

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

Tuesday, 12th March, 2019

7.00 pm

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

Contact:

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Tim Shields

Chief Executive, London Borough of Hackney

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

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.00)**
- 3 Declarations of Interest (19.01)**
- 4 Minutes of the Previous Meeting (19.01)** (Pages 1 - 30)
- 5 Review on 'Digital first primary care..' Evidence from system providers (19.05)** (Pages 31 - 46)
- 6 Review on 'Digital first primary care..' evidence from Hackney KONP (19.40)** (Pages 47 - 50)
- 7 Action Plan responding to CQC report on Housing with Care service (19.55)** (Pages 51 - 90)
- 8 Review on 'Supporting adult carers' tracking implementation of recommendations (20.25)** (Pages 91 - 118)

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| 9 | Hackney Local Account of Adult Care Services 2017/18 (20.40) | (Pages 119 - 196) |
| 10 | Verbal update on work of INEL JHOSC (20.58) | (Pages 197 - 198) |
| 11 | Health in Hackney Scrutiny Commission- 2018/19 Work Programme (21.00) | (Pages 199 - 210) |
| 12 | Any Other Business (21.01) | |

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Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm>



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Providing oral commentary during a meeting is not permitted.



<p>Health in Hackney Scrutiny Commission</p> <p>12th March 2019</p> <p>Minutes of the previous meeting and matters arising</p>	<p>Item No</p> <p style="font-size: 48pt; text-align: center;">4</p>
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OUTLINE

Attached please find the draft minutes of the held on 4th February 2019.

MATTERS ARISING from November meeting

Action at 8.7

ACTION:	<i>Chief Executive of HUHFT to meet with Chief Executive of Barts Health Trust and the Chair of Tower Hamlets CCG to explore a common approach to implementing these regulations for charging overseas visitors and to report back to the Commission.</i>
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An update on this from CE of HUHFT is awaited.

Action at 8.10

ACTION:	<i>The Commission to meet with Hackney Migrant Centre to draft a letter/submission to DoH detailing the negative impacts of the Overseas Visitors Charging Regulations locally.</i>
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This letter is attached.

MATTERS ARISING from February meeting

Action at 7.12

ACTION:	<i>Dr Jackie Applebee to share Tower Hamlets CCGs public leaflets about GP-at-Hand with the Commission.</i>
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This is attached. Dr Applebee has also provided the Commission with letters referred to in the discussion including a) NHSE response to Tower Hamlets LMC re GP at Hand, b) Londonwide LMCs follow up on this to NHSE and c) Hammersmith and Fulham's response to the LMCS re the funding challenge caused by GP at Hand.

Action at 7.41

ACTION:	<i>The Commission to request an update on GP-at-Hand take up in City & Hackney from Public Health.</i>
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NHS Digital release the overall practice registration figures monthly, but with the local authority of residence only quarterly in January, April, July, October.

We've already noted the Jan figures and Public Health will provide the next figures after 15 April. They will be included in the review report.

ACTION

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

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Monday, 4th February, 2019

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) and Cllr Patrick Spence
Apologies:	Cllr Deniz Oguzkanli and Cllr Emma Plouviez
Officers In Attendance	Anne Canning (Group Director, Children, Adults and Community Health), Tim Shields (Chief Executive), Jayne Taylor (Public Health Consultant) and Adrian McDowell (Policy and Research Officer)
Other People in Attendance	Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), Dr Jackie Applebee (Chair of Tower Hamlets LMC), Amanda Elliott (Healthwatch Hackney), Nina Griffith (Integrated Commissioning Workstream Director for Unplanned Care), Jane Lindo (Primary Care Lead Transformation Lead, East London Health and Care Partnership), Dr Mark Rickets (Chair, City & Hackney CCG), Dr Fiona Sanders (Chair, City & Hackney LMC), Jon Williams (Director, Healthwatch Hackney), Niall Canavan (IT Enabler Group of Integrated Commissioning), Dr Gopal Mehta (GP Partners, Richmond Rd Medical Practice) and Michael Vidal (Public Representative, Integrated Commissioning Workstreams)
Members of the Public	4
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 have been received for Cllr Deniz Oguzkanli, Cllr Emma Plouviez, Jarlath O'Connell, Tracey Fletcher, Kirit Shah, Dean Henderson, David Maher, Ilona Sarulakis and Jenny Cooke.

2 Urgent Items / Order of Business

2.1 There were none.

3 Declarations of Interest

3.1 Cllr Maxwell said that she is a Member of Council of Governors of Homerton University Hospital NHS Foundation Trust.

3.2 Cllr Snell said that he is Chair of Trustees at DABD UK.

3.3 Dr Mark Rickets said that he is Chair of the City and Hackney Clinical Commissioning Group.

4 Minutes of the Previous Meeting

4.1 Dr Mark Rickets corrected the figure in the second paragraph of page 9 (6.6) of the minutes from 4,000 to 30,000.

4.2 Members gave consideration to the minutes on Monday 7 January and agreed, following minor amends, that they are a correct record.

RESOLVED:	That the minutes of the meeting held on 7 January be agreed as a correct record.
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5 CQC report on Housing with Care Service

5.1 Cllr Hayhurst said that he had spoken to members about this item and that due to the seriousness of the issue the item could not wait until the March meeting before being addressed. The Commission recognised, however, the limited time the Council had had to develop a full response. As a result, Cllr Hayhurst explained that the Commission had invited Anne Canning to offer the Council's immediate response to the report and would expect a full action plan to be presented at the next meeting in March 2019.

5.2 Anne Canning thanked the Commission for the opportunity to respond publicly to the report. She referred to both the Care Quality Commission report and the response provided by the Council on the Adult Social Care webpage for service users and their families, which were noted. She said that this response will be updated as the Service develops its plans. She said that Housing with Care operates at fourteen locations across the borough and provides care services to 230 people. The Council provides the care services and the housing is provided through a different contract with the registered landlord. The Service was last inspected in 2016 and received a 'Good' rating from the CQC. It was inspected just before Christmas 2018 and found to be 'Inadequate'. The Inspection has a number of different domains and the Service was found to 'Require Improvement' in two of these - (1) the service is caring (2) the service is responsive. The Service was found to be 'Inadequate' in all other domains.

5.3 She explained that certain actions set out by the CQC need to be completed by 8 March 2019 and other actions will take place over a longer period. In the 6-18 months period following January 2019 the CQC will re-inspect the Service. She said that the Council treats with the utmost seriousness the findings of the report, regrets the impact that inadequate services have had on service users and would like to apologise publicly for this failure. She said that there is a tight action plan to respond to the report and that a group of staff from Adult Services meet weekly to oversee this work. The Service has placed itself on a number of regimes as part of its response. For example, the Service is putting itself through the Provider Concern process used by Adult Commissioning, has brought in external scrutiny and is working closely with the CQC to test what the Service is doing. Senior staff from Adult Services are meeting with Service Users and their friends and families to provide reassurance and inform how the Service responds. There is an event planned for Thursday 7 February with Hackney Healthwatch to have an open discussion with service users and their families about how they would like the Service to respond. She said that working with Hackney Healthwatch provides another layer of Scrutiny that the Service is adequately responding to the report.

5.4 She explained that one area of criticism in the report is the training of staff. She said that an extensive programme has been put in place to respond to this. This programme includes, review of risk assessments, recording of service user's desires and wishes, and clarification about management of medicine. She said that her priority is securing the confidence of service users throughout this process and making sure that they feel safe, respected and well cared for.

5.5 Cllr Hayhurst invited two questions from members on account of this item returning in March.

5.6 Cllr Maxwell said that the response refers to personalised care plans and the need to have conversations with service users. She was concerned that this response showed a Service that was extremely behind the times in terms of creating a culture of personalised care and would like more detail on how the Service plans to achieve this culture change.

5.7 Cllr Snell said that he would like greater understanding of the management structure and who is responsible for introducing best practice into the Service and who is checking that this happens. He would also like timeframes and named individuals in the action plan.

5.8 Cllr Hayhurst noted that the report had found the Service to have failed in its Governance and Regulations. AC replied that there are detailed plans and guidance, drawing on best practice, about how care should be personalised. She acknowledged that there were systems in place that were not acted on which meant that the Service was not inspection ready. She referred to the role of the Strategy and Governance group in Adult Services in this process and how the full response would address this.

RESOLVED: That the discussion be noted.
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6 Obesity Strategic Partnership - briefing

6.1 Members gave consideration to a briefing on the Obesity Strategic Partnership.

6.2 Tim Shields, introduced the paper, stating that the Obesity Strategic Partnership takes a whole systems approach to try and achieve impact on this issue. He explained that he has been Chair of the Obesity Strategic Partnership since it was established three years previously. He said that the most recent results from the Child Measurement Programme found Hackney above both the London and National average for childhood obesity. He explained that children who are overweight or obese tend to remain overweight or obese in adulthood which can lead to cardiovascular disease, certain types of cancer, and mental health problems. He also referred to substantial social inequalities in relation to obesity with people from more deprived backgrounds more likely to be obese. He said that the causes of obesity are many and complex. For example, the physical environment, the social environment, physiology and individual behaviour. He said that a whole system approach tries to address these factors and how they interact. He said that the Partnership was started in 2016 and brings together a number of partners from across the health and care, housing, businesses, VCS organisations and young people. He said that a workshop is planned for Thursday 7 March for the Partnership to develop a ten year strategy. This process replicates what other local authorities have done and cities in Europe. He said that one of the challenges of taking a whole systems approach is about how you measure impact. He referred to Figure 7 as the system map for obesity, the need to concentrate on what would have the most impact, and being open to failure. He said that Appendix 1 provides an overview of the work of the Partnership and how it has taken action at different levels of influence - for example at a policy level, an organisational level and an individual level. He referred to certain successes - for example, the reduction in high sugar food and drinks in vending machines in leisure centres, community cooking courses and the daily mile for Primary School children.

6.3 He handed over to Jayne Taylor to provide more detail on the activity of the Partnership. She referred to a Scrutiny Review carried out by the Children and Young People's Scrutiny Commission in 2013 and said that all of the recommendations from that report have been taken forward. She said that she would welcome Members' influencing the Partnership as it sets out its new strategy and how the Partnership can engage residents.

6.4 Cllr Demirci (Cabinet Member) said that she was confident that a whole systems approach was the right approach to addressing obesity in Hackney. She said that work is ongoing to ensure that health and wellbeing is part of the built environment and enables an activity lifestyle. For example, she said that Public Health are working closely with the Regeneration Service and Transport Service to make progress in this area. She acknowledged that it has been difficult to reduce obesity but that she believed there were things the Partnership could do to make improvements. For example, she said that she thought there was a need for greater understanding of different communities and closer working with schools. She also referred to the reduction in the number of take-aways near schools. However, she said that this raised more issues relating to children and young people leaving school hungry and what behaviours should be encouraged.

