHS Improvement.

4 Minutes of the Previous Meeting

4.1 Members gave consideration to the draft minutes of the meeting of the Commission held on 12 June 2018.

4.2 In relation to NHSEL's response to Cllr Munn's letter (p.17-18) regarding the decision to decommission Pharmacy Enhanced Services, Members asked that the Commission be kept up to date on the outcome of the discussions which appear to be taking place between NHSEL and the CCG on what will replace it. Members agreed that the principle, as outlined in Cllr Munn's letter, should be upheld by the partners here, namely, that funding for Pharmacy Enhanced Services needed to be devolved to City and Hackney CCG and that it be ring fenced.

ACTION:	**Managing Director of CCG to update the Commission on the outcome of the negotiations with NHSEL about the future provision of Pharmacy Enhanced Services i.e. Minor Ailments Service and Medicines Optimisation Service**

4.3 The Chair stated that no response had been received from NHSEL to the Commission's letter of 3 July regarding the reduction in breast screening services and they would be pursued on this.

4.4 In relation to action at 8.4 regarding Housing First, it was noted that the response included in the papers was the incorrect one and related to another matter, Shared Lives, which had also been requested by the Chair. In relation to Housing First it was noted that, once this pilot was assessed an update could be provided by the CCG lead for it - the Workstream Director for Planned Care.

ACTION:	**Workstream Director for Planned Care to provide an update on the Housing First once the scheme had been assessed.**

4.5 The Chair thanked the Speaker for hosting a reception at the Town Hall to celebrate the 70th birthday of the NHS and for arranging the card from the Council to the Homerton.

4.6 In relation to item 7.11 the Chair added that he would meet with the Chief Executive of HUHFT to plan for the 'Estates Strategy' update item now scheduled for the next meeting.

RESOLVED:	**(i) That the minutes of the meeting of the Commission held on 12 June 2018 be agreed as a correct record subject to the following amendment at 8.4: delete 3rd**

	sentence and replace with "PB added that this programme should link with the approach of the Council's Multiple Needs Team". **(ii) That the matters arising be noted.**

5 Neighbourhood Model for health and social care

5.1 Members gave consideration to a briefing paper on a key aspect of Integrated Commissioning - the development of a new model for the delivery of more joined up health and social care services at a neighbourhood level.

5.2 The Chair welcomed for this item: Dr Stephanie Coughlin (SC), local GP and Clinical Lead for Neighbourhoods at the GP Confederation and Nina Griffith (NG), Integrated Commissioning Workstream Director for Unplanned Care at CCG/LBH/CoL. SC emphasised that the focus here was not on creating hubs but rather on building on existing relationships and on transformation. The focus is on how they can further develop the reach of services.

5.3 NG stated that services will continue to be provided at Practice level and will remain Practice specific. Further on there might be services which are provided at Neighbourhood level but only if the Practices agree. The aim was not to merge Practices but rather enhance choice for residents.

5.4 Members expressed some concern that it was an overly medical model built around GPs and asked how the wider determinants of ill-health would be dealt with. SC replied that how housing, leisure services, shops etc can be better utilised to make the neighbourhoods healthier was key to the approach. There had been criticism of "meetings overload" in previous attempts to tackle this. Members suggested that this model was no further along on the ongoing issue of how GPs are better able to identify how housing conditions contribute to ill health. NG agreed that Neighbourhood Model was bigger than considering how you link up Primary Care and Multi Disciplinary Teams and undertook to take back the point on how GPs could better proactively identify problems.

5.5 On the issue of improving the links between housing issues and ill health PB commented that there were two aspects a) improving Environmental Health enforcement and b) finding ways in which health providers can work with housing providers across all tenures to identify people who might be vulnerable or at risk. The biggest part of this challenge was in the Private Rented Sector, which was also expanding, and an officer from Public Health had been seconded to work with the Private Rented Sector Team in Housing on these issues. Cllr Demirci (the Cabinet Member with responsibility for health) interjected that the new landlord licensing schemes would assist here and more was being done with private landlords. Cllr Snell stated that he was personally not reassured that enough progress was being made on this issue.

5.6 Members stated that the objectives of the programme were not entirely clear and this was taking place at a time when there were reductions in housing officers at neighbourhood level. NG replied that the aim was to galvanise the wider social capital across the borough to improve health outcomes for

residents. AC added that the Councils input here was fundamental and adult services and children's services were fully engaged. The 6 Children Centre Hubs were fully involved with this. DM added that the compelling objective here was to improve health outcomes and galvanise the social capital which exists in order to make current providers more effective at what they do. Only 11% of people's health outcomes were determined by health service interventions with 89% being down to the wider determinants.

5.7 Members stressed the need to set measurable targets rather than just a vision for this work and asked how, apart from the Patient Panel, the initiative would engage with harder to reach groups and communities. NG described the work of the Patient Panel in holding the project team to account and the recent Mental Health Workshop to launch the Neighbourhoods Model which had 100 participants. The model may currently be overly medical she added but it has to be a service delivery model and a neighbourhood focus is the way to gain momentum with this transformation work. SC added that they were benchmarking what works best in the rest of the country and they were looking at the progress being made, for example by Connect Hackney locally.

5.8 Dr Coral Jones commented that she had been in GP in the borough for many years, that UK GPs were very well trained and fully understood the wider determinants of ill health but questioned whether going through GPs was the correct approach here, as these issues were primarily social issues not medical ones. Jon Williams commented that the GP Confederation was funding Patient and Public Involvement Groups on this model and would be using a strong co-production approach. Mr Sills, a resident, commented that the borders being used did not make sense. Shirley Murgraff commented that she was on the Patient Panel and was supportive of the initiative. This had led on from the 'One Hackney' initiative which had been very well run and it would build on that work. She added that the new model needed both targets and an overarching vision.

5.9 NG replied that starting with the GP registered population was the best place as it gave the best understanding of the health of the population. There was evidence from Primary Care Home on the optimum population size to use to deliver services and this was useful but they would continue to keep an open mind and to keep testing the model. On the boundaries chosen, the Council had been closely involved with the CCG and the Confederation in ensuring that the model was a suitable fit. SG added that the slogan was '8 Neighbourhoods, 1 City & Hackney'.

5.10 The Chair thanked the officers for their reported and concluded by saying that the Commission would like to see that the £800k spent so far had been well spent and he would like an update after a year.

ACTION:	**Workstream Director and Neighbourhoods GP Lead to report back in one year on the progress being made with:** a) **Outline of targets and outcomes for the project** b) **Examples of how the model is reaching hard to reach groups in the borough.**

RESOLVED:	**That the briefing and discussion be noted.**

6 Integrated Commissioning PREVENTION Workstream - update

6.1 Members gave consideration to a report 'Integrated Commissioning: Prevention Workstream Update' introduced by Jayne Taylor (JT) (Consultant in Public Health and Workstream Director for Prevention) and Anne Canning (Senior Responsible Officer for Prevention Workstream and Group Director CACH at LBH.

6.2 JT took Members through the report and stated that the update attempted to acknowledge the ambition of the whole system. She reiterated that only a very small proportion of health outcomes were actually determined by health service interventions and this guided the approach. She highlighted the *Making Every Contact Count* (MECC) initiative which was being used to test out new ideas and embed a new approach. It was an important enabler in the system and would be key to shifting behaviours. It was about a holistic approach where issues such as debt or lack of exercise or poor housing conditions etc. might be picked up earlier. The ambition is to inform staff from the Council, health providers and VCS to raise issues in a sensitive and appropriate way and then to be able to signpost people accordingly. Officers had noted that although MECC was more familiar to NHS staff once the initiative got going social care staff in particular had embraced it fully.

6.3 In response to a question on mental health and workplace health JT stated that improving mental wellbeing in the work place and training for managers is vital. Much progress had been made and, for example, the Council the CCG and other key stakeholders were now fully accredited under the London Healthy Workplace Charter. The unions were also closely involved in this.

6.4 In response to a question on the challenges faced by the Health and Wellbeing Network JT stated that the approach being taken was to ensure that it was more of a Prevention and Recovery service. A system approach was needed as there was unmet need, therefore in the recommissioning the focus would be on whether balance of spend was right for where the need lay. Adult Services managed the contract and they were having an independent evaluation done of the Network and in the interim the existing provider would be extended. In the redesign they would look at how to improve the pathways for 'moving on' and also how to ensure more males engaged with services. The Chair requested that when the additional 'Asks' were added to the specification for a revised service Members could be kept informed.

ACTION:	**Head of Commissioning in Adult Services to update the Commission on any planned changes to the Health and Wellbeing Network once the independent assessment has been completed and the new specification agreed.**

6.5 In response to a question on improving the profile of services, JT stated that this was a priority for the Workstream and the following week she would be taking part in a workshop on how to improve Navigation Models. This would be in partnership with those working on the Neighbourhoods project and it would look to how services can be effectively mapped as there was an acknowledgement that they were currently too disjointed.

6.6 In response to a question about the need to raise the profile of the Obesity Strategic Partnership and its work, JT stated that this important initiative was being led by the Council's Chief Executive. The challenge here was that it would take time before the effects could be seen. With childhood obesity there was a base line to work from in the Child Measurement Programme in schools but with adults there wasn't one. There were a number of very promising initiatives coming out of this however including the 'Daily Mile', where 25 primary schools were having children walk at least a mile a day. There was also a project with Chicken Shop Takeaways to encourage them to provide a slightly healthier offer to customers.

ACTION:	**Chief Executive and Workstream Director for Prevention to be invited to a future meeting of the Commission for a briefing on the Obesity Strategic Partnership.**

6.7 SM questioned the public health approach re Long Term Conditions which are incurable arguing that this was driven by a desire to reduce access to the NHS. JT strongly disagreed stating that ethically they have to support people with risks of developing long term conditions and address their needs, the aim was not reducing access to the NHS but rather freeing up space within it by helping people earlier.

6.8 On Alcohol and Substance Misuse, JT replied that the aim was to reduce harm and part of the work was prevention but across the whole system.

6.9 Members expressed a concern about how the detection rates for chlamydia for 16-24 year olds was twice the London average. PB replied that there was a high rate of diagnosis (the highest in England) but there was also the highest rate of testing. This was actually a positive thing because it indicated that the system was treating these people and therefore the long term health effects such as reduced infertility were being reduced. In Hackney they were testing, finding and treating it to a high level, she added. It was noted that there were now home testing kits available and you could also be tested at pharmacies and within CYP services. If you were 16 plus and asymptomatic you could request a test but if you are symptomatic you had to attend a clinic. Members commended this work and commented that it was important for Hackney to lean to replicate what it does well into other areas. PB agreed, adding that huge strides had been made also in reducing what had been very high rates of teenage pregnancy with the result that Hackney now had one of the lowest rates in the country.

RESOLVED:	**That the briefing and discussion be noted.**

7 Healthwatch Hackney Annual Report

7.1 Members gave consideration to the Annual Report of Healthwatch Hackney, something they did each year. Present for this item were the new Chair, Tara Barker, the Director, Jon Williams and the Intelligence and Signposting Manager, Amanda Elliot.

7.2 JW took Members through the report noting some key points such as that there was a need for the Healthwatch reps who sit on various boards and committees to be well briefed and supported. He detailed the 7 Enter and View reports they had carried out and commented that he had been surprised how many of the public were still unaware how to initiate a complaint about health or care services. They were addressing this with their Complaints Charter. Some of the big items raised by residents included problems with phone bookings at GP Practices, plans for NHS properties, signposting problems. He explained that they also did a number of special reports during the year including one on homelessness and mental health, focused on those who are in temporary accommodation, and they would be taking this to Living in Hackney Scrutiny Commission in September. He described the success of the NHS Community Voices events which they had organised during the year and how they were working closely within the Integrated Commissioning structures. One of the future challenges relates to the increasing trend for NHS decisions to be taken at a sub-regional North East London level and the need to have more transparency on this.

7.3 Members commended Healthwatch on the quality and clarity of the document. The Chair added that Healthwatch had to tread a very fine line at times and it had used sound judgement in a number of areas such as calling for more transparency on the Estates Strategy issue.

7.4 Members asked about conflicts of interest in challenging those who are funding you and on the impact of taking on the City Healthwatch contract and on cross funding City vis-à-vis Hackney. JW replied that Healthwatches around the country were experiencing constant rounds of cuts and generally in the sector funding was not secure. They had been considering an office move but had called it off for that reason. Funding sources do not hold them back from providing a critical friend challenge however. Their perspective always was to take the side of the public and in issues such as mental health and housing this has been challenging. On the City contract they were developing the relationships with commissioners. The two ICBs now meet in common but the two Healthwatches sit on them separately.

7.5 Members asked how they chose the targets for Enter and View inspections and in relation to GP Practices whether this was informed by the GP Confederation. AE replied that they liaised with the Primary Care Quality Board at the CCG who shared the GP performance dashboards with them and the CCG appreciates their input. The main challenge with Enter and Views was to resource the follow-up inspections which checked whether an Action Plan had been implemented. All of these had to be done by trained volunteers.

7.6 AE explained that Healthwatch Hackney's burden was easier than that of Healthwatches on the south coast, for example, because Hackney had far fewer Care Homes to inspect. A key challenge for Hackney however related to the large number of vulnerable clients receiving care in their own homes, who therefore could not be assessed via the Enter and View process. They have been negotiating with Adult Services about setting up ways of getting consent for this, she added. It was noted that Healthwatch was always conscious to be responsive to events and would get involved if a major incident or inspection failing occurred. Healthwatch was reliant on NHS and social care bodies being responsive and for example the Community Voices events had produced many

recommendations. The CCG would use these findings as a lever to encourage providers to improve.

7.7 The Chair thanked Healthwatch for its report and for it continued positive engagement with the Commission's work.

RESOLVED:	**That the report and discussion be noted.**

8 For noting only: Responses to Quality Accounts - St Joseph's and Arriva Transport Solutions

8.1 The Chair stated that NHS bodies are required to submit annual Quality Accounts to NHSI and as part of that process to seek comments from their local Overview and Scrutiny Committee on a draft of the report before it is submitted.

8.2 Members gave consideration to the Commission's response (sent under Chair's Action) to St Joseph's request as well as the reply to the points the Commission had raised.

8.3 The Chair drew Members' attention to the response from St Joseph's Hospice to question (h) on p.99 which implies that they were not aware of the work being done in the Council on the new Carer's Model and expressed concern about this. AC undertook to provide a written response on this to the Commission.

ACTION:	**Group Director CACH to provide a response to the Commission on the issue of St Joseph's involvement in the work in the Council to redesign the service to Carers in the borough.**

8.4 Members also noted the response sent to Arriva Transport Solutions further to their request.

RESOLVED:	**(a) That the Quality Account responses to St Joseph's Hospice and Arriva Transport Solutions be noted** **(b) That the response back from St Joseph's Hospice be noted.**

9 Health in Hackney Scrutiny Commission- 2018/19 Work Programme

9.1 The Commission noted the amended Work Programme for the Commission for 2018-19. It was noted that this was constantly updated.

9.2 The Chair stated that the Commission would proceed later in the year with a review on digital primary care and an initial scoping document had been drafted and circulated at this stage only within the Commission. He commented that one issue drawn to his attention was that as more people went online to book GP appointments fewer slots would be available to those trying to get through on the phone and how would this be managed.

RESOLVED:	**That the updated work programme be noted.**

10 Any Other Business

10.1 The Chair stated that Dr Coral Jones, a resident and retired local GP, had asked him to raise one issue under AOB.

CHANGES TO PATHOLOGY SERVICES AT HUHFT

10.2 Dr Coral Jones stated that at a recent meeting of the Council of Governors of HUHFT, of which she was a member, it had become apparent that there was now a definite plan to downgrade, in her view, the Homerton's Pathology Service. This had been the subject of a number of items at the Commission over the past two years and she asked what action the Commission would now take on this.

10.3 CJ stated that the Council of Governors had seen an Estates Plan and this had labelled the current portacabins serving the Path Lab as not for upgrading, and the original pathology site designated for a rebuild and for it to have a different use. She added that the Single Accountable Officer for the ELHCP had told the Homerton Board meeting that there would be 2 hubs for Pathology in NE London, and the Homerton would not be one of them, as per the ELHCP estates plan. She added that she found this out by accident and neither the Homerton nor the ELHCP had made any announcements. Her concern was that the Path lab at the Homerton would be reduced to a spoke and specialist services would be lost. The Chair replied that nobody from HUHFT was present and so there could be no discussion at this meeting but the HUHFT Chief Executive would be coming to the next meeting and this issue would be raised with her then. He added that the HUHFT Chief Executive had indicated at a previous meeting of the Commission that a change was coming but the detail had not yet been agreed.

10.4 SM expressed concern that this was a substantial change to local health services and the Commission must raise the issue of the lack of proper consultation here. Too much of ELHCP activity was being done in secret and they had forced the issue of the Single Accountable Officer over the objections of all the local authorities, she added. She went on that it was time for the work on this to be put in the public domain.

10.5 On a separate issue, CJ stated that the previous week she had attended the NEL Joint Commissioning Committee (meeting of ELHCP/NELCA) and she had queried the involvement of most of the JCC members with private health care companies, and asked how the public could be reassured that decisions will not be influenced by these declared and multiple conflicts of interest. She added that the JCC Chair had replied to her that the JCC was not a decision making body, and was only advisory. She stated she was aghast at this as this body appeared to have it both ways, stating it was statutory only when it suited them. She asked how the public could influence what the ELHCP is doing and how this might be done? The Chair replied that this issue would best be raised at the next meeting of the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) which would be meeting shortly and he would do this. He added that the issue of the appointment of a Single Financial Officer for the ELHCP/NELCA would also be on the next INEL agenda. David

Maher interjected that the issue of the Single Financial Officer would be debated first at the Governing Bodies of the 7 NEL CCGs and no decision had been made.

10.6 The Chair stated that he wanted a briefing on the Estates Strategy issue at the next meeting on 26 September and would raise this also with the Chief Executive of HUHFT.

ACTION:	**The Chair to request that the issues of the Single Financial Officer for ELHCP and the potential conflicts of interests of the JCC members be added to the agenda for the next meeting of INEL JHOSC.**

ACTION:	**The Chief Executive of HUHFT be asked to provide an update on the future of the pathology service at HUHFT at the next meeting.**

ACTION:	**That the issue of the draft Estates Strategy for NEL be added to the agenda of the next meeting.**

Duration of the meeting: 7.00 - 9.00 pm

Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **North East London Estates Strategy**	Item No **5**

OUTLINE

Within the Integrated Commissioning structures in City and Hackney (joint CCG, LBH and CoL) there is an **Estates Enabler Group**.

At a sub regional level in our STP, now called East London Health and Care Partnership, there is an **Estates Board** and Jane Milligan the Executive Lead for ELHCP reported on its creation to the INEL JHOSC in February. That report is here
http://democracy.towerhamlets.gov.uk/documents/s125054/Appendix%20C%20-%20Estates%20update.pdf

Above these at the London wide level there is a **London Estates Board** under the Mayor of London.

The Chair has now asked for an update on the progress being made here at each level and the implications locally for future service configuration.

Attached please find a report from the Integrated Commissioning team.

Attending for this item will be:

ELHCP: deputy for Henry Black (Chief Finance Officer) tbc
City & Hackney CCG: David Maher, Chief Officer, Sunil Thakker, CFO
LBH: Anne Canning, Ian Williams, Group Directors
HUHFT: Tracey Fletcher, Chief Executive
ELFT: Paul Calaminus, Chief Operations Officer & Deputy CEO for London

ACTION

The Commission is requested to give consideration to the report.

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Health in Hackney Scrutiny Commission 26th September 2018

Briefing note on the estates strategy for East London Health & Care Partnership (North East London STP) and, City & Hackney CCG.

Introduction

In order to achieve efficiencies detailed by the Five Year Forward View, all parts of the health service need to work with greater co-operation, as well as working collaboratively with Local Authorities to join up health and care services. Estates are a crucial enabler for our system-wide delivery model. Care should be delivered in fit-for-purpose buildings that meet the capacity challenges of a growing population and the clinical delivery model.

The vision at both CCG and STP level is to develop good quality and cost-effective estates infrastructure which meets the complex needs of a growing, aging, diverse and relatively transient population. Our estates need to be flexible, to support the delivery of new models of care over the long term and, working with Local Authority partners, explore opportunities to co-locate services, and derive better economic value from public land/property such as creation of much needed housing units.

In June 2015 new Department of Health guidance required CCGs to work with their member practices and partners, and the two NHS Property Companies to develop a Local Estates Strategy. The strategy is expected to be dynamic and iterative, and refreshed at least annually. The STP estates strategy derives from the London Estates Board which is enabled by powers devolved in the 2017 London Health and Care Devolution Memorandum of Understanding.

City & Hackney CCG produced draft Estates strategy in 2015 which has now been refreshed (2018) in light of various developments including:

- Hackney in 2015 announced as one of five pilot areas in London following successful submission of a joint proposal backed by ten of the borough's key health/social care providers and commissioners
- Primary care commissioning delegation from NHS England to the CCG in April 2017;
- Integrated commissioning between the CCG and London Borough of Hackney; and between the CCG and the City of London Corporation;
- The City & Hackney Out of Hospital delivery model – Neighbourhood model;
- Development of the East London Health and Care Partnership (i.e. the STP) Estates Board, and the London Estate Board (LEB)

Both the STP and CCG Estates Strategies are key supporting strategies for plans to deliver new models of care in acute, community and primary care settings. The estates strategy is informed by the service requirements and have been developed by engaging with stake holders across the board from Providers, to Commissioners, to Local Authority colleagues, and to the NHS Property Companies.

Key drivers for change are:

- Population, health needs and regeneration: The population is projected to increase by 8million people by 2032. Life expectancy in the U.K. is improving and the number of people who will live with one or more long term health conditions that limits their lifestyle also increasing. The Department of Health estimates that by 2018, there will be 2.9 million people with 3 long-term conditions (from 1.8 million in 2012), and their health care will require £5 billion additional expenditure (Dept of Health, 2012). The number of people living with dementia is also set to double over the next 30 years and the rate of diabetes to increase by 30% by 2025 affecting 4 million people.
- The NHS England, Five Year Forward View (5YFV): integrated agenda & new care models over the next 5 years.
- Service transformation: E.g. 'Neighbourhood' model in City & Hackney
- Digital transformation: Digital offer is under development and set to include online, telephone & video consultation.
- Financial pressure: unsustainable financial pressures within the system – shrinking funds and growing needs.

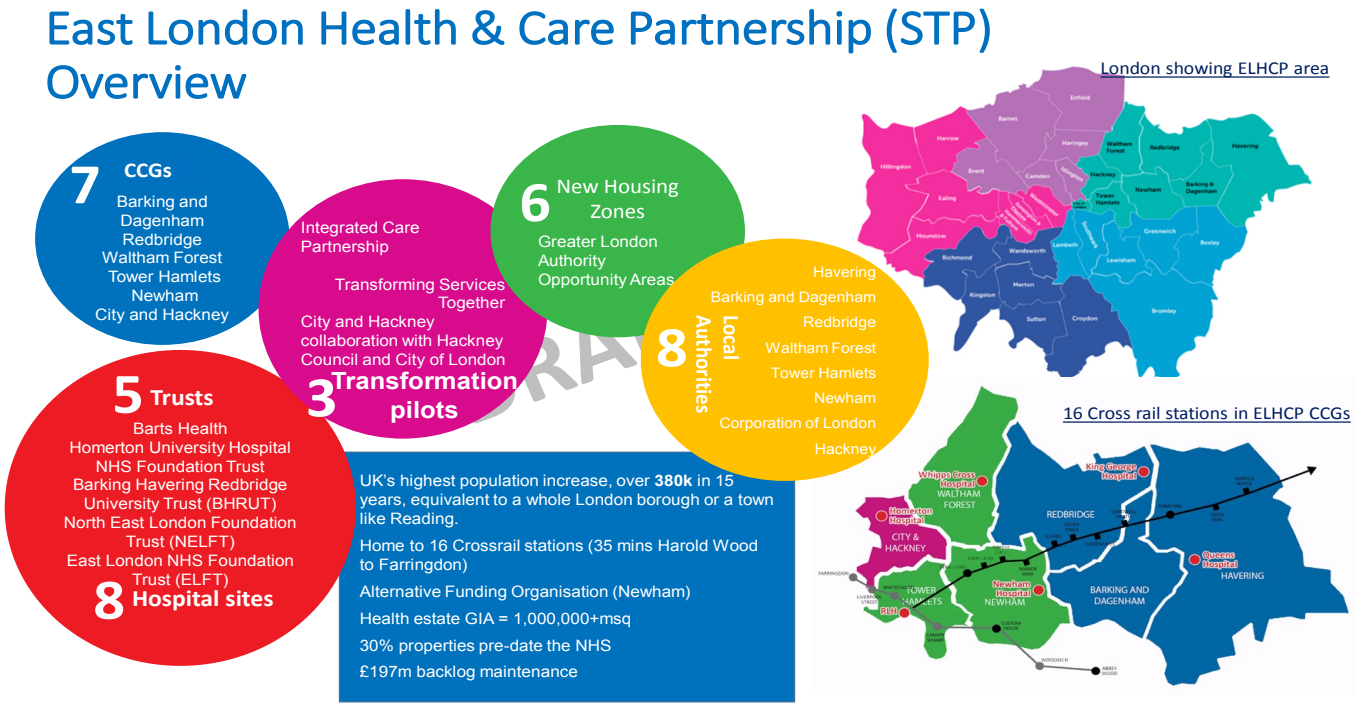
Estates strategy - East London Health & Care Partnership (North East London STP)

The ELHCP estates strategy document is expected to be published after 4th October, following discussions at the London Estates Board.

The ELHCP Strategic Estates Plan (SEP) is a system wide estates plan, designed to begin the development of an estate-based response to the main STP transformation themes.

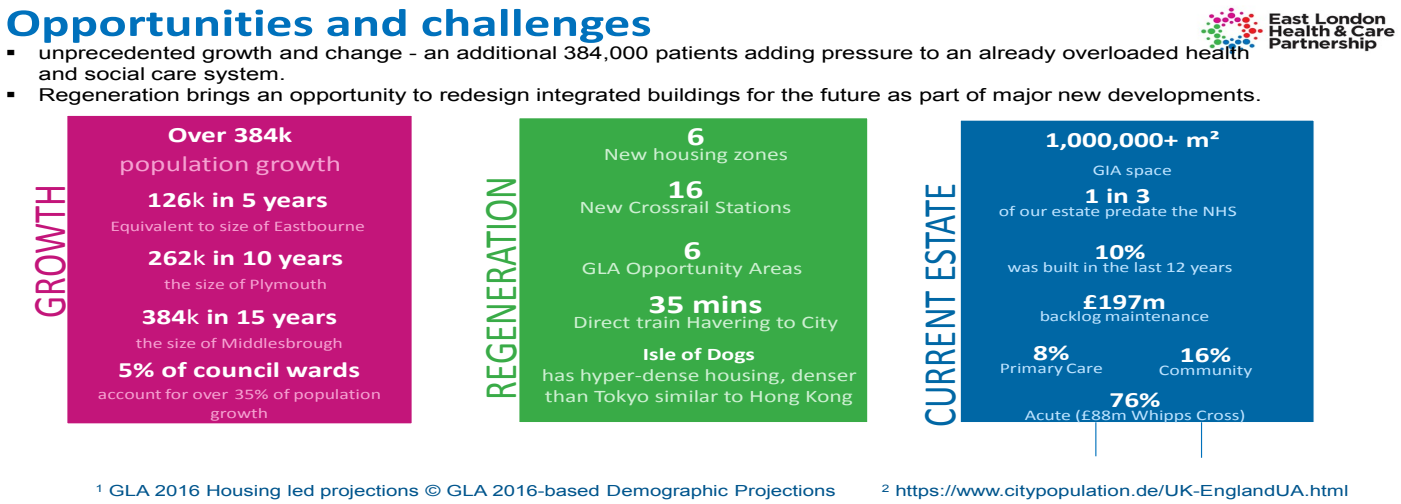
It does not replace or duplicate existing organisations' estates strategies/plans across the footprint. It focuses on common themes, identifying where collaboration is either desirable – helping to achieve economies of scale, to share scarce resources or to share best practice; or essential. Where possible, the aim is to plan for buildings that make cross-organisational data sharing and co-location work.

Fig.1



The condition of North East London estates is highly variable. It is of mixed-age, quality and fitness for purpose. Around 33% of the estate was built before 1948 and 35% built between 1949 and 1984. Backlog maintenance across the STP run into hundreds of millions of pounds (Acute sector @ cost c£197m) and c£8m annual costs on void/unused space.

Fig. 2



[1] GLA 2016 Housing led projections © GLA 2016-based Demographic Projections [2] https://www.citypopulation.de/UK-EnglandUA.html

Within North East London, City & Hackney is a designated Integrated Care System however, the estates issues across the patch have many similarities.

Fig.3

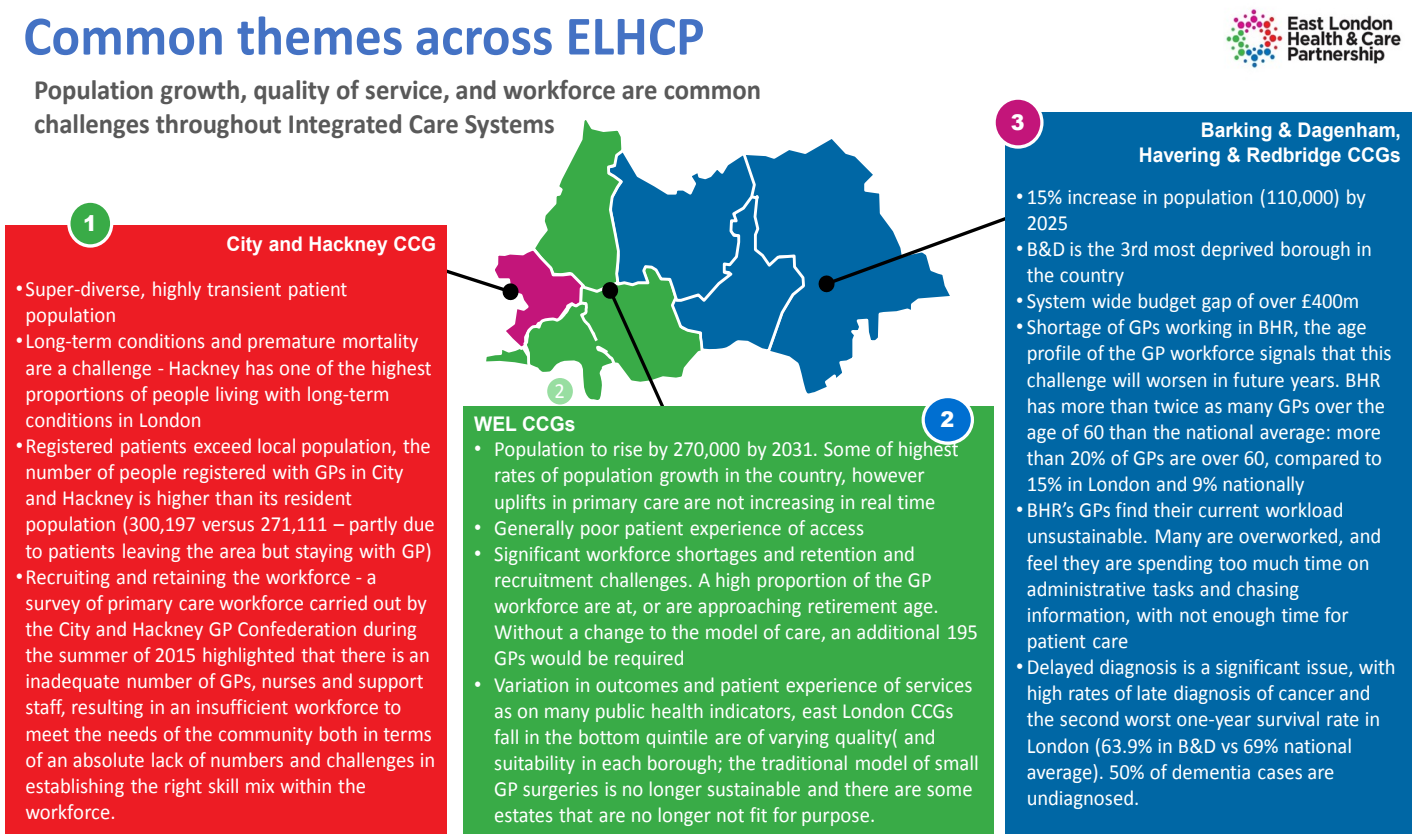
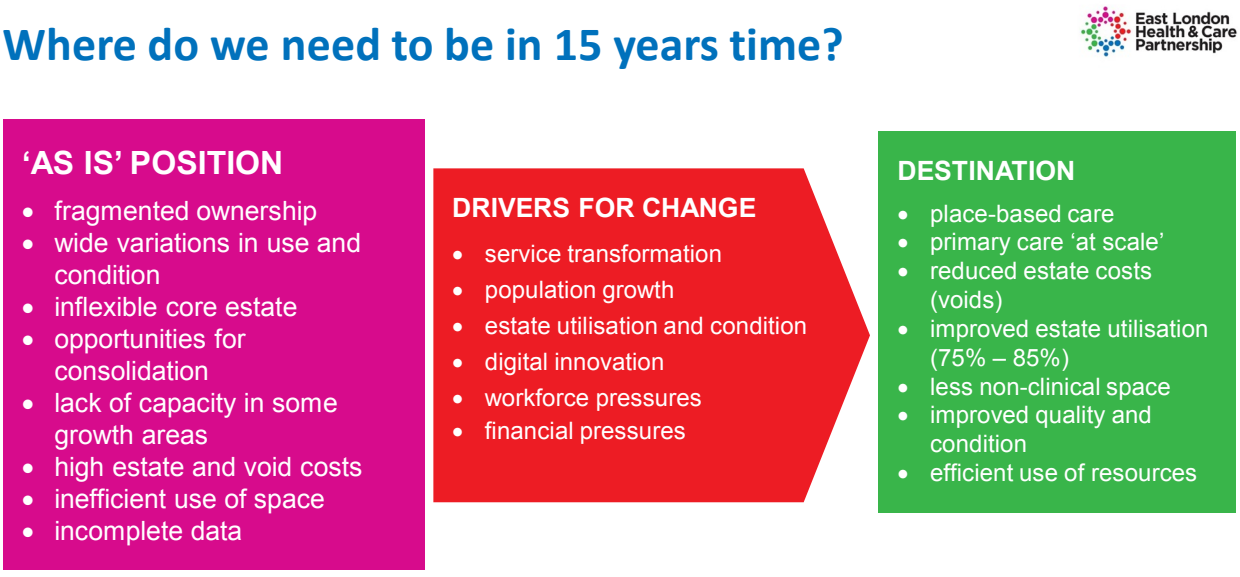


Fig 4 outlines where we are and where we need to be within the next 15years time. In developing the strategy, the gap between where we are and where we want to be is analysed to plan how this can be achieved.

Fig.4



How to get to the above destination point

ELHCP plans to achieve the endpoint above is via the London devolution plan which argues for capital receipts to be recycled locally i.e. London receipts to be recycled within London.

Governance will be via the ELHCP Estates structure where local decision-making will take place through CCG Governing boards, Provider Trust boards, Local Authority Health and Wellbeing boards and Joint Health Overview/Scrutiny Committees. The estate structure includes 4 work streams areas:

- Utilisation and productivity (including data management and back-office consolidations)
- Disposals
- Capital pipeline and programme management
- Additional capacity

Projects will be delivered by individual lead organisations, with the STP Estates Team providing strategic assurance and oversight to ensure a consistent approach and leadership for system-wide programmes. See below in Fig.5

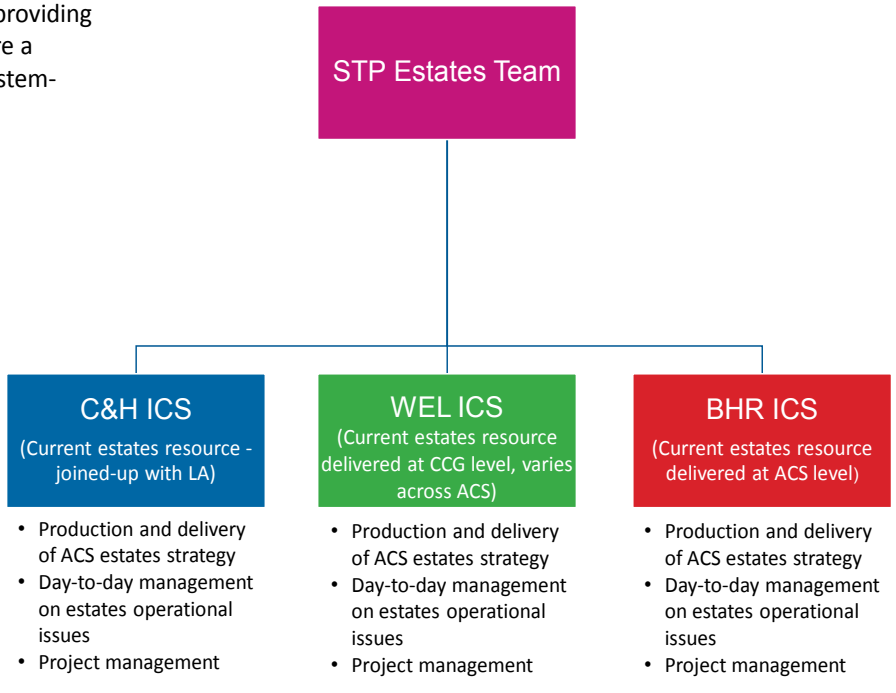
Fig. 5

Centralised partnership estates team

East London Health & Care Partnership

Projects will be delivered by individual lead organisations, with the STP Estates Team providing strategic assurance and oversight to ensure a consistent approach and leadership for system-wide programmes.