6.5 Cllr Maxwell asked how the Partnership was responding to mental health conditions that affect eating - including overeating as well as conditions like anorexia.

6.6 JT said that commissioned services do provide services for these conditions and that the recommissioning of the Obesity pathway will also respond to these more complex needs. JT also referred to Primary Care support for mental health conditions supporting physical activity. Cllr Maxwell suggested mental health charities like MIND could provide support in this area and referred to how psychiatric medication can lead to weight gain.

6.7 Cllr Snell asked how the Partnership works with voluntary and community groups, for example sports clubs, in the borough. He also asked if there was a borough sports strategy.

6.8 JT said that she agreed and the Public Health have met with the Leisure Team to start thinking about a Sport and Physical activity strategy for the borough. She noted that not everyone will want to take part in sports and the services on offer needs to reflect this. She referred to the Sport England pilot in King's Park that focuses on increasing physical activity amongst residents who currently do no physical exercise and how this creates an opportunity to test and learn from different approaches.

6.9 Cllr Spence asked about how the strategy could address the power of large corporations to market high sugar food and drink to children and families. He noted that sugar is marketed as aspirational for families from lower socio-economic backgrounds. He asked if the Partnership had thought about speaking to the larger supermarkets in the borough and if there was a role for environmental health. He also asked for clarification about the sugar content of drinks in leisure centres. The plan refers to the reduction in sugar but not the relative change and the current sugar content.

6.10 Cllr Demirci said that all high sugar drinks had been replaced with water or much healthier options and could seek clarification on this point. JT said that it was regrettable that the sugar levy was currently voluntary and that this was being monitored by Government. She referred to work the Partnership does with take-aways in the borough through healthy catering and said that it has explored the idea of healthy retail. She said that resources have not been made available for this work yet at a borough level because it may be led by Public Health London which would be beneficial in terms of impact. She said that the advertising policy at the council prevents the marketing of high sugar food and drinks at events targeted at children. She noted that wider change in this area has been challenging. TS said that the Mayor of London has recently agreed to prevent advertising of high sugar food and drink on bus shelters. TS also referred to conversations with local independent retailers about product placement and local restaurants and caterers about portion size. Cllr Demirci said that the Government's decision to not introduce a compulsory sugar levy was extremely disappointing and contrary to the evidence.

6.11 Cllr Hayhurst said that from his awareness of the messaging on healthy eating for children and his own experience were sometimes contradictory. For example, he said that he has to opt out of his children having high sugar cereals at a local children's centre.

6.12 JT said that this was disappointing to hear that this has been his experience as a local parent and that the partnership works with children centres on these issues.

She said she would welcome being told which centre he was referring to in order to take targeted action.

6.13 Jon Williams asked to what extent schools are involved in the Partnership. He asked about the evaluation of interventions listed in Table 4 on page 58 of the agenda.

6.14 JT said that working with schools is a priority for the programme but that this can be difficult. She said that Head Teachers have been invited to the Strategy planning day and that the Partnership is also engaging with Governors on this issue. She noted that a lot of good work takes place in Primary Schools on this issue but that this is not the case at Secondary School. She said that in Scotland the daily mile is part of the national curriculum at both Primary and Secondary school and supported action at the national level. She said that the interventions listed are evidence based using NICE care pathways and other guidance, however, she acknowledged that there is limited long-term evidence for these interventions.

6.15 Amanda Elliot supported the messaging used by the CYP Commission on engaging families and said that the word 'obesity' can be very off-putting for people who struggle with their weight. She also said that interventions like children having their lunches checked at school was the wrong one and needed to be far more positive in a similar way to the messaging for the daily mile. She referred to the work of weight loss groups in the borough and asked if the partnership had considered GP subscribing vouchers for this kind of support. She acknowledged such groups would not suit everyone but that it was a good model for weight loss, reduces social isolation and builds social cohesion by bringing together people from different backgrounds.

6.16 JT said that the partnership works closely with CYP on these issues and agreed that their approach to engagement was the right one. She said that the focus was on creating healthy environments and not on telling people what to do and that no commissioned services mention obesity. She said that weight loss groups are supported by the healthy weight management service and that using these networks and identifying case studies from them would be helpful for the Partnership.

6.17 Cllr Hayhurst, thanked the contributors, noted the overlap with CYP and that he would consider the opportunity for joint updates in this area.

RESOLVED: That the report and discussion be noted.

7 Review on 'Digital first primary care..' Briefings from ELHCP, LMCs, IT Enabler Group, ELHCP

7.1 Cllr Hayhurst introduced the item and said that he would invite presentations from guests before taking questions.

7.2 Jane Lindo (JL) said that the East London Health and Care Partnership is developing a Primary Care app that covers the seven boroughs within the STP. She said that digital is both an enabler and transformative technology for the overall STP strategy. She noted that the review of Primary Care across East London is still ongoing, the publication of the NHS long-term plan and the new GP contract and that all of these pieces of work have a strong digital element. She said that there is a

focus on learning from best practice in digital technology and acknowledged that Tower Hamlets is leading on this way of working through e-consult services and targeting of the younger population. She noted that Tower Hamlets have learnt that their young population are generally healthy but that when they are ill they often go to A&E and may not be registered with a GP. This shows that a different offer is required for this group. She said that she will be working closely with Tower Hamlets to learn from their work in this area and the effectiveness of digital services. She said that NHS England and the London programme have made available up to £500,000 for each STP to be a Digital Accelerator. She said that she is working with a CCG to use this money for digital primary care services. She also referred to the development of a NHS app to integrate with digital primary care services. She said she wanted to stress how the seven boroughs are working together on this agenda rather than going into detail about the content of the plans.

7.3 Cllr Hayhurst welcomed Dr Fiona Sanders and Dr Jackie Applebee from City & Hackney and Tower Hamlets Local Medical Committees to the meeting and invited them to give evidence.

7.4 Dr Fiona Sanders (FS) said that Doctors were generally positive about Artificial Intelligence and digital services. However, she said that digital service needs to be universal and fully integrated and cannot be a bolt-on to the existing system. She said that bolt-on services like GP-at-hand can be very destabilising. She said that digital services need to be instead of other types of services and not as well as. She said that the number of GPs has decreased despite the commitment to an increase of 5000 and workload pressures need to be reduced by digital services. She said that she thought more thought needed to be given about how the public understand different services and how they would like to use digital services. She referred to a recent survey from Which? reporting that 95% of people do not want digital services and that the introduction of digital services needs to have patient support. She noted the loss of funding for Pharmacy First which she thought was a bad decision and ran against the digital agenda set by NHS England. She said that any service would need to maintain more traditional methods in order not to create inequalities between those people who are comfortable using digital services and those who are not.

7.5 Dr Jacky Applebee (JA) began by saying that the demographic that uses digital services like GP-at-Hand the most, people aged 20-40 years old, tend to need GP services the least. She said that it was important that services maintain traditional ways for people to access services. She said that it is important that digital services are proven to improve productivity and not increase the workload of GPs. She also noted that she learns a lot from observation of patients coming into the surgery and should digital should not become a default substitute for conventional general practice. She said that she accepted that digital technology was here to stay but that digital services need to be evidence based. She said the NHS Long-Term Plan included a lot on digital services and timetables for implementation but that this would require adequate resources and that £500,000 for digital acceleration would not be sufficient. She said that Tower Hamlets have done a lot of work in this area in order to respond to people moving to GP-at-Hand. She said that Hackney and City and Tower Hamlets are both used to a high rate of turnover with a rate of around 40%. She said that 3,500 people registered in Tower Hamlets and 2,210 in Hackney and City have moved to GP-at-Hand. She acknowledged that these were not huge numbers but that GP practices could still do without losing this group of people. She said that she thought GP-at-Hand is dreadful and threatens health and care professionals applying a community response. For example, if a person is registered in Hammersmith and

Fulham but needs physiotherapy in East London there are serious problems about coordinating care. She said that Hammersmith and Fulham CCG have requested £18 million from other London CCGs to respond to the increase in patients. She said that she thought that Tower Hamlets CCG has refused this request.

7.6 Cllr Hayhurst asked if she had received a response to her letter dated 29 March 2018. She said that she does not think they have received a response.

7.7 Cllr Hayhurst asked Dr Gopal Mehta (GM) if he had anything he would like to add about how Richmond Road practice operates.

7.8 GM said that the practice was in decline 18 months ago but now it has between 70-75% patients registered online - the most in East London. He said that this has had considerable benefit for the practice. He said that there is a digital service for patients to book a GP call-back online and that patients are told exactly when the GP will phone. He said that other administration and prescriptions services are online. He said that patient satisfaction has improved, the practice has a high rating on NHS choices and it won GP practice of the year last year for England. He said that digital services have improved patient satisfaction amongst young patients but also amongst older patients. He said that there are systems in place for people to contact the practice or come into the practice in order to book an appointment. He said that people registered online are promised same day access to a GP.

7.9 Cllr Hayhurst invited Niall Canavan (NC) to give evidence to the session.

7.10 NC said that the Digital Enabler Group had been operating within Integrated Commissioning in City and Hackney for just over three years. He said that the first stage of the work concentrated on all partners maintaining consistent digital records and that the second stage on sharing these records. For example, the sharing of records between a GP and secondary care providers. He said that he was confident that City and Hackney has a good system in place. He said that services like GP-at-Hand would take patients out of this system of support and he didn't think people understand this. He said that the next stage in the Digital Enabler work will focus on going beyond sharing to things like alerting and patients having access to their records. He said that the way data is stored means that avoiding multiple portals for things like booking appointments is difficult. He said that the aim is to have a single digital identify for people across health and social care and tie services to this. For example, this has been partially achieved with the Co-ordinate My Care Plans for people aged 75 and over.

7.11 Cllr Snell said that the review needs to make strong recommendations and invited guests to be clear about what they thought these should be. He said that he thought there needed to be funding for the move to digital registration across the health and care sector. He also said that he saw clear dangers about services like GP-at-Hand and wondered if people should be warned about the consequences.

7.12 JA said that there are leaflets in surgeries warning people about the dangers of registering with digital primary care services. She said she could share examples of the leaflet with the Commission.

ACTION:	Dr Jackie Applebee to share Tower Hamlets CCGs public leaflets about GP-at-Hand with the Commission.
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7.13 Dr Gopal Mehta said that up to this point GP-at-Hand has not had too much impact in Hackney but that it will if it opens a site in the borough for face-to-face consultation. He said that he knows that GP-at-Hand is looking for a site in the borough and with its financial backing it will be able to secure a good location. He said that he can understand how appealing this service would be. He said that he is currently working from 6:30am-8pm to provide the quality of service at Richmond Road. He said that he thinks the GP-at-Hand service is unsafe and will lead to overprescription of medicine.