- Producing and delivering the STP estates strategy
- Strategic planning and leadership for system-wide programmes
- Strategic assurance and oversight
- Implementation of consistent strategies and policies
- Information and knowledge sharing
- Core team provide oversight and expertise for three 'once for all' workstreams covering the STP footprint:
  - improved utilisation
  - new capacity planning
  - disposals and investment planning



Estates strategy - City & Hackney CCG.

City & Hackney CCG draft Estates strategy of 2015 has now been updated for 2018 to reflect developments including primary care commissioning delegation from NHS England to the CCG; integrated commissioning between the CCG and London Borough of Hackney as well as the City of London Corporation; the City & Hackney Out of Hospital delivery model – Neighbourhood model; development of the ELHCP (STP) Estates Board and the London Estate Board.

The CCG estate strategy relates to community and primary care estates. Whilst the CCG does not hold a budget for Primary Care Capital, it has a key role in prioritising primary care capital requirement in bids to NHS England, as well as working in partnership with other public bodies such as Local Authorities to progress alternative means of capital investment in non-acute healthcare estates. Such estate plans generally have resource implications for the CCG in terms of reimbursable estates costs for GP Practices and community providers, plus, CCGs are responsible for meeting the rental costs of void spaces (NHS PS & LIFT buildings).

Strengthening service delivery at the local level is a key objective in achieving the NHS Plan. This requires well-designed and located primary care facilities. The CCG is collaborating with Providers, as well as Hackney Council and the City of London Corporation via the STP forum and the City & Hackney Estates Enabler Group – collaboration at this scale is not without challenges however, works are progressing. The Enabler Group has the following key objectives: to deliver

- Fit-for-purpose estates to support service transformation and, deliver better health and care outcomes
- Place based care and provision of primary care at scale
- Improve operational efficiency of the estate e.g. co-locate community-based services, optimise estate utilisation and reduce voids
- Quality estate to ensure space is functional and enhance patients'/service user experience
- Pressing need for housing in London with all public sector organisations under pressure to release sites

The **current challenges i**n City and Hackney for the estates strategy to help support, may be summarised as follows:

1. Health & wellbeing:
   - Estimated annual population growth of close to 3% in Hackney, and over 5% for the City
   - Health inequalities are high, with many residents challenged by poor physical and mental health driven by factors such as smoking and childhood obesity. Hackney also has a significant population, approximately 70,000(*) with a long term condition.

(*)http://www.cityandhackneyccg.nhs.uk/Downloads/About%20Us/Programme%20Boards/Long%20Term%20Conditions/What%20is%20a%20Long%20Term%20Condition.pdf

2. Care & quality:
   - Poor quality estates and backlog maintenance requirements: A significant portion of the estates is ageing and facing considerable quality/backlog maintenance costs. The 2015 review by the City & Hackney GP Confederation (commissioned by the CCG) at that point in time, determined that 42% (>2 out of every 5) Practice premises requires significant redevelopment investment.
   - Lack of flexibility and capacity issues: These include estates in converted residential premises which have been extended to the limit of the flexibility of the building/space and poor accessibility e.g. facilities over 1 story which do not have lift access.
     There are also over-specified spaces that do not easily lend themselves to adaptation without significant investment – e.g. care-taker flats in the CCG void spaces at Somerford Grove, Wick Health centre and, St. Leonard's Hospital basement level space again void space given accessibility issues and narrow corridors that constrain use of the space for clinical; purposes.
     The GP Confed report indicated that as at 2015, about 50% of the GP practices were fully or over-utilised – this before factoring in the projected population growth and out of hospital care strategy.

3. Sustainability:
   - Poor utilisation for sites such as Kenworthy Road Health Centre and St. Leonard's Hospital. Kenworthy H.C. is a LIFT building for primary care and dental use however, there is significant under-utilisation of this facility. The CCG as Primary Care Co-commissioners since last year, along with Hackney Council strategic estates partners, have worked to improve utilisation of this facility. Outcome of efforts thus far will see the void (unoccupied space) of 75% halved with most of the remaining void relating to dental (NHS England responsibility).
     St. Leonard's hospital is the most strategic site in City and Hackney community and primary care, serving both the Hackney and, City of London population. The voids here, (c25%) largely relate to spaces unfit for use due to poor/dilapidated condition and poor space flexibility.
   - Over-utilised space – 50% per GP Confed report means sustainability of facilities to meet demand/needs is unsustainable at current level and requires investment and planning.
   - Lack of funds for improvement plus, need to reduce operational costs and find efficiencies

4. Lack of incentives for unified strategic estate planning/rationalisation across health and care partners:
   - With the exception of Foundation Trusts, capital receipts from NHS land sales are returned to the DHSC (Dept. Health & Social Care) rather than retained locally for reinvestment.
   - Sales receipts from NHS PS premises are also not retained for local re-investment, they are recycled nationally.
   - There are no re-investment or benefit shares for GP owned Premises sales although the cost of the premises are reimbursed by NHS Commissioner organisations via notional rent or capital re-payment.

5. Fragmented ownership arrangements: impact decision making:
   - NHS estate ownership is highly fragmented, involving NHS Trusts, local authorities, property companies, GPs and private parties. This results in distributed decision-making and, given the diverse interests and ownership arrangements, often impacts the ability to enact change at pace. Below is C&H GP Practice ownership:

Primary Care Estate Ownership	No. of Practices	%
Other 3rd Party/ Private	18	40%
GP Owned (Owner Occupier)	15	33%
NHS Property Services Freehold	7	16%
Homerton NHS FT	3	7%
Community Health Partnership (LIFT Building)	1	2%
London Borough of Hackney	1	2%
Total	45	100%

** Wick Practice and Whiston Rd each have additional branch sites.*

** Tollgate & Springfield although noiw merged, still currently operating from the existing 2 sites.*

Fig.6

City & Hackney CCG – Estates Vision

VISION

To develop good quality and cost-effective estates infrastructure which meets the complex needs of a growing, diverse and relatively transient population.

Our estates will need to be flexible, to support the delivery of new models of care over the long term.

STRATEGIC OBJECTIVES

AN ECONOMICAL, EFFICIENT ESTATE

- Improve the productivity and efficiency of estates usage
- Identify savings opportunities from reduced voids, increased utilisation and co-located space
- Minimise the ongoing revenue costs of property
- Maximise commercial opportunities for income generation

A TRANSFORMED, INNOVATIVE ESTATE

- Measurably improve health and wellbeing outcomes for the City & Hackney population and ensure sustainable health and social care services
- Emphasis on partnership to commission, contract and deliver services efficiently and safely
- Provide quality environments people wish to visit and work in to deliver a range of health and wellbeing services

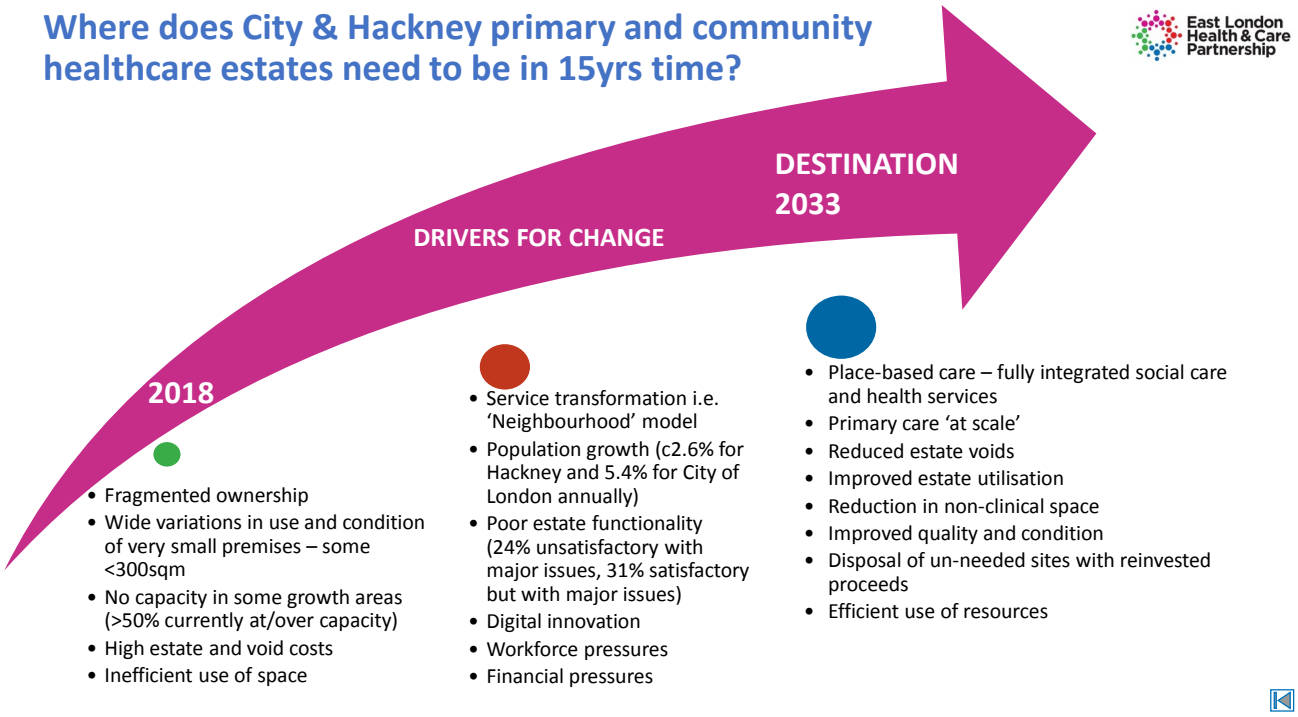
A WELL MAINTAINED, FLEXIBLE ESTATE

- Use demand and capacity modelling to plan future requirements
- Use digital innovation to create efficiency
- City & Hackney integrated commissioning with the local authorities has a service delivery model know as the 'Neighbourhood model'. This entails primary care collaboration at scale, integration with social care to treat/provide service to populations of 30,000- 50,000 people.

EXCELLENT, QUALITY ENVIRONMENT

- Better health and care outcomes through the transformation of health and social care delivery, based in a fit for purpose estate.
- Delivering new models of primary and social care will require modern, fit-for-purpose and cost-effective infrastructure
- Improve patient access to a wider range of services and 7 day access requires increased utilisation and co-location
- Identify savings opportunities from reduced voids and better utilised space

Fig. 7



How to get to the above destination point

The City & Hackney CCG estates strategy much like the ELHCP (STP) strategy is framed around:

- Utilisation and productivity monitoring and analysis - through comprehensive data collection and analysis
- Additional capacity planning -through joint infrastructure planning with the local authorities and Provider partners
- Governance structure within City and Hackney – Estates Enabler Group which comprises of health and social care commissioners, providers including the voluntary sector, and a patient representative. The purpose of the group was to deliver the vision outlined in the City & Hackney Devolution Proposal.
- Capital funding strategy however, was already articulated in the successful bid by Hackney that saw it approved as one of five devolution pilots in 2015. This is summarised in fig 8 below:

Fig.8

Hackney Devolution Pilot – Estates Ask

❑ In December 2016, the CCG Chief Financial Officer and Hackney Council Chief Executive presented detailed estates proposal to the Treasury which was well received however, formal response has yet to be received.

Asset ownership	Retention of capital receipts	Hackney Estates Board commitment to managing the capital budget and delegation of business cases
Rationale: ▪ This is a key enabler for successful integration of health and social care in the longer term. ▪ It is noted it is likely that this will require significant legislative change and may be a later stage of the devolution powers that are granted, although this will severely limit progress.	Rationale: ▪ The Hackney devolution Programme is committed to improving its estate and supporting health and social care infrastructure and different financing models will be considered for each business case depending on the asset ownership status for that scheme. ▪ The premise behind making rapid progress on estate development and housing expansion is ***that the ownership is fully aligned with the bodies responsible for commissioning and implementing the changes with equal powers vested in local health and local authority bodies.*** ▪ Non-alignment will lead to delays, a lack of incentives and undeliverable timelines as the integration agenda cannot be delivered. In developing a business case for each scheme it is vital that the local health economy can: ➢ recycle any capital receipts, or ➢ where ownership is outside the control of Hackney devolution partners, that some reinvestment of capital can be negotiated. ▪ Both these asks focus on NHS estates only as the Council own the majority of their buildings from where services are delivered and therefore do not need any additional powers.	Rationale: ▪ In order to progress schemes at pace and in line with local priorities and to support wider STP initiatives, a local decision making body is vital who will be tasked with making decisions on capital investments, ensuring the capital control total is not exceeded. ▪ If it is feasible to go further and align the capital control system of the NHS with the system of borrowing powers in local authorities, this would be desirable, but may be a longer term aim.

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Benefits of the proposed Hackney capital investment model include:

- Reduced capital costs (and therefore costs of capital) through earlier delivery of schemes
- Access to new markets (funds, construction, supply chains)
- Opportunity to create an off balance sheet accounting position
- Shared risks and rewards, with scope for further risk transfer
- Shared objectives between partners
- Lower cost of capital by utilising the council's borrowing powers and more favourable interest rates

Conclusion

In responding to the FYFV, it is recognised at both CCG and STP level, the importance of considering how the built environment facilitates the delivery of modern for health and care services that are fit for the now and tomorrow.

The strategic approach focuses on:

- Estates that support the clinical and service model
- working with practices/populations to retain the local and neighbourhood aspects of general practice whilst developing the ability to offer more comprehensive, wide ranging services e.g. to support primary care at scale;
- Enhance partnership working through the consolidation of multipurpose premises and shared space, supporting the delivery of multifaceted services by a multi-disciplinary integrated workforce across healthcare, social care and voluntary sector providers
- Support where appropriate, co-location of health, social care and community services in general, in high quality, more effective properties which provide the functionality and where possible, share back office functions thus creating improvements in quality and efficiencies of working at scale
- Facilitating new ways of working which support the digital roadmap principles and creates expansion of digital technology to offer online, telephone or video consultations between patients and health/social care professionals
- Work to rationalise premises where appropriate, improve utilisation and minimise voids

The detailed ELHCP (STP) Estates strategy is expected to be published early next month, October 2018 while the CCG strategy will follow suit shortly after – it is currently going through sign off process.

Amaka Nnadi, September 2018
City & Hackney CCG

Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **Changes to Pathology Services at HUHFT**	Item No **6**

OUTLINE

At the Commission's meeting on 24 July the issue of changes to the pathology service at HUHFT was raised again with a GP/resident expressing concern that the decision on the new hub and spoke model had been made without sufficient consultation.

The Chair has asked the Chief Executive of HUHFT to attend this meeting to provide clarification.

There have been a number of items on this over the past 2 years. The issue was discussed under this item on 24 July and before that in this item on 10 October 2017 and this item on 15 December 2016 and this item on 29 Nov 2016.

Attending for this item will be Tracey Fletcher (Chief Executive, HUHFT).

Background information:

Attached for information are two documents from NHSI's website which explain the national context for the changes:

(a) *Template structure for essential services laboratory – Blood sciences provision*
(b) *Improving services for patients through pathology networks* - a presentation for NHSI by a Dr Ian Fry

ACTION

The Commission is requested to give consideration to the verbal update from HUHFT.

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NHS Improvement

Template structure for essential services laboratory – Blood sciences provision

February 2018

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

Contents

Introduction

About 130 NHS trusts and foundation trusts provide their own pathology services, often using outdated operating models that need investment in premises, IT and equipment. This also exacerbates competition for increasingly scarce staff. The Carter reports[1] into pathology optimisation recommended the consolidation of pathology laboratories to maximise existing capacity and savings from economies of scale. This recommendation is endorsed by international and NHS evidence that the sustainable pathology services resulting from consolidation and modernisation increase both quality of service for patients and efficiency.

We are looking for an increase in the ambition behind and speed of consolidation of pathology services across the NHS. The Carter reports[1] propose consolidation by introducing a 'hub and spoke' model whereby high volume, non-urgent work is transferred to a central laboratory to maximise benefits through economies of scale. Spoke laboratories, referred to as essential service laboratories (ESL), then provide low volume urgent testing close to the patient.

Definition of essential services laboratory

As mentioned above, in the 'hub and spoke' model of pathology optimisation through consolidation, each spoke is an ESL. These are also commonly referred to as 'hot labs', 'spoke labs', 'STAT labs' and 'hospital labs'.

An ESL provides a fit-for-purpose scope of pathology testing focused on time critical, near-patient tests. Where there is no impact on safety or the quality of patient care, non-urgent testing should be centralised to the hub laboratory.

ESLs' work largely concerns the provision of urgent, near-patient blood sciences through a mixture of point of care testing (POCT) and laboratory testing.

[1] *Report of the Review of NHS Pathology Services in England* (DH 2006)
Report of the Second Phase of the Review of NHS Pathology Services in England (DH 2008)
Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (DH 2016)

Purpose

This document informs laboratories that are consolidating their pathology services about possible structures and service offerings for ESL blood sciences provision. It outlines the scope of blood sciences testing that these laboratories should consider offering – including haematology, clinical biochemistry, coagulation science and blood transfusion – while factoring in the dynamic demand from urgent and acute clinical specialities.

We recognise that an ESL also needs to provide services related to urgent microbiology, histopathology and POCT – such as urgent cerebrospinal fluid (CSF) testing, frozen section analysis and blood gas analysis. Guidance on these services will be issued in subsequent documents.

We recommend that POCT is operated and controlled by the pathology laboratory under the clinical governance of a consolidated pathology network.

We also provide an overview of the equipment required to perform this scope of testing, and guidance on potential staffing structures for ESL blood science laboratories, again factoring in different demand structures.

Methodology

We have compiled this guidance by drawing on a combination of laboratory management experience and expertise, reviewing ISO:15189 laboratory accreditation standards and input from the Royal College of Pathologists (RCPath), The Institute of Biomedical Sciences and the Association of Independent Pathology Providers.

Disclaimer

We provide general guidance only and each individual ESL and network should assess the model for delivering essential laboratory services to ensure testing scope, turnaround times, logistics, IT and quality systems are in accordance with ISO:15189 and other industry guidelines such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). The configurations, location and capacity of hub services will also define the essential services delivered at a spoke site. This template structure may need to be adapted for local use.

Useful links

Please also refer to the following:

- The Royal College of Pathologists www.rcpath.org/
- Institute of Biomedical Sciences www.ibms.org/
- United Kingdom Accreditation Service www.ukas.com/
- National Institute for Health and Care Excellence www.nice.org.uk/
- British Society for Haematology www.b-s-h.org.uk/
- Medicines and Healthcare products Regulatory Agency www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

Operational functionality

Clinical governance

ESLs should fall under the clinical governance structure of the network, with the network's clinical governance policy making it clear who holds overall clinical and operational responsibility for its ESLs.

Laboratory information management system

An ESL must use the same information management system as the hub laboratory or be connected to it via a seamless integration engine with bidirectional messaging. This makes it easier to separate those tests within a request to be centralised from those to be performed locally. Operating on the same laboratory information system allows seamless delivery of results to referrers, batch and receipt of specimens, tracking of specimens, additional and follow-on testing, as well as either an ESL or hub to request and perform recollect testing.

Logistics

Due to the nature of centralising pathology specimens, a robust logistics system should be designed between ESLs and a hub laboratory. Transport between ESL and hub is required and this operation can be managed by either an in-house or contracted-out courier service. Each ESL needs to decide where it locates specimen reception and data entry; there are several operational models for this, two of which are described below.

Example specimen reception model 1

Direct access specimens (cold work) are sent directly from the community setting to the hub laboratory where a central specimen reception (CSR) department receipts and books them in. All specimens collected on a site with an ESL (acute work) are receipted and booked in onsite. Testing that falls outside the scope of the ESL is batched and sent directly to the hub laboratory.

This model maximises the economies of scale efficiency of a centralised specimen reception area, but compromises the tracking transparency of specimens.

Example specimen reception model 2

Direct access tests within a defined geographical radius are sent to an ESL where they are receipted, booked, batched and transported to the hub laboratory. All specimens collected at the ESL (acute work) are receipted and booked in onsite. Testing that falls outside the scope of the ESL is batched and sent directly to the hub laboratory.

This model requires more investment in resources at the ESL, but increases the ability to track specimens and gives the hub laboratory more time to prepare for the demand. For example, specialised testing can be prepared and batch testing planned before the specimens arrive at the laboratory.

Quality

An ESL should conform to ISO:15189 standards through a centrally run quality management system and to industry guidelines such as those from NICE and MHRA. The quality management system should involve an internal audit schedule at the discipline and operational function level. The internal audit system should be controlled centrally with quality leads at each ESL site. These leads can have scientific duties as well as their quality roles, provided they give sufficient time to ensure ESL quality standards.

Health and safety

An ESL should conform to the same health and safety standards as the hub laboratory.

Training

Where possible, all training management should be centralised to minimise the training burden on a single laboratory. An ESL should only be responsible for site-specific training, resource this function appropriately and follow accepted professional training programmes to ensure all aspects of training are delivered for the right grade of individual. The regular rotation of staff from hub to spoke provides training and experience of different working environments and can help develop staff.

Business continuity

With a hub-and-spoke model, consideration needs to be given to how an ESL can continue to provide the desired level of service if the hub is compromised – such as in the event of fire, IT and power failures or natural disasters. An element of spare capacity and scope may need to be built into an ESL to handle central specimens if required.

Scope of testing

The scope of testing performed at ESLs will depend on local geography, patient base, logistics and CSR model. The testing covered should also consider guidance from professional bodies such as RCPath, IBMS, MHRA and NICE guidelines.

Table 1 identifies a suggested scope of blood sciences testing. Aside from specific local requirements, we suggest that testing that falls outside the agreed scope of the ESL and direct access (cold work) is centralised to a hub laboratory. This scope does assume that a level of POCT is available throughout the operations of the hospital/laboratory.

The scope of blood sciences testing should consider the full patient pathway, such as keeping certain testing capability onsite if this allows for more efficient patient discharge. What an ESL can cover should also consider agreed turnaround time targets, whether or not retesting and additional testing will be possible within an appropriate timeline, and the robustness of the network's logistics system.

Table 1: Suggested scope of blood sciences testing for an ESL

	Test	Specimen	Method
Biochemistry	Biochemical profile*	Serum CSF, urine	Chemistry analyser
	CRP	Serum	Chemistry analyser
	Magnesium	Serum	Chemistry analyser
	Lactate	Serum	Chemistry analyser
	Therapeutic drug monitoring	Serum	Chemistry analyser
	Troponin	Serum	Chemistry analyser
	CK	Serum	Chemistry analyser
	TSH	Serum	Chemistry analyser
	Ammonia	Serum	Chemistry analyser
	βHCG	Serum	Chemistry analyser
	Ethanol**	Serum	Chemistry analyser
	Paracetamol**	Serum	Chemistry analyser
Coagulation	PT(INR)	Plasma	Coagulation analyser
	APTT	Plasma	Coagulation analyser
	TT	Plasma	Coagulation analyser
	Anti-Xa antibody	Plasma	Coagulation analyser
	D-dimer	Plasma	Coagulation analyser

	Test	Specimen	Method
Haematology	FBC (inc morphology examination) Malaria Reticulocyte count	Whole blood Whole blood Whole blood	Haematology analyser and microscope Microscope examination (special stain) Haematology analyser
Immuno-haematology	Group Antibodies Crossmatch Antibody investigations Cord blood Red cell phenotyping Investigation of transfusion reaction DAT (Coombes)	Plasma/Red cells Plasma/Red cells Plasma/Red cells Plasma/Red cells Plasma/Red cells Red cells Plasma/red cells Red cells	Analyser, cards or tubes Analyser, cards or tubes Analyser, cards or tubes Analyser, cards or tubes Analyser, cards or tubes Manual card Analyser, cards or tubes Manual card
	Provision to supply:		**Method**
Blood banking	Trauma packs Red cells Platelets Plasma Red cells (irradiated, CMV–) Platelets (irradiated, CMV–) Blood products (IViG, albumin, etc)		Blood fridge Blood fridge Platelet rocker Freezer, thawing bath, blood fridge Blood fridge Platelet rocker Blood fridge

***** Biochemical profile: sodium, potassium, chloride, bicarbonate, urea, creatinine, urate, glucose, calcium (corrected), phosphate, bilirubin, total protein, albumin, AST, ALT, lipase, ALP, GGT, cholesterol, triglyceride, eGFR.
**Toxicity screen: ethanol, paracetamol (extensive POCT toxicity screens can provide qualitative toxicity information).

Laboratory clinicians and managers may evaluate local clinical requirements and, depending on these, add testing to their scope such as serum and urine osmolality, Kleihauer screen for fetomaternal haemorrhage or intraoperative parathyroid hormone (PTH) for hyperparathyroid removal.

Transfusion

Transfusion testing should follow existing guidelines from the British Society for Haematology (www.b-s-h.org.uk/) and MHRA (www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency).

Electronic issue and remote release should be used in a network with a robust laboratory IT infrastructure.

Required equipment

Table 2 lists the equipment required to perform the scope of testing outlined above. We have intentionally not specified particular analysers as the most appropriate one will depend on volume and site-specific requirements such as throughput, available space and agreed turnaround times.

This list covers department-specific scientific equipment and not general items such as reagent fridges, storage cupboards, etc. Due to the nature of urgent turnaround results in an ESL, the requirement for backup equipment should be assessed to mitigate the risk of analyser or equipment downtime or failure. This assessment should be made with consideration of the services provided by the hospital the ESL is serving and the business continuity plans across the network.

Table 2: Outline of equipment for an ESL

Biochemistry	Coagulation	Haematology	Immunohaematology
Centrifuge	Centrifuge	Haematology analyser	Blood fridge
Chemistry analyser	Coagulation analyser	Stainer	Freezer
Immunoassay analyser		Microscope	Platelet rocker
			Thawing bath
			Centrifuge
			Waterbath
			Incubator
			Immunohaematology analyser
			Card reader

Equipment platforms should be standardised so that testing results are standardised across the network, and the individual analysers should be fit for the required volume to minimise overcapacity. As a laboratory moves from a full service

laboratory to an ESL, existing equipment is likely to provide more capacity than required. Depending on the volume through the ESL, pre and post-analysis robotics may be considered for specimen sorting, decapping and storage.

Required resources

Like any laboratory, an ESL requires a skill mix of pathologists, biomedical scientists and medical laboratory assistants. Volume is the primary driver of required staffing resources; other factors include complexity of work, level of automation and technology integration, arrival patterns, shift patterns, organisational structure, resource weighting and workforce split.

Organisation structure

Management activities other than ESL site-specific management duties should be centralised. All policy and procedure development, quality systems, IT support, logistics management and scientific management should be centralised. Local operational functions such as roster development, HR functions, interaction with local hospital, local logistics and local quality management should be performed by an onsite laboratory manager at the ESL. Depending on the size and volume of the laboratory, this manager or supervisor should also perform scientific duties.

Scientific management and supervision

All scientific policies and procedures should be uniform across a network. Department or discipline managers should be located centrally and perform regular visits to and internal audits at each ESL. However we highly recommend that senior scientist representation is present in each discipline at an ESL.

Overall clinical and operational management of an ESL can be supported remotely by the hub, with supervision through regular site visits, management review meetings and interaction with referring clinicians in the associated hospitals.

Shift duties

Medical laboratory assistants should be trained to perform duties across all disciplines of an ESL. Multidisciplinary biomedical scientists are particularly useful for an ESL as they can multitask, allowing greater flexibility to achieve greater efficiency. Multidisciplinary scientists also allow scientific duties to be concentrated, which reduces the overall laboratory resource requirement.

Roster patterns

The following shift pattern and resource weighting is an example for an ESL processing approximately 1,500 daily samples (Tables 3 and 4). Roster patterns need to be considered alongside test request arrival patterns at the ESL.

The suggested shift patterns assume that once a laboratory no longer does direct access work, most specimens are received during a morning peak, with work tailing off into the evening and only emergency work received throughout the night. Efforts should be made to match capacity and demand, and any resource scheduling should be the result of a laboratory process review.

A robust shift roster should take into account annual leave and sickness rates and recognise flexible working conditions.

The roster patterns provided in this guide assume no multidisciplinary biomedical scientists are present. Efficiency gains could be made by introducing multidisciplinary scientists into an ESL. For example, many biomedical scientists in ESLs are cross-trained in both haematology and blood transfusion. The use of multidisciplinary scientists represents an opportunity for further efficiencies to this model.

Table 3: Shift patterns for an example ESL Monday to Saturday

Haematology BMS				
	Band 5-6	Band 7	Band 5-6	Band 5-6
0:00				1
1:00				1
2:00				1
3:00				1
4:00				1
5:00				1
6:00	1			
7:00	1	1		
8:00	1	1		
9:00	1	1		
10:00	1	1		
11:00	1	1		
12:00	1	1		
13:00	1	1		
14:00		1	1	
15:00			1	
16:00			1	
17:00			1	
18:00			1	
19:00			1	
20:00			1	
21:00			1	
22:00				1
23:00				1

Biochemistry BMS				
	Band 5-6	Band 5-6	Band 7	Band 5-6
0:00				1
1:00				1
2:00				1
3:00				1
4:00				1
5:00				1
6:00	1			
7:00	1	1		
8:00	1	1		
9:00	1	1		
10:00	1	1		
11:00	1	1		
12:00	1	1		
13:00	1	1		
14:00		1	1	
15:00			1	
16:00			1	
17:00			1	
18:00			1	
19:00			1	
20:00			1	
21:00			1	
22:00				1
23:00				1

Transfusion BMS				
	Band 5-6	Band 7	Band 5-6	Band 5-6
0:00				1
1:00				1
2:00				1
3:00				1
4:00				1
5:00				1
6:00	1			
7:00	1	1		
8:00	1	1		
9:00	1	1		
10:00	1	1		
11:00	1	1		
12:00	1	1		
13:00	1	1		
14:00		1	1	
15:00			1	
16:00			1	
17:00			1	
18:00			1	
19:00			1	
20:00			1	
21:00			1	
22:00				1
23:00				1

Medical Laboratory Assistants (incl Specimen Reception)						
	Band 2-4	Band 2-4	Band 2-4	Band 2-4	Band 2-4	Band 2-4
0:00						
1:00						
2:00						
3:00						
4:00						
5:00	1	0.5				
6:00	1	1				
7:00	1	1	1	1		
8:00	1	1	1	1		
9:00	1	1	1	1		
10:00	1	1	1	1		
11:00	1	1	1	1		
12:00	1	1	1	1		
13:00		0.5	1	1		
14:00			1	1	1	1
15:00					1	1
16:00					1	1
17:00					1	1
18:00					1	1
19:00					1	1
20:00					1	1
21:00					1	1
22:00						
23:00						

ESL Shift Pattern All Departments																		
	Band 2-4	Band 2-	Band 5-6	Band 5-6	Band 5-6	Band 2-4	Band 2-4	Band 7	Band 5-6	Band 7	Band 2-4	Band 2-4	Band 5-6	Band 7	Band 5-6	Band 5-6	Band 5-6	Band 5-6
0:00																1	1	1
1:00																1	1	1
2:00																1	1	1
3:00																1	1	1
4:00																1	1	1
5:00	1	0.5														1	1	1
6:00	1	1	1	1	1													
7:00	1	1	1	1	1	1	1	1	1	1								
8:00	1	1	1	1	1	1	1	1	1	1								
9:00	1	1	1	1	1	1	1	1	1	1								
10:00	1	1	1	1	1	1	1	1	1	1								
11:00	1	1	1	1	1	1	1	1	1	1								
12:00	1	1	1	1	1	1	1	1	1	1								
13:00		0.5	1	1	1	1	1	1	1	1								
14:00						1	1	1	1	1	1	1	1	1	1			
15:00											1	1	1	1	1			
16:00											1	1	1	1	1			
17:00											1	1	1	1	1			
18:00											1	1	1	1	1			
19:00											1	1	1	1	1			
20:00											1	1	1	1	1			
21:00											1	1	1	1	1			
22:00																1	1	1
23:00																1	1	1

Table 4: Shift patterns for an example ESL Sundays and bank holidays

Haematology BMS			
	Band 5-6	Band 5-6	Band 5-6
0:00			1
1:00			1
2:00			1
3:00			1
4:00			1
5:00			1
6:00	1		
7:00	1		
8:00	1		
9:00	1		
10:00	1		
11:00	1		
12:00	1		
13:00	1		
14:00		1	
15:00		1	
16:00		1	
17:00		1	
18:00		1	
19:00		1	
20:00		1	
21:00		1	
22:00			1
23:00			1

Biochemistry BMS			
	Band 5-6	Band 5-6	Band 5-6
0:00			1
1:00			1
2:00			1
3:00			1
4:00			1
5:00			1
6:00	1		
7:00	1		
8:00	1		
9:00	1		
10:00	1		
11:00	1		
12:00	1		
13:00	1		
14:00		1	
15:00		1	
16:00		1	
17:00		1	
18:00		1	
19:00		1	
20:00		1	
21:00		1	
22:00			1
23:00			1

Transfusion BMS			
	Band 5-6	Band 5-6	Band 5-6
0:00			1
1:00			1
2:00			1
3:00			1
4:00			1
5:00			1
6:00	1		
7:00	1		
8:00	1		
9:00	1		
10:00	1		
11:00	1		
12:00	1		
13:00	1		
14:00		1	
15:00		1	
16:00		1	
17:00		1	
18:00		1	
19:00		1	
20:00		1	
21:00		1	
22:00			1
23:00			1

Medical Laboratory Assistants			
	Band 2-4	Band 2-4	Band 2-4
0:00			
1:00			
2:00			
3:00			
4:00			
5:00	1		
6:00	1		
7:00	1	1	
8:00	1	1	
9:00	1	1	
10:00	1	1	
11:00	1	1	
12:00	1	1	
13:00		1	
14:00		1	1
15:00			1
16:00			1
17:00			1
18:00			1
19:00			1
20:00			1
21:00			1
22:00			
23:00			

ESL Shift Pattern All Departments												
	Band 2-4	Band 5-6	Band 5-6	Band 5-6	Band 2-4	Band 5-6	Band 5-6	Band 5-6	Band 2-4	Band 5-6	Band 5-6	Band 5-6
0:00										1	1	1
1:00										1	1	1
2:00										1	1	1
3:00										1	1	1
4:00										1	1	1
5:00	1									1	1	1
6:00	1	1	1	1								
7:00	1	1	1	1	1							
8:00	1	1	1	1	1							
9:00	1	1	1	1	1							
10:00	1	1	1	1	1							
11:00	1	1	1	1	1							
12:00	1	1	1	1	1							
13:00		1	1	1	1							
14:00					1	1	1	1	1			
15:00						1	1	1	1			
16:00						1	1	1	1			
17:00						1	1	1	1			
18:00						1	1	1	1			
19:00						1	1	1	1			
20:00						1	1	1	1			
21:00						1	1	1	1			
22:00										1	1	1
23:00										1	1	1

As shown in Table 5, the shift rosters are used to calculate the required number of shifts per annum and then the required number of full time equivalents (FTEs) to fulfil these shifts, factoring in five weeks of annual leave and five days of sick leave. The use of cross-trained or multidisciplinary biomedical scientists would lower this number of required FTEs.

Table 5: Shifts per annum and required number of FTEs

Staff	Shifts per annum	Required FTEs
Bands 2 to 4	1,854	8.1
Bands 5 and 6	3,285	14.3
Band 7	759	3.3
Lab supervisor	253	1
Total		26.7

Implementation

You should take care to implement an ESL structure at a speed that does not impact quality. We recommend a step change implementation involving quality impact assessments, with robust and appropriate logistics, IT and quality systems in place before testing of any specimens is centralised.

Contact us:

NHS Improvement
Wellington House
133-155 Waterloo Road
London
SE1 8UG

0300 123 2257
enquiries@improvement.nhs.uk
improvement.nhs.uk

Follow us on Twitter @NHSImprovement

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Improving services for patients through pathology networks

Dr Ian Fry MBE FRCPath

Director of Berkshire and Surrey Pathology services

Broadly the current aim

- NHSI have proposed 29 pathology networks in England
- A ‘hub and spoke’ network model whereby high volume, non-urgent work is transferred to a central laboratory or laboratories to maximise benefits through delivery at scale, with essential service laboratories providing low volume urgent testing close to the patient
- Operating through a defined legal entity, to enable UKAS pathology accreditation
- This facilitates a new operating model that delivers savings and improved quality

Context: The drive to deliver savings and quality improvements.

- Carter reports 2006, 2008 and 2016
- Five Year Forward View 2014: the integration agenda
- Dalton Review 2014: organisational form for providers
- NHS Improvement pathology networks initiative 2017
- The past – little progress has been made in the reorganisation of pathology services since 2006
- The future - Can you save the money and improve quality ?

Recognition of Complexity

- **Stakeholders capability to calculate the size of the prize and the risks of collaboration.** Valuing stakeholders inputs and current costs is challenging. Specifically relative productivity of each laboratory service, value of revenue sources, current contracts and addressing potential TUPE and procurement liabilities.
- **Pathology organisational form** can create difficulties for effective integration within NHS clinical and quality governance structures.
- **Key decisions on operational reconfiguration and organizational design** will involve operational teams where vested interests and professional boundaries hinder achieving optimal networks.
- **Stakeholder, clinician and staff engagement** need embedding within the planning processes or support will be lost over the multi years change required.

Recognition of Complexity

- **Investment cases need to capture the complete range and scale of economic benefit** and not focus narrowly on such things as managed service contracts for equipment and the VAT advantages.
- **Planning and implementation approach** needs to focus on both 'top down' issues such as governance, shareholding and finance as well as 'bottom up' issues such as operational reconfiguration, improved clinical pathways to get successful outcomes. Clear business case with transition plan and strong programme management is key.
- **Sustainability** of any network solution requires long term commitment from the stakeholders, the network and their teams with an understanding across the stakeholder organisations of how to retain organizational memory and commitment. Benefits will continue to accrue with this approach.
- **Future - Technology and virtual or e pathology** future proof - vision and strategy

Recognition of complexity

In order to delivery reconfiguration the following will be required:

- **Staff consultation** and redesign of the workforce
- Establishing an **integrated IT system** across the network
- Establishing an **integrated transport network** to support the changes
- **Engagement** with staff and clinicians to deliver the change and maintain BAU
- Need to **maintain full accreditation** of the laboratory during the change
- **Maintain financial control** during the change
- **Deliver** main operational **targets** and the **business case**

Commercial structure (some examples)

- Contractual JV with a single management team
- Hosted NHS model (arm's length organisation)
- Corporate joint venture
- Outsourcing

Factors to consider for the commercial structure

- What kind of organisation do you want?
- What involvement do you want?
- Ease of establishment
- Ability to allow:
  - Access to Capital
  - Sharing of risk and benefit
  - Autonomy / shared decision-making
- Procurement law
- Competition law
- Workforce retention and recruitment
- Service delivery and development
- VAT

How best to share benefits and risks ? Independent of commercial form, operational configuration and organisational design. Equality or equity ?