7.14 Cllr Hayhurst asked how sustainable a service like the one at Richmond Road is and if it could be replicated.

7.15 GM said the model has been replicated across 5 practices in the borough serving 50,000 people. He said this is happening because services are realising that they need to respond to the digital challenge. He said that there are dangers that if a Doctor is unavailable that a young person might go and register with GP-and-Hand.

7.16 Cllr Hayhurst asked if Dr Mehta knew of the impact his service offer has had on preventing people registering with GP-at-Hand.

7.17 GM said that the service offer has certainly prevented people leaving the practice. He said that growth in the service is evidence of this but that this is only happening because of the amount of work happening and that this is not sustainable and not every GP practice can and will do this.

7.18 Cllr Maxwell asked how GM is avoiding the risk of digital services in his own practice that he said were present with GP-at-Hand.

7.19 GM said that one way of avoiding risk is continuity of care with the same GP seeing the same person to monitor conditions.

7.20 JA said that CQC has found 4 in 10 digital-based providers inadequate and have reported an over use of painkillers and antibiotics amongst these services. She also said that there is strong evidence that continuity of care improves outcomes.

7.21 Michael Vidal noted that all practices need to offer online consultation from April 2020 and asked if there is any evidence that these services are better.

7.22 FS said that there is evidence that video consultations take longer but that people do want them. However, she also said that a recent survey has questioned if people actually wanted a digital service. She said she thought people wanted a partial digital offer but not a total digital offer like that used by GP-at-Hand. JA said that the move to digital is not evidence based.

7.23 Dr Mark Ricketts said that it is April 2021 that services need to provide online and video consultation. He said that recent data for GP-at-Hand shows that 41,690 people are registered with the service. Of this total 2,210 were from City and Hackney with 2,000 from Hackney. He said that 42% of the Hackney total were aged 20-39 years old compared to 28% of the population. He said that over 80% of people registered with GP-at-Hand were in this age group. He said that the key was managing the effects on the wider system. He said that warning people about the risks of registering with such services would contradict patient choice. He said that a

partner at his practice wrote an online letter warning people about the risks of registering with digital services and that this received an immediate response from GP-at Hand calling for the letter to be moderated.

7.24 Cllr Hayhurst said that it should be possible to promote the positives of the Hackney model instead of publicly criticising GP-at-Hand.

7.25 MR said that findings from the IPSOS MORI review of Hammersmith and Fulham could provide findings that could be reported publicly.

7.26 Cllr Hayhurst asked what the national package is for developing digital solutions and if this in any way could match the private investment in services like Babylon and GP-at-Hand.

7.27 Jane Lindo said that the end result is the NHS app to centralise services across health and care. She said that the Digital Accelerator funding aims to make local services compatible with the NHS app.

7.28 Niall Canavan said that the NHS app will centralise digital registration and take that away from local services. He said it has the potential to be much better than GP-at-Hand because it operates across the health and care system.

7.29 Cllr Hayhurst asked if it is possible for practices like Richmond Road to buy into the NHS app model and use it to provide online consultations.

7.30 NC said that this is certainly the expectation of NHS Digital. He said that if Hackney wanted to take this seriously it could ask to lead on adoption of the NHS app. He said that he would advise going second in this process to avoid implementation issues.

7.31 JL said that this requires GP practices getting used to using compatible digital services and getting their patients used to using these types of services.

7.32 Cllr Hayhurst asked if the Digital Accelerator funding would go to one borough.

7.33 JL said that it would and Waltham Forest and Newham were the boroughs under consideration. She also said some funding could support boroughs who have been slower in developing their digital services.

7.34 Cllr Hayhurst asked how Tower Hamlets could be both the most advanced in terms of its digital service and also the borough that has been most hit. He said that he thought Hammersmith and Fulham must have been the borough most affected.

7.35 JA said that Tower Hamlets have developed a much broader offer than GP-at-Hand. She said that GP-at-Hand have cornered a niche market and you can only register through an app which is only good if you are young and have a simple condition. She acknowledged that GP-at-Hand have been clearer on the fact that you deregister with your current practice when you register with the service. She said that Tower Hamlets have lost 3,000 patients from their GP practices and that loosely GPs are paid for the number of patients registered with them. She said that there are slight variations for this younger cohort and that Tower Hamlets have a larger younger population and rely on it to be financially viable. She said that Hammersmith and Fulham have said that they now have more people registered with them and need to

pay for their secondary care. She said that this is true but that eventually the money will follow the patient. For example, she said that if a new housing development opens in a borough with an influx of people then the local health service is expected to cope.

7.36 Cllr Snell asked if digital accessibility and standards are adequately promoted in the borough.

7.37 Cllr Spence said that he thought there was a conflict between universality and patient choice. He said that he thought the review must focus on the principles of universality, equality and risk sharing and that consumer principles are secondary to these.

7.38 AE said that Healthwatch have done a little bit of work in this area. She said that people need to be assured of the standards to expect and how to measure it. She said that Healthwatch can carry out Enter-and-View visits and that it will include a standard question on digital services in its questionnaires. She said she heard a lot of concerns about Digital First meaning that patients would have to try and use digital services before being offered alternative routes. She said that for her the focus should be on setting local standards for digital services.

7.39 FS noted that Duty Doctors have standards of care and MR added that the GP contract is set nationally and that this does include significant local flexibility. He said that he thought that it would be difficult to set standards as practices were testing different approaches.

7.40 Cllr Hayhurst asked MR which GP practices have lost the most patients to GP-at-Hand and what their digital service offer is.

7.41 MR said that it is difficult to know what a patient has done when they deregister with a practice. GM said that some patients do phone all of their patients who deregister. GM said that GP-at-Hand opening a site in Hackney would be a disaster for the area and could lead to the closure of practices.

ACTION:	The Commission to request an update on GP-at-Hand take up in City & Hackney from Public Health.
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RESOLVED:	That the reports and discussion be noted.
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8 Integrated Commissioning UNPLANNED CARE Workstream Update

8.1 Cllr Hayhurst invited Nina Griffith (NG) (Workstream Director, Unplanned Care) to update the Commission on the Unplanned Care Workstream of Integrated Commissioning and Members gave consideration to the report. He asked her specifically to update the Commission on the delivery of the NHS 111 telephone service in the borough.

8.2 NG explained that her update sets out the workstream structure, vision and strategic principles and the three main areas of work. These three main areas are (i) the neighbourhoods programme (ii) integrated urgent care programme and (iii) discharge programme. She said that there is system wide support and buy-in for the neighbourhoods programme. She said that an approved Neighbourhoods Strategic Document Number: 21904053

Framework has been agreed by commissioners and providers. In the medium-term the workstream hopes to influence a new End-of-Life service and dementia service in the borough in 2019.

8.3 She said that the NHS 111 service has been live since August 2018. She said there were teething problems at the beginning and that this meant the service did not meet its specifications. For example, some people did not receive a clinician consultation. She said that this had now improved and that more people are receiving a clinician consultation. However, she said that the service is not currently meeting the access standards within the contract that include; the time to answer the call, call abandonment rate and the time for a call back from a clinician. She said that there has been improvement but the standards are not being met. She said that this issue was escalated in September 2018 with fortnightly meetings with the Chief Executive of London Ambulance Service (the provider). Since these meetings LAS have put in place key clinical and operational senior support for the service. There is also better clinical Governance to look into incidents and complaints. These arrangements have been in place since January 2019. LAS are also looking at the operational functions of Clinical Assessment Service (CAS) to provide better support and meet surges of demand. She said that there has not yet been a significant change in the numbers but that these changes were only introduced in January 2019. She said there has been no discernable increase in A&E attendance at Homerton Hospital due to these issues and in fact they reduced after August 2018 although this would not be because of the service.

8.4 Cllr Hayhurst asked how that matched with the report that A&E attendance has increased at Homerton Hospital.

8.5 NG said that these figures pre-date August 2018 and that she has figures showing a decline since August 2018. She said this could not be attributed to the 111 service.

8.6 Cllr Snell asked how satisfaction with 111 is measured and assessed.

8.7 Michael Vidal asked how the neighbourhoods programme interacts with existing GP networks.

8.8 Christopher Sills asked if the closure of Median Road had contributed to the lack of beds for Intermediate Care.

8.9 NG said that there is a NEL 111 Service-User Group. She said that they have struggled to get service user representatives to join the group and that City and Hackney may need to do something at a local level. She said they are talking to their two service user representatives about how they do this and will consult Healthwatch about how they do this. They are also asking their non-clinical coordinators to ask people attending A&E about their experience of 111.

8.10 Cllr Hayhurst asked if it is possible to track City and Hackney residents calling 111 and the drop off rate and if this can be compared to the previous GP Out of Hour Service (CHUHSE).

8.11 NG said that in September 2018 the service was where it wanted to be, that it increased in November and also experienced some peaks in January but is generally where they expected calls to be. This is comparable to CHUHSE.

8.12 NG said that the new GP contract publication mandated Primary Care networks that are in line with the Neighbourhood Model. She said that she hoped this could lead to more resource to support this way of working. She noted that the Neighbourhood Model operates at a broader level. She said that it is good to have support from national policy but that there are risks of constraints and that she would look carefully at the service specifications when they are published in March 2019.

8.13 She said that there is some need for Intermediate Care to support people leave hospital or avoid hospital re-admission. She said these people need active rehabilitation, a period of around 6 weeks, and that sometimes this can happen at home but sometimes this requires inpatient care. She said that this provision does not currently exist and that there has been a historic review of need which showed that there is a need for 8-12 beds. She said that a more recent review has brought this figure down to 2-4 beds which pays testament to the work of the rehabilitation teams. She said that there is a need for nursing care beds in the borough and Interim Care Home beds. She said that they are scoping for more nursing care beds and some Interim Care beds in the borough.

8.14 Amanda Elliot said that part of the rationale for closing Median Road was the use of housing with care services and asked if these services are being used.

8.15 Dr Mark Rickets said that the new GP contract articulates the need for Primary Care Network to work with the wider health and care network. NG said that she doesn't think housing with care services are being used in place of Interim Care. AE said that this was the immediate plan after the closure of Median Road. NG said that there is now wider more comprehensive home care which can include 24 hour care.

8.16 Cllr Hayhurst asked NG to update the Commission on the plans for the scoping exercise. He said this could be a one page written update.

RESOLVED: That the report and discussion be noted.

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

9.1 Members gave consideration to the updated Work Programme.

RESOLVED: That the updated work programme be noted.
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10 Any Other Business

10.1 Cllr Hayhurst stated that he had not received any items for AOB.

Duration of the meeting: 7.00 - 9.00 pm

Health in Hackney Scrutiny Commission

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

Reply to: jarlath.oconnell@hackney.gov.uk

28 February 2019

The Rt. Hon. Matthew Hancock MP
Secretary of State
Department of Health and Social Care
39 Victoria St
London SW1H 0EU

By email to matt.hancock.mp@parliament.uk

Dear Secretary of State

Impact of Overseas Visitor Charging Regulations for NHS services on vulnerable migrants

I am Chair of Hackney Council's Health Scrutiny Committee and following representations from residents, GPs and local third sector organisations about the use of Pre Attendance Forms for overseas visitors at our local acute trust, Homerton University Hospital (HUHFT), we recently held a meeting on the issue, where we heard major concerns, which I would now like to share with you.

We understand that the Pre-Attendance forms used at the Homerton have since been withdrawn but that all Trusts are still required to pursue all those who don't qualify for free NHS services and more importantly to report non-payment to the Home Office or UK Border Agency.

The issue here is that we've learned from the local Hackney Migrant Centre and others that the bulk of those being pursued are destitute and so are in no position to pay these very significant charges. Many have 'No Recourse to Public Funds', although if they have children the Council still has statutory responsibilities to them, and some of course are homeless. The Council may also have responsibilities to some of these adults under The Care Act.

We heard from Hackney Migrant Centre about cases such as:

- A woman sent a bill for £96k for a liver transplant
- A bill for £86k sent to a cancer patient who was street homeless
- A bill for £14k sent for a treatment not yet delivered

The key issue is the degree of deterrence and what the health impacts are. Often, when patients disappear from the system, their health subsequently deteriorates to the point where they are then admitted by emergency services.

Although maternity cases and cases involving infectious diseases (such as TB) are excluded from charging, most of these people do not understand this fact and are fearful of coming into contact with officialdom. Maternity care is classed as 'immediately necessary' care and therefore cannot be delayed for any reason, including any reason related to charging, however, it is still chargeable and the patients are billed after the event, with charges typically starting at around £4000.

The implications of this for their personal health not to mention wider public health are obvious. In the case of one homeless patient we heard about, it was only when he subsequently contracted TB that he was effectively saved by the system.

Our questions to you are:

- 1.) Are you auditing how much Acute Trusts are paying to administer these overseas visitor charges and whether the income being generated from them is covering the cost of administering the system? The Homerton (our local hospital) now has a whole team engaged in pursuing these charges.
- 2.) Are you requiring Acute Trusts to monitor and report on the deterrent effect these charges have? Are they required to report on the numbers of 'no shows' for follow-up appointments? We learned that patients are fearful that any debt they might accrue with the NHS, of whatever size, would mean that any future applications by them for Leave to Remain would be automatically refused.
- 3.) Is it correct that you will not pursue a patient once they agree a Repayment Plan and therefore their case would then not be reported to the Home Office? Are you therefore issuing guidance to Acute Trusts on how they can make better use their discretion to waive these charges when collection would be unlikely? We learned of one destitute person with a debt of £96k agreeing to repay £5 per week. This would take 400 years to repay.
- 4.) We also understand that the current guidance states that "writing off the debt for accounting purposes does not waive nor extinguish it" and therefore the data on those whose debts have been written off are not necessarily protected from being reported to the Home Office. Would it not be reasonable to consider rescinding this punitive regulation?

- 5.) Are you reminding Acute Trusts that they already have responsibilities in terms of need to treat vulnerable patients (e.g. homeless and destitute) with sensitivity and that guidance on this already exists but is obviously not being adhered to in many cases?
- 6.) We also have concerns about the complaints mechanism and the mechanisms for patients to challenge charging decisions. Third sector organisation who work with these patients tell us these systems are inadequate and we would ask that this be looked at because so many of the cases here are or become complex?

We look forward to hearing from you.

Yours sincerely



Councillor Ben Hayhurst
Chair of Health in Hackney Scrutiny Commission

cc Diane Abbott MP, Member of Parliament for Hackney North and Stoke Newington
Meg Hillier MP, Member of Parliament for Hackney South and Shoreditch
Mayor Philip Glanville, Mayor of Hackney
Cllr Feryal Demirci, Deputy Mayor and Cabinet Member for Health, Social Care, Transport & Parks
Tim Shields, Chief Executive, Hackney Council
Anne Canning, Group Director CACH, Hackney Council
David Maher, Managing Director, NHS City and Hackney CCG
Tracey Fletcher, Chief Executive, Homerton University Hospital NHS Foundation Trust
Alwyn Williams, Chief Executive, Barts Health NHS Trust
Rayah Feldman, Chair, Hackney Migrant Centre
Health in Hackney Scrutiny Commission Members

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Why registering
with **GP at Hand**
is bad for your
health &
disastrous
for our
NHS



What's wrong with GP at Hand?

GP at Hand's adverts promise quick access to a NHS GP via your mobile. Sounds great? **But that's not the whole story.**

GP at Hand's business model is set to undermine NHS general practice.

GP at Hand is a GP practice, based in west London, which is using IT to Hoover up NHS patients all round London, using NHS money.

Their technology partner, Babylon Healthcare, is owned by Ali Parsa – a former investment banker and Circle Health CEO. Confusingly, this company also runs an entirely private GP practice.

Your AI can see you now

GP at Hand replaces your NHS GP with a 'digital-first' service – driven by an app that uses an artificial intelligence (AI) symptom checker.

You *can* contact a GP by video or phone, but you will rarely see one twice, or face-to-face. To do so you would have to travel to their nearest centre. They don't do home visits either – unless you live in the right area.

NHS England has told Babylon to slow down their roll-out, because doctors are worried about this little-tested service.

Cherry-picking patients

GP at Hand seems to be deliberately targeting healthy young people. They won't take you on if you're pregnant, frail and elderly, or have a terminal illness.

They don't want patients with complex mental health problems, drug problems,

dementia, a learning disability or safeguarding needs. We think that's because these patients are expensive.

This service takes money from the NHS, by picking the most profitable patients.

Draining money from GP surgeries

Normal GP practices get the same sum of money per year per patient – whether they are young or old, healthy or sick. They aren't allowed to pick and choose.

In practice, 80% of patients are reasonably well. Their funding helps to pay for the 20% who are sick. It's a system that works, because it's fair. We all eventually end up in the 20%.

But now that thousands of young Londoners are signing up with GP at Hand, they are taking NHS money away from GP surgeries who need it to take care of the old and sick.

GP at Hand - bad for east London

GP at Hand is renting space alongside unconsulted GP practices at Newby Place in Poplar E14, in Tower Hamlets.

- Patients are confused.
- Local GPs are worried about the effect on their already under-funded practices.

This as an attack on NHS general practice. We say GP at Hand is NOT WELCOME in east London.

Boycott GP at Hand - Don't undermine general practice!



• Write to your MP • Join Keep Our NHS Public
In Tower Hamlets: Email thkeepournhspublic@gmail.com
Facebook /TowerHamletsKonp Twitter @THKONP

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For the attention of:

Dr Jackie Applebee, Chair,
Tower Hamlets Local Medical
Committee

Dr Simon Brownleader, Chair,
Tower Hamlets GP Care
Group

Dr Sam Everington, Chair,
Tower Hamlets, Clinical
Commissioning Group

Simon Steven
Chief Executive Officer
NHS England
Skipton House
80 London Road
London SE1 6LH

Tuesday 17th April 2018

Dear Colleagues,

GP AT HAND

Thank you for your letter dated the 29th March in which you outline your concerns regarding the GP at Hand GP practice in Hammersmith, West London and the potential impacts of this model of service on GP practices in Tower Hamlets in particular. I am responding on behalf of NHS England.

You highlight the challenges facing general practice including workload pressures and retention of GPs. We remain focussed on tackling these issues through the commitments made in the General Practice Forward View including the commitment to increase funding to general practice to £12 billion by 2020/21.

It was good to hear of the progress being made in Tower Hamlets in using new technology to expand access and respond to the growing demand for mobile services. With a growing patient demand for such services, the adoption and acceleration of digital services is indeed part of the future for primary care.

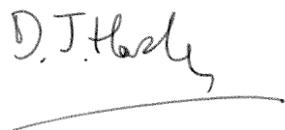
I understand that the GP at Hand service has presented some challenges because of its novel service model. However, it has undoubtedly proved an attractive service to patients who have found accessing traditional general practice difficult. Working with the commissioner, Hammersmith and Fulham CCG, we continue to keep the GP at Hand service under close scrutiny to ensure we can make timely assessment of its impact and develop appropriate policy responses.

The current evidence base on the impact of this and similar services is as yet limited. We need to fully understand the issues and impact to support any future policy development required in a range of areas such as funding flows, information governance and existing models of general practice. With this in mind, Hammersmith and Fulham CCG have commissioned an independent evaluation of GP at Hand to develop a robust evidence base on which to deepen our understanding of the issues and inform any future decisions about the commissioning of the GP at hand and

other digital services. I understand that the Londonwide LMCs have had opportunity to feed into the scope of this work.

With regard to your concern that patients are not being advised that they will be de-registered from their existing practice, this issue has been investigated by our London team and I can confirm that the registration process involves patient acceptance of three separate warning messages advising them that they are consenting to leave their current GP practice. Information on the GP at hand website also explains that patients will be leaving their current practice and re-registering with GP at hand.

Yours sincerely

A handwritten signature in black ink that reads "D. J. Hardy". The signature is written in a cursive style and is underlined with a single horizontal line.

Dominic Hardy
Director of Primary Care Delivery



Mr Simon Stevens
Chief Executive Officer
NHS England
Skipton House
80 London Road
London SE1 6LH

26 April 2018

Dear Simon

Thank you for your letter dated 17 April and signed by your colleague Dominic Hardy. We refer to the following two paragraphs in our letter of 29 March 2018 to you and Jeremy Hunt, MP, in which we stated the following:

"We also believe that a service that disproportionately signs on the least vulnerable and frail patients is fundamentally against the founding principles of the NHS and its constitution. It amounts to indirect discrimination against the most vulnerable in our society.

Tower Hamlets is one of the most deprived boroughs in the country. Despite this, we manage to provide excellent care to our patients with some of the best outcomes nationally. We have achieved this through working together across practices, having a collective ethos and a common goal to improve population health. We are renowned nationally for our work on social prescribing, integrated care and outcomes, including the best blood pressure and cholesterol control in the country in patients with heart disease and diabetes with evidence of significant reduction in heart attacks, strokes and diabetic complications. We see no evidence of GP at Hand engagement in all the local processes, training and quality improvement that has made this happen."

Can you please reassure us that GP at Hand is not breaching the NHS constitution through this mechanism of signing on patients and the limiting of services to patients?

Yours sincerely

Dr Jackie Applebee, Chair, Tower Hamlets Local Medical Committee
Dr Simon Brownleader, Chair, Tower Hamlets GP Care Group
Dr Sir Sam Everington, Chair, Clinical Commissioning Group



Appendix 1)

We wish to alert you to the following paragraphs in the FAQ section of the GP@Hand website which states:

"Our aim is to provide a great service to everyone who wants to register with us. The NHS has reviewed our service and has found it provides important benefits to patients. To be prudent during the early phase of the rollout, the NHS has suggested that the service may however be less appropriate for people with the conditions and characteristics listed below.