- An '*equal*' share in the new venture implies that stakeholders will share the benefits, costs, risk and opportunities associated *equally* (obviously!)
- An '*equitable*' share would be based on an *equitable* distribution of the value or amount of (for example):
  - input assets, including current productivity of the laboratories
  - relative liabilities of each service
  - 'kit' and space contributed (and released for other purposes)
  - the value of current contracts (supply *and* purchase)
    - relative longevity of demand (length of contracts)
    - relative price (and therefore margin) of contracts compared to current cost

Pathology Networking, can you reduce cost and improve quality?

YES

Can it be delivered ?

YES

Why do I believe that?

Delivered and maintained **4 successful NHS consolidations** of pathology over 20 years.

Experience of **consolidations with and without local champions-** friendly versus hostile.

Experience of working with 18 different CEOs and FDs during my period as a pathology Director whilst still expanding a network.

Director of a private pathology laboratory for 2 years.

Worked independently with KMPG **chairing a consolidation** of four trusts **that did not progress.**

Wrote **report for SHA on reconfiguration of pathology service** in Kent Surrey and Sussex.

Experienced manager **at Director level** and experienced clinical manager in pathology with 42 years experience.

Experience of a network partner hospital going **into turnaround** and the challenges that can bring.

Why are you here?

A guess - that **pathology is on the to do list.**

Everything you decide about how you do this and what your input will be will determine not only the success or failure of the network but also the type of pathology service your patients receive and **will impact on the performance of all other services.** E.g. ED, acute medicine, cancer agenda.

- Are you interested in the pathology weeds ?
- Does it impact on your agenda?
- Do you feel competent to know ?
- Where do you go for trusted advice ?
- Can you collaborate, see the greater good and your stakeholder benefit ?
- What are the board/CEO development needs if any ?

Strategic Partners

- Partnership understanding of each others expectation, developing service.
- Reputation enhanced
- Core values and purpose complimentary
- Mutual benefit based on complimentary strategy and business development.

Modernising Strategy

- Managed pathology networks providing a **wider strategic context for planning** pathology services.
- Modernisation strategies to **support service development in stakeholder organisations**
- **Involving pathology into wider service** developments and re-organisations such as ACOs
- Making **effective use of IT and new technologies** – robotics, POCT, Digitalisation, genomics, AI
- **Improving information management**

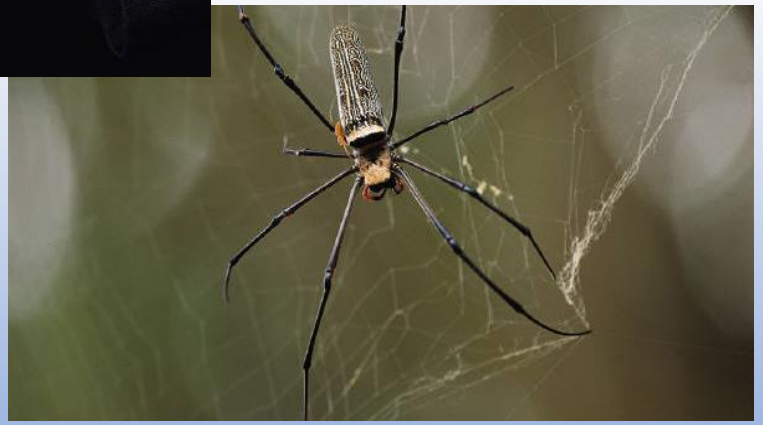
Commissioner view collaboration ?

- **Achievement of optimum value for money** - striking a balance between efficacy of the services and cost.
- **Development of a whole system approach to the provision of healthcare -** ensure provision of services to patients is integrated to provide high standards and affordable cost.
- **Partnership approach** - whereby commissioners and providers share aims, visions and risks to achieve the best level of affordable service for users and patients.
- **Continuous development** - where the commissioners and the providers continually review the service to assist commissioners to achieve there service objectives through the deployment of optimal solutions

Innovation

- **Focus on user requirements** of the pathology service
- **Focus on differentiators of cost and quality** that you can provide
- Ability to **identify new services** required by users
- **Service orientated approach for the user** – strengthening ties with key clinicians and managers
- **Integrate the commercial with the NHS strengths** – quality of governance, integration with patient pathways, staff opportunities

Strategic development



Integrated

Local history

- 1988 – Formation of Partnership Pathology Services, joint venture between Royal Surrey County Hospital and Frimley Park Hospital
- 2012 – Surrey Pathology Services, joint venture between Royal Surrey County Hospital, Frimley Park Hospital and Ashford & St. Peter's Hospital
- 2014 – Following the acquisition of Heatherwood & Wexham Park Hospital by Frimley Park Hospital, Heatherwood & Wexham joined the Surrey Pathology Services group
- 2016/17 – Royal Berkshire Hospital joined as a new partner

Overall current workload 35 million tests per annum serving a population of approximately 3.2 million. Fifth largest of the 29 networks proposed.

Cash releasing savings of between 10 to 20% of operating cost per consolidation. Total staff reduction across all consolidations combined 250 WTE.

BSPS Region


Aylesbury
Harpenden
HERTFORDSHIRE
Hertford
Sawbridgeworth
Witham
Tiptree
Kidlington
Yarnton
BUCKINGHAMSHIRE
Welwyn Garden City
Harlow
Holwell
Witney
Oxford
Wheatley
Long Crendon
Wendover
Berkhamsted
St Albans
Hoddesdon
Hatfield Peverel
West Mersea
Bampton
Stanton Harcourt
Hemel Hempstead
Chelmsford
Maldon
Clanfield
Kennington
Chinnor
Princes Risborough
Kings Langley
Potters Bar
Cheshunt
Chipping Ongar
Writtle
Chesham
Radlett
Ingatestone
Mundon
OXFORDSHIRE
Stokenchurch
Amersham
Watford
Waltham Abbey
Southminster
Sutton Courtenay
Watlington
Loughton
South Woodham Ferrers
Watchfield
High Wycombe
Tylers Green
Bushey
ENFIELD
Chigwell
Wickford
Burnham on Crouch
Shrivenham
Benson
Chalfont St Giles
BARNET
HARROW
HARINGEY
Brentwood
Basildon
Rayleigh
Wantage
Cholsey
HILLINGDON
BRENT
HAVERING
South Benfleet
Henley-on-Thames
Burnham
BARKING AND DAGENHAM
Southend-on-Sea
Lambourn
Goring
Wargrave
WINDSOR AND MAIDENHEAD
Slough
EALING
London
THURROCK
South Ockendon
Canvey Island
North Sea
Aldbourne
Purley
Twyford
Eton
Old Windsor
GREENWICH
Aveley
Grays
WEST BERKSHIRE
Tidmarsh
Windsor
HOUNSLOW
Richmond Park
Kingston Upon Thames
BEXLEY
Northfleet
MEDWAY
Sheerness
Hungerford
Theale
Reading
BRACKNELL
Egham
Staines
Gravesend
Kingsnorth
Queenborough
Kintbury
Newbury
Wokingham
FOREST
Chertsey
MERTON
Swanley
Strood
Chatham
Rainham
WILTSHIRE
WOKINGHAM
Sandhurst
Walton-on-Thames
Esher
SUTTON
BROMLEY
Meopham
Sittingbourne
Hadley
Camberley
Epsom
CROYDON
Shoreham
Faversham
Kingsclere
Frimley
Knaphill
Woking
Woodham
Otford
Kemsing
Ditton
Walderslade
Ludgershall
Basingstoke
Fleet
Farnborough
Leatherhead
Woldingham
Sevenoaks
Maidstone
Bearsted
Dunkirk
Weyhill
Overton
Oakley
Odiham
Aldershot
Guildford
Walton on the Hill
Redhill
Limpsfield
Boughton Monchelsea
Andover
Farnham
Wonersh
Shere
Reigate
Hildenborough
Tonbridge
KENT
Whitfield
Milford
Godalming
ENGLAND
Edenbridge
Lingfield
Bidborough
Staplehurst
Kennington
Stockbridge
Alton
Hindhead
Witley
Crawley
East Grinstead
Pembury
Ashford
HAMPSHIRE
New Alresford
SURREY
Royal Tunbridge Wells
Biddenden
Winchester
Kings Worthy
Hawkley
Liphook
Haslemere
Horsham
Cranbrook
Tenterden
Liss
Wadhurst
Hawkhurst
Billingshurst
Southwater
Crowborough
Dymchurch
Chandlers Ford
Shawford
Haywards Heath
Romsey
Eastleigh
Petersfield
WEST SUSSEX
Uckfield
Heathfield
New Romney
Midhurst
Petworth
Pulborough
Rother
Chilworth
Bishops Waltham
Clanfield
Burgess Hill
EAST SUSSEX
Rye
Camber
Totton
Shirrell Heath
Coldwaltham
Battle
Horndean
Henfield
Winchelsea
Southampton
Netley
Wickham
Waterlooville
Storrington
Ditchling
Lewes
Fulking
Steyning
Fareham
Havant
Emsworth
Arundel
BRIGHTON AND HOVE
Hailsham
Hastings
Fawley
Portchester
Walberton
Littlehampton
Portslade
Polegate
Bexhill
New Lee-on-the-Solent
Portsmouth
Chichester
Worthing
Brighton
Newhaven

Reasons for forming BSPS

To improve quality, efficiency and effectiveness of the service leading to better patient care.

This can be achieved through:

- Better training and development opportunities for all staff and improved recruitment and retention in a reducing labour market
- Improve quality standards to produce Centres of Excellence for pathology, with an increased pool of consultant expertise across sites
- Economies of scale to reduce unit costs and allow income to be maximised whilst retaining defined laboratory services on acute sites
- More efficient and effective utilisation of facilities and equipment and innovating in a rapidly changing technological environment
- Increased volume and range of specialist services locally, taking advantage of economies of scale

What do we stand for?

Berkshire & Surrey Pathology Services is **an NHS provider with a commercial approach.**

This means:-

- We are owned and run by the NHS
- We have NHS quality and governance standards
- We provide a ‘complete’ pathology service
- We are user/customer focused in attitude and service
- We take responsibility for our financial viability and sustainability
- We value and develop our staff resource

Overall structure

- Joint ownership by the Trusts with a Pathology Board (contractual JV)
- Single integrated management structure and budget
- Radical redesign of service and workforce between sites
- Single integrated governance structure
- Single clinical leadership and accountability
- Integrated IM&T
- Integrated transport
- Significant cash released saving – mainly staffing
- Investment in pathology from within the business case.

Service Configuration

Future	Rapid Response Laboratory	Histology	Cytology	Immunology	Virology	Blood Sciences	Microbiology
Frimley Park Hospital	✓	X	X	X	X	✓	✓
Royal Berkshire Hospital	✓	✓*	✓ (NG)	X	X	X	X
Royal Surrey County Hospital	✓	✓	X	X	X	X	X
St Peter's Hospital	✓	X	✓ (NG & Gynae)	✓	✓	X	X
Wexham Park Hospital	✓	X	X	X	X	✓	✓

Outputs of consolidation

Pros

- Achieved full UKAS/CPA accreditation throughout
- Safer, improved and sustainable services for patients
- Increased level of clinical expertise and leadership
- Patient pathway improvements
- Workforce redesign to meet future need of service and provide development opportunity.
- Viable self funding business case
- Savings targets achieved within 2 years for each consolidation and reduced cost per test
- Investment in technology to improve efficiency and quality
- Investment and improvement in estate and IM and T
- Logistics part of pathology – improved transport and integrated IM and T

Cons

- Initially perceived loss of control by stakeholder organisations
- Sense of 'loss' on local sites by clinical, managerial and staff teams
- Disruption and service risks in transition
- Cross organisation cultural challenges
- More complex business model
- Complex logistics
- Pace of change required to minimise disruption.
- Requirement to standardise clinical practice and pathways, and equipment
- All the same challenges as before but on a bigger scale e.g. BC and DR
- Complex communication challenges relationship management

Learning

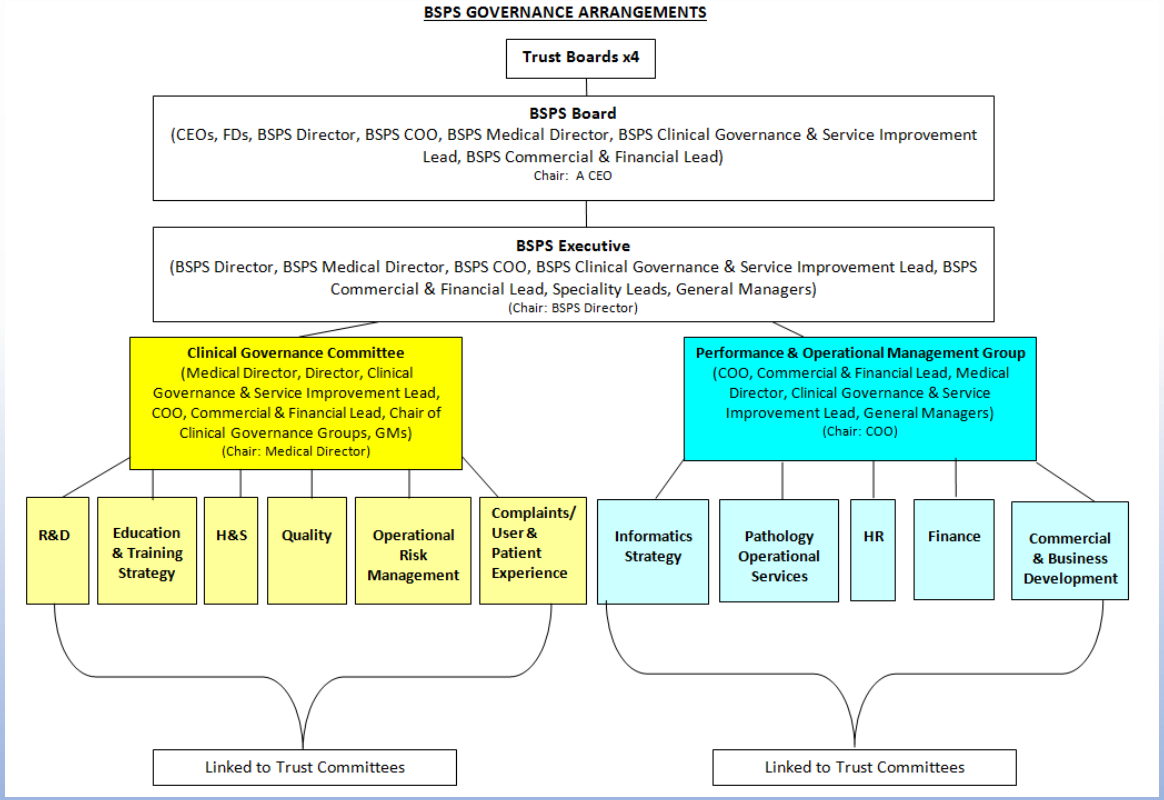
- **What do CEOs need to do** – agree and support the strategy and the business plan ensuring commitment in their organisations at all levels in particular from their executive team. Show commitment to the project to staff in the laboratory. Help clear obstructions. Stay engaged. Networks are a pain for trusts and executive leads CEOs need to support the bigger picture. It's going to be hard, difficult and disruptive for at least two years and the network team need full support.
- **Pace of change** timelines needs to be all major changes and savings released with 2 years of management change. Year 1 is planning, engagement, business case approval. Year 2 and 3 delivery of main operational changes and savings with new management team. Any longer and it is unlikely to happen any less and it will be stretch capacity.
- **Transition** shadow pathology board and pathology executive needs to work through together the planning stage, business case, transition and then on to the full ownership.
- Timelines to new organisation having full accountability needs to allow for **local input** with previously existing teams so local relationships and governance are not lost.
- Need good **links to trust governance, clinical and management teams** – this is a tough one.

Learning

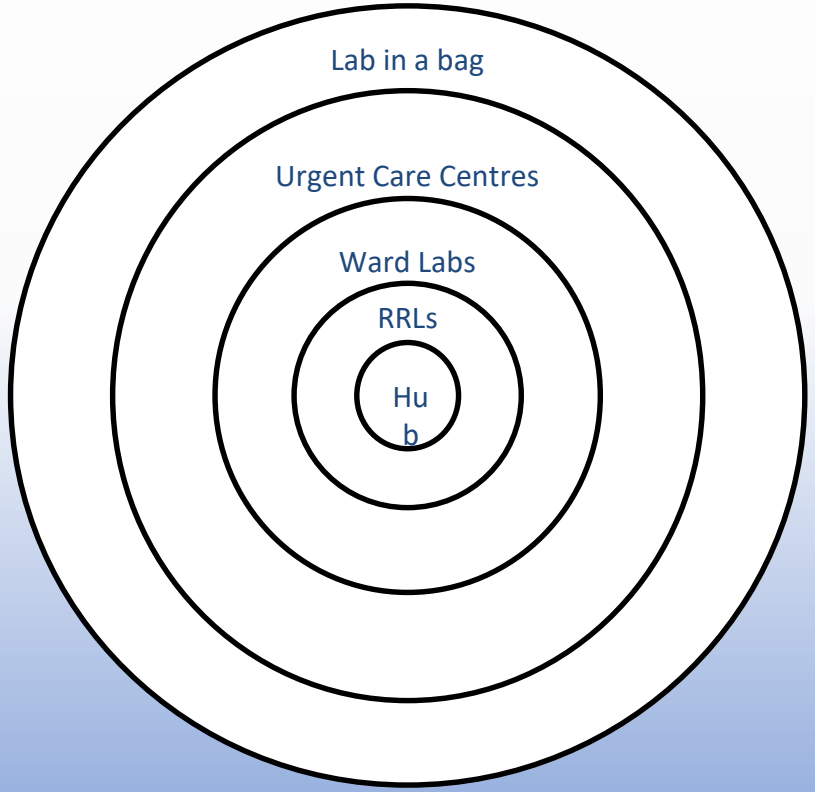
- **Business model** needs **transparency**, **simplicity** and the **flexibility** to allow growth in the business
- Early **engagement with clinical teams and laboratory staff** to ensure ownership of solutions
- **Local champions clinical, managerial and staff representatives** are essential Recognise **different organisational cultures**
- **Credibility and trust of network** confidence takes time to establish
- Thorough **due diligence of the previous operational model** on all sites often the organisations are not aware of all the details
- **Integrated IT and transport is critical**
- **Metrics and performance data** are crucial before and after the change to address any concerns. Need a **bench to board** view
- **Main implementation costs** IT, project management, estate, potential redundancy but not a major reality
- **Look to the future when planning** gaining continual financial and quality benefits

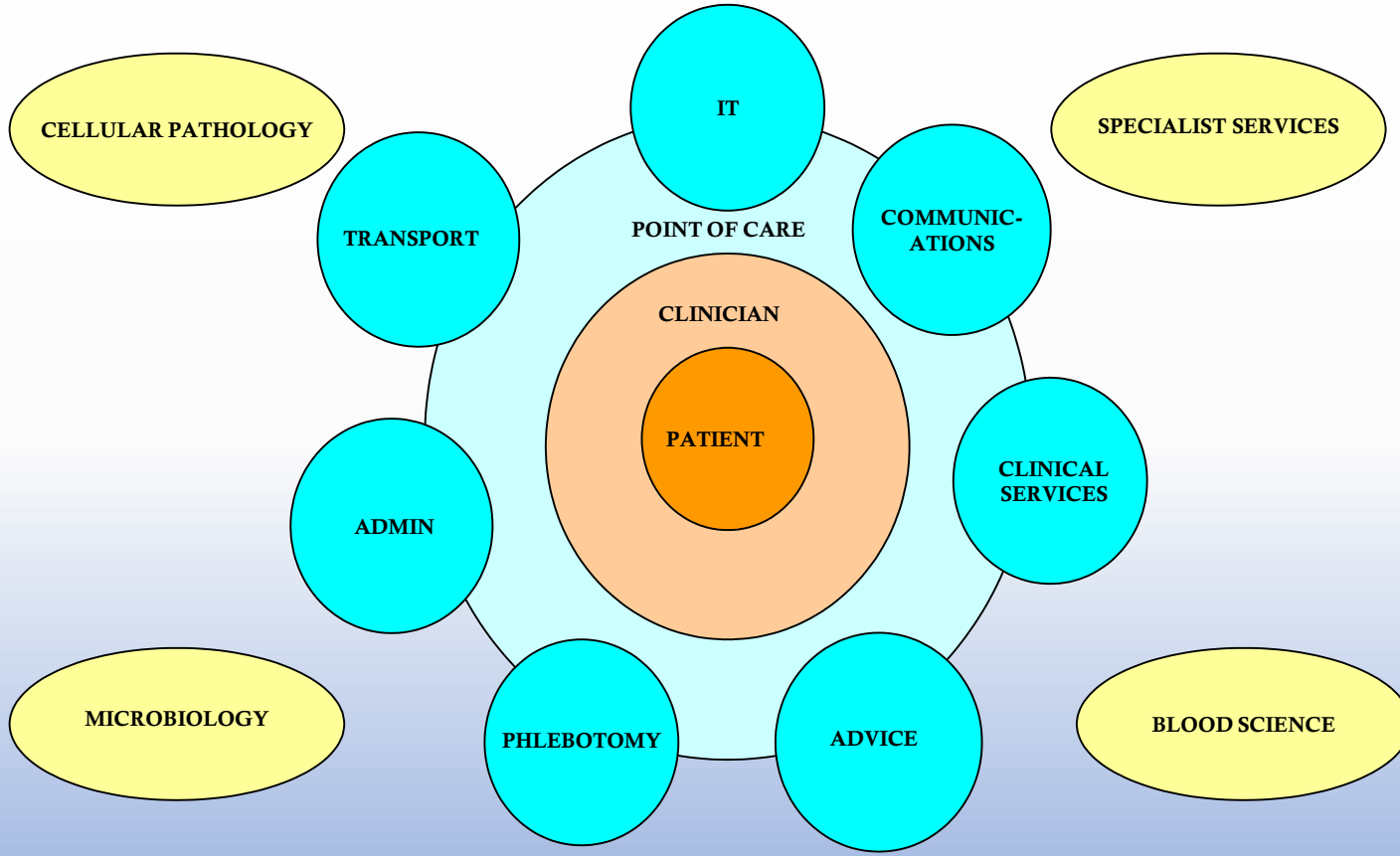
Don’t get tangled in the weeds but understand the risks and opportunities

Governance structure (interim and final)

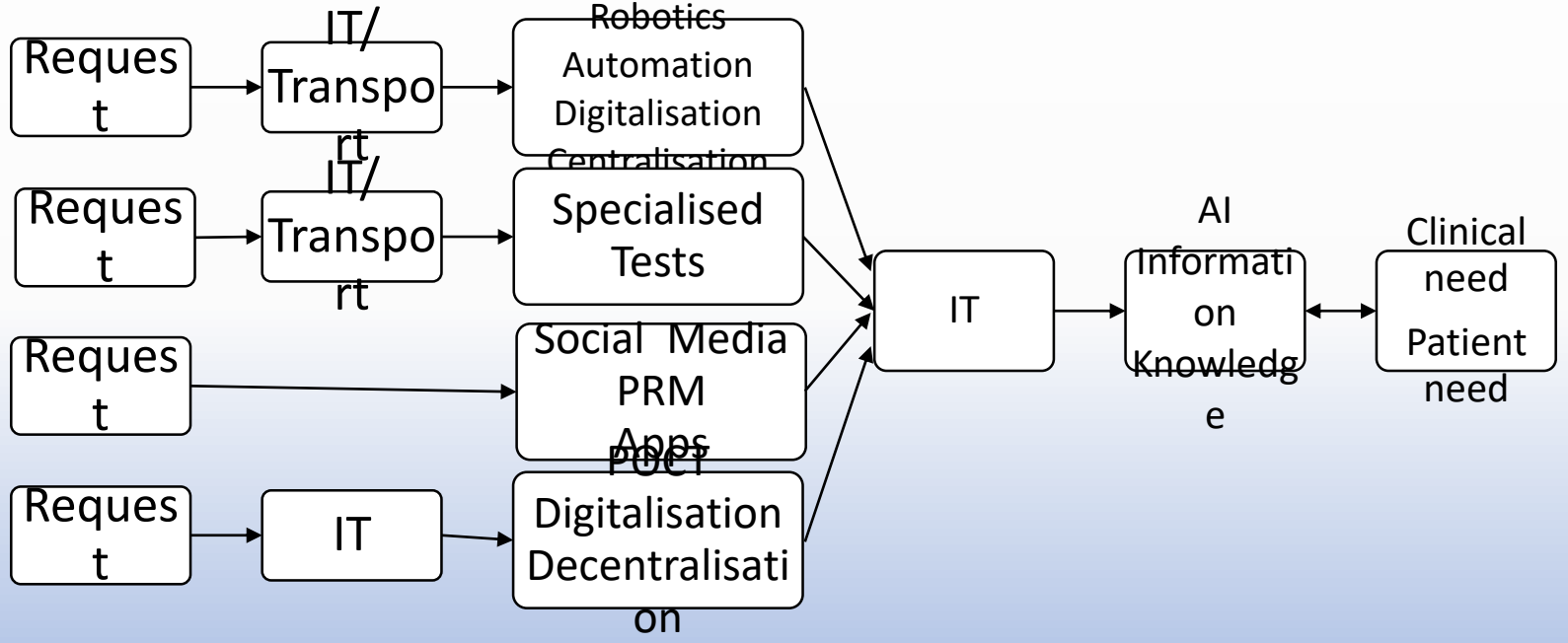


Future of pathology – patient-centred




CELLULAR PATHOLOGY
IT
SPECIALIST SERVICES
TRANSPORT
POINT OF CARE
COMMUNIC-ATIONS
CLINICIAN
PATIENT
ADMIN
CLINICAL SERVICES
MICROBIOLOGY
PHLEBOTOMY
ADVICE
BLOOD SCIENCE

Using Technology to Improve and Develop Service and the Workforce



Approach to keeping your head above water

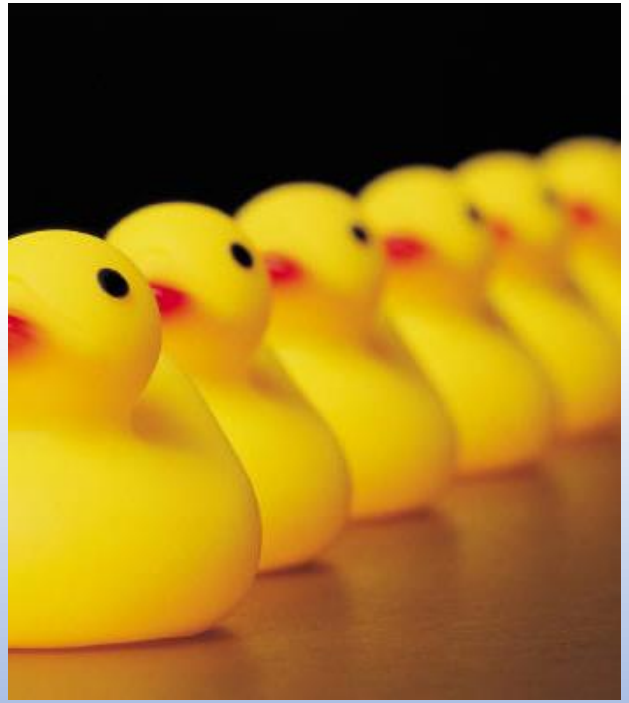
Key Steps

- Understanding the Market
- Engagement
- Vision/Strategy
- Stakeholder Commitment
- Viable Business Plan/Model
- Ability to Deliver the Plan
- Sustainability

Key Elements of the programme

- Leadership and Programme management
- Stakeholder/staff engagement/organisational cultural differences
- Vision/strategy
- Operational model and design
- Commercial/financial/estates
- Clinical Governance and quality
- Logistics - IT and transport
- Workforce redesign and development
- Business development, future opportunities

Achievable Change



Breakout session 2

- **Safe morning discharge of patients at Western Sussex** (London Wall)
- **Moving to Good and beyond: London Ambulance Service's 2-year journey** (Bishopsgate 2)
- **Treating staff fairly and consistently when care doesn't go to plan** (Bishopsgate 1)
- **Failure and success – a game of two halves** (Broadgate 2)
- **Building and sustaining effective collaborative networks in your local system** (Broadgate 1)

Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **Integrated Commissioning: briefing on pooled vs aligned budgets**	Item No **7**

OUTLINE

The Commission has been receiving a rolling series of updates from each of the Integrated Commissioning Workstreams in turn. One of the issues which has come out of these discussions has been the evolution of the pooled vs aligned budgets and the impacts this has in turn on cost savings programmes within the Council.

Attached please find a briefing on the budgeting process in Integrated Commissioning.

Attending for this item will be:

Ian Williams, Group Director Finance and Resources, LBH
Sunil Thakker, Chief Financial Officer, City and Hackney CCG

ACTION

The Commission is requested to give consideration to the briefing.

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Health in Hackney Scrutiny Commission 26th September 2018

Introduction

In February 2017 Cabinet approved proposals for the Council to enter into integrated commissioning arrangements for health, social care and public health with the NHS City and Hackney Clinical Commissioning Group. This decision reflected a shared ambition to improve health outcomes for local people by commissioning and delivering services across organisations in a more joined up/ integrated way that also makes the most of our shared investment at a time when public sector funding has experienced significant reductions and increasing budgetary pressures.

The arrangement has been in place since 1 April 2017 and the Integrated Commissioning Board has met monthly since their first meeting in May 2017. Within the remit of the ICB, the workload is managed across four workstreams: Planned Care; Unplanned Care; Prevention and, Children's, Young People and Maternity Services. Workstream proposals are taken to the Transformation Board (TB) with the TB taking recommendations to the ICB.

This papers summarises what budgets are actually pooled and aligned across LBH and the CCG following the 'pause' brought about by NHS England last Spring and also reflects on how agreed savings to meet funding reductions and budgetary pressures are factored into financial planning arrangements.

The budgets and pooling

The original intention was to pool all CCG budgets that could legally be pooled with the Council' Adult Social Care and Public Health budgets. However, following the Cabinet decision in February 2017, CCG engagement with NHS England regarding the integrated commissioning arrangements restricted pooling to funds which were already pooled, namely the Better Care Fund and Learning Disabilities. As a result a greater proportion of LBH budgets than were originally anticipated within the scope of these arrangements are within 'aligned' funds. The table below sets out the budgets currently pooled and aligned.

Table one: Integrated Commissioning Budgets

Fund type: Pooled Vs Aligned	**CCG** £'000	**CCG** %	**LBH** £'000	**LBH** %	**TOTAL** £'000	**TOTAL** %
A. S75 'Pooled' Budgets						
1. Unplanned Care						
-IBCF			1,139		1,139	
	19,094	5%	1,139	1%	20,233	4%
2. Planned Care						
-BCF *(LA figs is funding from DGF Capital)*			1,414	1%	1,414	0%
-Learning Disabilities			15,402	15%	15,402	3%
-iBCF Local Authority allocation*			10,599	10%	10,599	2%
	6,476	2%	27,415	27%	33,891	7%
3. Prevention	50	0%	-		50	0%
Total Contribution into **'Pooled'** budgets	25,621	6%	28,554	28%	54,175	11%
B. 'Aligned' Budgets						
Aligned - Planned Care**	193,376	48%	36,080	35%	229,456	45%
Aligned - Unplanned Care	109,820	27%	4,390	4%	114,210	22%
Aligned - Children/Young people	46,531	11%	8,986	9%	55,517	11%
Aligned - Prevention	3,790	1%	24,491	24%	28,281	6%
Aligned - Corporate***	26,068	6%	0		26,068	5%
Total Contribution into **'Aligned'** budgets	379,585	94%	73,948	72%	453,533	89%
Total Contrib into **'Integrated Comm Fund (ICF)'**	405,206	100%	102,502	100%	507,708	100%

Since last year council and health colleagues have been working closely together on a number of key initiatives to improve outcomes and maximise the use of resources. Examples include:

- the discharge to assess model which went live in the summer and is aimed at minimising delayed transfers of care back to the community; and

- the developing neighbourhood model which encompasses a multi-disciplinary approach centred around GP practices aimed at enabling people to stay well at home, reduce hospital admissions and provide additional safeguards for vulnerable people.

To date no further funds have been pooled, although in February 2018 the ICB agreed in principle to the pooling of CCG Continuing Health Care budgets (around £13m) with the Council's Adult Social Care package budgets (around £38m net budget). The ICB endorsed extending pooling arrangements and delegated authority to the respective chief finance officers to finalise and agree the detailed financial arrangements for 2018/19 as part of the agreement of 2018/19 budgets, subject to normal governance approvals for each partner.

Senior officers of both organisations are in discussions to determine what needs to be in place before this additional pooling is actioned (ICB already endorsed the proposal, CFO sign off is on financial/budgetary detail). The pooling of budgets on a piecemeal basis is a difference scenario to what was envisaged when all budgets (excluding legal exceptions) were to be pooled. It is important to ensure that there is a clear rationale understood by all parties for each element of pooling and that there are appropriate procedures in place for joint funded arrangements to ensure the balance of contributions to the pool are reasonable.

It should be noted that significant progress on developing joint funding arrangements for Learning Disability (LD) packages, an area which is already pooled, has been made. This involves using a new tool to assess service users who are likely to have both health and social care needs but are not eligible for Continuing Health Care packages. The tool creates a score that is then used to propose a way of apportioning funding between the Council and the CCG where appropriate. This process is overseen by a joint panel, led by the Strategic Commissioner for LD. The tool is being piloted on a sample of 50 cases (around 10 per cent of all cases) and is due to report back in early October 2018 to inform funding baselines for LD.

Additionally, council and health colleagues are currently working on a 'placement without prejudice' model' which should, in line with best practice, see more people CHC assessed at home and will be similarly supported by a practical joint funding arrangement.

These developments are seen as a precursor to implementing such arrangements more widely across the system.

Integrated Commissioning and Savings

The Council and City & Hackney CCG are committed to aligning financial planning processes. This needs to be achieved in the context of shrinking resource and increasing demand. There is an added complication that the budgets the Council has pooled or aligned make up some 34% of the Council's net budget. Therefore any changes in budgets within the scope of integrated commissioning has an impact on the resources available to deliver the rest of the Council services.

There are also some legacy savings programmes due to be implemented in the next few years which have been agreed by the Council's elected members, the City of London Corporation and QIPP plans agreed by the CCG Governing Body. Budgets pooled and aligned are reported to the ICB net of these

agreed proposals and a report was taken to ICB in February 2017, *Indicative Workstream budgets 2018/19 and agreed QIPP and Savings Proposals,* setting these out.

Going forward the Council's Medium Term Financial Plan identifies a budget gap across the planning period 2019/20 - 2021/212 of an estimated £25m. This estimate is built on a series of assumptions that may change, including:

- Impact of business rates retention over the period 2019/20 to 2021/22 and related assumptions about the growth in business rates and impact of appeals;
- Reductions in 'core' funding from Government;
- Council tax and business rates collection rates;
- Public Health grant reductions;
- iBCF funding levels; and
- Annual pay award and impact of potential move to new pay scales.

The Council is also mindful of significant cost pressures, notably:

- Looked after children budgets and the high needs block of the dedicated schools grant remain under pressure as a result of the number of young people in high cost placements/provision;
- Underlying cost pressures in Adults Social Care, arising from Learning Disability packages and an increase in the cost of Home Care packages for older people;
- Increase in levy costs, particularly the North London Waste Levy; and
- The increase in Temporary Accommodation which will be exacerbated by the introduction of the Homelessness Reduction Bill.

Although, some growth has been built in to our budgets in respect of these areas this may need to increase if expenditure is not contained thereby increasing the £25m gap.

The Council have commenced a number of initiatives to identify proposals to meet this gap including pilot work streams along themed lines. Those themes being demand management and cost avoidance; municipal entrepreneurialism and productivity and efficiency. ASC have focused on a pilot in demand management looking primarily at the front door of the service. The work has been developed in the context of working in partnership with health colleagues. Additionally, the Children's, Adults and Community Health Directorate, where the pooled and aligned budgets sit within the Council are in the initial stages of identifying specific savings proposals. Work will be undertaken alongside health colleagues where there are clear touch points and interdependencies.

In previous years, as part of the Council's budget setting process task and finish groups have considered specific areas of the budget/council operations to assist in the development and scrutiny of budget proposals. These working groups have contributed successfully to the overall budget setting process. The Mayor and Cabinet have identified four particular areas for future work over the next 12 months in such groups, one of which is Integrated Commissioning as it is important that officers and members alike fully understand the potential impact of this ongoing work, not least due to the scale of the budgets covered but also understanding the revenue and capital impacts as well as that on the use of assets across the organisations involved. The details of what this process will look like is for further development.

Although organisations are clearly mindful of the need to consider savings proposals in the context of integrated commissioning more thinking needs to be done on how this might play out in practice. We still need to, for example, fully consider and decide on how we incentivise the integrated commissioning workstreams to deliver cashable savings through transformational change. An obvious solution would be for the workstream to retain the savings to invest further in services. However, this is difficult in the context of the requirement of the CACH directorate to contribute to the Council-wide savings gap and

some kind of hybrid model may need to be developed. Proposals will be developed and brought forward by the respective Chief Financial Officers in due course.

Conclusion

The Council and health colleagues continue to build on existing strong integrated working arrangements in the ambition to improve services against a background of shrinking resource and increasing demand. In terms of the respective organisation's finances, the CFOs are working together to better align financial planning. This will take time to achieve as each has to have prime regard to ensuring that their respective statutory responsibilities are met and that financial risk is adequately managed in doing so.