- Women who are or may be pregnant (If you are pregnant, NHS England advises that you register with a GP practice close to where you live)
- Adults with a safeguarding need
- People living with complex mental health conditions
- People with complex physical, psychological and social needs
- People living with dementia
- Older people with conditions related to frailty
- People requiring end of life care
- Parents of children who are on the 'Child at risk' protection register
- People with learning difficulties
- People with drug dependence

If you consider that you have one or more of these, please seek advice before registering for the service, or call our support team on 0330 808 2217 to discuss this further. We will be open and honest with you about the service and we will support you to make the right decision for yourself about whether joining GP at hand suits their needs.

If your health needs change we will review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home. In such circumstances, we will always be happy to assist patients finding the most appropriate GP practice for them to ensure you are not without care at any point."



Appendix 2)

We also refer you to the Londonwide breakdown of patients changing to GP@Hand as follows:

GP@H patients' home borough	1 Jan 2018	1 April 2018	Increase
City	25	46	+21
Barking and Dagenham	62	120	+58
Barnet	360	511	+151
Bexley	38	153	+115
Brent	425	652	+227
Bromley	108	195	+87
Camden	546	858	+312
Croydon	206	322	+116
Ealing	484	697	+213
Enfield	137	237	+100
Greenwich	262	393	+131
Hackney	493	822	+329
Hammersmith and Fulham	3121	3413	+292
Haringey	434	783	+349
Harrow	108	177	+69
Havering	38	75	+37
Hillingdon	72	119	+47
Hounslow	227	409	+182
Islington	635	952	+317
Kensington and Chelsea	437	598	+161
Kingston	49	82	+33
Lambeth	884	1374	+490
Lewisham	445	708	+263
Merton	221	375	+154
Newham	537	770	+233
Redbridge	171	285	+114
Richmond	117	176	+59
Southwark	807	1316	+509
Sutton	54	80	+26
Tower Hamlets	815	1369	+554
Waltham Forest	395	667	+272
Wandsworth	798	1123	+325
Westminster	682	955	+273
Non-London	1924	3185	+1261
Total	16117	23997	+7880

Source: NHS Digital

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Chief Executive: Dr Michelle Drage

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Dr Jackie Applebee
Dr Simon Brownleader

24 May 2018
Via email only

Dear Dr Applebee and Dr Brownleader,

Thank you for your letter dated 14th May 2018 regarding discussions between Hammersmith & Fulham CCG and NHS England on the cost pressures associated with the GP at Hand practice. In providing a response to your letter, we thought it would be helpful to clarify the following:

- The list size of the GP at Hand practice grew from 2,503 on 1st April 2017 to 25,028 by mid-April 2018. As of 9th May, that figure was 27,988.
- This represents a 12% increase in the registered population of the CCG, as compared to a national growth assumption of 0.3%. 5.4% (1,374) of these patients were previously registered in Tower Hamlets.
- As you correctly reference in your letter, the patients choosing to register with the practice have largely been younger than the London demographic, with 7 out of 10 registrants aged between 20 and 34.
- We are not yet clear as to whether the patients choosing to register with the practice are atypical in terms of underlying morbidity and service use. This will be covered as part of an independent evaluation commissioned by the CCG and NHS England. The agreed [specification](#) for the evaluation incorporates comments from the BMA and the London-wide LMC.
- We have already incurred significant additional costs, both in terms of payments to the practice and non-contracted activity across community, mental health and acute care settings. This is summarised in a recent [paper](#) to our Primary Care Commissioning Committee

Whilst we acknowledge that the allocation for the patients choosing to register with the GP at Hand practice will transfer to the CCG from 2019-20, the existing and projected list size growth in 2018-19 will result in a very real cost pressure. This directly inhibits our ability to deliver financial balance, invest in the development of new services and has a material impact on patients registered with our practices and non-registered patients resident in Hammersmith & Fulham. In line with our statutory duties as a CCG,



we will continue to work with NHS England to ensure that our allocation for this and future years reflects the characteristics and size of the population we are responsible for.

With best wishes,

A handwritten signature in black ink that reads 'Timothy G Spicer'.

Tim Spicer
Chair
NHS Hammersmith & Fulham CCG

Cc
Rob Larkman, Accountable Officer, NHS Hammersmith & Fulham CCG
Janet Cree, Managing Director, NHS Hammersmith & Fulham CCG
Dr Sir Sam Everington, Chair, Tower Hamlets CCG
Simon Stevens, CEO, NHS England
Jeremy Hunt MP, Secretary of State for Health & Social Care



Health in Hackney Scrutiny Commission 12 th March 2019 Review on “Digital first primary care and the implications for GP Practices” – evidence from GP Access and from Egton	Item No 5
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OUTLINE

In this evidence session for its current review the Commission will hear from GP Access who have created the platform AskMyGP. We will also hear from Egton another company active in online workflow solutions for management of patient need in GP practices.

Members went on a site visit to Lower Clapton Group Practice to view AskMyGP in action and discuss it with one of the GP partners. They will also make a visit to view the Egton system in operation.

Attached please find a briefing from GP Access about the AskMyGP platform.

A briefing from Egton on their digital access offer to GP Practices is to follow.

Attending for this item will be:

Ian Barratt, Training Partner, GP Access askmygp.uk

Irfhan Mururajani, Egton Services Development Manager www.egton.net

ACTION

The Commission is requested to give consideration to the briefings and the discussion.

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DIGITAL FIRST PRIMARY CARE

LONDON BOROUGH OF HACKNEY HEALTH SCRUTINY COMMITTEE, 12th MARCH 2019

A BRIEFING NOTE FROM GP ACCESS LIMITED

GP Access Limited is grateful to the Committee for the opportunity to provide information about our *askmyGP* digital triage system and its underlying philosophy.

Our first concern is for patients as looking after them must be the core purpose of the NHS and any health care system, including ours.

Background

It is hard to escape from news that the NHS is facing unprecedented demand on its services and staff.

Primary care and specifically General Practice are under particular pressure. The features of this pressure include:

- High demand for face to face (f2f) consultations that overwhelms supply.
- An average length of consultation that often exceeds the standard ten-minute slot, leaving patients who do get appointments waiting.
- High volumes of did not attends (DNAs) or, other words, wasted appointment slots.
- Patients often unable to get through to their practice, particularly at peak times.

The consequences include long waiting lists for patients and stress for the whole practice team that can be exacerbated by abuse from frustrated patients.

The Government is placing a great emphasis on the provision of digital solutions to meet these challenges. The options include online access to self-help (e.g. the NHS website), online booking of appointments or repeat prescriptions and video consultations.

We agree but also strongly believe that, whatever solutions are put in place, there is a need for patient demand to be understood and triaged at an early stage. This is to ensure that only patients who need to see a GP or other clinician have access to that healthcare professional.

For general information about our approach, please visit <https://askmygp.uk/>.

GP Access Limited

GP Access Limited was incorporated in October 2011 and was originally devoted to the introduction of telephone triage into UK General Practice.

The unique contribution that GP Access made was a structured change management programme, supported by a suite of performance analysis tools to support practices during the change process and provide a before/after comparison of performance post-launch.



This process enabled GPs to contact patients to discuss their request for f2f appointments in the light of the GP's clinical judgment and the patient's medical history. This equipped GPs to determine the most appropriate response to meet the patient's need. Only around a third of requests required a f2f slot, saving considerable amounts of GP time and allowing a faster response.

Based on the rationale at [Appendix 1](#), the company launched in March 2015 a new online tool called *askmyGP* to enable patients to submit requests (NB not book appointments online) at any time. We are now on Version 3 of the tool.

What is *askmyGP*?

It has always been our view that clinical judgment is at the heart of the triage process.

Consequently, *askmyGP* is not an appointments system and does not use artificial intelligence (AI) software that diverts patients.

Online booking has an immediate attraction but carries the significant disadvantage that it is another way for unfiltered demand to get an appointment, often resulting in patients with more serious needs unable to get an appointment and a high proportion of DNAs.

Equally, we are not a software vendor. There is no software for practices to download. The system is operated via a secure portal. In addition, the latest version goes well beyond simple triage facilitated by modern technology.

askmyGP is now a complete workflow solution for the management of patient need, regardless of list size, demographic or practice structure. It is SCCI0129 and IG compliant and indemnity is unaffected. It supports consistent triage and clinical decisions via a single workflow. It is accessible via any web browser.

The principle of a single workflow (what we call total flow), i.e. all demand being entered into the system, was pioneered by some of our user practices at their initiative. This is now our routine recommendation to all practices committing to using our service. Our User Group of GPs and practice managers provides a forum for users to discuss and propose this kind of change to our system. We have adopted most of the changes with what is seen by our users as impressive speed.

The approach (and its attendant statistical analysis) is applied to all demand, regardless of whether it arrives in the practice online, by telephone or walk-ins.

Access for patients

Informed consent and registration are straightforward for patients and proxies, e.g. parents and carers. Those unable to access the service online can still place requests by phone/walk-in if required, ensuring equity regardless of channel used.

Where a request stems from a telephone call or walk-in, a receptionist will create it for the patient, gathering information using the same questions that the patient would answer if they were online. Clearly, however the request is submitted, the greater the information provided the more efficient the process is likely to be. We do recognise that some patients might be unwilling to disclose details of their symptoms or problem, but this can be recorded on the request.



Patients may choose self-care advice from the NHS website and are clearly warned about not using *askmyGP* in emergencies. A free text interface records patient ideas, concerns and expectations and patients can attach a photograph to their request, if they wish. This was introduced early this year and is already proving popular. Interestingly, the use of video consultations has not been significant with only 1% of requests being resolved in this way.

Members may wish to experience the patient interface by visiting our demonstration site at <https://bramleysurgery.co.uk/>.

Practice response

Practices have access to a range of tools to respond to requests for help. These provide real flexibility to tailor the response to the patient in line with clinical need but also, as far as clinical judgment allows, patient preferences.

The channels for the response include messaging, video, telephone and f2f consultation. *askmyGP* maintains the role of practitioners at the heart of decisions, reinforcing the relationship between patients and their practice team. A diagram of how the approach works is attached as [Appendix 2](#).

The system is based on requests being assigned to an individual for a response. In some cases, this assignment may be to a group, e.g. an admin team. Good practice, again derived from our users, is that this initial sift is done by a GP. Requests may be reassigned if appropriate, e.g. a GP having reviewed a request may reroute it to a nurse.

The workflow is managed via a portal, as already explained. A dashboard provides a complete overview of the demand coming into the practice that day and provides access to patient requests. A view of the dashboard is provided in [Appendix 3](#). There is the option to flag requests as urgent or immediate and this immediately highlights them on the system.

Practices go through a comprehensive change management programme resulting in patient response times of minutes and an ability to offer same-day f2f appointments, if needed.

Performance

In the 45 practices using *askmyGP*, the number of requests being handled now stands at 13-14,000 per week.