Jackie Moylan, September 2018

Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **City and Hackney Safeguarding Adults Board Annual Report 2017/18**	Item No **8**

OUTLINE

Each year the Commission gives consideration to the Annual Report of the work of the City and Hackney Safeguarding Adults Board.

This report provides an assessment of the key developments in local multi-agency adult safeguarding activities in 2017/2018 in the City of London and London Borough of Hackney. This is presented as a partnership document

Attached please find an introductory paper and a copy of the full report.

Here is a link to the discussion when the 2016/17 report was considered on 8 January 2018. The 2017/18 is being presented earlier this time.

Attending for this item will be:

Simon Galczynski, Director of Adult Services
John Binding, Head of Service – Safeguarding Adults

ACTION

The Commission is requested to give consideration to the briefing.

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CHSAB Annual Report 2017/18 to Health in Hackney Scrutiny Commission

Item No:		**Date:**	**26th September 2018**
Subject:		City and Hackney Safeguarding Adults Board (CHSAB) Annual Report 2017/18	
Report From:		Dr Adi Cooper, Independent Chair City & Hackney Safeguarding Adults Board	
Presented by:		Simon Galczynski Director of Adult Services	
Summary:		This report provides an assessment of the key developments in local multi-agency adult safeguarding activities in 2017/2018 in the City of London and London Borough of Hackney. This is presented as a partnership document. It is representative of the work carried out by statutory and other agencies to realise the vision of the City and Hackney Safeguarding Adults Board, to assist people to live free from harm in communities that are intolerant of abuse, working together to prevent abuse and know what to do when it happens.	
Recommendations:		That the Health in Hackney Scrutiny Commission is aware of the accomplishments of the City and Hackney Safeguarding Adults Board (CHSAB) during 2017/18.	
Contact(s):		Melba Gomes, CHSAB Manager Melba.Gomes@hackney.gov.uk Tel: 020 8356 1751	

1 Introduction

1.1 The London Borough of Hackney and the City of London have diverse, vibrant communities, with many organisations and individuals not only providing effective adult safeguarding, but also committed to the Safeguarding Adults Board and the partnership it represents. The City and Hackney Safeguarding Adults Board (the Board) is a multi-agency partnership of statutory and non-statutory stakeholders, including the City and Hackney Clinical Commissioning Group, Metropolitan Police, East London Foundation Trust, London Fire Brigade, the Homerton NHS Foundation Trust, Housing, Providers and the voluntary services. This report sets out an appraisal of safeguarding adults activity of those agencies across the City of London and Hackney boroughs in 2017/2018.

1.2 The Care Act sets out a clear statutory framework for how local authorities and other key partners, such as care providers, health services, housing providers and criminal justice agencies, should work together to protect an adult's right to live in safety, free from abuse and neglect. It introduces new safeguarding duties for local authorities including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; carrying out Safeguarding Adults Reviews; arranging for the provision of independent advocates; and hosting Safeguarding Adults Boards.

1.3 In setting out a statutory requirement for Safeguarding Adults Boards for the first time, the Care Act establishes three core duties for those Boards: The Board must:

1) Publish a strategic plan for each financial year that sets out how it will meet its main objectives and what the members will do to achieve this.

2) Conduct any Safeguarding Adults Reviews as may be required.

3) Publish an annual report detailing what the SAB has done during the year to achieve our main objectives and implement its strategic plan. This annual report is provided in line with this requirement.

2 Key Achievements

2.1 In line with its strategy, key achievements for the Board in 2017/2018 include:

1) Trained Safeguarding Champions to take the message that safeguarding is everybody's business out to the community. Although we have raised awareness of safeguarding adults far and wide, we have not reached all groups. It has not been possible or easy to reach all groups of people from different ethnic backgrounds and faiths.

2) The Chair of the Board and the Board Manager have visited community groups to tell them about safeguarding and the work of the Board.

3) We have responded the views of service users and set up a User/Carer/Patient subgroup of the Board to enable us hear the views of users and carers but we have yet to hear directly from people who use safeguarding services.

4) The CHSAB reviewed the website with service users and changed it so that it is clearer about safeguarding and service users' rights.

5) The CHSAB has commissioned training to support staff to develop their learning to be able to work effectively with people who use safeguarding services.

6) The CHSAB have reviewed our data and sought improvements where required for example through audits or analysis.

7) We have laid the foundation of a prevention strategy but we have not been able to put anything in place to enable people to ask for help early or for early intervention. We have begun working with other Boards who share this priority.

8) The CHSAB met our legal duty to commission safeguarding adult reviews (SAR) and we have considered referrals, two of which progressed to a SAR and we will report on this in the 2018-19 report.

9) The City arranged an event on financial abuse which was very well received and had a winter long campaign to address the needs to rough sleepers.

10) City and Hackney are involved in a project on social isolation. We will respond to the findings in 2018/19.

11) Members of Board have audited themselves to identify where they need to make improvements in adult safeguarding and have created action plans to address the deficits.

3 Safeguarding Adults Reviews

3.1 During 2017/18, the CHSAB has not published any Safeguarding Adult Reviews

3.2 The CHSAB has focussed on passing on the learning to staff through learning workshops and a leader's symposium for managers. We will evaluate its impact during 2018/19.

3.3 This year, two SARs have been commissioned to date and will be reported on next year.

4 Key Hackney Adult Safeguarding Activity Data 2017/18

4.1 The number of safeguarding adult concerns increased only slightly from 1261 to 1336 and the number of cases that progressed to S42 was on par with last year.

4.2 The data shows that most of the abuse happened in people's own homes.

4.3 The main category of abuse in 2016/17 was neglect and acts of omission, but in 2017/18, this has been overtaken by financial and material abuse.

4.4 There has been an increase in referrals for domestic violence, sexual abuse and self neglect.

4.5 People of a Black/African/Caribbean and Black British descent are over-represented amongst people who are abused. Referrals for Asian/Asian British have inctreased and those for people of Islamic faith but remain low. This year referrals for people of Jewish faith has decreased. Referrals for people of multiple or mixed identitay is low.

4.6 More people were asked what outcomes they want and where they have been asked about their outcomes, most of their outcomes have been partially or fully met.

4.7 The number of people referred under the Deprivation of Liberty Safeguards (DoLS) decreased this year.

5 Key City of London Adult Safeguarding Activity Data 2017/18

5.1 Summary data:

- 32 concerns were raised
- 22 led to Section 42 enquiry
- Of the 19 concluded cases, 11 expressed their desired outcomes and all were fully or partially achieved (nine were fully achieved)

- There were five repeat concerns.

6 Priorities for 2018/19

6.1 The CHSAB has identified the following areas for development in 2018/19, as set out in the Annual Strategic Plan 2018/19:

1) Continue with our duties to commission Safeguarding Adult Reviews (SARs) and make sure that any learning and actions are taken forward.

2) Continue to reach into the community to ensure that everyone knows about safeguarding and work on prevention strategies, including a financial abuse awareness event for residents.

3) Work with other Boards to develop joint approaches to work together and to prevent and manage risk in the City and Hackney.

4) Continue to support staff to work well to safeguard people by improving their understanding of the law and focussing on what people want to happen when they are harmed or at risk of abuse.

5) Work out how best to hear from people who use safeguarding services.

6) Continue to improve by responding to what we find is happening in our partnership through the data we collect and audits that we carry out.

7) Make sure that safeguarding is threaded through wider changes to social care and health services.

7 Financial Considerations

7.1 The partnership funds the Board

8 Legal Considerations

8.1 The Care Act establishes three core duties for Safeguarding Boards:

The Board must:

1) Publish a strategic plan for each financial year that sets out how it will meet its main objectives and what the members will do to achieve this. The plan needs to be developed with local community involvement and in consultation with local Healthwatch organisations.

2) Conduct any Safeguarding Adults Reviews as may be required.

3) Publish an annual report detailing what the SAB has done during the year to achieve our main objectives and implement its strategic plan.

9 Equality Impact Assessment

9.1 The report highlights equality considerations in terms of the ethnicity, age, and gender and disability status of people about whom a safeguarding concern has been reported to the statutory agencies.

10 Attachments

Appendix 1 – The City and Hackney Safeguarding Adults Board Annual Report 2017-2018

CHSAB Annual Report 2017 – 2018

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens

City and Hackney
Safeguarding Adults Board

Contents

Message from the Independent Chair

I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2017/18. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report.

We have continued to look at information about safeguarding activity to inform our priorities for improvement. We looked at cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We have tried to share this learning and we want to see what difference it is making (see Appendix B).

We continue to raise awareness of safeguarding in City and Hackney's communities, with the help of community and voluntary groups, especially the 'Safeguarding Champions'.

This annual report is important because it shows what the Board aimed to achieve during 2017/18 and what we have been able to achieve. It shows that most of the tasks were completed during the year. The annual report provides a picture of who is safeguarded in City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. It includes the Delivery Plan for 2018/19, which says what we want to achieve during the next year (see Appendix A).

There continues to be significant pressures on partners in terms of resources and capacity, so we want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort.

There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the partnership in the next year to continue this journey.

Dr Adi Cooper OBE,
Independent Chair City and Hackney Safeguarding Adults Board

Overview of 2017/18

Service Users asked us to be clear and concise in the report about what we did well and what we have not done well.

What did we do well?

We have:

1) Trained Safeguarding Champions to take the message that safeguarding is everybody's business out to the community.
2) The Chair of the Board and the Board Manager have visited community groups to tell them about safeguarding and the work of the Board
3) We have responded to the views of service users and set up a User/ Carer/Patient subgroup of the Board to enable us hear the views of users and carers
4) We reviewed our website with service users and changed it so that it is clearer about safeguarding and service users' rights
5) We have supported staff to develop their learning to be able to work effectively with people who use safeguarding services
6) We have reviewed the information that we have received and sought improvements where required for example through audits or analysis
7) We met our legal duty to commission safeguarding adult reviews (SARs) and we have considered referrals, two of which progressed to a SAR and we will report on them in the 2018-19 report
8) The City arranged an event on Financial abuse which was very well received and had a winter long campaign to address the needs to rough sleepers

What didn't we do so well?

Whereas we have met all of our strategic aims to an extent, we will not know if we did well until 2018-19:

1) Although we have raised awareness of safeguarding adults far and wide, we have not reached all groups. It has not been possible or easy to reach all groups of people from different ethnic backgrounds and faiths.
2) We have started hearing from adult social care and health service users through the champions and user groups but we have not heard from people who use safeguarding adults services.
3) We have laid the foundation of a prevention strategy but we have not been able to put anything in place to enable people to ask for help early or for early intervention.

What we have yet to find out

1) We have done much work to pass on the learning from the Safeguarding Adult Reviews and heard back from staff about what will help to improve services, but we will not know until next year if this has made any difference to practice.

2) City and Hackney are involved in a project on social isolation. We await its findings.

3) How we can work with other Boards in City and Hackney to prevent abuse and neglect.

Comments from Service Users and Residents on the Annual Report 2017/18 and plans for 2018/19

CHSAB Website: **"You heard us …we said we don't understand 'the term' abuse, you used harm. That's good"**, but the website and safeguarding should be on the front page of the Council's website. As it stands it is hard to find except through Google.

People told us that they want:

- regular communication from the Board, as there was much in the report that they could not relate to.
- to have simple safeguarding information in order to be informal ambassadors in the community for safeguarding.
- to have safeguarding information advertised across the boroughs.
- an effective service user group to be critical friends to the Board.
- partners to have a better understanding of advocacy so as to improve usage.

Our plans for 2018-19

We will:

1) Continue with our duties to commission Safeguarding Adult Reviews (SARs) and make sure that any learning and actions are taken forward.

2) Continue to reach into the community to ensure that everyone knows about safeguarding and work on prevention strategies, including a financial abuse awareness event for residents.

3) Work with other Boards to develop joint approaches to work together and to prevent and manage risk in City and Hackney.

4) Continue to support staff to work well to safeguard people by improving their understanding of the law and focussing on what people want to happen when they are harmed or are at risk of abuse.

5) Work out how best to hear from people who use safeguarding services.

6) Continue to improve by responding to what we find is happening in our partnership through the data we collect and audits that we carry out.

7) Make sure that safeguarding is threaded through wider changes to social care and health services.

Who Are We?

The City and Hackney Safeguarding Adults Board (CHSAB) is the statutory board for City and Hackney and is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the City of London and the London Borough of Hackney.

The work of the Board is driven by its vision, that in the City and Hackney:

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens

The main objective for the Board, to achieve this vision, is to assure itself that effective local adult safeguarding arrangements are in place and that all partners act to help and protect people with care and support needs in the City and Hackney.

The CHSAB has **three core duties** under the Care Act 2014 that it must fulfil in achieving its main objective:

- Develop and publish a Strategic Plan setting out how it will meet its objective and how its partners will contribute to this;
- Publish an Annual Report detailing how effective their work has been; and
- Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria for these reviews.

This Annual Report sets out:

- How effective the CHSAB has been over the 2017/18 year;
- What we have accomplished in relation to the Boards Strategic Plan for 2017/18;
- The Boards Strategic plan for 2018/19;
- Details of the SARs that the board has commissioned
- How its partners have contributed to the work of the Board to promote effective adult safeguarding.

Our Principles

Public consultation, undertaken during 2015/16, agreed that four principles should underpin our 5-year strategy. These principles are:

- **All of our learning will be shared**
- **We will promote a fair and open culture**
- **We will understand the complexity of local safeguarding needs**
- **The skill base of our staff will be continuously improving**

Governance

Dr Adi Cooper was the independent chair of the Board during 2017-2018.

The CHSAB partnership consists of representation from:

- **City of London Corporation**
- **City and Hackney Public Health**
- **City and Hackney Clinical Commissioning Group**
- **London Borough of Hackney**
- **Homerton University Hospital NHS Foundation Trust**
- **East London NHS Foundation Trust**
- **Metropolitan Police Service (Hackney)**
- **City and Hackney Older People Reference Group**
- **London Fire Brigade**
- **City of London Police**
- **London Ambulance Service**
- **Hackney Council for Voluntary Services (CVS)**
- **Barts Health NHS Trust**
- **National Probation Service**
- **Housing Providers**
- **Healthwatch**
- **Hackney Healthwatch**
- **City of London Healthwatch**

The full CHSAB partnership meets quarterly, and arranges extra meetings when required. The attendance at the quarterly CHSAB meetings in 2017/18 is as follows:

Partners	Attendance
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	80%
Homerton University Hospital	40%
Barts Health NHS Trust	40%
East London NHS Foundation Trust	80%
London Fire Brigade	100%
Metropolitan Police	80%
City of London Police	60%
Older People's Reference Group	60%
Hackney Healthwatch	60%
City of London Healthwatch**	0%
City & Hackney Public Health	80%
Hackney Council for Voluntary Services	100%
National Probation Service	60%
Housing Providers	20%
CHSAB Business Support	100%

** City of London Healthwatch had 100% attendance at the CoL Sub-committee meetings

The CHSAB Executive Group supports the work of the CHSAB. This Group consists of senior managers from some of the key partner agencies of the Board. The Executive Group meets regularly in between the CHSAB's quarterly sessions and is also chaired by Dr Cooper. It serves as a link between the sub groups and the Board to support the CHSAB to run effectively.

The City of London Adult Safeguarding Sub-Committee consists specifically of agencies working in the Square Mile. The Sub-Committee provides a clear recognition of and focus on safeguarding arrangements in the City, enables communication with the CHSAB and is a means of developing City-focused adult safeguarding in line with the CHSAB's priorities. Dr Cooper also chairs this Sub-Committee.

The CHSAB has established a number of multi-agency subgroups to help it deliver on its objective and annual priorities.

Our overall structure is illustrated below:

Subgroups

This year the roles and composition of the CHSAB subgroups were consolidated to ensure that they continue to support the work of the Board and deliver on its annual strategic plan. Each subgroup reviewed its Terms of Reference in line with CHSAB's strategic priorities. The subgroups benefit from multi-agency representation, with staff from statutory and non-statutory agencies attending and contributing to the work.

Communication & Engagement

The Communication & Engagement subgroup is tasked with the responsibility of raising awareness of safeguarding in the community. Safeguarding champions were trained to reach far and wide in the community to promote understanding of safeguarding. The group supported the development of the website for the CHSAB which incorporated suggestions made by service users and residents

Quality Assurance

The Quality Assurance subgroup role aims to ensure that appropriate and timely quantitative data and qualitative information supports the Board to have a picture of what is happening in the City and Hackney, to inform its work and priorities. LBH uses Qlikview that shows data in real time. It is adaptable and has included data from the police and the London Fire Brigade. It captures safeguarding referrals from health partners and can include City data. The QA group has created a dataset for the Board that can continuously adapt to gather and present data in relation to concerns, for example as identified by SARs.

Training & Development

The Training & Development subgroup is responsible for ensuring that people who work to safeguard people have the knowledge and expertise they need for their roles. It recognises that each statutory partner is guided by its own training requirements in relation to safeguarding adults, and that commissioned services are required as part of their contract to provide safeguarding training to their staff. Additional training is put on to fill the gap which meets the strategic priorities of the CHSAB, and to improve practice in relation to findings from SARs. This training is complimented by invitations to partners to attend training commissioned by London Borough of Hackney.

During 2018 it focused on delivering a programme of workshops on 'Learning from SARs' and training the Safeguarding Champions.

It has also gathered information of how best to support partners to embed Making Safeguarding Personal (MSP) in their organisations and this will be the focus for work during 2018/19

SAR & Case Review

The SAR & Case Review subgroup is the primary mechanism by which the CHSAB exercises its statutory duty to arrange a SAR when someone with care and support needs within its locality dies, or experiences serious harm as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively together to protect the person. The subgroup is well established. It has considered a range of SAR referrals. The subgroup makes recommendations to the CHSAB Chair on when it considers that a statutory Review is required and when an alternative approach to identify learning opportunities may be appropriate. The subgroup monitors the development and implementation of multi-agency action plans that flow from completed SARs to ensure that the learning from the Reviews has a meaningful and lasting impact on how services work with adults with care and support needs.

This year the subgroup has had 6 meetings. They have:

Monitored a commissioned SAR, which is due to published in May 2018;
Considered 3 other cases, 2 of which have progressed to SARs and one of which was a single agency concern that did not meet the criteria but for which

reassurance was sought that improvements were being made to prevent a recurrence;

Reviewed action plans for the 4 SARs that have been published;

Actioned a programme of learning workshops with the support of the Training and Development group;

Commissioned a Leaders Symposium to take on board what staff felt were barriers to good practice and suggestions that they made to improve; and

Undertaken a local evaluation against the findings from the London SAR report.

User/Carer/Patient Subgroup

In August 2017 the CHSAB Annual Report (2016-17) was presented to a group of service users and their representatives for comment. They made helpful suggestions to improve the report. They were also asked to suggest how they can become involved in the Board. In response to service users telling us that they could contribute to the Board through a subgroup, we have set up the User/Carer/Patient subgroup.

City of London Adult Safeguarding Committee

The City of London's Safeguarding Adults Committee is made up of a range of professionals and includes resident representatives. It meets quarterly and considers developments in relation to the Board priorities and City priorities in the strategic plan. This included:

- The implementation of the Self Neglect, Hoarding and Fire Risk Panel in response to SAR Learning
- The sign-off of the City of London Social Wellbeing Strategy and the ongoing implementation of the associated Action Plan;
- The completion of the Financial Abuse Task and Finish Multi Agency Group culminating in an awareness raising multi-agency conference in December 2017;
- The successful transition to an updated Social Care Electronic Recording System, Mosaic; and
- Local housing responses to lessons learned from Grenfell Tower tragedy were implemented in a timely way.

The City of London is represented on all CHSAB sub groups, with the Assistant Director chairing the SAR sub group of the Board.

Our Strategic Links

The CHSAB has links with partnerships and boards also working with communities in the City of London and Hackney, including: the City and Hackney Children's Safeguarding Board, Community Safety Partnerships; and Health and Wellbeing Boards.

Financial Arrangements

This year the CHSAB received total contributions of £158,750 from partners as listed below.

Partners	Income Received (£)
City of London Corporation	(25,000)
East London NHS Foundation Trust	(25,000)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(11,750)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,000)
London Fire Brigade	(500)
City of London Corporation (FB)	(500)
Mayor's Office for Policing And Crime	(5,000)
LB Hackney	(70,000)
Total Income:	**(158,750)**

Other partners were not able to make financial contributions but they have contributed with their time and commitment to the Board's work and by providing access to resources such as meeting venues, conferences, etc.

The Budget retains a reserve of £103,500 carried over from 2015-16 to support unplanned expenditure, such as Safeguarding Adult Reviews.

Supporting the CHSAB

The CHSAB Business Support Team comprising of a full-time Board Manager and a full-time Business Support Officer support the work of the Board, ensuring that the business of the Board is managed in a timely and efficient manner.

Support from the London Safeguarding Adults Board

The London Safeguarding Adults Board was set up by London ADASS and partners to support the local London Safeguarding Boards on key safeguarding issues pertinent to London.

During 2017-18, it produced:

- A London SARs Report that identified the key themes emanating from SARs in London since the Care Act 2014, and made recommendations for quality and practice improvements. The findings reflected those

identified by the CHSAB SARs and recommendations were in line with what staff told us in response to local SARs. In response, changes are being made to the CHSAB protocol, quality markers are being included, and improvements to outcomes for service users have been translated into strategic priorities for 2018-19;

- A Making Safeguarding Personal (MSP) temperature check and recommendations for improvement. Resources to support organisations to adopt MSP have been promoted, which will support the CHSAB to work with partners during 2018-19 to embed MSP in their organisations; and
- Train the Trainer sessions in Modern Slavery to raise awareness on this issue.

The CHSAB identified that in 2018-19 it would like the London SAB to continue to support the Boards with MSP, Modern Slavery, and addressing social isolation, and also to consider looking into how the faith sector can support the safeguarding adults agenda.

In 2017-2018, a London wide information sharing agreement in relation to safeguarding adults was developed by the London Safeguarding Adults Board. This was adopted by the CHSAB.

Work of the CHSAB 2017/18

The CHSAB held four meetings and a development day during 2017/18. The development day focused on 'Making Safeguarding Personal'

The Board focussed on:

1) User Engagement

2) Early Help and Prevention

3) Strategic Partnerships

4) Learning from SARs

The CHSAB prioritised the establishment of a model for ongoing service user and carer feedback on safeguarding services to, and engagement with the CHSAB.

When we met with service users and carers from the City and Hackney to obtain their views on the Annual Report of 2016-17, they informed us that they would like us to be clear in our report about what we said we would do and what we didn't do. This report is written in a way that meet their expectations. They told us that they would like to be the eyes and ears out in the community to prevent harm to people less able to look out for themselves. With this in mind, we are raising awareness as far and wide, about safeguarding adults. They told us that they would like safeguarding explained in a way that they can understand.

User Engagement in the City of London & Hackney

The CHSAB responded to these views and worked with them to review the Board website, produced a simple to understand and an easy read version of the Annual Report for 2016-17. Service Users told us they wanted to become involved in the work of the Board and so we set up the User/Carer/Patient subgroup of the Board. We recognised that disclosing experiences of safeguarding or even revealing that one has been subject to abuse in an open group is a difficult thing to do. In recognition of this, the Board is piloting a service user forum just for people who have had experiences about safeguarding services during 2018-19.

Early Help and Prevention

Raising Awareness

The CHSAB aims to build community resilience by raising awareness in the community and within the council to ensure that people look out for those unable to look out for themselves, understand what abuse is, and know how to report it. Furthermore, with knowledge, people are empowered to keep safe.

This year the CHSAB trained 21 workers and residents as Safeguarding Champions. 14 remain. They have been visiting voluntary groups, tenancy meetings, patient groups, refugee forums and work projects to raise awareness about safeguarding. From July 2017 to March 2018, the Safeguarding Champions have reached around 260 residents and members o voluntary groups from diverse backgrounds with varying needs.

Intergenerational awareness of abuse has commenced with raising awareness in a youth club. A Safeguarding Champion took the message of adult abuse to young people aged 10-17 from Hawksley Court Youth Club. The young people's adult safeguarding awareness session helped younger members unpack their concerns about domestic abuse. The young people learnt who to call with a concern about how to protect adults from harm and now better understand the signs and indicators of adult abuse. Young people understand that NSPCC can discuss issues about adult abuse as well as child abuse, the role of local domestic abuse teams and the role of the safeguarding lead within the youth club. As part of the future plans Hawksley Court will include safeguarding adult information in their gallery alongside safeguarding children information to ensure they reach the widest audience.

The Chair of the Board has developed links with the Faith Group in Hackney. The Board Manager has met with carers from the City and Hackney to promote awareness of adult safeguarding and carried out a workshop at the Older People's Reference Group's annual event.

Adult Social Care has expanded the understanding of safeguarding within the Council by raising awareness among the Community Safety Partnership including Trading Standards, Street Wardens and Enforcement Officers.

The CHSAB has a regular slot on the Better Homes Housing Partnership newsletter in Hackney to update on work being done in relation to safeguarding adults.

The City of London Police (CoLP) held a week of action in August 2017 to highlight the issue of sexual consent, utilising the 'tea and consent' video and engaging with the public to raise awareness and provide information around this issue. Additionally, the City of London Police supported the National Sexual Abuse Awareness Week in February 2018 by carrying out engagement activity and media messaging.

We know we are reaching the community when the Independent Press takes an interest in safeguarding adults. Hackney Citizen published an article on the Annual Report for 2017-18.

https://www.hackneycitizen.co.uk/2017/12/01/abuse-neglect-reports-double-hackney-rising-twice-national-rate/

Campaigns to reduce risk

The City has been proactive in equipping staff to support people to keep safe from financial abuse. It held a campaign that culminated in a well-attended conference for staff and professionals across a range of organisations.

The City held a rough sleeping campaign to point people towards services.

London Borough of Hackney carried out a large and far-reaching campaign in 2015 with the result that concerns and safeguarding enquiries increased significantly in 2016/17.

Work to prevent risk:

Public Health commenced a training programme to raise awareness of modern slavery amongst their commissioned services.

The City developed a social wellbeing strategy which incorporates social isolation as a theme and concern. They have identified volunteers to work with isolated residents who have been trained by the Safeguarding champions.

Hackney Connect has been in receipt of funding to work with socially isolated older adults. Social isolation was on par with financial abuse as a concern for the Older People's Reference Group

Both The City and Hackney are involved an ADASS project to identify and address safeguarding risks associated within isolation and loneliness.

Strategic Partnerships

Strategic alliances to address and prevent risk

The CHSAB worked with the City and Hackney Children's Safeguarding Board to agree the Modern Slavery Strategy and protocol.

The development of 'safe places' scheme, where people can go to report abuse in a safe environment, has been deferred to enable joint working between the Boards to achieve a better plan for more vulnerable residents.

Regular meetings were established to set the foundations for effective working together between the Boards, to identify common areas of work, shared priorities and effect a whole approach to building community resilience.

This way of working is supported by the Hackney Community Strategy Partnership Board, Children's Safeguarding Board and Health and Wellbeing Board.'.

Learning from SARs

Events

The Board arranged a series of events during 2017/18 to promote learning from the 4 SARs that were published in 2016/17. These included: a conference, a series of workshops, and a Leaders' Symposium. (See Appendix B)

The workshops were attended by a range of professionals, from across the partnership.

Staff were asked for their views on what changes were needed to improve their safeguarding practice. Their input informed a Leaders Symposium,

attended by Senior Managers from the partnership. One priority identified for improvement was supervision; Safeguarding Supervision principles were agreed by the CHSAB, and will be embedded during 2018-19, and assurance will be sought that staff are receiving effective supervision. Other priorities have been translated into actions in the 2018-19 CHSAB strategic plan (Appendix A).

During 2018-19, staff will be invited back to feedback on changes on their individual practice and in their organisations as a result of the learning.

Assurance

The Board developed a methodology and agreed a rolling programme of multiagency case file audit, looking at areas in relation to themes from the SARs. The first took place in 2017/18, which focussed on self-neglect. Two audits will be carried out each year.

Partner Reassurance

Each year partners review their own performance in relation to safeguarding adults, using a self-audit tool developed by the London Safeguarding Adults Board. The audits showed that whereas some partners need to make improvements in some areas, as a partnership we are doing well, except in relation to hearing from users and Making Safeguarding Personal.

Challenge events being held in early 2018/19 in relation to these audits will support improvements in partner agencies.

CHSAB assurance

The The CHSAB evaluated itself against the statutory guidance and identified the need to work more collaboratively with other strategic Boards, and to develop an overarching quality assurance framework. This would assist the CHSAB to be able to interrogate a range of information to be reassured that the partnership is doing well in safeguarding adults in order to increase the service user voice in the board, and challenge intolerance.

The Chair of the Board initiated a 360 appraisal process regarding her performance, which demonstrated that she is effective in leading the CHSAB.

Safeguarding Data

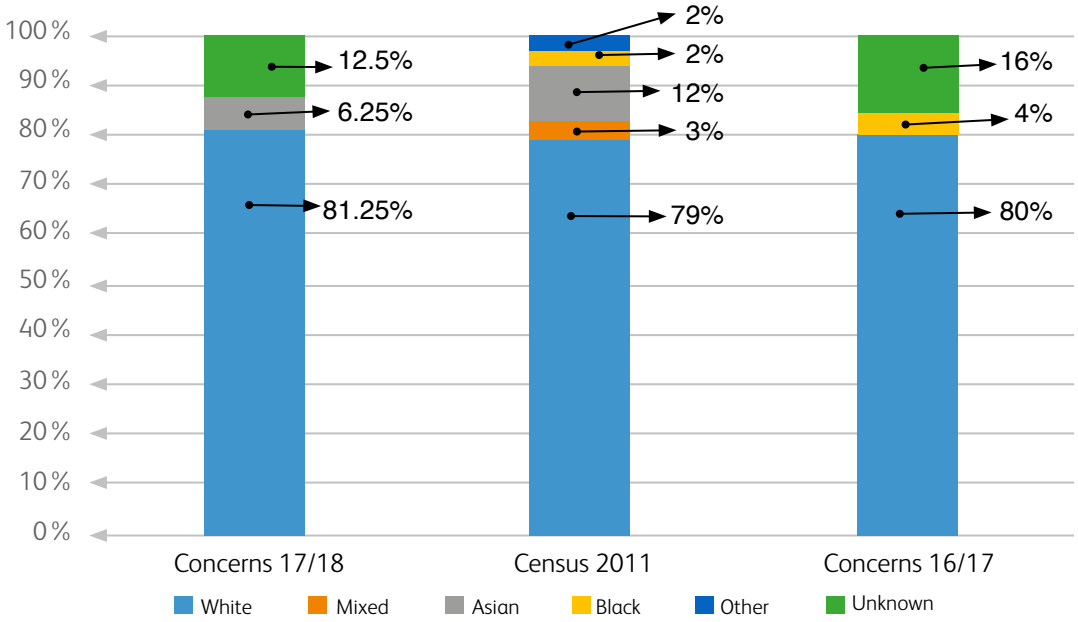
The safeguarding data for the year 2017-2018 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity, known as the Safeguarding Adults Collection, and this is included in the data below.

City of London

Summary

- 32 Concerns were raised
- 22 led to Section 42 Enquiry
- Of the 19 concluded cases, 11 expressed their desired outcomes and all were fully or partially achieved (of which 9 were fully achieved).
- 5 repeat concerns

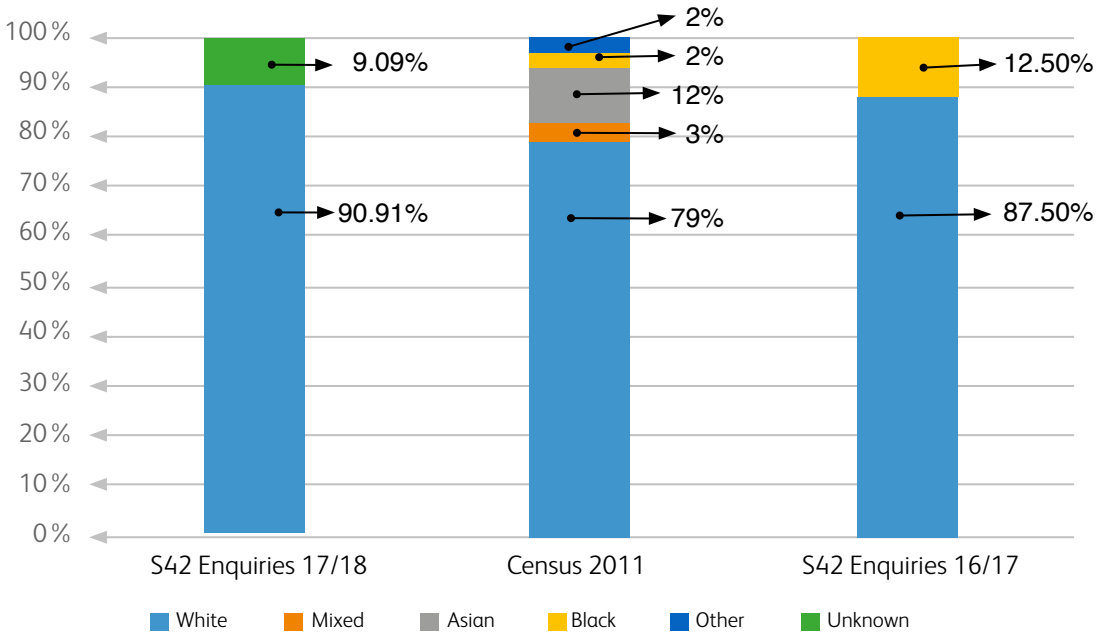
Concerns by Ethnicity



In 2017/18 81.25% of safeguarding concerns stated were from “White” ethnicity which is similar to the 2011 City of London census breakdown as well as concerns raised during 2016/17.

No safeguarding concerns for “Asian / Asian British” in both reporting periods despite the fact that this is the second prevalent ethnicity in the City. Interestingly 4% of concerns were of “Black / Black British” ethnicity during 2016/17.

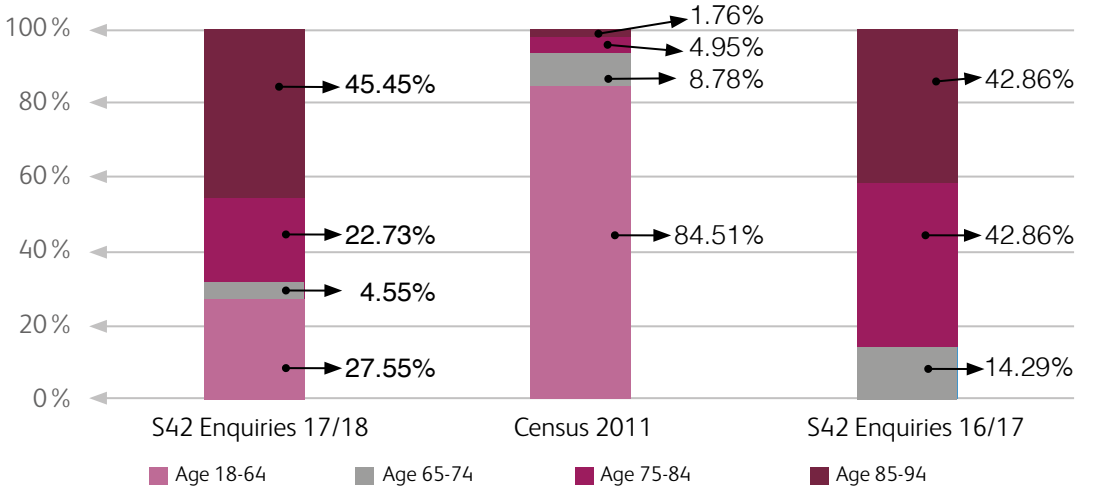
S42 Enquiries by ethnicity



In 2017/18 90.91% of safeguarding enquiries were from "White" ethnicity which slightly more than the 2011 City of London census breakdown as well as enquiries raised during 2016/17.

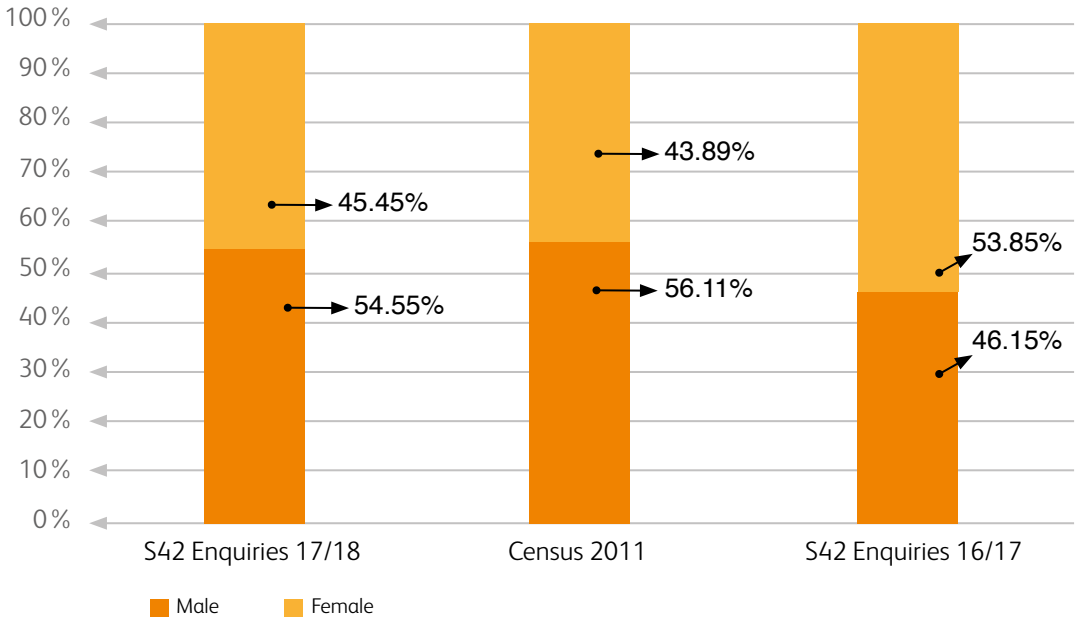
No safeguarding concerns for "Asian / Asian British" in both reporting periods despite the fact that this is the second prevalent ethnicity in the City. Interestingly 12.5% of enquiries were of "Black / Black British" ethnicity during 2016/17.