But volumes are not the most important part of the picture. We are delivering a service that is making a real difference to the lives of patients and GPs. To hear GPs talking about their experiences please view the videos from:

- [Dr Barry Sullman](#), Balaam St Surgery in Plaistow, London with a list size of 6,000.
- [Dr Sue Arnott](#), Burnbrae Medical Practice in Shotts, North Lanarkshire. List size of 5,000.
- [Dr Steve Kell](#), Larwood Health Partnership, a five-site practice in Nottinghamshire with a list size of 32,870.

But what of patients? Our practices are providing response times in minutes (median time-to-complete = 89 minutes, n = 92,115). The chart at [Appendix 4](#) provides the figures for the eight weeks



ending 25th February 2019. Requests taking more than 24 hours to complete will include requests where the GP is awaiting a response from a patient, requests submitted outside working hours (patients are alerted to the fact that responses will take longer) and, perhaps, where a request has been assigned to a GP or other member of the practice team who is not working that day.

High uptake by patients (some practices as high as 80% online) reflects the utility of *askmyGP* for both patients and practices and the quality of our change management provision. Patients are provided with a feedback facility to give us their views of the system directly. The feedback on the latest version of the system (v3 launched in September 2018) is overwhelmingly positive. The chart at [Appendix 5](#) shows the proportion of patients scoring the system as better than then previous system up to 28th February 2019.

One issue that is raised by GPs is the fear that demand will increase as access for patients is improved. Our experience is that this is not the case. The chart at [Appendix 6](#) shows that weekly demand for our [total flow practices](#) after launch as a percentage of the busiest week (including tests before launch) is flat. The dip in all the practice records is the Christmas week.

What we can also see is that the overall proportion of online requests from patients increases with their personal use of the system. This implies a growth in confidence in both the practice response to demand and our approach. The chart at [Appendix 7](#) shows the figures for our total flow practices and highlights this in more detail.

The benefits to practices include a reduction in stress and the possibility, through the reduction in telephone calls or the use of locums as examples, to reduce costs.

Continuity

Continuity is seen as important by both GPs and the Government.

Interestingly, our experience suggests that 75% of patients when asked to express a preference choose to see any GP rather than a named GP. Nevertheless, as [Appendix 8](#) shows, continuity where patients have expressed a preference can be achieved for the majority.

It should be noted that, where a different team member from the one selected closes the request, this might be for perfectly sound clinical reasons, e.g. a GP reassigning a request to a nurse practitioner or vice versa as described above.

Core questions of the review

We believe that our approach, the lessons that we have learned on the way and the data gained from talking with practice teams has provided us with a real body of knowledge. We would answer your review questions in the following way:

a) How can the NHS safely integrate digital approaches to primary care with existing health and care pathways whilst not unfairly destabilising existing GP services?

A key principle of our work is that we are here to assist and work with practices. Existing GP services are not destabilised. We work with existing practices bringing the benefits of digital first standards. Our approach does not interfere with the operation of clinics, for example, and some



practices have taken the opportunity to stand back and reassess how they work as a practice. This is not destabilisation but responding to the opportunities presented by new ways of working.

b) How can digital developments facilitate better outcomes for patients?

We measure outcomes continually. Queues disappear and the vast majority of can be offered same day service. Continuity with named doctor is also built into the system and measured. This enables practices to get the best out of the system. Speed of access and flexibility of response can only facilitate the provision of appropriate care.

c) How can they ensure better access and better outcomes for ALL equality groups and how can digital solutions improve how demand is managed and how unmet demand is assessed?

Because the system enables complete workflow management, GPs are far more efficient and unmet demand disappears. GPs choose who needs to be seen face to face, typically only 30%. [Total flow](#) ensures that all demand is put through the same approach, ensuring equity of treatment. This cannot be said of online booking.

d) Digital solutions cannot be silos and how can they fit within a 'whole system' approach and how can they help the development of more 'whole system' approaches?

We totally agree with this sentiment. We adopt a whole system view of the practice operation, of which digital is one component, but our intervention is not only adding software, it is system change.

e) How can digital solutions deal with safeguarding issues in relation to vulnerable patients?

Around 80% of our requests are from patients, 15% from parents and 5% from carers on behalf of others. Wherever a patient is associated with another as a parent or carer the relationship is flagged up whether the parent or child is called up. Our system is also used in conjunction with the clinical system. It does not replace any it.

f) How might digital enable the development of a more Systems Approach to improving primary care across health, social care and third sector providers?

Very good question. This is what we aim to do wherever we can work with numbers of practices in a locality, as we are doing for example in Weston-Super-Mare or in deed multi-site practices such as the Larwood Health Practice. We are already considering how we might support the working of the new Primary Care Networks. Because our system is standalone in its core operation, we can work with practices operating any clinical system. Our data analysis tool can also use data from any of the clinical systems.

g) What is the demand for primary care and what is the unmet demand, and can digital primary care approaches perhaps assist with the latter?

We have 7 years of data on demand which is key to our work. It means we can predict with high precision the demand in GP by day of week, even by hour. This means the system can be designed



both with the right capacity and for very rapid response. It turns out that demand is then flat, it does not rise as service improves and all demand is met, as already discussed.

h) This has had a degree of success as the numbers are small and it is in London only. If this is scaled up nationally where will all the additional doctor time come from?

We work with around 45 practices in England, Scotland and Wales across a range of practice types, sizes and demographics. The approach means that the online requests are not additional activity, but activity displaced from telephone and walk-ins. The segmentation of demand means that the response is more appropriate to the needs inherent in each request.

Summary

While the pressure to use online services is coming from Government, the reality is that it can make the lives of patients and GPs better.

But online access of itself will change nothing. Only if that demand is managed through a workflow approach and that approach is supported by the segmentation of demand, however, will the full benefit to patients and practices be realised.

Ian Barratt
GP Access Ltd
1st March 2019



Appendix 1 – Rationale for online triage

Synchronous

Asynchronous

Local



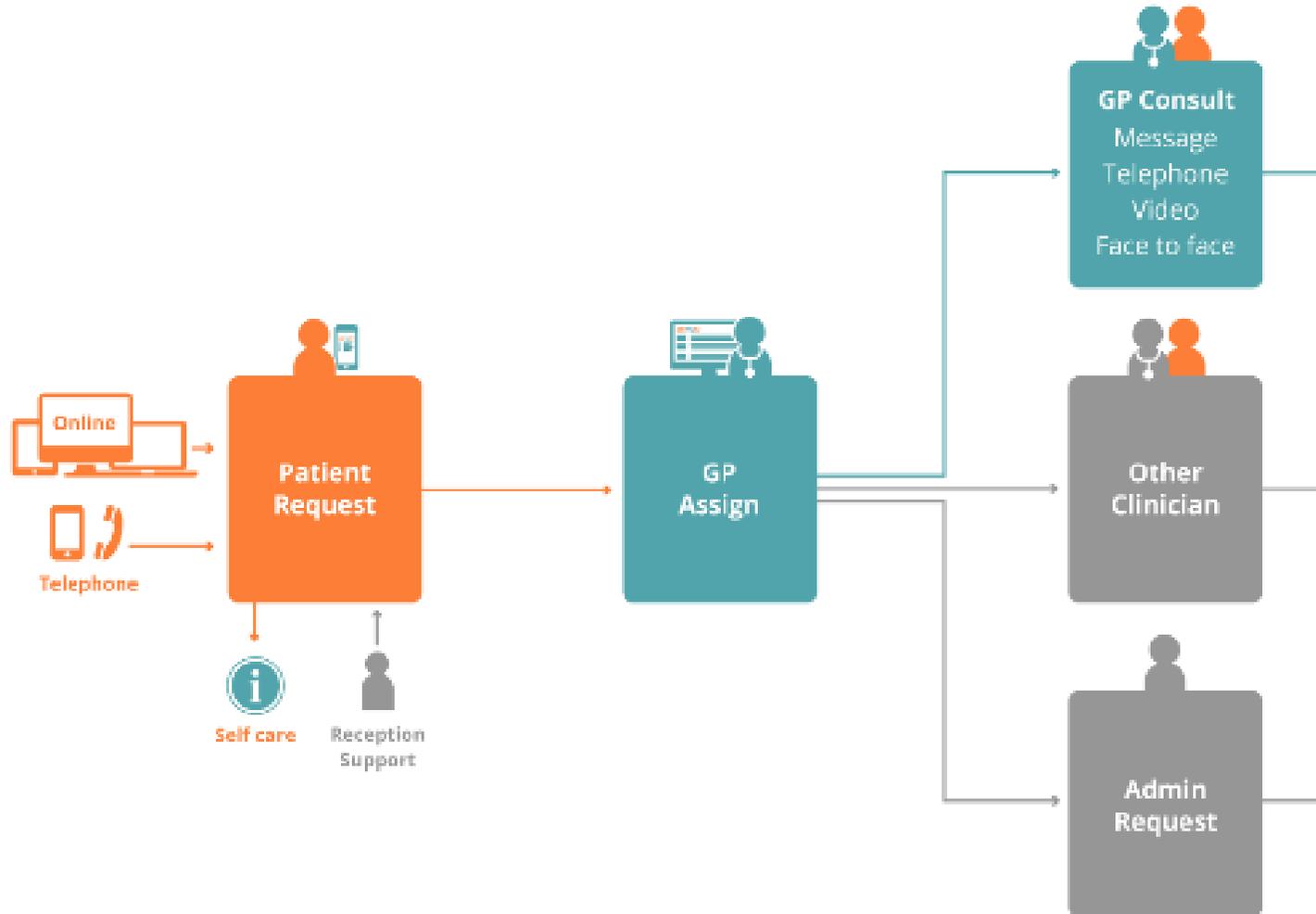
Remote





Appendix 2 – How the approach works

Page 40





Appendix 3 – The practice dashboard

askmyGP
 Bramley Demo - not for patients

Home
Dashboard

Requests
Patients
Staff

Settings
Reports
Isabel

Guide
Send Feedback

Demand & Capacity

Site

All Sites ▼

New

3

Assigned

93

Waiting

0

New today

0

Completed today

0

Predicted Demand		160	140	310	210	108			
Estimated Capacity		224	142	335	190	235			
		Now		So far today					
Clinician	Assigned	Waiting	Assigned	Completed	Thursday 28th	Friday 1st	Monday 4th	Tuesday 5th	Wednesday 6th
James Grieve									
Tom Dodd	1	0	0	0	24	37	50	25	50
Andy Walker	3	0	0	0	40	10	25	25	15
Russett									
Ian Barratt	10	0	0	0	30		60	50	45
Steve Black	10	0	0	0	80	20	50	40	50
Julia Cawthorne	6	0	0	0					
Debbie Ford	7	0	0	0		25	50		25
Rufus Helm	4	0	0	0			50		
Harry Longman	8	0	0	0	50	50	50	50	50

Ian Barratt

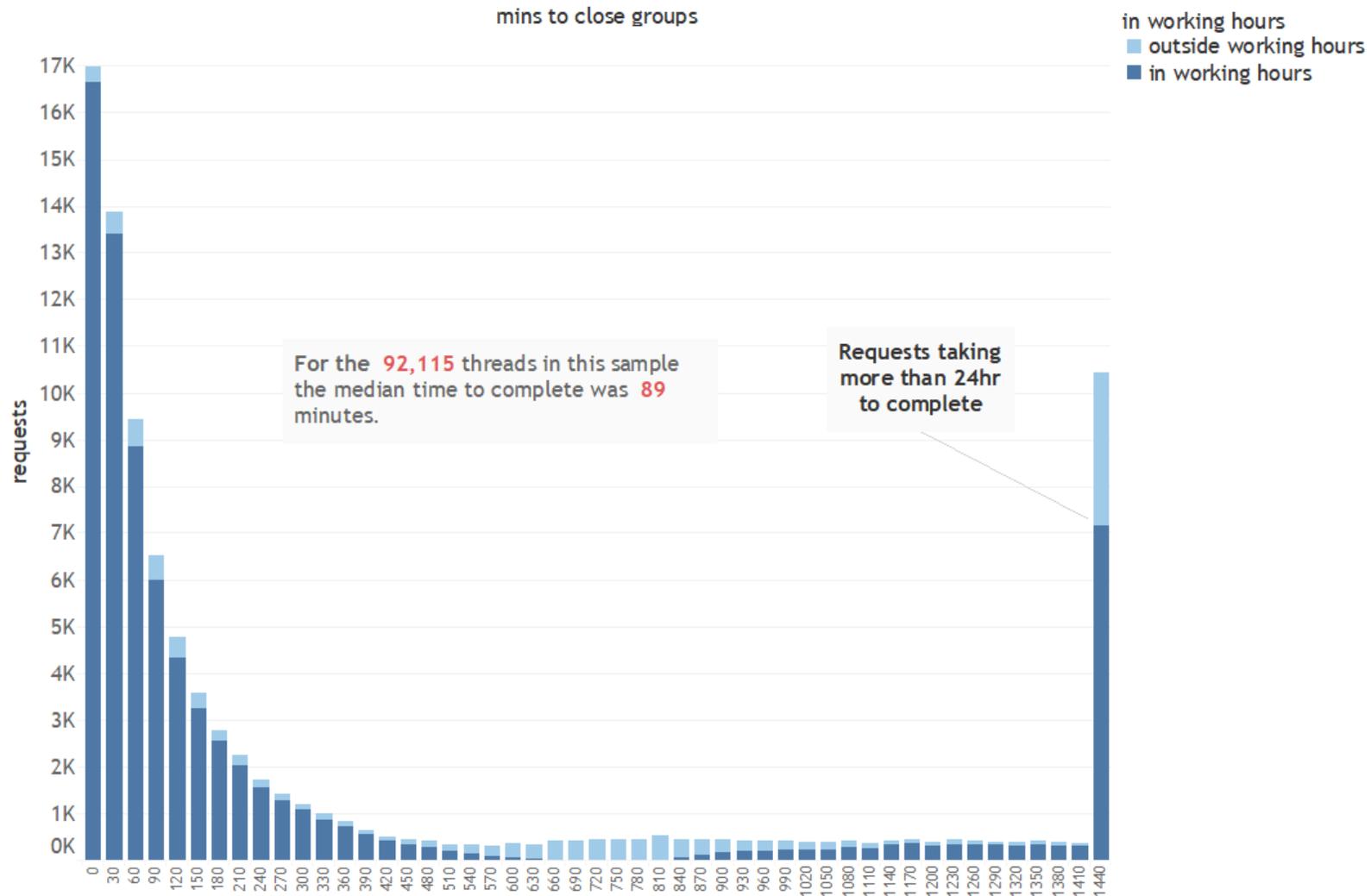
Logout

Edit Demand & Capacity



Appendix 4 – Response times

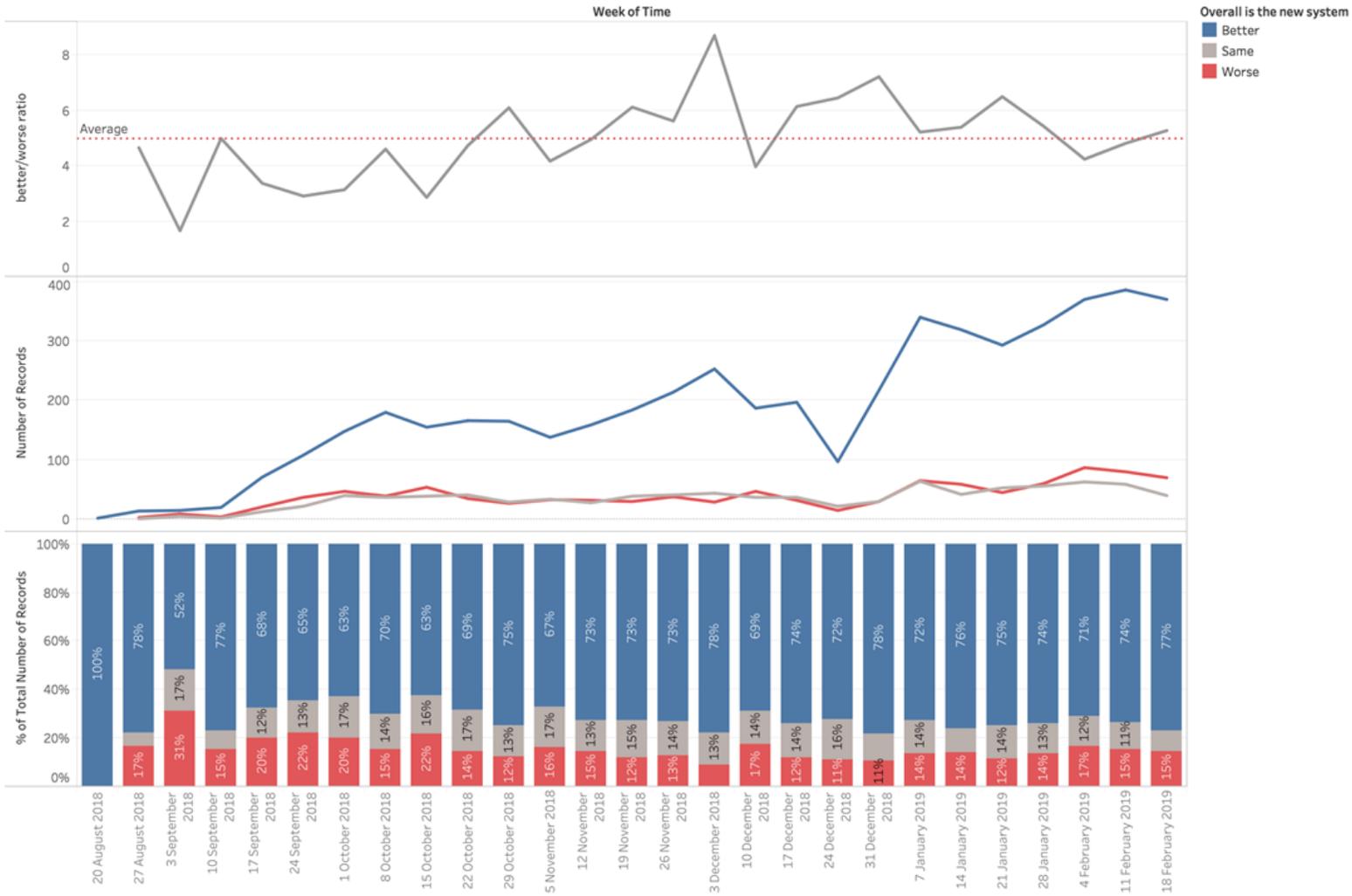
distribution of completion times latest 8 weeks
all providers