Section 42 enquiries by Age



In 2017/18 the majority of S42 Enquiries were for people aged 85-94 which accounted for 45.45% despite the fact that this age category makes up only 1.75% of City of London's population according to Census 2011. By contrast the majority of S42 Enquiries during 2016/17 was an even split between people aged 75-84 and 85-94 whereby these age categories accounted for 42.86% even though in Census 2011 the 75-84 category makes up 4.95% of City of London's population.

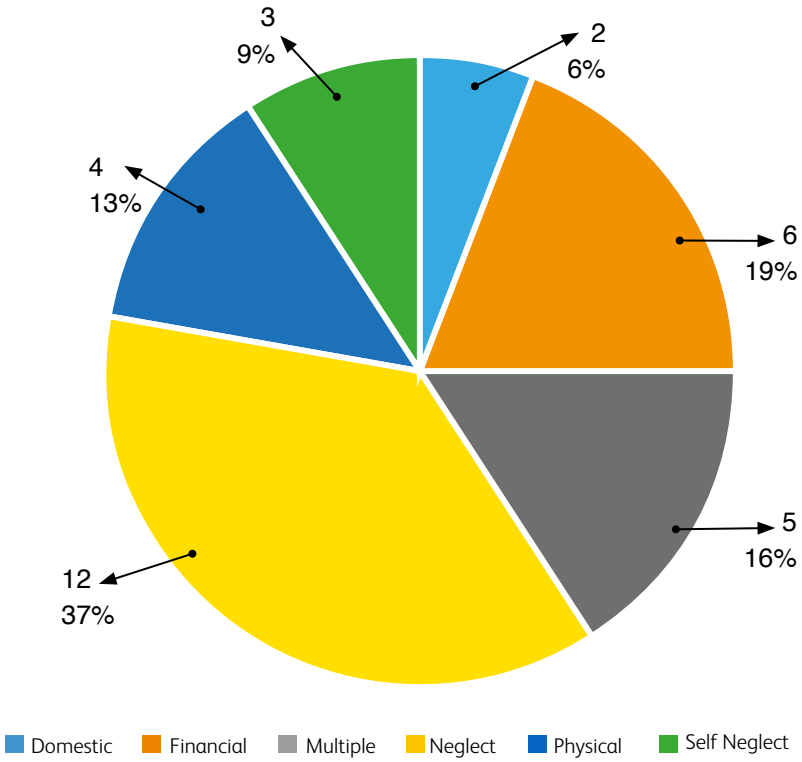
Section 42 Enquiries by Gender



In 2017/18 males accounted for the majority of safeguarding enquiries whereas females accounted for more in 2016/17.

It must be noted that the difference in numbers is very marginal and a truer reflection is that the fact the number of safeguarding concerns by gender is similar between both sexes.

Types of Abuse - Concerns Raised

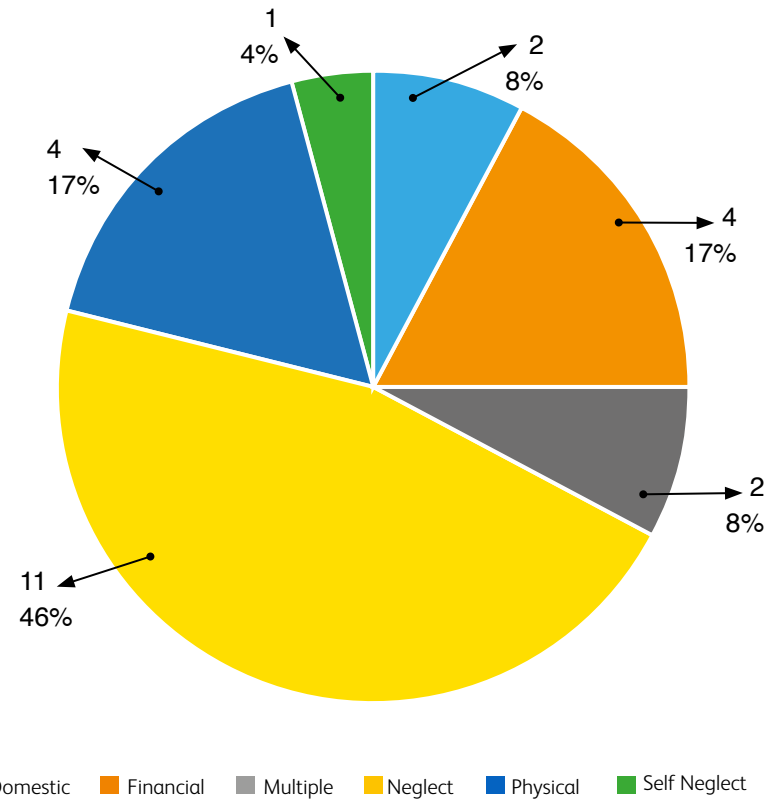


Two most common type of abuse:

- Neglect and Acts of Omission
- Financial abuse
  - The financial abuse reported was not due to scams but as a result of an allegation attributed at the hands of a family member i.e. the person's relative, friend, carer or support worker etc...

These were also the top two types of abuse during 2016/17.

Type of Abuse – Section 42 Enquiries

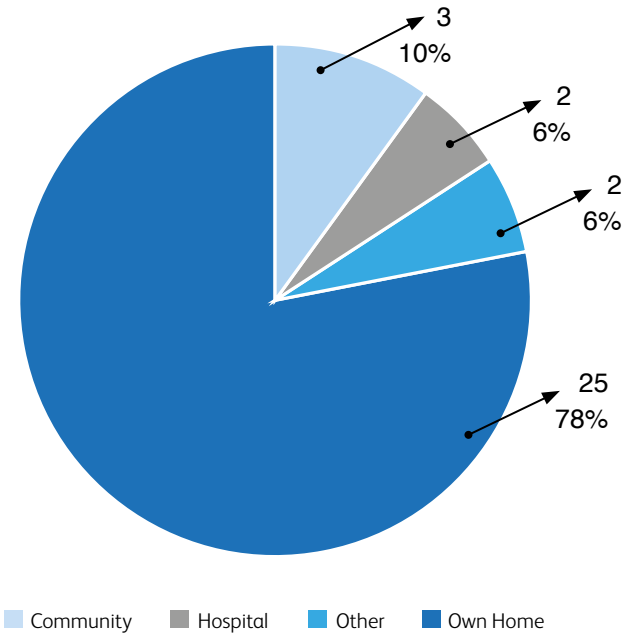


The most common type of abuse as a S42 Enquiry was Neglect and Acts of Omission.

Financial abuse as well as Physical abuse jointly followed as the second common type of abuse as a S42 Enquiry.

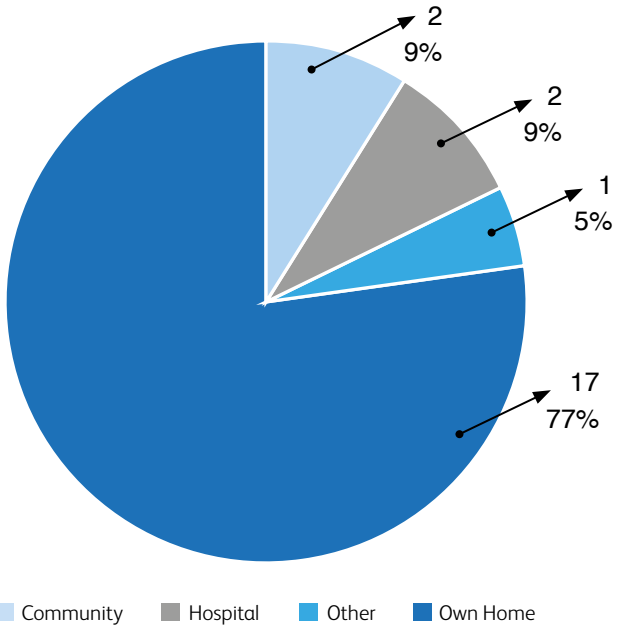
As noted in the above the financial abuse reported was not due to scams but instead a result of an allegation attributed at the hands of a family member i.e. the person's relative, friend, carer or support worker etc.

Location of risk



The majority of safeguarding concerns were triggered by instances whereby the location of risk was within the person's own home. There were very few instances that had a location of risk in the other three categories.

Location of Risk – Section 42 Enquiries

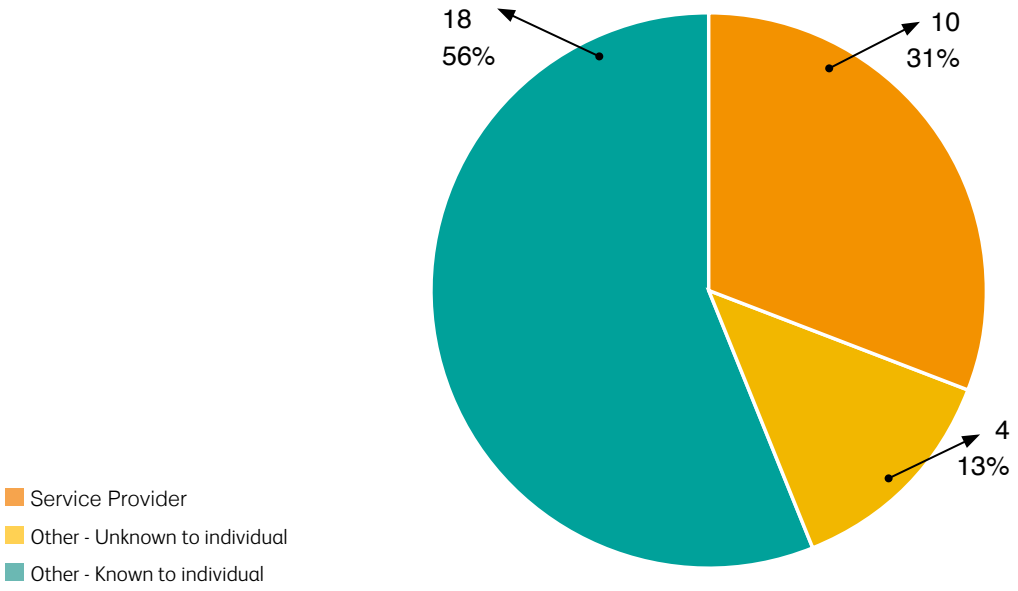


The majority of S42 Enquiries were triggered by instances whereby the location of risk was within the person's own home.

This correlates with figures regarding concerns (previously referenced).

There were very few instances that had a location of risk in the other three categories.

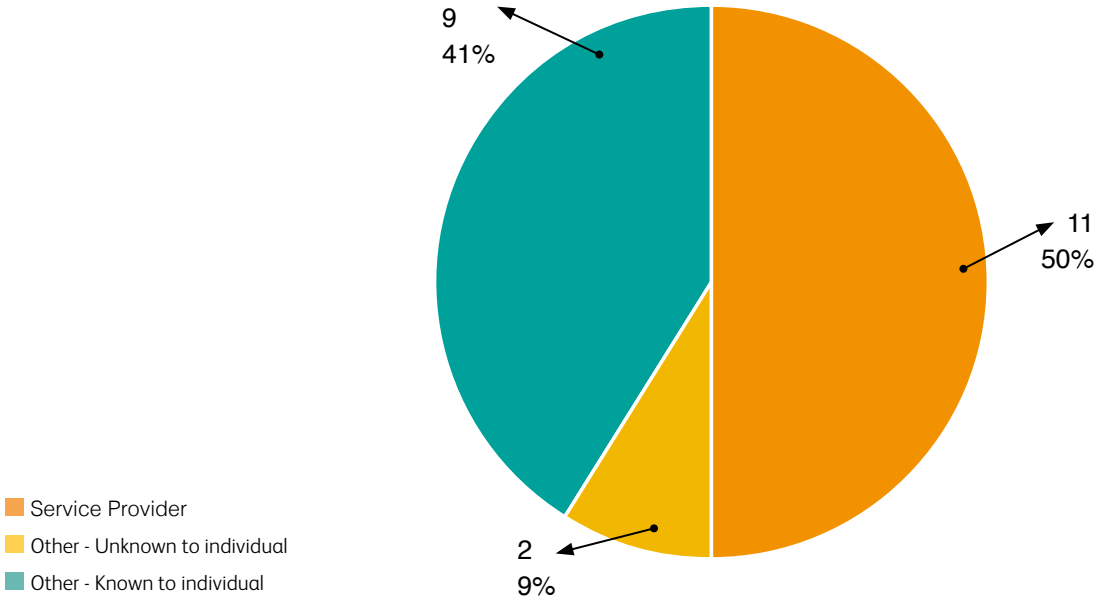
Source of Risk



During 2017/18 the source of risk for the majority of safeguarding concerns were alleged to have been caused by an individual known to the person.

However, in 2016/17 this was not the case as the majority of sources of risk were alleged to have been due to the service provider.

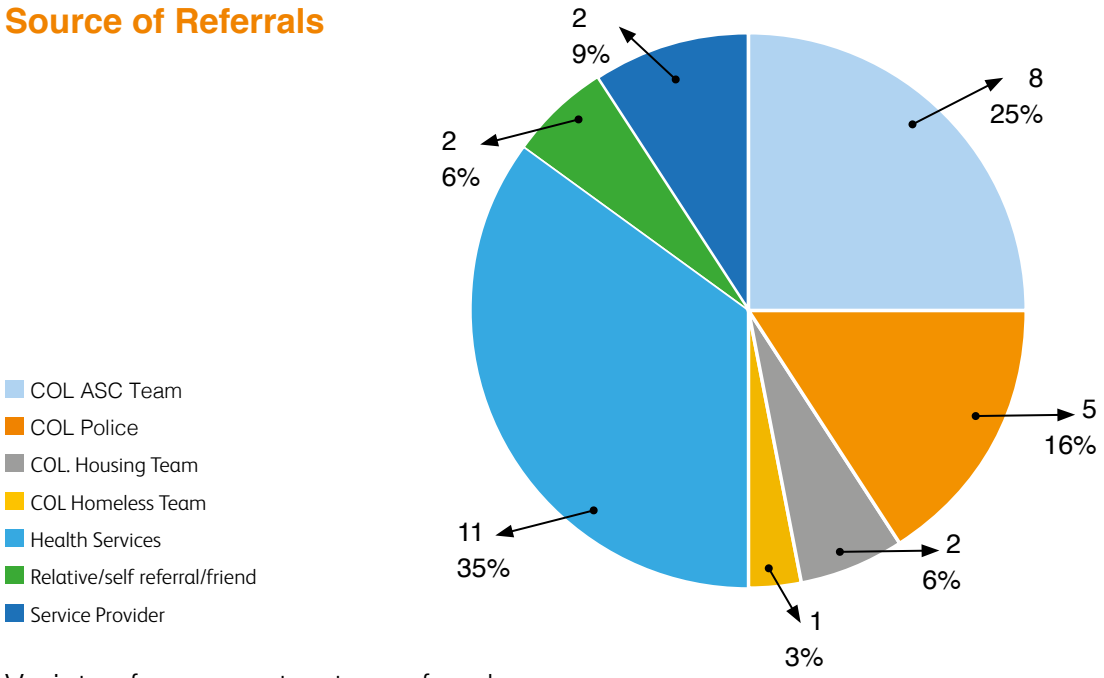
Source of Risk – Section 42 Enquiries



During 2017/18 the source of risk for the majority of S42 Enquiries were alleged to have been due to the service provider.

This coincides with 2016/17 figures whereby majority of sources of risk were alleged to have also been due to the service provider.

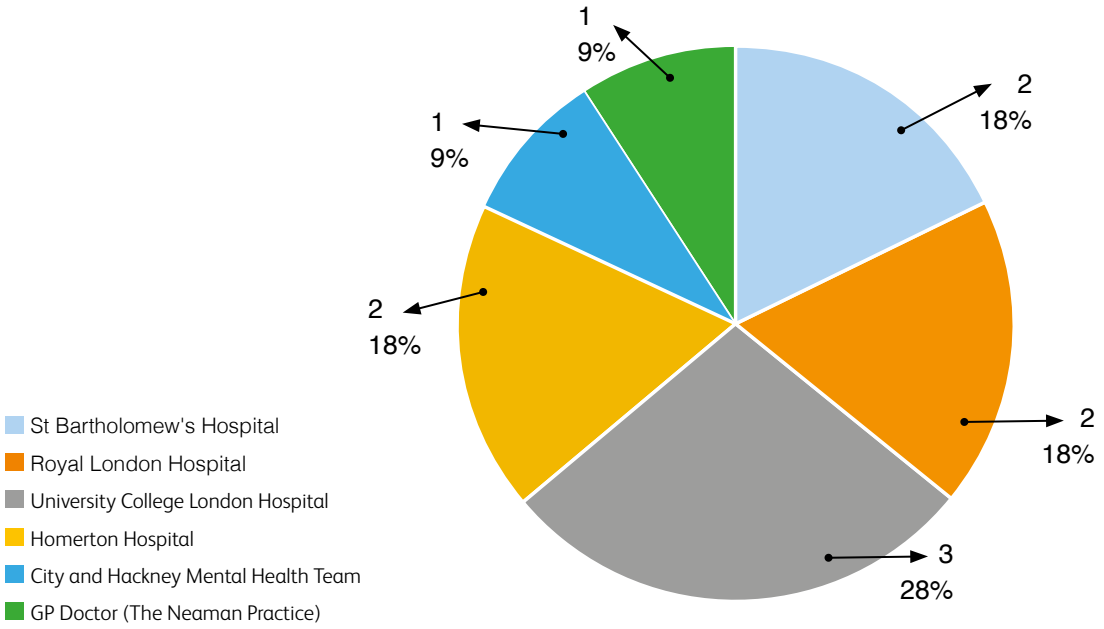
Source of Referrals



Variety of sources, top two referrals:

- 16 from City of London
- 11 from Health services; one of which is City and Hackney Mental Health Services as well as another from a GP Doctor.
- Other referrals included a Vulnerable Victims Advocate; Homelessness organisation

Source of Referrals – Health Breakdown

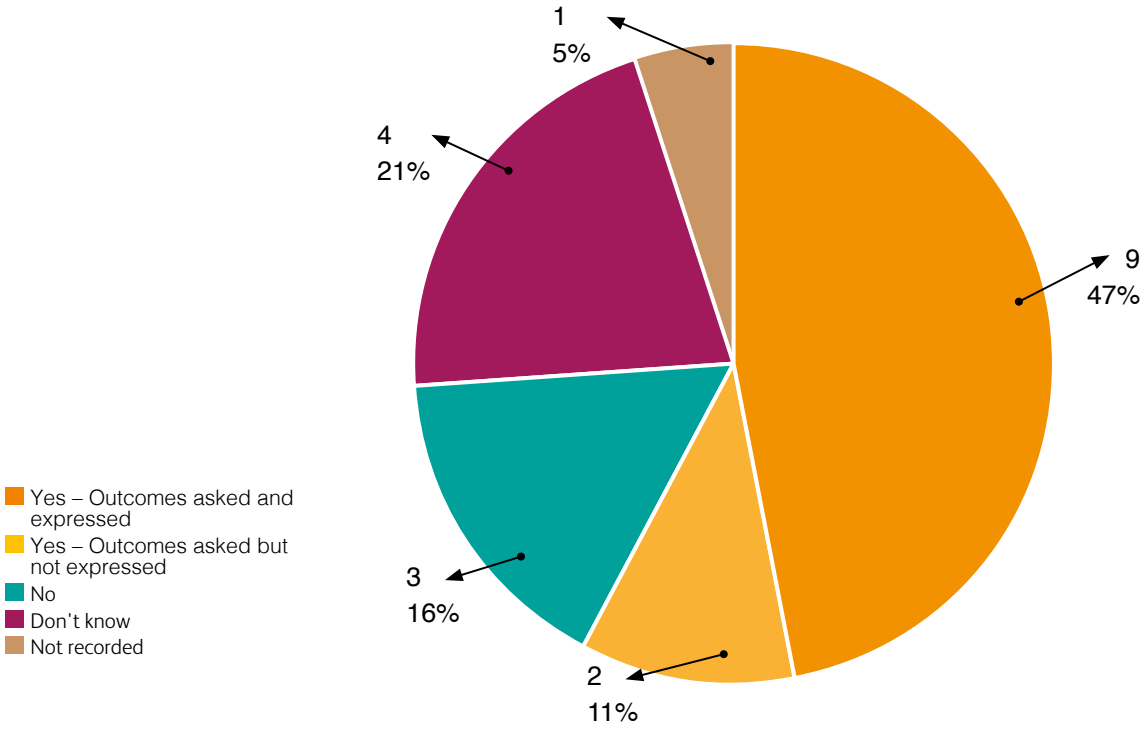


Additional breakdown of the 11 sources of referral from Health services:

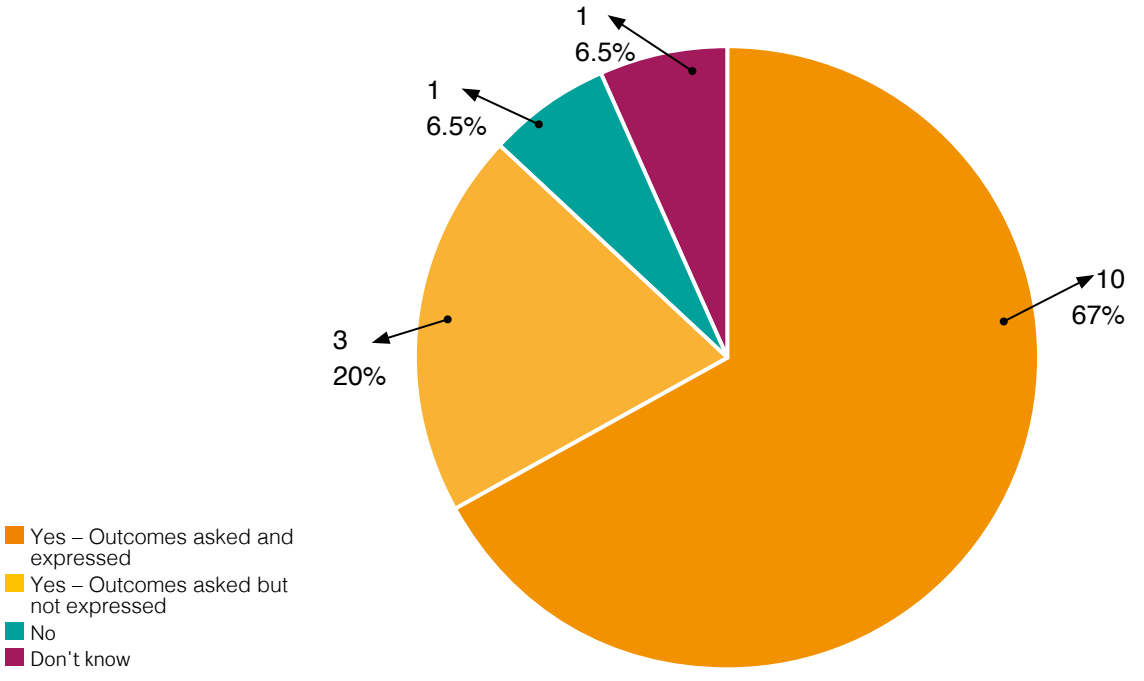
- One of which was City and Hackney Mental Health Services as well as another from a GP Doctor.

Making Safeguarding Personal – Personal Outcomes

2017/18 MSP Concluded S42 Enquiries
Personal Outcomes

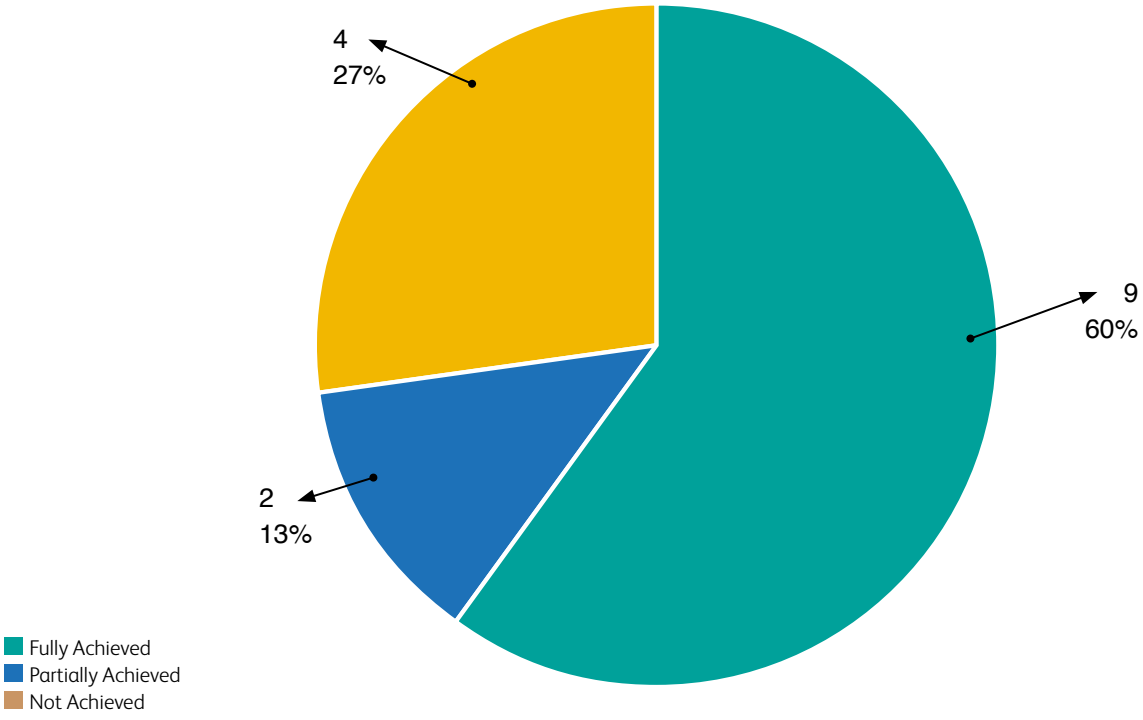


2016/17 MSP Concluded S42 Enquiries
Personal Outcomes (Source: SAC 2016/17)

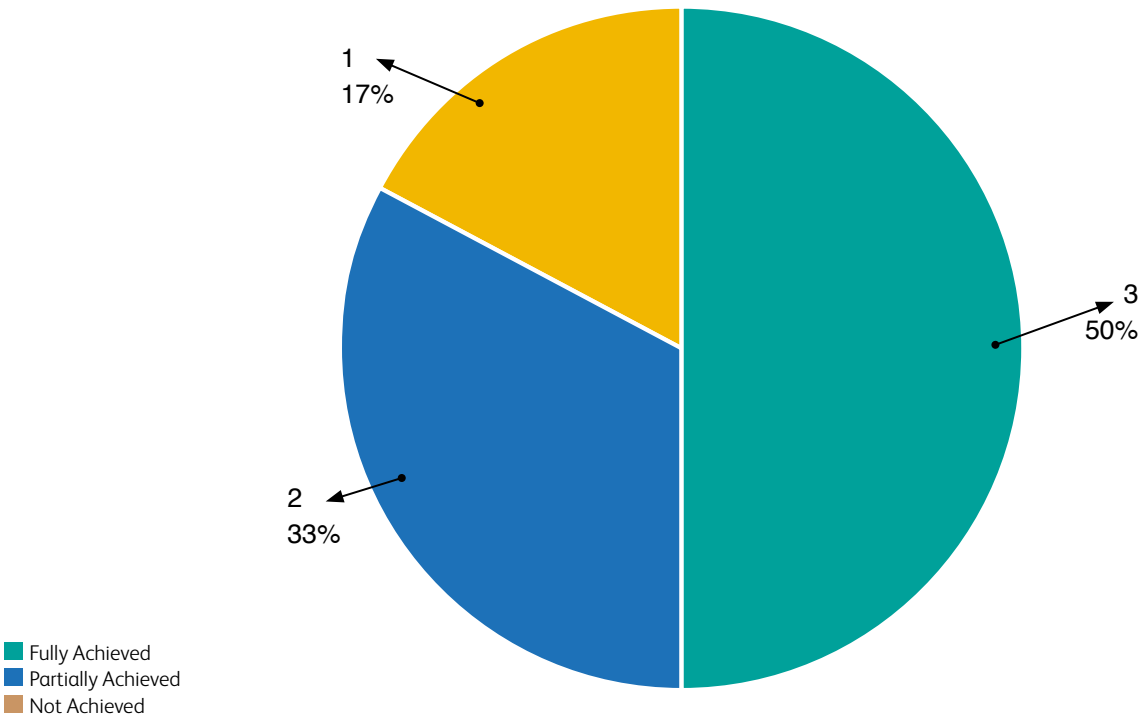


Concluded Making Safeguarding Personal Section 42 Enquiries

2017/18 Concluded MSP S42 Enquiries Asked and Achieved



2016/17 Concluded MSP S42 Enquiries Asked and Achieved (Source: SAC 2016/17)



City of London – Deprivation of Liberty Safeguards (DoLS)

The City of London had an increase in DoLS requests for the 4th year in succession. The relatively small increase this year was attributed to an increase in referrals from hospitals where there now appears to be a greater awareness and understanding around DoLS procedures.

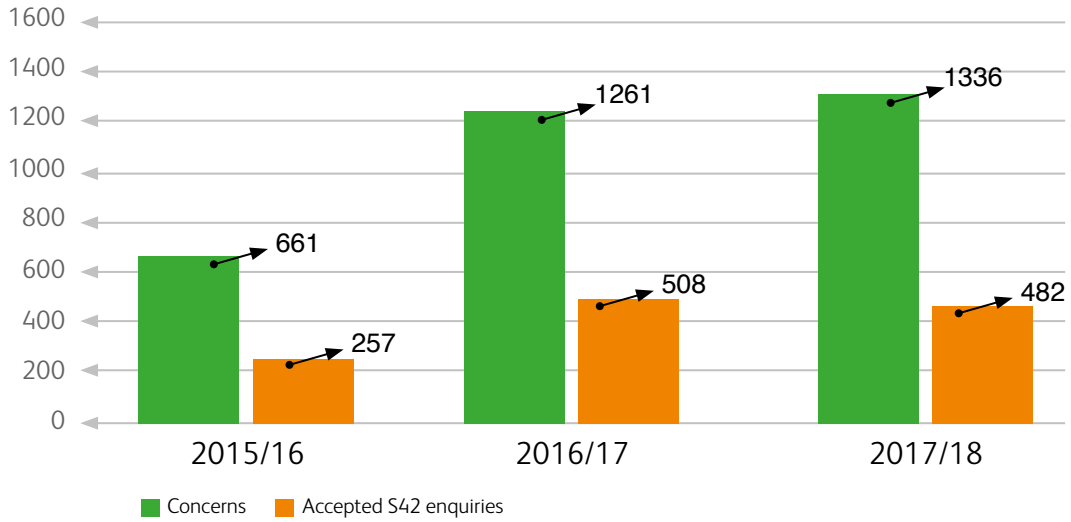
The Court of Protection has the power to adjudicate on matters of mental capacity and deprivation of liberty. The court was approached on a small number of cases to uphold the rights of an individual to challenge existing authorisations or to seek an authorisation from the Court for a Community Deprivation of Liberty. The City supports all such cases as examples of those rights being exercised appropriately

Reporting Period	Number of DoLS Requested	Number of DoLS Granted
2013 – 2014	Less than 5	Less than 5
2014 – 2015	13	12
2015 – 2016	34	29
2016 – 2017	39	29
2017 - 2018	43	36

London Borough of Hackney Safeguarding Activity

Safeguarding Concerns /Section 42 Enquiries

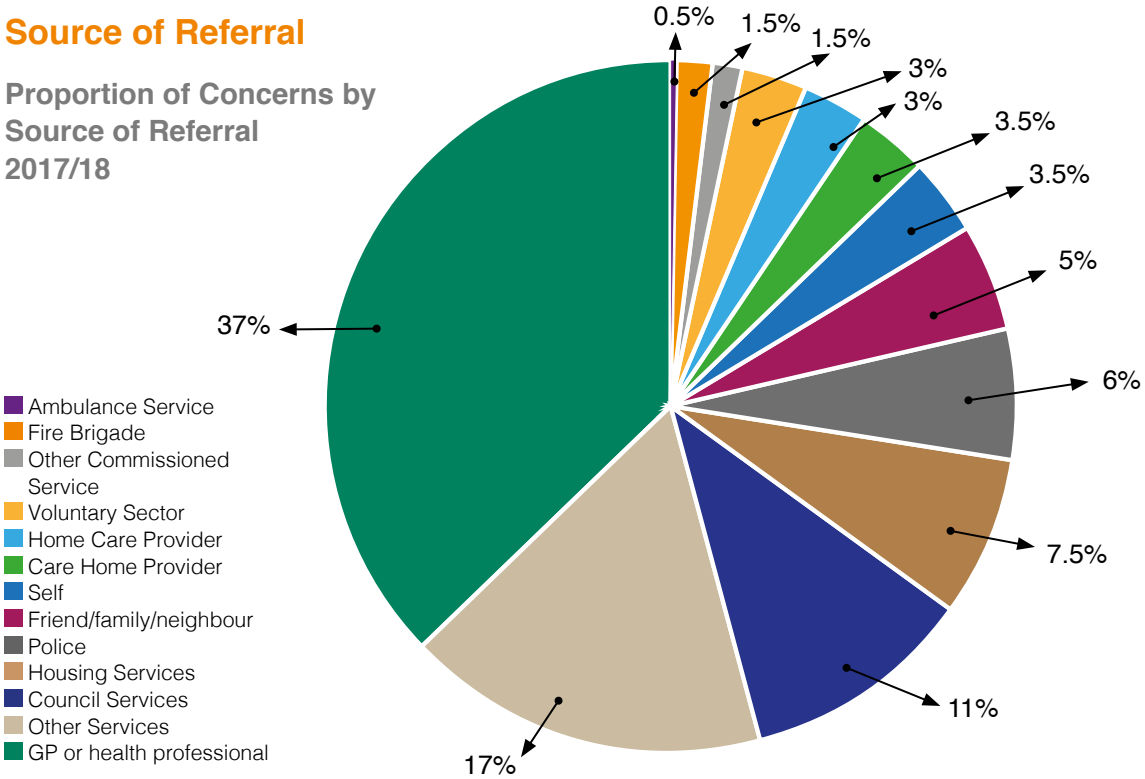
Total number of Safeguarding concerns and Section 42 (S42) enquiries 2015 to 2018



The number of concerns in Hackney in 2017-18 increased slightly since 2016-17 and the number of concerns that were progressed under S42 of the Care Act are almost on par with last year.

Source of Referral

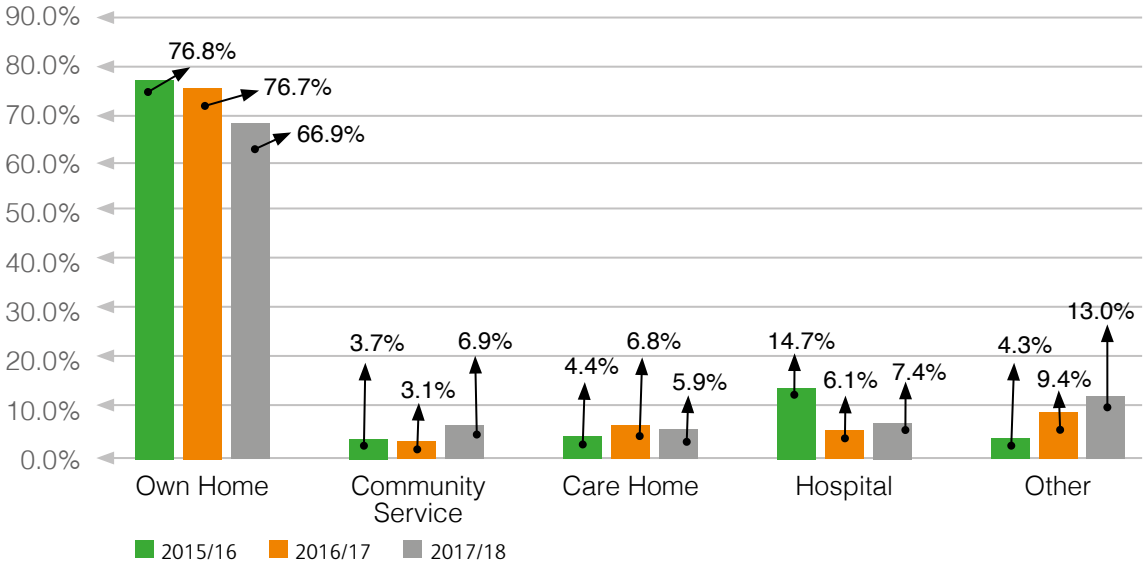
Proportion of Concerns by Source of Referral 2017/18



Safeguarding concerns were raised by a range of agencies and by individuals, which demonstrates a wide ranging awareness of safeguarding. The majority of referrals were received from the health sector.

Section 42 Enquiries – Location of Abuse

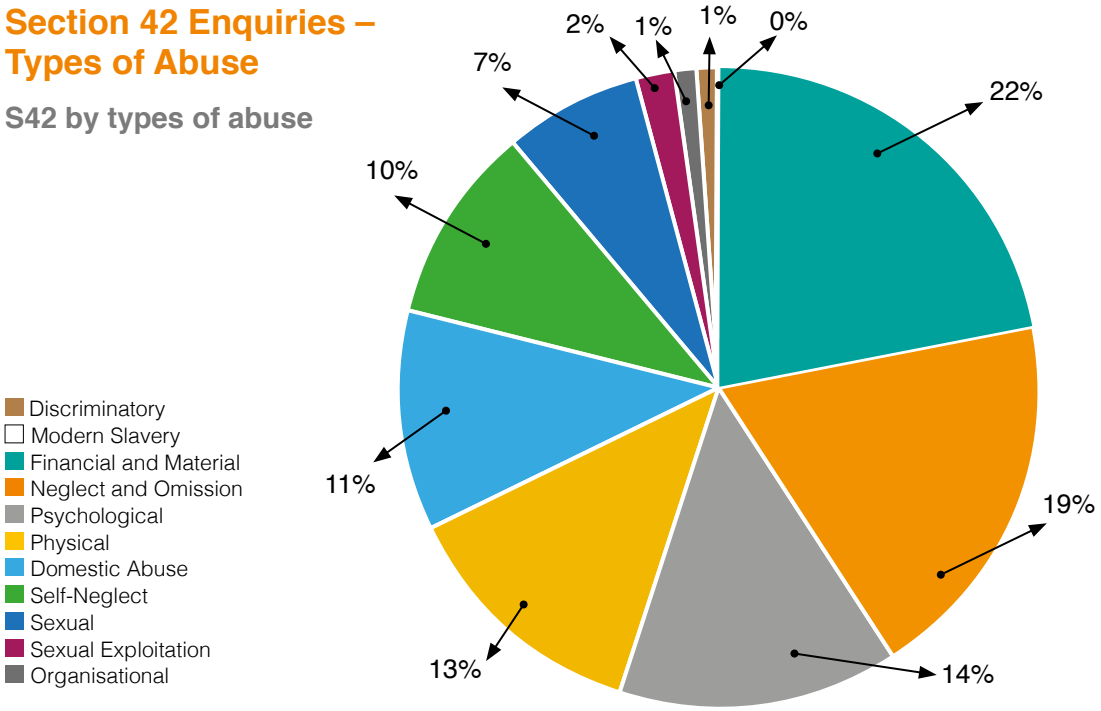
S42 Enquiries by location of abuse 2015 to 2018



As in 2016/17, this year most of the abuse in Hackney happens in people's homes. It needs noting that there are very few care homes in the borough and most people in Hackney live in their own homes. The data shows that there has been a 10% reduction of abuse taking place in people's homes.

Section 42 Enquiries – Types of Abuse

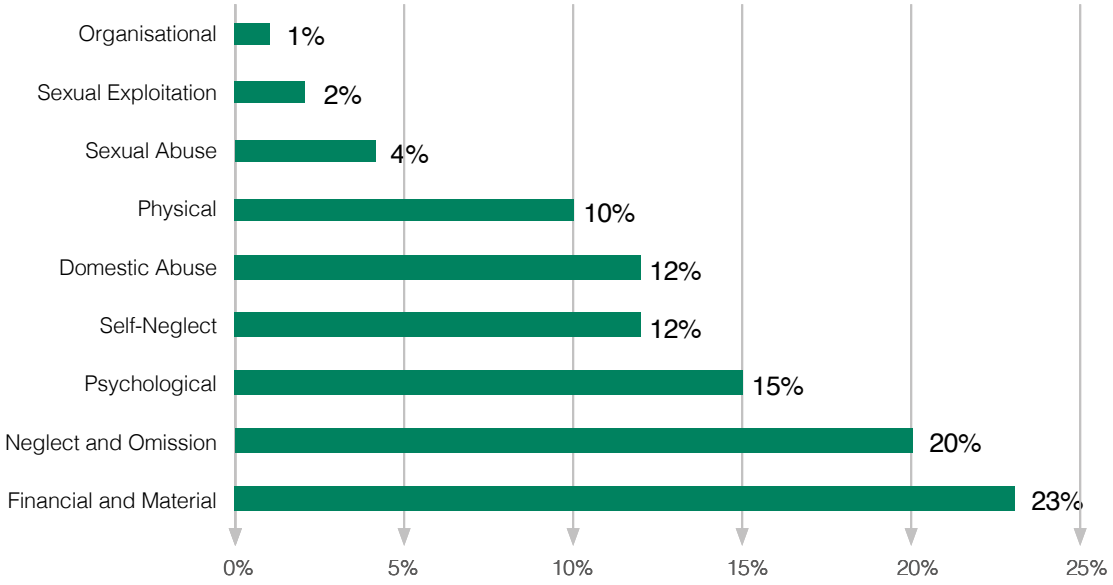
S42 by types of abuse



The main type of abuse in Hackney is Financial and Material abuse. This type of abuse has overtaken neglect and omission which was the main category of abuse last year. The reason for this is unclear. However the strategic plan for 2018-19 includes a public awareness campaign on keeping safe when faced with financial abuse.

Types of Abuse in Own Home – Breakdown

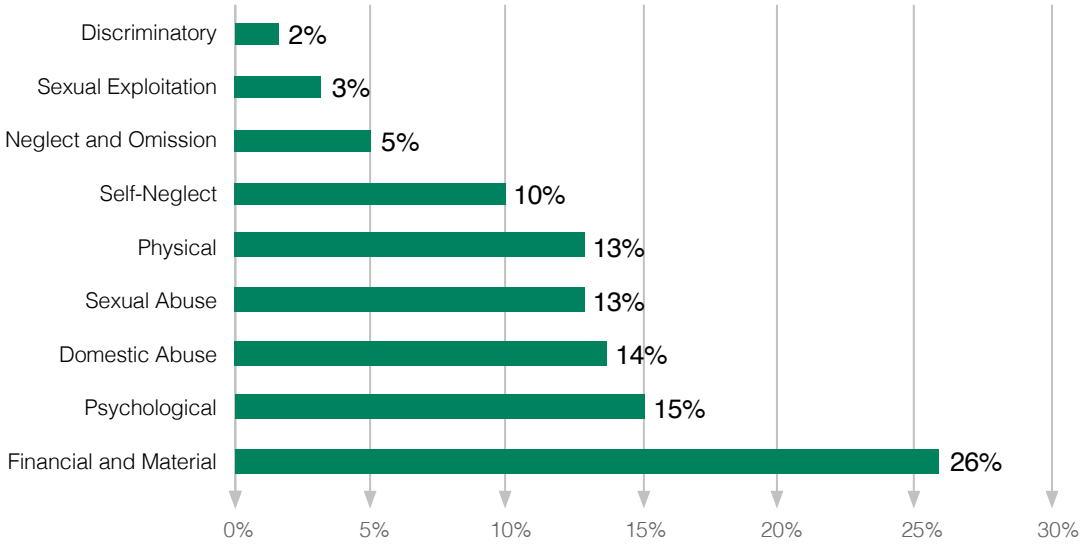
Proportion of types of abuse in own home 2017/18



The main type of abuse that takes place in people's homes is financial and material abuse by contrast the main type of abuse in care homes was neglect and omission, and in hospitals, physical abuse.

Types of Abuse in Other Locations

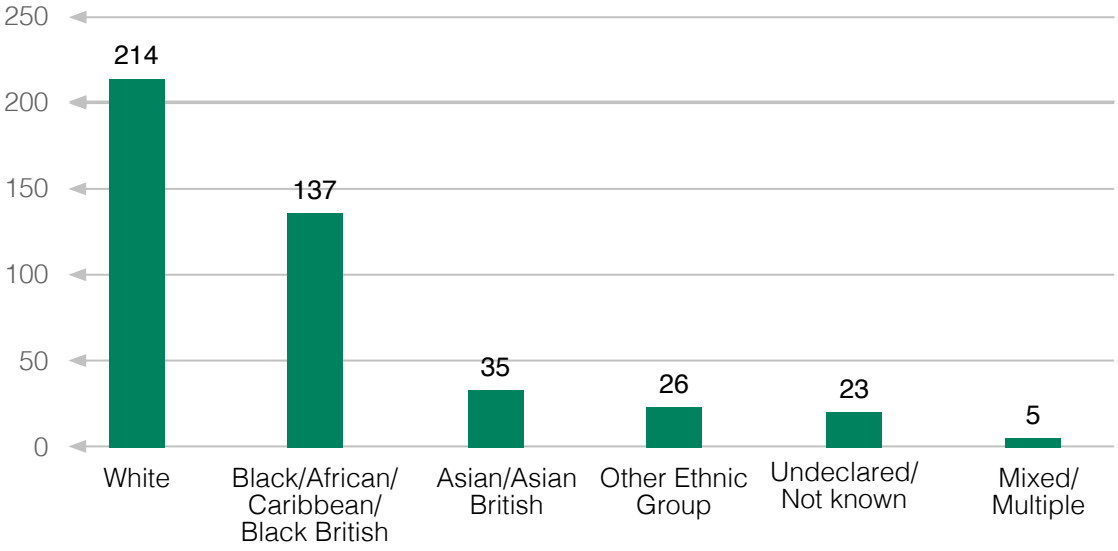
Proportion of types of abuse in other locations 2017/18



There has been an increase in referrals since 2016-17 in Hackney, for domestic abuse from 9% to 15%, and sexual abuse from 7% to 13%. An increase in referrals for self-neglect from 7% to 10% indicates that training provided in relation to the Safeguarding Adult Reviews and CHSAB commissioned training on self-neglect has had an impact.

Section 42 Enquiries:
Source of Risk in Own Home – By Ethnicity

All S42 enquires source of risk own home by ethnicity 2017/18

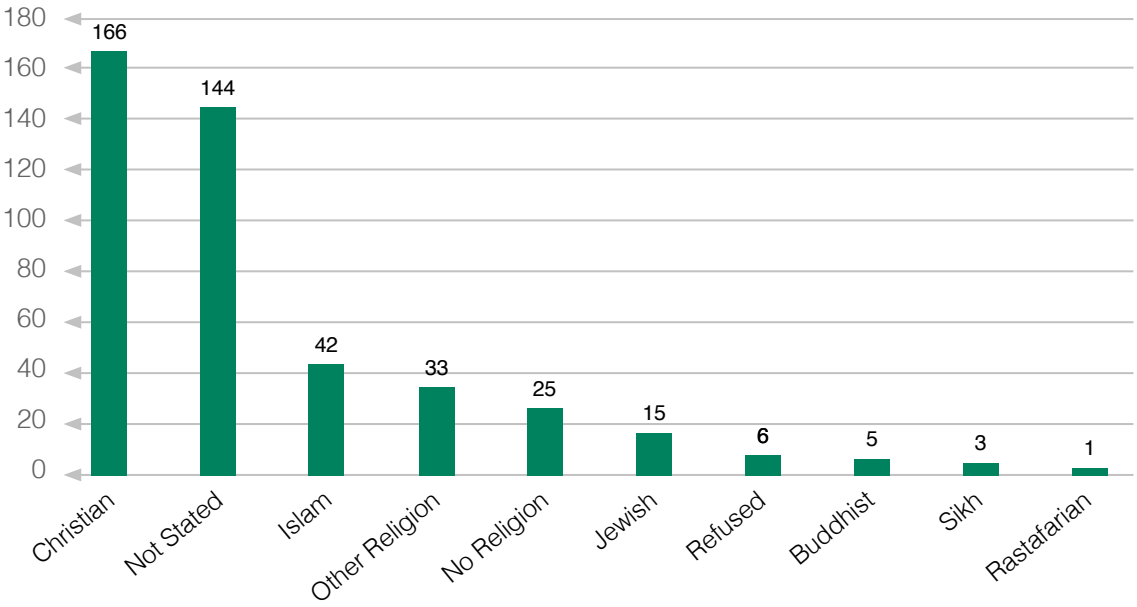


	White	Black/ African/ Caribbean/ Black British	Asian/ Asian British	Other Ethnic Group	Undeclared/ Not known	Mixed/ Multiple
Source of Risk in Own Home	49%	31%	8%	6%	5%	1%
Hackney Population (ONS 2011)	55%	23%	11%	5%		6%

There is an over-representation of Black/African/Caribbean and Black British people amongst people who are abused in their homes in Hackney, increasing from 28% to 31% in the last two years, compared with the population which stands at 23%. Referrals for Asian people have increased by 2%, but are still low. People of a mixed/multiple ethnicity were under-represented in referrals last year and that percentage remains the same in 2017-18.

Section 42 Enquiries: Source of Risk in Own Home – By Religion

All S42 enquires source of risk own home by religion 2017/18

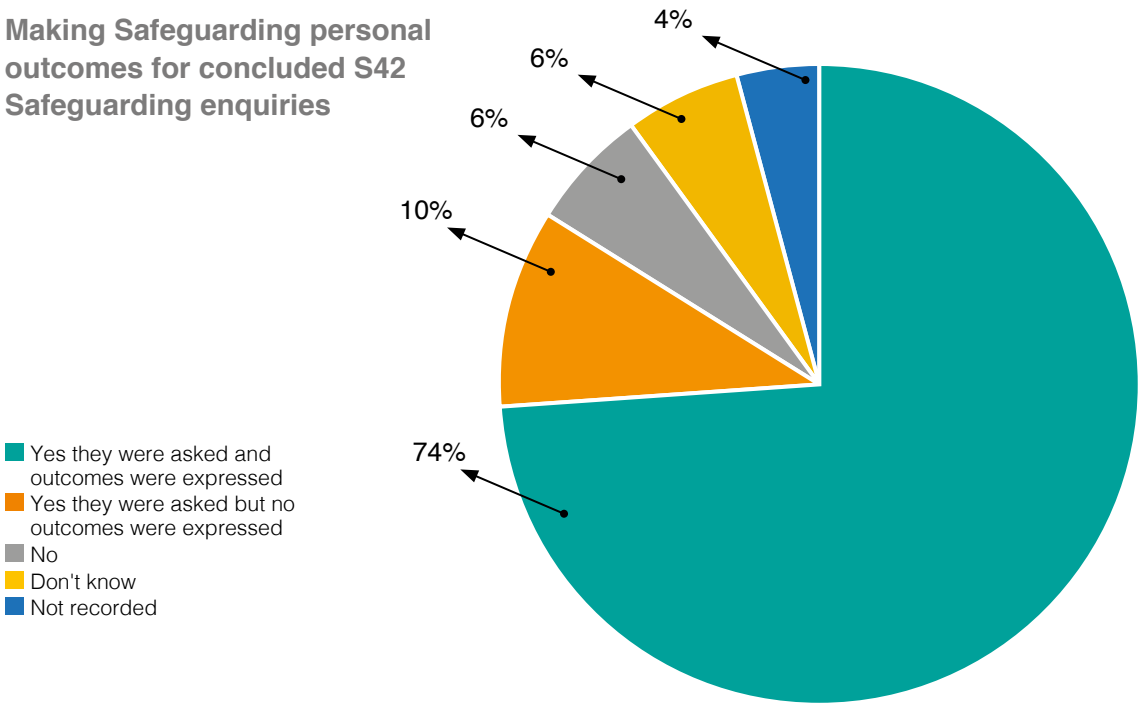


	Christian	Not Stated	Islam	Other Religion	No Religion	Jewish
Source of Risk in Own Home	38%	33%	10%	8%	6%	3%
Hackney Population (ONS 2011)	39%	10%	14%	1%	28%	6%

Whereas last year the data did not demonstrate a low referral rate for Jewish people, in 2017-18 these have reduced by 6% and is proportionately less than the make-up of the Jewish population in Hackney. Referrals of people of the Islamic faith have increased by 5% in response to raising awareness. People who do not follow a religion are significantly under-represented amongst referrals.

Making Safeguarding Personal – Outcomes for Concluded Section 42 Enquiries

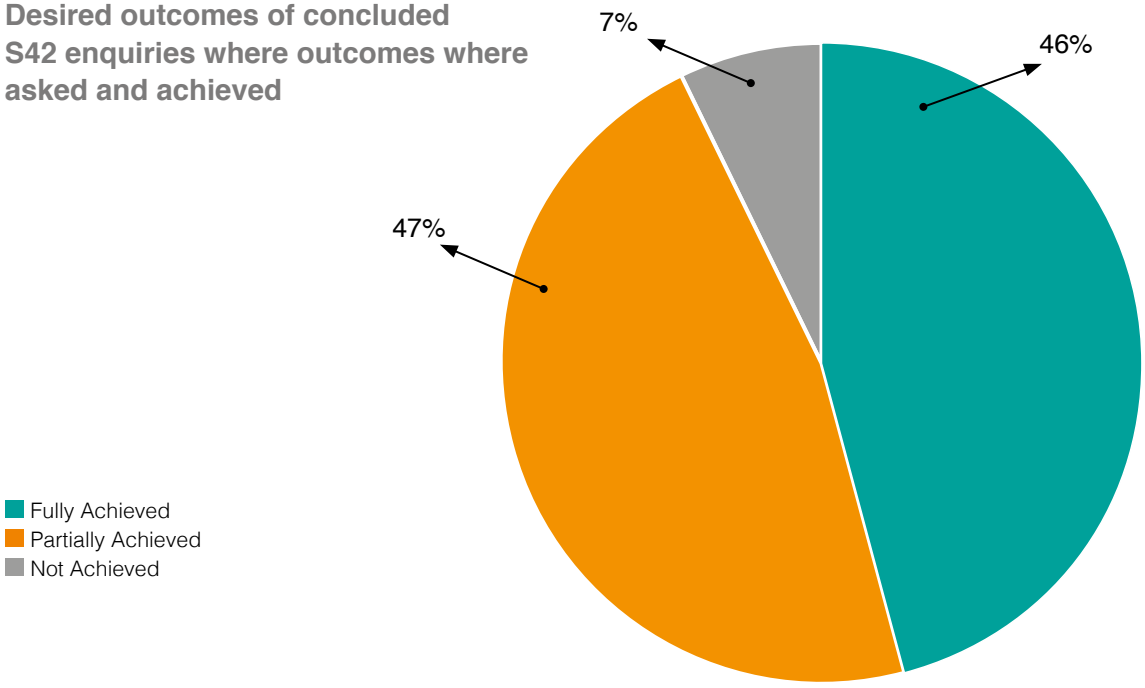
Making Safeguarding personal outcomes for concluded S42 Safeguarding enquiries



In Hackney, 84% of people subject to the safeguarding process were asked what outcomes they wanted compared with 77% in 2016-17.

Desired Outcomes of Concluded Section 42 Enquiries

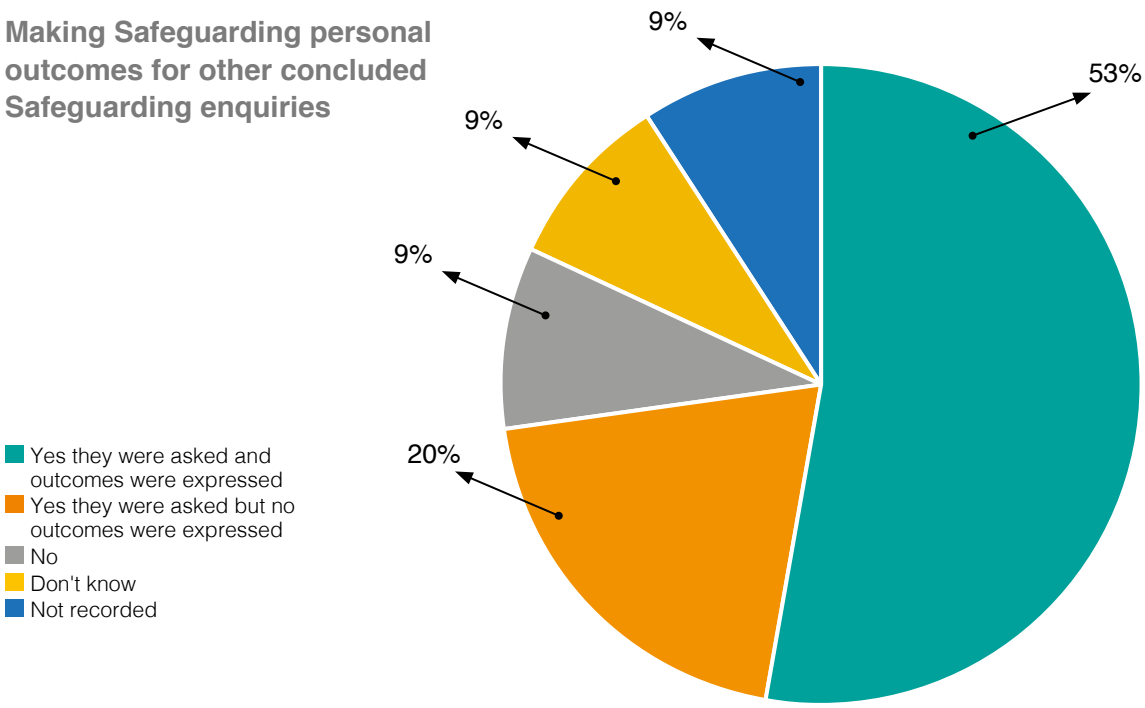
Desired outcomes of concluded S42 enquiries where outcomes where asked and achieved



93% of people who were subject to safeguarding processes in Hackney in 2017-18 had their outcomes partially or fully achieved, an increase of 10% from 2016-17.

Making Safeguarding Personal – Outcomes for other Concluded Section 42 Enquiries

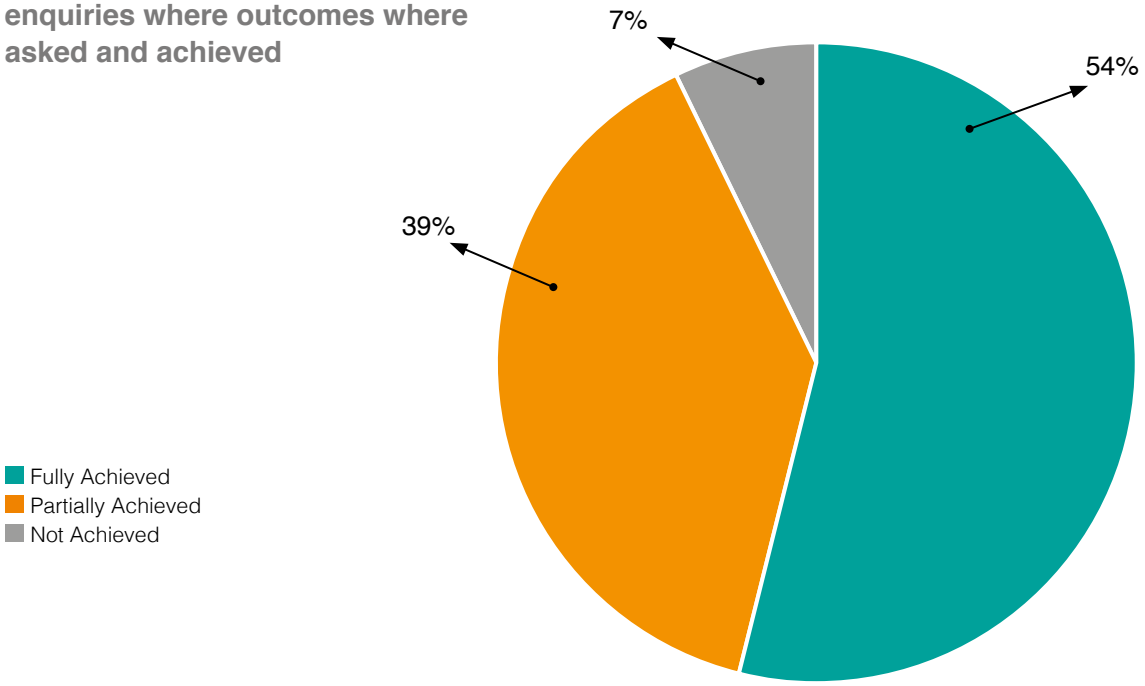
Making Safeguarding personal outcomes for other concluded Safeguarding enquiries



In Hackney 73% compared with 69% in 2016-17, of people who were subject to other enquiries, were asked what outcomes they wanted.

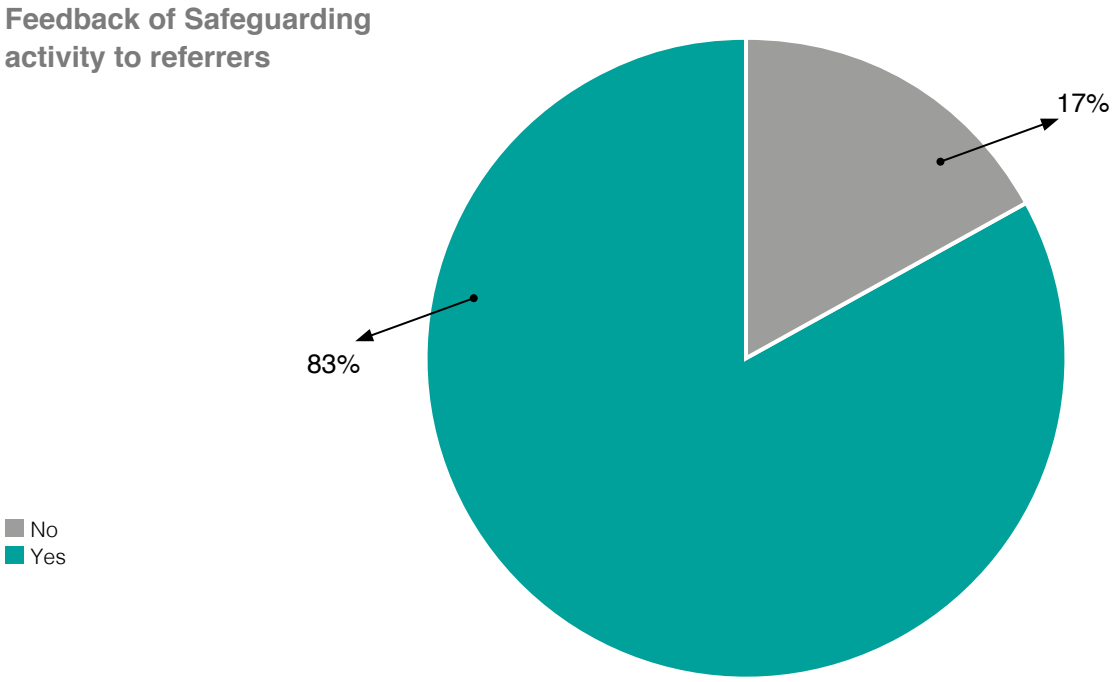
Desired Outcomes of other Concluded Enquiries

Desired outcomes of other concluded enquiries where outcomes where asked and achieved



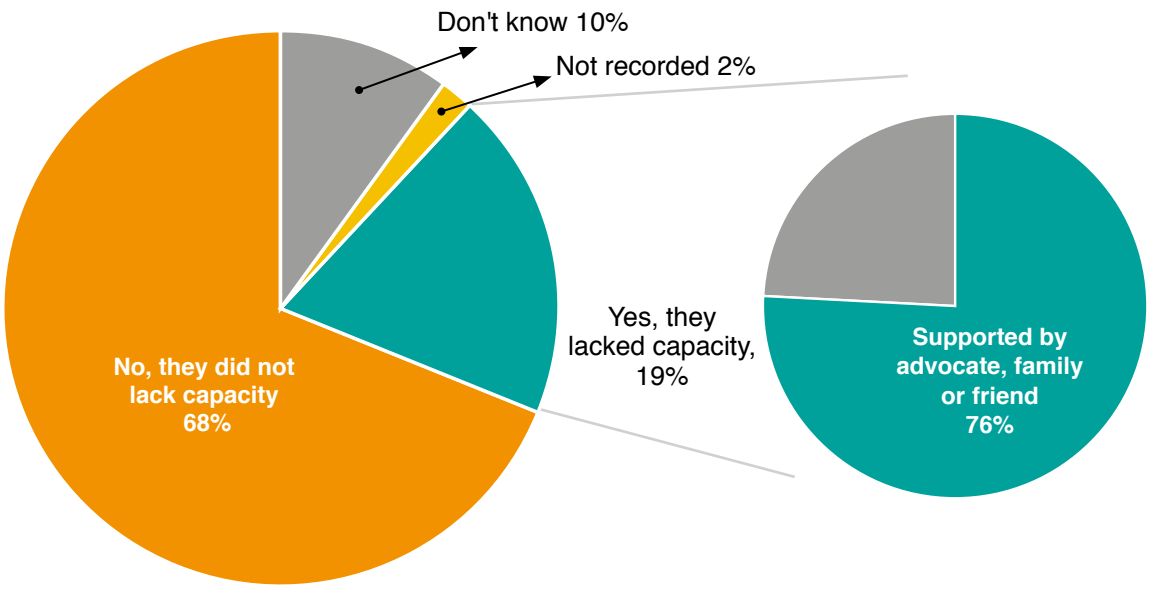
93% of people who were asked had their outcomes met, which is 1% increase from 2016-17.

Feedback of Safeguarding Activity to Referrers



In Hackney, 83% of referrers compared with 80% in 2016-17 of referrers, heard back that about the concerns they raised.

Mental Capacity – Subjects of Concluded Section 42 Enquiries



In Hackney, of the 19% of people that lacked capacity during the safeguarding process, 79% were supported by an advocate, family or friends.

Deprivation of Liberty Safeguards

Year	No. of DoLS	Care Homes		Hospitals	
2017 / 18	697	493	(71%)	204	(29%)
2016 / 17	810	547	(67%)	263	(33%)
2015 / 16	690	487	(71%)	203	(29%)
2014 / 15	358	242	(68%)	116	(32%)
2013 / 14	24	19	(79%)	5	(21%)

Hackney Overview:

- The number of actual "people" subject to a DoLS in 17/18 was 587, compared with 642 the previous year (9% reduction).
- Overall 14% decrease from the previous year.
- 24% decrease from hospitals (linked to a reduction in repeat referrals, and fewer short term authorisations, and assisted by liaison between the LBH DoLS Lead and Hospital Leads).
- 10% decrease in residential (linked to more people being settled, and therefore fewer short term authorisations, in addition to more people moving into Extra Care, etc.).
- Figures are starting to illustrate more of a "plateau", as providers recognise their obligations to recognise and refer any situations where there is likely to be a deprivation of liberty taking place.

London Borough of Hackney responding to demand:

- Business support was increased to respond to the administrative demands of the process, and therefore avoiding "lapses" in authorisations, including allocation of paid and unpaid Relevant Person's Representative.
- The work we do in relation to quality of referrals and quality assurance of assessments is being expanded.
- A workforce development strategy to incorporate BIA training as part of the academic opportunities for career progression, in order to increase the number of internal BIAs is being introduced.
- Regular liaison between DoLS / MCA Lead and Homerton University Hospital Safeguarding Adults Lead to ensure continuity and avoid inappropriate DoLS referrals

Case Examples

This section provides a range of examples of safeguarding work undertaken by partner agencies of the CHSAB (names have been changed)

London Borough of Hackney

Case Example – Intergenerational Domestic Violence

Fatma is a widowed Turkish woman in her 70s, who has lived in the UK for many years. She has two adult children (Ali who lives with her), Helena (who lives locally) and had a son who died in a traffic accident when he was a teenager. Aside from engagement with her children, she had a very limited community network.

She was initially referred to Multi-Agency Risk Assessment Conference (MARAC) via a Police referral, after they had been called to a domestic incident between her and Ali. The incident had centred upon him physically assaulting her. It was understood that this had not been the first incident. The discussion at MARAC led to a referral being made to Adult Social Care, as she was regarded as an adult at risk, due to her age and limited mobility.

It was reported that Ali had mental health difficulties, and that his behaviour could be quite erratic, including violent outbursts, and had evidenced signs of fixating on his mother. He was understood to yell at his mother. Although it was acknowledged that there had been physical assaults, it was understood that Fatma has not sought medical involvement following any of the alleged incidents. It was also understood that the son had made threats to burn down the house and had some low level criminal history, mostly around drug use.

Fatma did not necessarily want any follow up. However, the Police were able to persuade her to talk to somebody. At the point of referral Ali was being held in custody, although it was uncertain as to when he would be released.

Fatma was engaging to a point. She explained the family dynamics and explained her intense guilt about the death of her other son, and the fact that Ali had witnessed this. She explained that she very much wanted to get help for Ali whom she recognised as having mental health issues, but very much wanted to keep the family together. She saw the assaults upon her as being an expression of his mental state, and not intentionally aimed at harming her. In view of the above, she did not want to explore any assistance that was being offered to her, and repeatedly focused upon her son's needs. Fatma reported that she would happily die in the pursuit of caring for him.

The overall analysis from professionals involved, was that Fatma appeared to have mental capacity and was perhaps making an unwise decision.

The outcome was that Ali decided that he did not want to live at home. He was provided with psychological support. Fatma became involved with a culturally appropriate community centre. Her daughter became more engaged with her. Ali and Fatma met as frequently as they wanted but in a way that was safe.

East London Foundation Trust

Case Example – Mate Crime and 'Cuckooing'

AA is a 37 year old woman with a diagnosis of paranoid schizophrenia. She has been known to mental health services for 10 years though her engagement has been sporadic. AA has lived independently for many years and tends to come to the attention of services when needing additional support. At these times she will seek help from A&E or though her family when delusional thoughts impact on her ability to maintain her daily functioning. At these times she is also at risk of neglecting herself and her ability to live independently diminishes.

At the time of the safeguarding concern AA was living in private rented accommodation that provided support onsite between 9-5. AA had a care coordinator from a Community Mental Health Team and was happy for her social worker to liaise with both her parents and her landlord. At the start of December 2017, AA's landlord rang AAs care coordinator to inform her that AA had been allowing a woman to leave belongings in her room and to sleep in her room. This woman was homeless and had significant substance misuse issues. AAs landlord was also concerned that this woman was exploiting AA and selling her belongings. Having guests was against the conditions of AA's tenancy agreement.

At this point AA was mentally well, however concerns remained that she was still vulnerable to abuse or neglect. AAs views and wishes were considered and she stated clearly that the women in question, was her friend, and that she did not want any intervention from services. Safeguarding concerns remained as AA admitted that her bag had been taken and she had not been paid for this, however she expressed a desire to address this herself. AA could not specify to services at what point this 'friend' would no longer be welcome given the fact that she was breaching her tenancy agreement, but did demonstrate that she had the 'capacity' to make this decision even if it was an 'unwise decision.' Joint collaborative working was imperative to ensure ongoing engagement with services, in line with Making Safeguarding Personal. By giving due regard to AAs wishes and feelings AA agreed that her care coordinator could continue to support her and liaise with relevant others over the coming weeks.

Between Xmas and New Year AA reported that these friends had been taking her money, she was now fearful of them, and wanted support keeping them from her property. There was also evidence that the homeless guests had been using the property for sex working. An urgent safeguarding plan was agreed by AA the CMHT and the landlord, that the police be called should these individuals return to the property.

The homeless people had returned to the property. AA did not feel able to refuse entry to her property to these people and despite interventions from the police they returned. The landlord did not appear to be able to keep the property secure. In keeping with AAs wishes, alternative accommodation was identified and she moved.

Metropolitan Police Hackney

Case Example 1 – Carer Abuse

The elderly victim suffered advanced dementia and lacked the ability to communicate other than by making noises. A fellow carer reported witnessing the suspect (also a carer) assault and force feed the victim. The suspect was accused of slapping the victim and then applying pressure on to the victim's ribs to cause the victim to open their mouth. When the victim's mouth was open the victim was force fed. The victim was also subjected to verbal abuse by the same individual.

A multi -agency approach was adopted to respond to the allegation. The carer was interviewed and charges for common assault were raised.

Case Example 2 – Fraud by Abuse of Position

Another example of Carer abuse involved a victim who was physically disabled and house bound with a Carer tending to her at home. The Carer was accused of taking photos of the victim's bank cards whilst victim was not looking and using the bank card details to make purchases on-line for their own gain. Admissions made in interview resulted in charges being brought for fraud by abuse of position. The matter is currently within the Criminal Justice system.

City of London Corporation

Case Example – Multiagency response to Rough Sleeping

M is in her 40s and recorded as having a mild/moderate learning disability with a history of heavy alcohol use and rough sleeping. M has been accommodated in a variety of settings in the past including her own tenancy, supported living placements and temporary accommodation including hostels and B&B. Currently she is street homeless, having refused offer of the accommodation she had previously requested. Previous assessments of mental capacity regarding accommodation, health and finance decisions have consistently found M to have capacity.

The Multiple Needs team raised concerns of ongoing self-neglect, including risk to physical health and refusing to engage consistently with addressing her accommodation needs. In particular there were concerns about not being appropriately bedded down in relation to the cold weather, doubts raised around capacity, and her not attending to her medical conditions.

A safeguarding enquiry was initiated and the situation was discussed at Rough Sleepers Mental Health meeting and an Action for Rough Sleepers Community Psychiatric Nurse (CPN) went to see her. The CPN observed her on sleeping, and appropriately bedded down considering weather in terms of position, insulation and sleeping bag. There was no apparent evidence of primary health concerns. She was seen by the Multiple Needs team but was refusing to engage and was abusive. The Ambulance service were called. Paramedics did not have any major concerns with regard to her physical health and assessed her as having mental capacity.

M has been sleeping rough since the age of 14 and has slept rough even when she had accommodation. She has consistently been reported as stating she does not like sleeping inside and prefers to sleep out whenever possible. The ongoing risks of being a female rough sleeper, including risk of abuse by others and health risk associated with alcohol and self-neglect, and reduced life expectancy, were recognised, but in view of her capacity to make decisions about her accommodation, support and health, her choices had to be respected.

M is aware of the services available to her and has a history of engaging only when she wants to on her own terms. M made the choice to utilise accommodation provided in February 2018 and has remained there since.

Homerton University Hospital Foundation Trust's (HUHFT)

Case Example – Mental Capacity/ Cross Sector Working

X was a vulnerable young pregnant lady who presented for her first antenatal visit very late during her pregnancy. The midwife who attended to X felt very concerned about her as she appeared to be a very immature young adult, had poor eye contact and rambling speech patterns. She was inappropriately dressed and used inappropriate language. The midwife felt X might have been a victim of sexual exploitation. There were concerns about her mental health, the presence of learning disability and her capacity to make decisions around labour and any possible interventions that might be needed. From interactions with X, there were indications that she would like a normal delivery.

Actions taken:

- Midwife discussed concern with Safeguarding Adults Team (SAT).
- SAT made a referral to Integrated Learning Disability Service.
- Multi-agency meetings held, appropriate professionals identified to assess and provide interventions for X and referral made to mental health services.
- Capacity assessment completed on specific issues.
- Several multi-agency meetings held to discussed X's case, make and agree a plan of care.
- A referral was made to children social care by the social worker to safeguard X's baby.

Outcome:

- X had capacity to make a decision on her sexual behaviour and practice.
- X lacked capacity to make decisions around her labour.
- X was diagnosed with a developmental disability and a social worker allocated to work with her.

- X had a normal delivery and was supported by her family and professionals.
- X was supported to get a new appropriate accommodation.

Area of good practice demonstrated in this case

- Early recognition that X was a vulnerable adult and links made with all relevant agencies and professionals who could support her.
- Multi-agency/multi-disciplinary working.
- Good information sharing.
- Capacity assessments completed and patient supported throughout the process of care delivery.
- Patient's views were considered and incorporated into care plans where possible.

Contributions from Partner Agencies

This section contains short accounts from members of the CHSAB about their safeguarding adults' work during 2017/18, taken from their self-assessment audit.

London Borough of Hackney (Adult Social Care)

The audit has been largely positive, showing that we have been able to sustain and build upon a lot of work completed last year, including engagement with other departments and partner agencies to promote adult safeguarding i.e. Housing, Registered Social Landlords, Public Health, pharmacists, community safety initiatives, providers, Shared Lives Scheme, community and voluntary services, Trading Standards teams and engagement with the North London Teaching Partnership.

Additionally, we have been able to implement the following which all align with the CHSAB priorities.

Recruitment to post of Principal Social Worker, who now has a specific focus upon recruitment and workforce development, as well as enhancing of practice, skills and knowledge. This greatly assists in circulating and embedding the learning from Safeguarding Adults Reviews (SAR's) via the creation of reflective practice sessions for staff, production of a monthly newsletter for ASC staff and partners, etc. She works with our workforce development team to both introduce a social work academy model to structure training around the social work career pathway and refine the general training application, confirmation and attendance process.

The Head of Adult Safeguarding and Principal Social Worker have been working together across Adult Social Care services and with partners to promote SAR's learning, High Risk Panel, reflective practice sessions and various pathways and polices, i.e. self-neglect and hoarding, risk enablement policy.

Completion of a procurement process to commission a new "umbrella" advocacy service which commenced in April2018. This will feature a single point of access for all advocacy, therefore reducing the likelihood of inappropriate referrals, whilst also developing other non-statutory advocacy models, i.e. peer advocacy.

The Safeguarding Adults Team (SAT) has also continued to facilitate Safeguarding Adults Managers and general adult safeguarding forums, which has seen a gradual increase in attendance, specifically from non-council staff. The team has also continued to promote and chair the High Risk Panel.

Continuing to engage Hackney residents in a meaningful manner through our "Making it Real" initiative. This seeks to set out what people who use services and carers expect to see and experience if support services are truly

personalised. They are a set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of 'Making it Real' is for people to have more choice and control so they can live full and independent lives.

We intend to expand our work to include Hackney residents who have experienced the adult safeguarding process, so they are able to influence the way in which we work with people.

Adult Social Care has recently begun engagement with the "Contextual Safeguarding" initiative within the Borough, led by Children's services, commencing with "neighbourhoods", which seeks to engage a number of community based services, i.e. Housing Associations, retailers, street enforcement.

We have revised our "Provider Concerns" pathway and created an information sharing forum between the Council and City & Hackney Clinical Commissioning Group, with the Care Quality Commission being a key invitee. The objective of the forum is to identify quality concerns at an early stage, identify patterns and themes and then work proactively to address these before they begin to impact upon service users or lead to more formalised actions against providers.

The Safeguarding Adults Team attends all provider forums, with adult safeguarding updates being a set agenda item.

Our annual customer satisfaction survey which incorporates a "safeguarding perspective", has indicated that 88% of people in receipt of care services, particularly those of 65+, say that those services make them feel safe. The figure for Hackney is above the national figure of 77.5%.

There remains work to do as the audit has provided an opportunity to reflect on certain areas: we need to revise our current Modern Day Slavery policy and pathway in light of national developments and the creation of single points of contact for each borough. This will be completed in conjunction with Children's and Community Safety Partnership colleagues by mid-2018.

In the context of recruitment challenges, further work is required with regards to embedding the learning from commissioned Safeguarding Adults Reviews.

One of our priorities is also to enhance our approach to service user engagement and satisfaction, by means of meaningful co-production.

We recognise that preventative services play a significant role in enabling people to remain in the community while being connected and well, therefore we need to enhance the focus of these services, including the promotion of multi-agency approaches to raising awareness of adult safeguarding.

We also need to ensure that our quality assurance framework is refined so that there is a more circular approach to gathering service user feedback and implementing this into service improvements, including safeguarding.

As Pilot site for ADASS alongside Camden and City of London, we are progressing an initiative to address social isolation and loneliness for residents, which in turn has the potential to reduce the likelihood of people becoming the subject of an adult safeguarding concern. The pilot will seek to build upon the work co-ordinated by Connect Hackney which has been focusing upon the social connectivity of older adults within the borough.

Homerton University Hospital Foundation Trust's (HUHFT)

Three top areas of good practice

Governance

Homerton University Hospital NHS Foundation Trust's (HUHFT) safeguarding governance structure was reviewed and strengthened to ensure that there is robust monitoring and scrutiny of safeguarding within the Trust. The new governance structure has a Joint Safeguarding Committee, Safeguarding Adults Operational Group (SAOG) and Safeguarding Children Operational Group (SCOG). The Lead for Safeguarding Adults is a member of the SCOG and a named nurse for Safeguarding Children is a member of the SAOG. This has strengthened the links between adults and children safeguarding across the organisation thus furthering the Think Family approach to safeguarding. The terms of reference of SAOG was reviewed to reflect the changes.

Making Safeguarding Personal

During 2017/2018, HUHFT continued to fortify the principle of Making Safeguarding Personal across the Trust via training and feedback from the Safeguarding Adults Team to those who have reported incidents and the handlers. A total of 326 incidents were reported on Datix (Incident reporting system) as safeguarding adults incidents. 70% of all safeguarding incidents reported showed that MSP had been considered.

Partnership working to safeguard adults at risk

HUHFT worked closely with all relevant partners to ensure that adults at risk who use services are safeguarded from abuse and neglect and where abuse and neglect has occurred the appropriate actions have been taken to address the concerns and any lessons learnt are disseminated trust wide.

- The Safeguarding Adults Team has set up a monthly review process with City and Hackney Safeguarding Adults Team for all patients for whom Deprivation of Liberty Safeguards applications have been made.
- HUHFT has actively engaged in CHSAB's agenda and priorities by participating in board meetings, some subgroup meetings, Safeguarding Adults Reviews and training offered by the board.
- HUHFT worked with the Police in relation to safeguarding adults investigations which had a criminal element to it and accessing training delivered by the Police for example the Metropolitan Police delivered some sessions on modern day slavery to the Trust.

City and Hackney Clinical Commissioning Group

The CCG has produced a new staff supervision policy which clearly sets out how staff are supported by effective supervision. We have provided training on adult safeguarding to GPs in City and Hackney and to our GP out-of-hours service. The CCG has produced a statement on Modern Slavery and Human Trafficking and will be publishing this on our website. The CCG has joined a new information sharing group with the London Borough of Hackney and the Care Quality Commission. This group enables the three partners to share information about care homes and social care providers in the borough to help prevent poor care by intervening early and effectively.

The CCG has focussed on reviewing and changing service specifications and increasing reporting and monitoring of adult safeguarding in the services we commission. The CCG has taken over commissioning of GP services from NHS England and we have strengthened reporting that GPs need to do about adult safeguarding. The CCG has delivered all the actions it is required to do in the SAR action plans. The CCG Board now receives more information about continuing care services and adult safeguarding and we have developed a dashboard for our safeguarding adults group which sets out how well local services are performing in areas such as staff training.

The CCG will be improving staff training rates which are below 85% and we will review our training to ensure relevant staff are trained on Modern Slavery and Human Trafficking. We will ensure that local NHS services identify and support victims and staff are trained on the implications of the Act.

The CCG will be producing a safeguarding strategy. The CCG will be looking at how safeguarding fits with the new integrated commissioning arrangements with London Borough of Hackney and City of London to make sure we use all opportunities to strengthen safeguarding and prevent abuse. As we develop our new North East London CCG Commissioning Alliance we will also be looking at how these new arrangements impact on safeguarding. The new Alliance covers City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Havering and Redbridge CCGs.

City of London Corporation

The City of London Communications Lead had a key leadership role in supporting the development of local communication campaigns around Financial Abuse and Rough Sleeping. The City was fully involved in the development of the SAR Communication Plan.

The City of London has supported the work of the CHSAB SAR Sub Group through the chairing of this forum. Lessons learned from SARs are reported back into local City of London system.

Some key achievements in the City this year were

- Launch of the Self Neglect, Hoarding and Fire Risk Panel.

- Embedding safeguarding assurance processes are embedded into the tendering processes for contracts, and safeguarding is a standing agenda item on all contract monitoring meetings with providers.
- Continuing to build on the Making Safeguarding Personal programme and bedding this in across the partnership.
- Ensuring that systems for Information sharing are General Data Protection Regulation compliant.
- Build on the launch of the Safeguarding Procedures for Rough Sleepers and improve inter agency working in respect of this cohort.

City and Hackney Public Health

Public Health ensures appropriate checks for all new staff and that these are updated every three years. Safeguarding training is completed by everyone in commissioned organisations (this is usually the internal organisations training). It provides modern day slavery training to all commissioned organisations and offers this more widely to partners (together with others in the local authority)

It participates in City and Hackney Safeguarding Adults Board commissioned training. Relevant points from SARS are shared. The Pubic Health Consultant for City and London has been the Chair of a SAR panel.

Public Health carries out a Joint Strategic needs assessment that includes information on vulnerable adults that informs safeguarding prevention work.

It requires that all commissioned organisations have adequate adult safeguarding plans in place. It has regular discussions at contract review meetings about data sharing with other organisations and issues about working with other organisations.

Public Health aims to have early conversations are had with commissioned organisations about safeguarding concerns, to place safeguarding training on the agenda at quarterly review meetings with assurance that agencies are completing both their own internally organised training and our own safeguarding training.

All safeguarding concerns will continue to be fed back to the relevant public health commissioners in a timely way.

Healthwatch City of London

The role of Healthwatch is to help people get the best out of their local health and services; whether it is improving them today or helping to shape them for tomorrow. Healthwatch City of London is all about local residents of all ages and worker's voices being able to influence the delivery and design of local services. Not just for people who use them but anyone who might need them in the future.

Healthwatch City of London provides information, advice and support about

local health and services. We also gather views and experiences of local people on the way services are delivered to enable local people to influence the way services are designed and delivered.

An important role in respect of safeguarding is to signpost to appropriate organisations. We alert as we are not service practitioners.

All Healthwatch City of London Board members, staff and volunteers have attended safeguarding training to ensure knowledge on identification of any concerns and how to signpost/refer. Safeguarding is an agenda item at all board and team meetings. Staff attend the City of London Adult Safeguarding Sub-Committee.

Healthwatch City of London is keen to support the work of the CHSAB by workshops, raising awareness through information in newsletters, web site, weekly emails and social media.

There have been no safeguarding concerns/issues.

Healthwatch Hackney

Healthwatch Hackney will continue to support raising awareness of adult safeguarding to Hackney residents through its work. This includes ensuring all our staff and volunteers including our Board members are trained in identifying safeguarding issues and how to report such concerns

We will promote learning from SARs in our newsletter and website when provided with final reviews available for publication.

We will continue to report safeguarding incidents to the appropriate authorities when we identify them

City of London Police

The City of London Police (CoLP) has implemented a new integrated Crime/ Intelligence and Custody system (Niche) to replace previously separate system. This includes a change to the way in which safeguarding alerts (previously 377s or Merlins in the MPS) are recorded. These are now recorded on a ‘Public Protection Notification’ under the category of ‘Adult at risk’ ‘Child Concern’ or DASH or HBV. These create an automated workflow to the Public Protection sergeants for review and onward referral where appropriate. At present there are some teething issues as the appropriate reports are set up to extract data but moving forward it is hoped we will be able to provide a greater depth of information around the types of adult concerns we are seeing.

The Vulnerability training package has continued and includes Mental Health, Suicide and identifying and recording vulnerability (including neglect) and covers the principals around information sharing, thresholds, consent and MSP. This package, alongside a DA and Child Protection package, are delivered to all frontline staff and it has been agreed that this will be expanded to cover the Economic Crime Directorate.

The Vulnerability Steering and Working Group are currently being reviewed now that they have been embedded in force practice to ensure that the are effective and robust in ensuring oversight and direction for work around vulnerability.

Vulnerability remains a Strategic Policing Priority for the COLP which ensures scrutiny and oversight at the highest level and demonstrates the COLP commitment to this area.

There have been no adult safeguarding concerns that have been raised through the complaints process within COLP.

COLP continues to learn and implement changes where required from national cases which are circulated through the 'Lessons Learned' bulletins via the Professional Standards Directorate. The COLP reviews its practice against any highlighted areas.

COLP have been working with partners to highlight the issue of Modern Slavery and Human Trafficking in the City. This has included work with building sites and supporting national days/weeks of action run through the National Crime Agency. COLP will be supporting the Board with future work in this area.

COLP have shared the summaries of learning from SARs to the appropriate units and through the Vulnerability Working Group where relevant they will be considered for any further changes to policy or procedure. Any direct actions for COLP as a result from a SAR will be monitored at the Vulnerability Working Group. There have not been any to date.

COLP do not contract/commission any services related to safeguarding.

Metropolitan Police Service (MPS) Hackney

MPS Hackney are an active and visible partner, seeking to adhere to the CHSAB priorities where we can. There is Detective Chief Inspector representation at the SAB and Executive with additional representation at SAB subgroup level.

Officers from MPS Hackney have improved their attendance at Safeguarding Training and Learning Events recognising the importance of increasing their knowledge and understanding.

Hackney MPS recognises the need to further embed Making Safeguarding Personal and Think Family into the way we work – Officers are encouraged to consider the wishes of the vulnerable adult, victim or their immediate family in any interaction and to better explain and promote understanding where it is necessary to override such wishes.

Officers are encouraged to take a more holistic approach to their interactions, information assessment and risk management – we encourage officers to appreciate that context is important in any investigation and the importance of research interpretation, information sharing to better recognise risk factors.

MPS Hackney has sought to learn from recent SARS and DHRs to improve our response and engagement with partner agencies to better safeguard vulnerable adults. This has been reinforced with a DCI (Public Protection MPS Hackney) being a regular attender and contributor to at the board's SAR subgroup.

The DCI has represented the SAB as the Independent Panel Chair for the commissioned SAR of Ms Q. Whilst police were not involved in the review as a lead agency, their involvement as panel Chair will help support learning within the organisation in respect of any lessons learnt and recommendations.

Whilst police recognise that some SAR recommendations arising from reviews often do not directly involve police engagement we seek to acknowledge the principles and context of the recommendations which we use to help improve our policing response.

MPS Hackney responded quickly to a recent DHR and SCR where police specific recommendations were made. Significant changes were introduced across MPS Hackney in line with the recommendations with formal reassurance on compliance and implementation being provided to the CHSCB.

Front Line officers now better attend Safeguarding Training and Learning Events to help improve their knowledge and understanding which they then apply to their roles.

Hackney MPS continues to have a dedicated Vulnerable Adult team with Detectives located within our Community Safety Unit who lead on Vulnerable Adult and Carer abuse through a multi - agency approach. This remains an investigation area where due to the vulnerability of our victims and often their dependency on carers and / or family members it can at times be difficult to secure evidence to meet the thresholds required for any prosecution.

Our dedicated officers continue to work closely with partners as part of a multi-agency response to investigate offences of abuse and ensure the proper safeguarding of the vulnerable person.

As part of their response to Domestic Abuse Hackney MPS continues to make the best use of civil orders and legislation to run alongside the criminal justice process. Such legislation can empower victim's to take control of their often complex situations whilst providing enhanced safeguarding and better risk management.

Over the past 12 months Hackney MPS are recognised as having the highest number of Claire Law Disclosures across the MPS – currently at 62. The majority of disclosures are Right to Know with victim's being identified through the MARAC process, referrals and research. Our success was reflected with our Domestic Abuse leads from the Borough being asked to present a Master Class on Claire's Law Disclosure for other MPS staff of all ranks from across all the MPS.

MPS Hackney recognises the need to improve the confidence and satisfaction of our service users with their police interactions. This will be done through

better internal and external communication, improved attendance at Multi agency training. Hackney MPS have introduced a monitored Victim Care E mail account to better serve victims of crime from general updates to more specific queries or new information updates. This will be monitored through our monthly Borough satisfaction meetings in conjunction with customer call backs and reflection.

The MPS is currently undergoing significant change across all areas of working.

Scoping is currently being undertaken for consideration of a MPS Hackney and MPS Tower Hamlets merger. Such a merger requires MOPAC sign off / agreement and this has not yet been done / given. As part of any merger would be the introduction of a PVP unit (Protecting Vulnerable Persons) designed to help better safeguard vulnerable persons, both adult and children and provide a better and more holistic approach to investigations. Should any merger take place Safeguarding would remain as a key consideration and it is not anticipated that any such merger would diminish this priority which remains at the forefront of our Policing plan and priorities

East London Foundation Trust (ELFT)

There has been emphasis during 2017/18 on the following areas:

- Improving the reporting and management of Adult Safeguarding concerns arising in our Inpatient Services. We have developed in conjunction with the LBH Adult Safeguarding lead a proportionality tool for safeguarding concerns on inpatient services which is now in use.
- Improving the Adult Safeguarding reporting processes between ourselves and LBH. A new RiO based Adult Safeguarding Screen has been designed and is about to be piloted.

There is a strong emphasis on interagency working within Mental Health Services. This underpins our approach to responding to Adult Safeguarding concerns when they arise.

Learning from SARs is shared through ELFTs Adult Safeguarding Committee and relevant recommendations from SARs have been adopted by the Trust.

Locally in City & Hackney, the London Borough of Hackney Safeguarding lead and Principal Social Worker have attended some team meetings to discuss learning from SARs. This has proved a very effective means of promoting and positively influencing practice and something we would like to continue and spread across our services.

London Fire Brigade (Hackney)

The role of the London Fire Brigade (LFB) is to refer people to social services who we deem as being at risk. We make recommendations and supply certain types of products to reduce the risk of fire occurring in people's homes.

When we have identified properties where there has been a high level of hoarding, we record this on our operational risk database and our crews will revisit the premises annually. We refer these case to social services.

Post Grenfell actions:-

Following the tragic Grenfell Tower fire the Department for Communities & Local Government (DCLG) and the National Fire Chiefs Council (NFCC – ex CFOA) acted to establish a National working group to review the risks presented by external ACM cladding on high rise tower blocks and to collate a return from Local Authorities and London Boroughs to identify where these blocks were potentially located. These returns highlighted a significant number within London so to manage this workload FSR established a High Rise Task Force – Phase 1, which used information provided by Local Authority Housing providers to conduct initial Fire Safety(FS) inspections of over 500 tower blocks across London.

These inspections served to both review and address (using the Regulatory Reform Fire Safety Order – the RR(FS)O) the general fire precautions within the premises and to consider and advise on any interim measures required, including introduction of the 'waking watch' provisions that may have been implemented to address the enhanced risk presented. This increase in risk has in some cases resulted in a change from a stay-put to a simultaneous evacuation strategy (and / or the fitting of a common alarm system) until such time as the cladding is removed; this strategy has been benchmarked nationally by the NFCC using guidance from our own Fire Engineering team and provides clear expectations as to what should be in place to allow ongoing occupation of these premises.

During this phase four high rise residential buildings within the Borough of Hackney were identified as having Cat 2 or 3 ACM cladding fitted. Interim measures were implemented which includes a 24 hour waking watch.

Phase 2 remit is to now revisit a confirmed list of (currently) 189 high rise tower blocks where full scale testing of the fitted cladding has resulted in it being identified as the highest risk type i.e. Category 3 (foam or mineral wool insulation) or Category 2 (foam insulation). Other types of cladding material has also been identified amongst the initial 500 visits but these present a lower risk than the Cat 2 or 3 material and as such there is unlikely to be a requirement to resort to a interim measures including the introduction of a simultaneous evacuation strategy in these premises as a rule and they shouldn't require any further action.

For the 189 revisits being conducted, FSR are currently using a smaller group of around 10 Inspecting Officers (IOs) initially whose remit is to check that the interim arrangements in place are in line with DCLG guidance and that any other general fire precaution matters have been addressed.

Hackney Community Voluntary Service

Hackney CVS is an infrastructure organisation which aims to strengthen the sector, influence local policy so that stakeholders in Hackney create a fairer

society and address social inequality. As an infrastructure agency the main role is to strengthen local community and voluntary organisations including social enterprises with a remit to support adult or adults in Hackney. Hackney CVS echoes the message that Safeguarding is everybody's responsibility.

Highlights from 2017 / 2018

During the past year Hackney CVS has;

1) Represented the VCS on the City and Hackney Safeguarding Adult Board, been active in a range of sub groups, SAR's and Communication and engagement, we have worked closely with City Of London Specialist on Communications to devise a communication strategy and gathered key agencies such as Healthwatch Hackney, ELFT and POhWER to inform our work

2) Continued to support grant applicants to understand the importance of safeguarding adults. Applicants have increased their knowledge of how to meet LBH grant making safeguarding compliance requirements and to carry out a self-audit using the toolkit

3) Increased Safeguarding Awareness supported by safeguarding adults champions trained by the CHSAB to deliver bite sized introduction sessions. From July 2017 to March 2018, over 200 participants received in house training for service users, volunteers and frontline staff in small organisations staff.

4) Co-ordinated SARs Briefing sessions – Delivered safeguarding sessions with a focus on sharing lessons from safeguarding adult reviews with the sector

5) Created a sustainable approach to embed safeguarding within communities in need. Hackney CVS co-ordinated regular network meetings to support Hackney Refugee Forum and is working with the Faith Network.

6) One of the main findings from this year's work is the extent of safeguarding advocacy at community level. There is an opportunity to increase workforce advocacy skills and an appetite to really embed the principles of making safeguarding personal.

Various members of the team are actively involved in SARs; the Director of partnerships sits on the SAR sub group. As part of our community engagement work Hackney CVS hosted a session for the voluntary and community sector which was led by the Chair of the CHSAB and the Head of Safeguarding in Hackney. This very useful interactive session empowered the VCS to have greater insights and apply the recommendations within their organisations,

Hackney CVS ensures when delivering our bite sized sessions to friends, families and neighbours that we include example of lessons learnt and promote the importance of dignity and respect.

As part of the training hosted by Hackney CVS we actively promote interagency work. For example, we work with the Domestic abuse team and East London Foundation Trust team to increase understanding of mental health.

Hackney CVS works closely with the LBH grants team to promote the importance of safeguarding.

Hackney CVS will continue to develop its skills, raise awareness reaching far and wide into the community to meet its aim to create a fairer society and address social inequality

Appendix A:

CHSAB Annual Strategic Plan 2017-2018

City and Hackney
Safeguarding Adults Board

CHSAB Annual Strategic Plan 2018 – 2019

The CHSAB Plan addresses the Six Principles of Adult Safeguarding: Empowerment, Protection, Prevention, Partnership, Proportionality and Accountability.

Partner	Lead
London Fire Brigade Hackney (LFBH)	–
City of London Corporation (CoL)	Chris Pelham
Homerton Hospital (HUHFT)	Sheila Adam
City & Hackney CCG (CHCCG)	Jenny Singleton
Hackney CVS (HCVS)	Kristine Wellington
Hackney Met. Police (HMPS)	Charmaine Laurencin
City of London Police (CoLP)	Sanjay Andersen
Barts Health NHS Trust (BHHNST)	–
London Borough of Hackney (LBH)	Simon Galczynski

Partner	Lead
London Fire Brigade City of London (LFBCoL)	Jon Simpson
London Ambulance Service (LAS)	tbc
East London NHS Trust (ELFT)	Dean Henderson
Public Health (PH)	Nicole Klynman
Healthwatch Hackney (HWH)	Jon Williams
National Probationary Service (NPS)	Stuart Webber
Care Quality Commission (CQC)	-
City & Hackney Safeguarding Children Board (CHSCB)	Rory McCullum

Sub-group	Chair
Quality Assurance	Dean Henderson
SAR & Case Review	Chris Pelham

Sub-Committee	Chair
City of London	Dr Adi Cooper

Task & Finish Groups	Lead
Rough Sleeping & Safeguarding	Ian Tweedie/John Binding
User Engagement	Dr Adi Cooper
Quality Assurance Framework	Melba Gomes

Principle 1: We will raise awareness of adult safeguarding and together will learn from experience

Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
1. SARs and recommendations from SARs	1.1 Commission SARs as required	SAR Subgroup	The Board is assured that the statutory duty to commission SARs is being met	Ongoing
	1.2 Monitor Action SAR Plans	SAR Subgroup	The Board is assured that learning has been disseminated across the partnership and internalised in organisations and in practice	Quarterly
	1.3 Provide targeted and accessible briefings on new SARs	SAR Subgroup	The Board participates in regional and national SAR initiatives	On going
	1.4 Embedding supervision principles in agencie	SAR Subgroup Member/ Linda Katte	The Board ensures that staff are supported to carry out safeguarding work effectively	Dec 18
	1.5 Provide guidance on record keeping for safeguarding work	SAR Subgroup		Dec 18
	1.6 Clarify roles and responsibilities in safeguarding across agencies	SAR Subgroup		Dec 18
	1.7 Adopt national quality markers being created by the SAR library, when these become available	SAR Subgroup		Dec 18
	1.8 Submit published SARs to the London Repository and the National Library of SARs	CHSAB Business Support		Ongoing

2. Working together across partnerships – Shared Priorities • Building Community resilience • Modern Slavery • Rough Sleeping • Violence Against Women and Girls	2.1 Prioritise community safety activities based on intelligence and resident insight	Board Manager/ QA Subgroup/ Community Strategy Partnership Board/ CSP/Children's' Board	Working together becomes integral to supporting the community to stay safe Inter-board approach to raising awareness is implemented All partners implement the protocols / policies/ procedures on Modern Slavery, and rough sleeping and safeguarding	Feb 19
	2.2 Deliver engagement activities and campaigns and 'safer places' schemes to ensure every resident and business considers their role in making the borough safer for vulnerable adults	As above		Feb 19
	2.3 Joint work with the CHSCB and the VAWG to refresh the VAWG strategy	CHSAB/CHSCB/ VAWG		Jul 18
	2.4 Work with CHSCB and CSP to update Modern Slavery protocol and policies in line with new developments and Promote awareness of modern slavery across the partnership	All Boards/SAB Partners/CHSAB Manager HCVS		Dec 18
	2.5 Work with Housing to adopt and implement new policy and procedures on rough sleeping and safeguarding, and share learning across the partnership	Task and Finish Group/John Binding/ Ian Tweedie HCVS		Dec 18
Progress and Impact				

Principle 2: "We will promote a fair and open culture"

Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
3. Prevention and Early Intervention • Building Community resilience • Challenging intolerance	3.1 Raising safeguarding awareness in the community and voluntary sector to ensure a broad spectrum of engagement and evaluate impact through QAF	HCVS	The community is aware of safeguarding adults, how to report it and support the board to prevent abuse	Ongoing
	3.2 Themed events to raise awareness to include raising awareness in the community including general awareness, awareness of financial abuse and arrange for availability of safeguarding material in public areas	User Engagement Task and Finish Group	Residents are empowered to keep themselves safe	Feb 18
	3.3 Analyse data of concerns that did not meet the S42 threshold to inform prevention and early intervention actions	QA subgroup	The Board understands the concerns of the community and signposts these to appropriate agencies to address	Dec 18
	3.4 Deliver bitesize safeguarding awareness training to the voluntary and community sector	Safeguarding Champions/ HCVS	Voluntary and community sector staff are able to spot risks	Ongoing
	3.5 Organise and hold review and reflection meetings to understand what constitutes safeguarding and the role of advocacy in safeguarding	LBH Head of Safeguarding	Community and voluntary sector staff are supported	Oct 18

4. Users, carers, patients and residents are involved in the work of the Board and provide challenge to the Board. • Users co-produce strategies, policies and reports for the Board • They provide challenge to the Board	4.1 Agree ways to engage the community to know about safeguarding and to hear from them about their areas of concern	User Engagement task and finish group	Working together becomes integral to supporting the community to stay safe	Jan 18
	4.2 To agree how the CHSAB will hear from people who use safeguarding services	User Engagement task and finish group	Inter-board approach to raising awareness is implemented	Jan 18
	4.3 To agree mechanisms via which the CHSAB can consult and coproduce on specific issues such as strategy, annual business plan, annual report, projects and products.	User Engagement task and finish group	All partners implement the protocols / policies/ procedures on Modern Slavery, and rough sleeping and safeguarding	
Progress and Impact				

Principle 3: "We want to improve the competency of all those involved in adult safeguarding activities"

Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
5. Legal Literacy – Promoting service user rights • Support to partners to integrate MSP into their organisations' cultures and practice • Agencies and staff are MCA compliant • Advocacy in all its forms are used as required by law • Carers assessments are completed	5.1 Data interrogation of use of all forms of advocacy, MCA assessments, MSP and carers assessments in safeguarding	QA Subgroup	Staff will apply the MCA as it is intended by law Staff will ensure that all clients who are entitled to advocacy will be availed of this	Ongoing
	5.2 Peer reviews to assess and improve on legal literacy MCA between partners	Task and finish group of safeguarding leads, chaired by SAR Subgroup member	Staff and volunteers across all partner organisations will make safeguarding personal Staff will be well-versed in applying law	Mar 19
	5.3 Multiagency case file audits programme – 2 audits in the year, questions to include MSP, advocacy. MCA and Carers Assessments	Head of Safeguarding/ LBH	The Board is assured that safeguarding work is improving	Mar 19
	5.4 Targeted MSP training for partner organisations	LBH workforce Development Team		Jan 19
6. Users, carers, patients and residents are involved in the work of the Board and provide challenge to the Board.	6.1 Evaluate all ASC training currently provided against an MSP compliance framework	Head of Safeguarding	The Board will be assured that staff are trained according to the role they perform	Sept 18
	6.2 Interrogate data on training in all organisations to ensure staff are appropriately trained	QA Subgroup	The Board is assured that safeguarding practice is effective and MSP compliant The Board is assured that staff are supported in their safeguarding role and their training is of high quality	Ongoing

6.3 Commission multi-agency training to meet identified learning needs	LBH workforce development team	The Board will know that training has had an impact		Sept 18
6.4 Evaluate the impact of training using QAF	QA subgroup			Ongoing
6.5 Follow up on progress in relation to what staff said at the SAR workshops and which was fed back to the Leaders symposium,	SAR Subgroup			Mar 19
6.6 Annual staff survey on how safeguarding is working in the frontline to be carried out from 2019/20 onwards	2019/20 business plan			2019/20 business plan
6.7 Skill up staff delegated to take on s.42 enquiries	Head of Safeguarding LBH			Feb 19
6.8 Regular CHSAB learning programme to support staff development	CHSAB Board Manager			Feb 19
6.9 Map community networks, and their safeguarding learning needs to inform the 2019-20 plan	HCVS			Feb 19
Progress and Impact				

Principle 4: "We will understand how effective adult safeguarding is across the communities we work with"

Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
7. Create a robust QA framework that provides reassurance to the Board on safeguarding performance in all areas • Dataset agreed for the Board • Review Board/ members/ sub-groups' performance to evaluate the effectiveness of the Board	7.1 Create a robust QA framework that includes impact analysis that provides reassurance to the Board, consolidates QA tools, and takes into account qualitative findings	Task & Finish Group CHSAB Manager	The Board is able to interrogate a range of qualitative and quantitative data to be assured on safeguarding effectiveness	Jul 18
	7.2 Robust dataset to be presented to the Board quarterly	QA Subgroup	The Board is able to identify and action improvements	Ongoing
	7.3 Partner self-audits undertaken and reviewed at challenge events	CHSAB Chair	The Board can use this information to identify its priorities, learning needs and the Board's Learning Needs	May 18
	7.4 Case studies and presentations to the CHSAB, illustrating MSP practice	CHSAB Business Support	The Board can monitor its effectiveness	Ongoing
	7.5 Desktop analysis of Board's' effectiveness annually	Development Day	Findings from the QAF informs the annual report 2018-19	Mar 19
8. Safeguarding is integral to the Health and Social Care integration agenda	8.1 Promote safeguarding in the implementation of the integration model – ensure Safeguarding expertise is present through the transformation process	LBH Group Manager and all Board partners involved in Integration activities	Safeguarding is included in the new ways of working in all integrated health and social care arrangements Safeguarding has a presence in all work at all levels	Feb 19

			Feb 19
	Learning from SARs is embedded in the delivery of the integration plan		
	Head of Safeguarding		
8.2 Agree interagency arrangements for safeguarding adults with an emphasis on case coordination – pilot this arrangement in a quadrant of the new Neighbourhood model			
		Progress and Impact	

Appendix B:

CHSAB SAR Learning Event

City and Hackney
Safeguarding Adults Board

City and Hackney Safeguarding Adults Board

CHSAB SAR Learning Event

The ½ day event is designed to share learning from the Safeguarding Adults Reviews undertaken by the City and Hackney Safeguarding Adults Board.

A safeguarding adult's review (SAR) is a multi-agency learning process. It aims to identify and promote good practice, effective learning and recommendations for future practice so that deaths or serious harm can be prevented from happening again. Its purpose is not to investigate how a death or serious incident happened or to hold any individual or organisation to account

This event will enable participants to understand what went wrong and could be done differently to help reflect on practice.

Event Details
Date: Wednesday 21st June 2017
Time: 1pm – 5pm
Venue: Education Centre, St Joseph's Hospice, Mare St, London E8 4SA

This half-day event will:
- Identify key themes from the Safeguarding Adult's Reviews
- Inform on how the CHSAB has responded to the findings of the Safeguarding Adults Reviews
- Support learning around Safeguarding Interventions
- Allow participants to discuss and reflect on the issues raised

This course is open to:
: Members of the CHSAB
: Managers and Staff from Agencies involved in the SARs
: Managers and practitioners from statutory partner agencies, commissioned services and the voluntary sector who work with residents from Hackney and the City of London.

To register for this event please email your completed booking form to CHSAB@hackney.gov.uk. Places are available on a first come first serve basis so you are advised to book early. Confirmation of your place will be sent to you via email at least a week before the conference.

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Learning from SARs

½-day Participatory Workshop

Learning from Safeguarding Adults Reviews.

This ½-day workshop is open to staff from statutory and non-statutory agencies from across the CHSAB partnership and to those working with adults with care and support needs in the City of London and Hackney areas. Attendees will be in positions such as social worker, housing officer, organisational safeguarding lead, manager/senior manager, nurse/senior nurse, nursing manager, care supervisor).

The Tomlinson Centre
28/09/2017 – 13:15 to 16:30
Homerton University Hospital
09/10/2017 –
09:15 or 13:15 to12:30 or 16:30
The Tomlinson Centre
14/11/2017 -
09:15 or 13:15 to 12:30 or 16:30

Application Forms to:
trainingHSC@hackney.gov.uk
Further information:
melba.gomes@hackney.gov.uk

the Workforce Development team

Document Number: 18549624

Learning from Safeguarding Adults Reviews
Participatory Workshop

Safeguarding Adults Reviews in City & Hackney
Since implementation of the Care Act 2014, City & Hackney Safeguarding Adults Board (CHSAB) has completed 4 Safeguarding Adults Reviews (SARs). The learning and recommendations from the review reports will have a positive impact on interagency safeguarding practice locally.

An introduction to the learning from the SARs was given at the Board's multidisciplinary learning event, on 21st June 2017. The Board wishes to follow this with opportunities for smaller groups of participants to explore that learning in more depth, and to discuss how it might strengthen local practice.

The workshop
The workshop will aim to support participants to:
- understand in depth the key learning identified by the local SARs;
- consider how this learning can be implemented in ongoing practice;
- identify what might help and what might hinder implementation.

The workshop will be a ½ day session, typically 9:30 to 12:30 or 13:30 to 16:30, each for up to 20 participants. It will be repeated several times, offering a choice of dates for those interested to attend. It will be participatory and reflective event, engaging participants in active discussion of practice.

Attendees
The workshop is open to staff from statutory and non-statutory agencies from across the CHSAB partnership and to those working with adults with care and support needs in the City of London and Hackney areas. Attendees will be in positions such as social worker, housing officer, organisational safeguarding lead, manager/senior manager, nurse/senior nurse, nursing manager, care supervisor).

Outline of the workshop
- An overview of the four local SARs
- Detailed consideration of the key learning themes that emerge
- Small group discussions around case studies drawn from one or more of the SARs, exploring the critical episodes within the case and what could have been done differently
- Action planning to take improvements back into practice, identifying what could help and what could hinder positive change.

Identified local obstacles to improvement will be gathered and reported back to the CHSAB Business Support Team in order to inform a separate event for senior leaders.

Venue:
1) The Tomlinson Centre, Queensbridge Road, Hackney, London, E8 3DY
2) Homerton University Hospital Education Centre, Clifden Rd, London E9 6SR

Parking and attendance:
There is very limited parking available. Please ensure that you allow plenty of time.
Registration is at 09:15 for the A.M. session and 13:15 for the P.M. session.

Document Number: 18549624


Hackney


Older People's
Reference Group


healthwatch
Hackney


hackneyCVS


CITY OF LONDON
POLICE


NHS
London Ambulance Service
NHS Trust


Barts Health NHS
NHS Trust


METROPOLITAN
POLICE


DOMINE
DIRIGE
NOS
CITY
OF
LONDON


LFB
LONDON FIRE BRIGADE


healthwatch
City of London


Homerton
University Hospital
NHS Foundation Trust
NHS


East London NHS
NHS Foundation Trust


National
Probation
Service

City & Hackney Safeguarding Adults Board
1 Hillman Street
Hackney
London
E8 1DY

Email: **CHSAB@hackney.gov.uk**

Tel: **020 8356 6498**

City and Hackney
Safeguarding Adults Board

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Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **Integrated Learning Disabilities Service update**	Item No **9**

OUTLINE

At its meeting on 14 March the Commission gave consideration to a paper on the future options for the Integrated Learning Disabilities Service. Members asked to be kept informed on the implementation of the new model for the service.

Here is the minute of that discussion.

Attached is an update report.

Attending for this item will be:

Simon Galczynski, Director of Adult Services
Tessa Cole, Head of Strategic Programmes and Governance

ACTION

The Commission is requested to give consideration to the report.

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The Review and Redesign of the Integrated Learning Disabilities Service in Hackney - Update Paper for Health in Hackney Scrutiny Commission
September 2018

1. Introduction and background

1.1. Hackney's Integrated Learning Disability Service (ILDS) is an integrated multi-agency, multi-disciplinary team, providing specialist health and social care support to adults with Learning Disabilities (LD), who are residents of the London Borough of Hackney and the City of London (health provision only), and have a GP in the area. It is jointly commissioned by the Council and the City and Hackney CCG.

1.2. ILDS is a highly specialist service and is currently delivered through a section 75 partnership agreement between the council and the East London Foundation Trust. The council provides specialist social workers while ELFT provide Psychiatrist, Psychologists, Physiotherapists, Occupational Therapists, Speech and Language Therapists and specialist Community Nurses.

1.3. The purpose of ILDS is:

- To assess and meet the needs of people with an eligible learning disability, including young people transitioning into adulthood
- To support positive access to and responses from mainstream services.
- To enable all services to provide effective person-centred support to people with learning disabilities.
- To provide direct specialist clinical, therapeutic and social care support for people with complex learning disability and/or mental health needs.
- To respond positively and effectively to vulnerable people in crisis and to respond to any identified safeguarding risk.

1.4. The review and redesign of ILDS services is a key programme of work in the Planned Care workstream of the Integrated Commissioning Programme. The whole service went through a review across 2017-18, the purpose of which was to look at improving the quality of health and social care provision and in doing so achieve a greater degree of integration and multi-disciplinary working between the various professionals involved and contribute to a financially sustainable operating model moving forwards. The scope of the review covered ILDS only and the outcome will be a more integrated service model and new service specification.

1.5. An update on the ILDS review was provided to the Health in Hackney Scrutiny Commission in March 2018 where progress to date was noted. This briefing note is to provide a short update on implementation with a more in-depth update report to come to back to Health in Hackney in the new year, 2019.

2. How we are working with service users and carers to redesign services with them

2.1. **Establishment of the LD Partnership Forum** - The LD partnership forum was established in spring 2018**.** This partnership includes service user representatives, with a clear remit to represent those with LD more widely; and carer representatives, who also have the remit of representing carers of people with learning disability more widely too. The second Partnership Forum has now been held and and working groups are delivering their actions in advance of the third.The main focus of the partnership is twofold:

1. To develop a Learning Disabilities Charter that will make Hackney a learning disabilities friendly borough. This will help inform a wider learning disabilities strategy for the borough by focusing on the four themes identified by users: *i) My community ii) Where I live iii) Independence iv) My health.*

2. To be a vehicle for co-production of the ILDS redesign, including informing the specification. This has included developing a vision, key service outcomes, access to the service, and the next one will look at support planning.

2.2. **Establishment of the Carers Forum** - As well as the LD partnership forum a Carers co-production forum has been established as part of a wider piece of work to improve the offer and services for adult carers in the borough. The co-production group consists of a broad representation of carers including those caring for people with learning disabilities and those with multiple caring responsibilities. This group is working with closely with the Council to ensure that the needs of all carers are met and incorporated into the redesign of carers' services. This recognises that the needs of carers are very different and in some cases will be dependent on the specific support the individual they are caring for requires and where they are in their life. For example, carers who are supporting their adult children with learning disabilities whilst they themselves are getting older. The group have already helped the Council think through how best to consult and engage with other carers across the borough and have agreed to form part of an ongoing carers forum post the redesign of carers' services.

3. Summary of the changes being made and why

3.1. **Service model - ** Following involvement and engagement exercises with users and carers and with staff, the new ILDS model is specifically designed to integrate specialist health and social care services into four core pathways:

1. **Transitions** - which will support young people between ages of 14 and 25 to to transition safely and smoothly in adult services. This team will work very closely with Children's Services and Hackney Learning Trust to support young people into adulthood.

2. **Review and Move on** - which will support people who are capable of developing the requisite skills to live more independent or interdependent lives. For example those currently living in residential care who could be supported to live more independently in supported living.
3. **Intensive Support** - which will provide urgent and targeted support to people with complex mental health conditions or those in crisis.
4. **Long-term care** - which will support and enable people to manage their long-term conditions and avoid hospital admission.

3.2. **Commissioning -** This work is also looking at how we might commission support to be more responsive to the needs of our users. As part of the redesign an outcomes based specification is being developed.

The key outcomes included in the specification have been co-produced with service users, carers, partners and the service. They are as follows:

1. People with a learning disability are an active part of their community
2. People with a learning disability are enabled to achieve independence where possible
3. People with a learning disability have a place they call home
4. People with a learning disability are able to access the health care they need.

Running through these outcomes will be themes of preparation for adulthood, safety and positive risks.

A placement mapping exercise has also been undertaken and recommendations made to gather information around future need, implementation of new processes and procedures and more joined up working when residential and nursing placements are made. Work is also underway to develop and improve links with primary care services, this is exploring how ILDS will link in with the Neighbourhoods Model.

3.3. **Financial sustainability** - The new service model and the new approach to commissioning learning disability services detailed above should all help contribute to a more financial sustainable service moving forward. Staffing levels will *not* be reduced and people will continue to receive the support that they need. Instead financial sustainability will be achieved through ensuring people are receiving outcomes-based support in the most appropriate setting for them whilst promoting individual independence; value will be driven through our commissioned support to ensure we are getting the right quality of care for the right price and better accountability; and through working jointly with the CCG to understand how we jointly fund the needs of people with increasingly complex health and social care needs.

4. <u>Progress on delivery from March 2018 - September 2018</u>

4.1. **Establishment of LD Partnership Forum -** As described in an earlier section of this briefing the LD Partnership Forum was formed following a

review of the previous Partnership Board and The Big Do service user event. A planning meeting with the partners was held in May 2018 and further quarterly meetings since. This Forum has been a mechanism to involve service users, carers and other relevant partners in shaping LD services. It is co-chaired by the Head of Commissioning and a service user. The working groups are delivering their actions in advance of the next Forum.

4.2. **Staff Consultation and TUPE transfer** - A core change as part of the review is to move from a three provider model to a two provider model. Up until July 2018 the service was delivered jointly by the Council, Homerton Hospital and East London Foundation Trust (ELFT). Following a decision at the Integrated Commissioning Board it was agreed to move to a two provider model and over June staff working for Homerton Hospital were consulted with and a TUPE transfer process was initiated. Homerton health staff in the service were TUPE transferred to ELFT in July 2018.

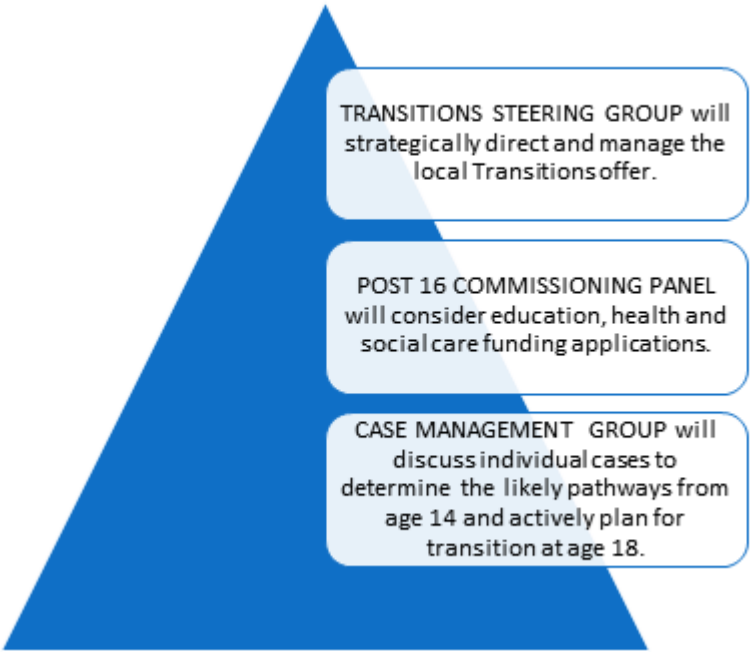
A second consultation was then initiated with staff across the whole service to consult on the proposed model moving forward both in terms of the structure of the four core pathways and the core principles of the service. The consultation closed on 31st August 2018 and a Delegated Powers Report was circulated in mid-September.

The outcome of the consultation is that there is broad support for the core principles outlined by the new proposed model. Feedback and involvement from service users and carers has been very helpful in determining support for the model proposed. The core principles are:

- The new service will have 4 integrated care pathways
- Each team will have a team manager and compromise a multidisciplinary group of health and social care professionals
- Services will be coordinated and delivered in a person-centred way, taking a multidisciplinary 'team around the person' approach
- The coordinator role will be held by both health and social care professionals
- All disciplines will have parity of esteem.

Staff engagement has been positive and there will be continued work with staff through staff workshops in the lead up to the go-live of the new service to ensure they are clear on the operational detail of how each pathway will operate in practice.

4.3. **Transitions pathway -** Rather than waiting for the launch of the new service work has progressed more quickly to ensure the right transitions pathway is in place so that Adult Services is working proactively with Children's Services and Hackney Learning Trust to support young people to transition from young people's services to adult services. The below pathway and governance structure has been put in place to ensure the right join up.



The this pathway went live in May 2018 and we have begun collaborating with CAMHS and Mental Health colleagues to explore opportunities to join up the health pathways e.g. through joint Transitions Clinics in order to improve outcomes and support strategic initiatives like the Transforming Care agenda.

4.4. **Joint funding arrangements -** Although the City and Hackney CCG and LBH already have an integrated commissioning arrangement for the Learning Disability Service, there is also ongoing work to understand how we jointly fund the needs of people with increasingly complex health and social care needs and ensure a more integrated experience for those receiving Continuing Health Care.

5. Key milestones to be delivered between October 2018 - January 2019

5.1. **Service model -** The new operating model for Hackney's Integrated learning Disabilities Service will be in place for January 2019. Work between now and then will focus on:

- Recruitment and selection of staff to key posts in the service including team managers and social workers to ensure the right staff are in place.
- A Standard Operating Procedure is completed to support staff to work in a different way and so that all the operational details are defined.
- A training needs analysis is carried out to identify skills gaps and areas of development for staff in their new roles in the four pathways
- A new service specification is being drafted by commissioners which will set out clear expectations of the service. This will be complemented by a new section 75 agreement which will formalise the new partnership arrangement between the two lead providers,

followed by a new section 75 agreement between the commissioners (LBH and City and Hackney CCG).

- As the operational details are refined, ongoing involvement with users and carers through the established LD Partnership forum will be key in ensuring co-production of operational protocols.
- A communication plan will also be developed to ensure users and carers of the ILDS service more widely are informed and aware of the changes proposed.

5.2. **Commissioning activity -** The following commissioning activity will be prioritised over this period:

- Carrying out a local accommodation review and development of new ILDS service specification.
- Ongoing user involvement work with the LD Partnership Forum.
- A review of internal processes to ensure we are implementing outcomes based and strengths based approaches.
- Work on developing and improving links with primary care. This includes planned training sessions for GPs.

6. **<u>Conclusion</u> -** The Health in Hackney Scrutiny Commission are asked to **note** the progress made to date on the review and redesign of the Integrated Learning Disabilities Service and to **agree** that a more in-depth update comes back to Scrutiny early in the 2019 once the new service has been formally launched.

Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **Review on 'Supporting Adult Carers' Cabinet Response – FOR NOTING**	Item No **10**

OUTLINE

The Commission agreed the report of its own review on 'Supporting Adult Carers' on 14 February 2018. Here is a link.

The Cabinet's Response to the report and its recommendations was agreed by Cabinet on 17 September 2018 and is attached.

The organisations/departments to whom Recommendations have been made will be asked to provide an update on implementation of the recommendations and this is scheduled for 12 March 2019, which will be a year after the completion of the review.

ACTION

The Commission is requested to note the response. If Members have any comments or concerns on the response these can be fed back and considered in the update report.

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Hackney

Cabinet Response to the Health in Hackney Scrutiny Commission Review into Supporting Adult Carers	
CABINET MEETING DATE **17 September 2018**	**CLASSIFICATION** **Open**
WARD(S) AFFECTED **All Wards**	
CABINET MEMBER **Cllr Feryal Demirci** **Health, Social Care, Transport and Parks**	
KEY DECISION **No**	
GROUP DIRECTOR **Anne Canning** **Children, Adults, Community Health**	

1. Lead Member's Introduction

1.1. I would like to thank Members of the Health in Hackney Scrutiny Commission for its thorough and timely work on the subject of supporting adult carers. Carers make a huge contribution to the wellbeing of the borough and it is right that this role is recognised formally through the Care Act 2014, but also through the many enhanced services and initiatives delivered in Hackney, as detailed in the Commission's report, in this response, and I expect in future as the local offer is developed further in partnership with local carers.

1.2. This report is particularly timely due to two factors. Firstly, as noted throughout the report, a new model for supporting carers in Hackney is being developed and the findings of this report will provide vital insight into shaping that future model. In particular, I expect the principles for this service, as set out in section 5.23, to be fully reflected in the co-production process that will take place during 2018. Secondly, the Prevention Workstream has been tasked with developing a system-wide plan for health and social care organisations to work in a more integrated way to identify and support carers. This requirement is an indication of the high priority that local partners set on the role of carers, and I expect to see the findings and recommendations set out in this report reflected in that plan.

1.3. I commend this report to Cabinet.

2. Recommendation

2.1. The Cabinet is asked to approve the content of this response.

Executive Response to the Scrutiny Recommendations

Recommendation One The Commission recommends the new model for supporting carers has built into it:	
(a) a clear definition of the role of Care Co-ordinators in mental health services and when they are assigned and that this is better communicated to carers at the outset so they better understand roles and responsibilities.	(a) This recommendation is agreed. It is important to note that the role of a care co-ordinator may be different for different people. It may not be possible to provide one overall definition but the essence of the role will be defined, with an explanation and examples of where activities and responsibilities may differ. In response to findings in the report (paragraph 5.6.4.), the new model will also set out the frequency of contact that can be expected from care co-ordinators.
(b) a clearer pathway to assist carers when they need to make a complaint about care, or the Care Co-ordinator and support in how to escalate a complaint and to feel confident in doing so.	(b) This recommendation is agreed. All partner organisations represented on Hackney's Health and Wellbeing Board have agreed to a common complaints charter for health and wellbeing services across the borough. The Charter was developed by Healthwatch Hackney, and consulted on widely throughout 2017. This will form the basis of any pathway for complaints, including carers. Every carer will receive and have access to a copy of the complaints charter booklet.
(c) that clarity is provided on the division of labour between assigned social workers and carers in terms of co-ordination of care.	(c) This recommendation is agreed. If service users are on the Care Plan Approach they would receive a regular review that would include consideration of the relative roles of a social worker, carer, and other participants in a patient's care. In integrated services care co-ordination would be assigned either to social workers, occupational therapists or community mental health nurses and not carers that actually deliver care.

(d) a plan to develop the provision of advocacy support.	If the service user is not on the Care Plan Approach they may not necessarily have an allocated practitioner. In these instances any issues that require intervention will be raised with an appropriate service Duty Officer which, if necessary or complex, may trigger an allocation to a practitioner. (d) This recommendation is agreed. Adult Services are currently introducing a new commissioned service for the provision of advocacy, to be delivered by The Advocacy Project and a network of local organisations. The service will include both statutory and non-statutory advocacy. Statutory advocacy means a person is legally entitled to an advocate because of their circumstances. This might be because they're being treated under the Mental Health Act or because they lack the mental capacity to make their own decisions. It also covers certain people who are in the care of the NHS or local authority, including prisoners. Non-statutory advocacy services continue to play an important role, providing advocacy where vulnerable people fall outside the eligibility criteria for statutory provision.

Recommendation Two The Commission recommends that the new model makes clear what formal respite care is available for the different categories of carers in Hackney and how officers are working with partners to increase the availability and flexibility of respite care. We also ask for clarification on how the cessation of the Independent Living Fund4 has impacted on availability of respite care.	This recommendation is agreed. The new model will make clear what formal respite care is available for different categories of carers. Cessation of the Independent Living Fund has had no impact on availability of respite care as this provision is based on carers needs. All former recipients of Independent Living Fund and their carers have been reassessed and subsequently if a need for respite had been identified

	appropriate provision has been commissioned from a wide range of independent providers. The type and frequency of respite required is discussed during carer assessments and support planning. It could be either through residential respite, a sitting service, a Direct Payment scheme, or day care provision, to enable carers to have a break. This could be a stand-alone provision or a provision that is built into a package of care.

Recommendation Three The Commission recommends that the GP Confederation should: (a) Work with GPs and health practitioners to develop greater awareness of the signs of dementia. (b) Ensure greater uptake of existing local services for dementia sufferers. (c) Work closely with social services and voluntary and community sector to ensure an even engagement with the services across the borough as well as in the pockets where it is needed most.	This recommendation is partially agreed. The City and Hackney GP Confederation is a provider organisation and is not resourced to undertake tasks that are outside of its current contractual obligations. However, the Confederation participates in, and supports the work of the Dementia Alliance Strategy Group. This Group is a local partnership of commissioner and provider organisations across Hackney and the City working to improve services for people diagnosed with dementia and their carers. The Alliance is using its resources to support carers, care mapping, care planning, and urgent and crisis care. As part of this work they are mapping the provision of carer assessments to identify barriers and gaps to access. The outcomes of this work will be reported to the Commission on its conclusion.

Recommendation Four The Commission requests the CCG to give consideration to introducing new measurements to monitor how GPs are identifying and supporting carers to make sure carers are able to look after their own health, are listened to about the care of the person being cared for	This recommendation is partially agreed. As mentioned above in response to Recommendation 3, the City and Hackney GP Confederation is a provider organisation. It would need to be commissioned to carry out the monitoring work proposed in this recommendation.

and are supported to care well.	In order to take address the important point made in this recommendation the Prevention Workstream (which has a key objective regarding carers) will be asked to consider how this task might be implemented through existing or new contractual arrangements.

Recommendation Five The Commission asks that East London NHS Foundation Trust works with their Carers Support Group to explore how a better balance can be struck between the need to maintain patient confidentiality for adults whilst acknowledging the problems created for carers when appointment letters are ignored or destroyed.	This recommendation is agreed. If a patient has fluctuating conditions it is important to have a conversation when they are well so that expectations and arrangements are in place for when they're not well. Regarding confidentiality, a useful example on which to build would be the Alzheimer's Society policy regarding patients coming into the system whereby the service user is asked to agree to share everything with their carer (or whoever is the right person depending on the circumstances).

Recommendation Six The Commission requests that the new model includes an action plan detailing how it will attempt to reach 'hidden carers' e.g. carers of those with dementia not yet fully diagnosed, older carers and those carers who are trying to continue to work full time and do not have time to ascertain what support might be available.	This recommendation is agreed. An Officer at the City and Hackney Carers Centre has recently started work on identifying hidden carers and the findings from this, and other research, will be built into the new model. This work is especially applicable to communities and groups in which people don't recognise themselves as carers. The report leans towards people with dementia but there are other gaps too. For example, the Hackney Refugee Forum has very useful knowledge about hidden carers in that community.

Recommendation Seven The Commission requests the Council and Healthwatch Hackney to detail	This recommendation is agreed. As recommendation Four, the Prevention

what ongoing consultative mechanisms are in place within the borough which could benefit carers and to what degree local carers are included in such bodies? We also wish to know what will be the remit of the proposed Carers Board, how will carers be involved in co-production initiatives and what involvement carers will have in, for example, the Patient and Public Involvement elements of the 4 Integrated Commissioning Workstreams?	Workstream will take the lead for Carers within the integrated commissioning model. This will include defining the remit and monitoring progress of the proposed Carers' Board. This will include the elements of co-production and resident involvement referred to in the recommendation. It is also proposed that both the Prevention Workstream and the Making It Real Board will consider and report back on the extent to which carers' voices are represented within governance structures across the emerging Integrated Care System.

Recommendation Eight The Commission recommends that the Carers Information Support Programme (operated by Alzheimer's) should hold sessions which are more accessible to carers including outside of working hours. We request the Carers Centre and its partners to give consideration to how their services can be provided more flexibly e.g. evenings and weekends and in a better coordinated way, ideally at a central one-stop-shop point. We would also ask that a coproduction approach is taken to the development of the offer.	This recommendation is agreed. The points relating to flexible hours, location and coordination will also be a feature of the new model. It should be noted that a central one-stop-shop could have merits but can also be difficult for people with travel needs so access at different points in the borough, perhaps through Neighbourhoods, may be an alternative option. For some groups, this may not need to be a physical location. This will also be considered as part of the new model.

Recommendation Nine The Commission requests that further engagement with service users and their carers is required to provide reassurance about the reconfigured Day Care Services at Oswald St and that a communications plan is implemented without delay	This recommendation is agreed. As discussed with the Commission at its meeting on 14 February 2018 (see draft minutes paragraph 7.4(c)) a communications plan is being finalised (including a project with the Multi Media Group) and service users will be reassured that the services they were used to would continue. As part of the Mobilisation Plan, Officers responsible for Day Care Services will contact carers of service users to make

	sure they're aware of the change in location and continuity of provision. Communications to service users and carers will be appropriate and sensitive to their particular needs.

Recommendation Ten The Commission recommends that an awareness and development session, perhaps led by Alzheimer's Society, takes place with Hackney Mobility Service to ensure greater awareness of the needs of those patients affected by dementia, and that these are recognised and reflected in the Blue Badge application process.	This recommendation is agreed. There is a national eligibility criteria for Blue Badges which is set by Central Government. Currently the criteria is predominantly based on mobility or difficulty to mobilise. However, each borough has a facility to award discretionary Blue Badges. Locally this enables Hackney to award a Blue Badge for those with more complex needs which are not necessarily functional needs (e.g. Alzheimer's, mental health conditions or learning disabilities). These applications are often made by carers or relatives and applications are considered by the Council's Mobility Team which employs qualified therapists who are trained to make such decisions. Furthermore, in recognition of informal carers, Hackney Council is piloting discretionary resident parking bays for a nominated non-paid carer. This pilot has just commenced and once it reaches 50 carers, a review between Adult Services and Parking Services will be undertaken. Applications for these bays are made through parking services. In addition, a national consultation is underway with regards to a review of Blue Badge eligibility which proposes to extend the criteria to those suffering with conditions other than physical disabilities, such as autism, dementia and mental health difficulties.

Recommendation Eleven The Commission recommends that in	This recommendation is agreed.

the new model consideration is given to improving access to the Carers Needs Assessment database for those assessors undertaking the assessments or to reconsider who carries out the assessments and that further consideration is given to how a more consistent quality of the assessments can be maintained.	For people diagnosed with Dementia, this work is being led by the Dementia Alliance Strategy Group. Through this work the Care Navigation Plan is to be linked to the Service User's Care Plan through the use of a national system called "Co-ordinate My Care"). The leads for "Co-ordinate My Care" are currently working with the Alzheimer's Society to finalise an information governance agreement and issue log-in details so that the plans can be uploaded. Discussion is also being finalised for Adult Social Care support plans to be uploaded. Progress on this initiative will be reported to the Commission at a future date.

Recommendation Twelve The Commission recommends that consideration is given to commissioning additional support locally to help carers apply for a Lasting Powers of Attorney and deal with issues around Wills and Trusts and that this be considered in any review of financial advice provision for Carers.	It is important that service users are able to receive information and advice at the right time. The City and Hackney Carers Centre has hosted a session with solicitors advising people about Lasting Power of Attorney. Consistent advice and a consistent approach are key as it can be difficult to go through the process at later stage and there can be significant costs. As part of developing the new model, options will be explored for continuing to explain the importance of addressing Lasting Power of Attorney early. For example this could include work with Safeguarding Adults Board, utilising Age UK's "will writing week", and enhancing reference to the subject in local information and advice services.

Recommendation Thirteen The Commission recommends that further efforts are made to train adult social care staff, in particular Care Co-ordinators, on Housing Needs Awareness and what it means for carers, so that they are in a better position to provide advice to worried carers.	This recommendation is agreed. Officers from the Council's Benefits and Housing Needs team regularly provide training to internal colleagues and external partners on housing in Hackney, most recently regarding implications of implementing the Homelessness Reduction Act 2017. This training and

	briefing will be extended to Care Co-ordinators.

Recommendation Fourteen The Commission recommends that the Council's planning and other policies could be adapted to ensure that the Dementia Friendly issues are given a higher profile in planning and design.	This recommendation is agreed. The Council is currently preparing a new Local Plan 2033 which provides opportunities to raise the profile and integrate issues around the needs of people living with dementia and other vulnerable groups into planning policies. The planning system can influence certain aspects of the wider environment such as landscaping and the public realm allowing a greater emphasis on accessibility and usability of public spaces, and creating environments where people actively choose to walk, cycle and spend time. This will be translated into policies for geographical places such as Dalston, Hackney Central, Clapton, Stamford Hill and Shoreditch in more detailed Area Action Plans and master plans.. There is limited scope to address the interior environment of buildings. The draft Local Plan 2033 currently contains a policy on Liveable Neighbourhoods (Policy 37) which seeks to transform Hackney's places and streets into one of the most attractive and liveable neighbourhoods in London. Policy 16 (Housing Older and Vulnerable People) encourages development of housing aimed at meeting the specific needs of older people and vulnerable people. The policy references meeting any relevant guidance for the forms of accommodation proposed, and homes should be designed to be adaptable to assist independent living at home. Policies 16 and 37 and their supporting text could be expanded to include links to relevant good practice guides. Health Impact Assessments and an Equality Impact Assessments will be undertaken to further ensure that the

	policies promote health and wellbeing and equal opportunities. Major planning application schemes will also be required to submit Health Impact Assessments. Another project which may contribute to the Council's understanding of this matter is the cross departmental Hackney An Accessible Place for Everyone project which explored issues around inaccessibility of the public realm, public buildings and businesses, lack of courtesy towards disabled people and those with mobility difficulties in public spaces. The project also explored variable attitudes towards disabled people in shops and businesses, and the need to make Council services more welcoming to disabled customers; and disabled staff reporting lower satisfaction levels with Hackney as a place to work.

Recommendation Fifteen The Commission requests a briefing from City and Hackney Carers Centre on how Hackney is benefiting from the Carers Trust 'Working for Carers' project which is a pan London project to assist carers back into employment.	This recommendation is agreed and a briefing will be provided to the Commission.

Recommendation Sixteen The Commission requests that the current review of benefits and money advice services within the Community Grants Team underlines the centrality of these services for carers and that the Commission receives a briefing on its findings/recommendations and that this is taken into consideration by Adult Services in revising the new Model.	This recommendation is agreed. The aim of the current systems review of advice is to understand how we can better meet the agreed purpose for advice to, "help people solve their problems by promptly giving the right advice, support and knowledge" and use this learning to re-design an advice model from April 2019. The aspiration for the new model is an integrated debt and advice service which helps people resolve their problems at the earliest stage and find ways to help people address wider issues to help them live a happier more fulfilled life. Advice providers will work together to deliver a single

	service, working across institutional boundaries. The advice review so far has concentrated on the three principle funded advice providers, Citizens Advice, Hackney Community Law Centre and Hackney Advice Service. The next stage of the review involves working with the wider advice sector. This will help us to address access issues and reduce signposting by encouraging partnership working as well as ensuring we have the right mix of organisations to ensure the most appropriate, holistic and effective support. The Carers Centre will be working with us on this next stage. A key feature of this way of working is for system leaders to study in the work, so they can understand the system from the perspective of people trying to get help and make informed choices about changes that need to be made when we co-design the framework for the Advice service from 2019. By collaborating to learn a wholly different logic and approach to advice provision, providers, commissioners, as well as service providers will share responsibility for developing accessible and effective service responses, and the resource framework through which they can be provided. Although we are happy to provide a briefing on our learning from the review, we have been working closely with Adult social care and invite then to be part of the observation and co- design process.

Hackney

Health in Hackney Scrutiny Commission 26th September 2018 **Work programme 2018/19**	Item No **11**

OUTLINE

Attached is the draft work programme which outlines which items will be scheduled. Please note this is a working document and changes regularly.

It gives an outline of the items already committed to and items which the Commission hopes to cover between now and the end of the municipal year in April.

ACTION

The Commission is requested to note the attached.

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Health in Hackney Scrutiny Commission

Future Work Programme: June 2018 – April 2019 (as at 17 Sept 2018)

All meetings will take place in Hackney Town Hall, unless stated otherwise on the agenda. **This is a working document and subject to change.**

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Tue 12 June 2017 Papers deadline: 1 June		Jarlath O'Connell	**Election of Chair and Vice Chair for 2018/19**	
	Legal & Democratic Services	Dawn Carter McDonald	**Appointment of reps to INEL JHOSC**	To appoint 3 reps for the year.
	HUHFT	Tracey Fletcher	**Response to Quality Account for HUHFT**	Discussion with Chief Exec of Homerton University Hospital on issues raised in the Commission's annual Quality Account letter to the Trust.
	LBH/CoL/CCG Planned Care Workstream	Simon Cribbens SRO Siobhan Harper, Workstream Director Anne Canning Dr Mark Rickets	**Integrated commissioning – PLANNED CARE Workstream**	4th in a series of updates from each of the Integrated Commissioning Workstreams
	LBH/CoL/CCG UnPlanned Care Workstreams	Nina Griffith Dr Mark Rickets	**Delayed Transfers of Care including the outcome of the 'Discharge to Assess' pilot.**	Update requested at 14 Feb meeting.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	LBH/CoL/CCG UnPlanned Care Workstream	Nina Griffith Dr Mark Rickets	**Update on new arrangements for Integrated Urgent Care**	Presentation on the ongoing Hackney element to the new Integrated Urgent Care service which will replace CHUHSE from August and work alongside London Ambulance Service (the new pan NEL NHS 111 provider).
	MEMBERS		**WORK PROGRAMME FOR 2018/19**	To agree the outline Work Programme for 2018/19
FOR NOTING ONLY	ELHCP	Jane Milligan (for noting only)	**NHS North East London Commissioning Alliance**	To note letter from Jane Milligan (AO for the NEL LCA and Exec Lead for ELHCP) to the Chair of INEL JHOSC in response to questions regarding the new NHS structures and commissioning arrangements in north east London.
Tue 24 July 2018 Papers deadline: 16 July	CCG, GP Confed, HUH, Adult Services	Nina Griffith Dr Stephanie Coughlin	**Neighbourhood Model for Health and Social Care**	Suggested by CCG, GP Confed, Public Health.
	LBH/CoL/Prevention Workstream	Anne Canning SRO Jayne Taylor Workstream Director	**Integrated commissioning – PREVENTION Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	Healthwatch	Tara Barker Jon Williams	**Healthwatch Hackney Annual Report**	To consider the annual report of Healthwatch Hackney
FOR NOTING ONLY			**Responses to Quality Account requests**	To note responses by the Commission to requests for comments on draft Quality Accounts. Responses to:

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
				- St Joseph's Hospice - Arriva Transport Solutions
Wed 26 Sept 2018 Papers deadline: 17 Sept	Integrated Commissioning CCG/LBH/HUHFT/ ELFT	David Maher Anne Canning Tracey Fletcher Paul Calaminus	**Estates Strategy for North East London**	Update on emerging Estates Strategy at NEL level and impact on Hackney.
	HUHFT	Tracey Fletcher	**Changes to pathology services at HUHFT**	Update requested at July meeting following concerns raised by Dr Coral Jones.
	CCG, Finance & Resources, Adult Services	Sunil Thakker Ian Williams David Maher Anne Canning	**Update on pooled vs aligned budgets in Integrated Commissioning**	Requested at March meeting. To focus on implications for cost savings programmes.
	Chair of CHSAB Adult Services	Simon Galczynski John Binding	**Annual Report of City and Hackney Safeguarding Adults Board**	Annual review of SAB work. Annual item.
	Adult Services/ Planned Care Workstream	Simon Galczynski	**Integrated Learning Disabilities Service**	Update on development of the new model
FOR NOTING ONLY	Adult Services Carers Centre		**Cabinet Response to review on 'Supporting Adult Carers'**	To note the Cabinet Response to the Commission's review on 'Supporting adult carers' agreed by Cabinet on 17 Sept.
INEL JHOSC Oct date TBC At Newham	*LB Newham LB Tower Hamlets LB Hackney City of London Corporation*	*Michael Carr (Newham Council)*	***East London Health and Care Partnership and the North East London Commissioning Alliance***	*The work of the NHS North East London Joint Commissioning Committee. Hackney requested items on: Single Financial Officer for ELHCP and the potential conflicts of interests of the JCC members*

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Mon 19 Nov 2018 Papers deadline: 8 Nov	NHSE London GP Confed Public Health CCG Children's Centres HLT	Debbie Green Laura Sharpe and /Dr Mary Clarke Dr Penny Bevan Tbc Tbc Tbc Tbc	**Vaccine preventable disease and childhood immunisations**	Long item on Childhood Immunisations to address concerns about the borough's performance and key issues for the stakeholders engaged in trying to increase the uptake of immunisations.
Members of CYP Scrutiny Commission to attend	LBH/CoL/CCG CYP&M Care Workstream	Angela Scattergood SRO Amy Wilkinson Workstream Director	**Integrated commissioning – CYP&M Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	NHSEL (commissioner) The Royal Free (provider for central and east London)	Matthew Bazeley, Dir of Public Health Commissioning tbc Director of Screening	**Changes to Breast Screening Services in Hackney**	Follow up to response in August from NHSEL re concerns about shortage of appointments and overall performance of breast screening service for Hackney residents.
INEL JHOSC Dec tbc			***East London Health and Care Partnership and the North East London Commissioning Alliance***	*The work of the NHS North East London Joint Commissioning Committee*
Mon 7 Jan 2019 Papers deadline: 20 Dec	Tbc	tbc	**REVIEW on Digital Primary Care – Agree Terms of Reference Evidence gathering 1**	Agree ToR and commence evidence gathering.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	Cabinet Member	Cllr Demirci	**Cabinet Member Question Time with Cllr Demirci**	Annual CQT Sessions
	Adult Services Planned Care Workstream	Simon Galczynski Siobhan Harper	**Integrated Learning Disabilities Service**	2nd update on development of the new model
For noting only	Integrated Commissioning – Planned Care Workstream	Siobhan Harper	**Housing First pilot**	Update on this health initiative in conjunction with Housing Needs to support those with multiple and complex needs.
INEL JHOSC Jan/Feb tbc			***East London Health and Care Partnership and the North East London Commissioning Alliance***	*The work of the NHS North East London Joint Commissioning Committee*
Mon 4 Feb 2019 Papers deadline: 24 Jan	Various	Various	**REVIEW on Digital Primary Care – Evidence gathering 2**	TBC
	Partnership Members; Public Health, Hackney Learning Trust, Children's Services, Young Hackney, Community Services, NHS partners etc	Tim Shields Dr Penny Bevan	**Obesity Strategic Partnership briefing**	Report from Chief Exec and Public Health on 'Obesity Strategic Partnership' a whole system approach to tackling obesity

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	LBH/CoL/CCG Unplanned Care Workstream	Tracey Fletcher SRO Nina Griffith Workstream Director	**Integrated commissioning – UNPLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
Tue 12 Mar 2018 Papers deadline: 1 Mar	Various	Tbc	**REVIEW on Digital Primary Care – Evidence gathering 3**	Various
	Adult Services	Simon Galczynski	**Adult Services Local Account**	Annual item on publication of the Local Account of Adult Services
	Adult Services	Simon Galczynski	**6 month update on implementation of recommendations of 'Supporting adult Carers' review**	Including briefing on the new model for Carers Services.
	Adult Services Oxford Brookes University researcher Camden Council rep (best practice)	Gareth Wall and Simon Galczynski Names tbc Names tbc	**Market Making in Adult Social Care**	Report on Adult Services Market Position Statement and benchmarking on how to develop the local market for social care providers.
INEL JHOSC Mar/Apr tbc			***East London Health and Care Partnership and the North East London Commissioning Alliance***	*The work of the NHS North East London Joint Commissioning Committee*

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Mon 8 April 2019 Papers deadline: 28 Mar	Various	Various	**REVIEW – Evidence gathering 4 and draft recommendations**	
	LBH/CoL/CCG Planned Care Workstream	Simon Cribbens SRO Siobhan Harper, Workstream Director Anne Canning Dr Mark Rickets	**Integrated commissioning – PLANNED CARE Workstream**	4th in a series of updates from each of the Integrated Commissioning Workstreams
	Adult Services Planned Care Workstream	Simon Galczynski Siobhan Harper	**Integrated Learning Disabilities Service**	3rd update on development of the new model
			Discussion on Work Programme items for 2019/20	

20-18/19 REVIEW report will be agreed at June 2019 meeting.

Items to be scheduled

	HCVS Connect Hackney Cabinet Member Age Concern East London? GP Confed or CCG?	Jake Ferguson Lola Akindoyin Shirley Murgraff Cllr Demirci	**Connect Hackney - Reducing social isolation in older people**	Report on work of Connect Hackney (a Big Lottery Funded project) Suggested look at work of Mendip Council in Somerset which resulted in reductions in hospital admissions.

	CCG Confed	Nina Griffith Dr Stephanie Coughlin	**Neighbourhood Model**	Revisit the progress in July 2019.
For noting only	CCG-LBH-CoL	Nina Griffith	**Housing First pilot**	*Workstream Director for Planned Care to provide an update on the Housing First once the scheme had been assessed. Requested July 2018.*

Other suggestions from Members this year to be considered

1. Exploring the relationship between health and well being and housing in Hackney.

2. Scrutiny of Public Health function since it transferred from the NHS 5 years ago.