Appendix 5 – Patient satisfaction

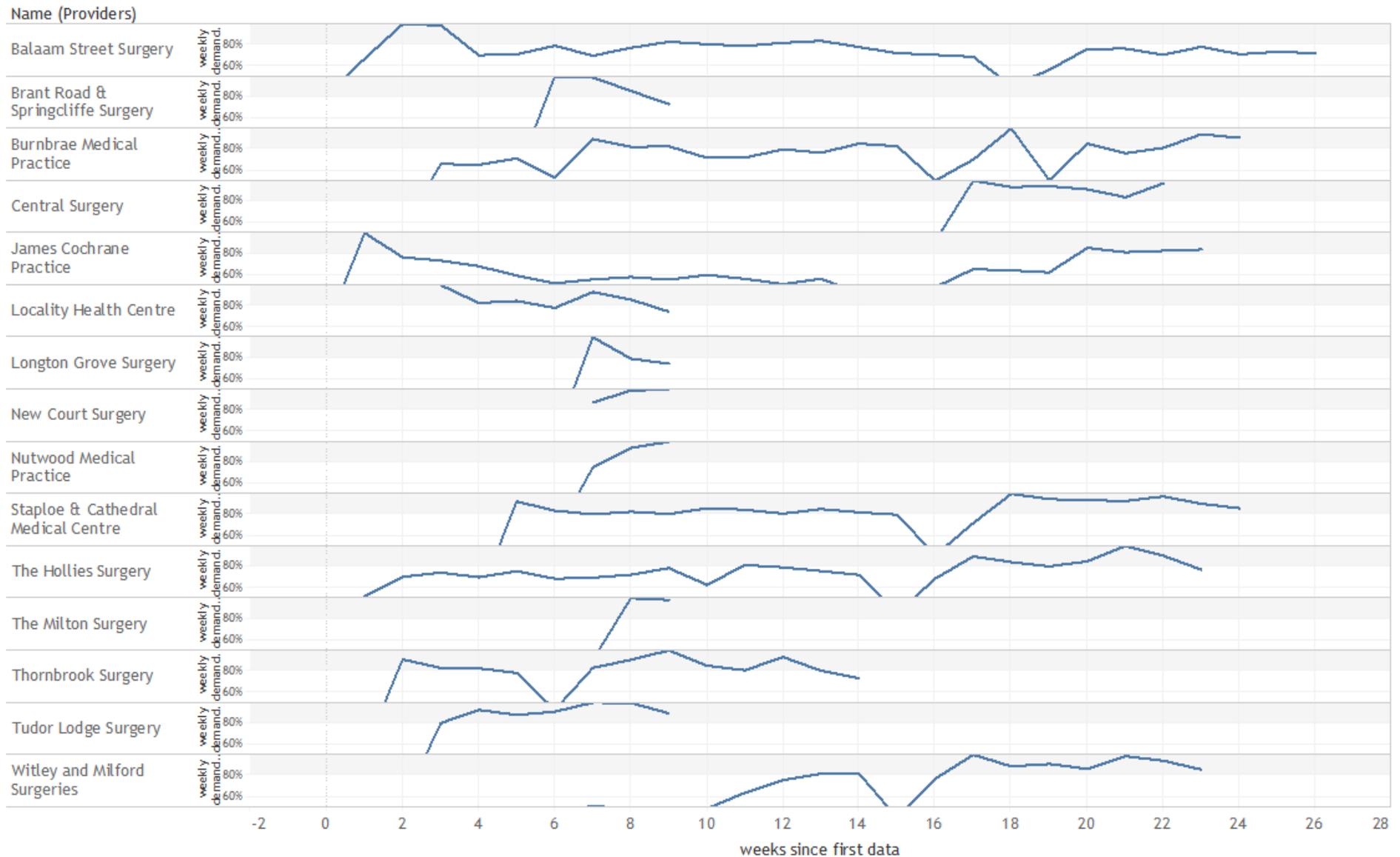
Overall patient feedback askmyGP v3





Appendix 6 – Trends in demand

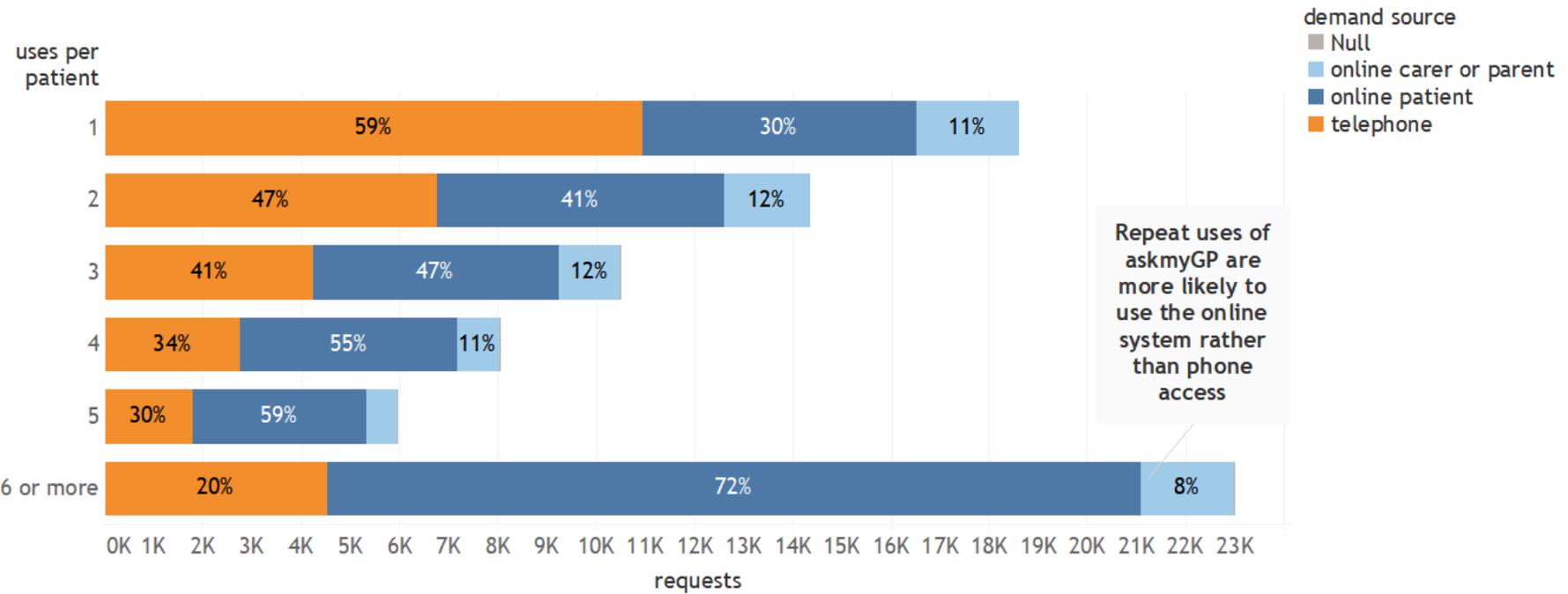
weekly demand as % of busiest week by no. weeks since first askmyGP activity (including tests before launch)
total flow practices, complete weeks





Appendix 7 – Online usage increases with individual patient usage

mix of demand source by frequency of system use
total flow practices, 2019

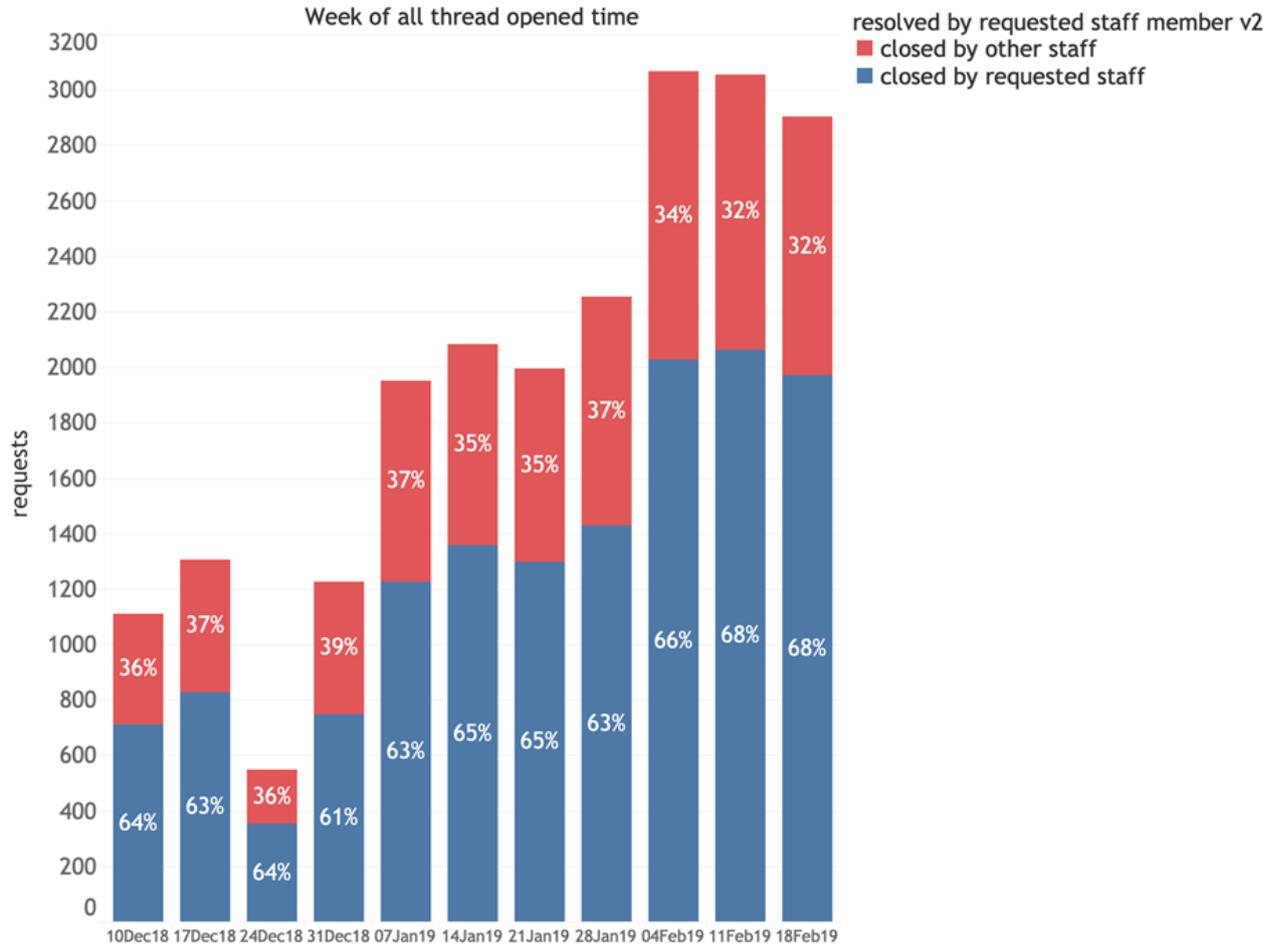




Appendix 8 – Continuity

Continuity: did patients get the staff they requested?

Based on requests where patients stated a preference and chose a named member of staff (the majority of patients didn't want to request a specific member of staff)





<p>Health in Hackney Scrutiny Commission</p> <p>12th March 2019</p> <p>Review on “Digital first primary care and the implications for GP Practices” – evidence from Hackney Keep Our NHS Public</p>	<p>Item No</p> <p>6</p>
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OUTLINE

Attached please find a submission to our review from a group of residents who are part of Hackney Keep Our NHS Public.

Attending for this item will be: **Shirley Murgraff and Marion Macalpine** from Hackney KONP.

ACTION

The Commission is requested to give consideration to the submission.

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FOR HEALTH IN HACKNEY SCRUTINY COMMISSION MARCH 12 2019

SUBMISSION FROM **HACKNEY KEEP OUR NHS PUBLIC** FOR THE REVIEW OF *DIGITAL FIRST AND ITS IMPLICATIONS FOR GP PRACTICES*

We are writing to you about concerns we have about the Review itself, as well as about the targeting of Hackney residents for *GP at Hand* expansion.

I. The Review

We appreciate the wide range of information and references included in the 'Draft Proposal for a Scrutiny Review'. However, we are surprised that Hackney residents/patients/users of the NHS are not included in the list of Stakeholders (p. 25 of papers).

But it appears under Methodology (10.3 p 26) that some residents are to be included in the review, but only those already using the online 'engagement portal' Hackney Matters. By definition, this is likely to include mainly the 'younger demographic' referred to in 3.5 page 20, who may well be the overwhelmingly fitter digital users of *GP at Hand*. This hardly suggests a balanced survey of NHS users.

We propose that groups like our own, a well informed group of residents concerned about privatisation and financialisation of the NHS, are in future included as stakeholders for changes discussed that come within our remit.

We include our concerns and our proposals for action about *GP at Hand* below and we would like to be kept informed about how the Scrutiny Commission intends to use the results of their extensive Review.

II. Our Concerns about *GP at Hand*

Our concerns are focused on the incursion of the corporate/private sector into the NHS, and the increasing financialisation of the NHS. Your papers include many of our concerns, but our response focuses on the expansion of *GP at Hand* within Hackney.

1. Surveillance and data capture by corporates

As the digital model develops, Babylon software will need access to patients' electronic medical records in order to improve itself. Without proper regulation, this will engender major risks to patient confidentiality and security. Access to our confidential information which can then be used in complex ways for profit is mentioned briefly in 3.6. We would like to emphasise to Scrutineers the increasing concerns that civic society - and we at Hackney KONP - have about this. ⁱ

2. Risk of destabilisation of the GP system in Hackney through the expansion of a digital private sector provider which would have the worst impact on the poorest, sickest and most immobile. This would be the result of cherry picking patients by *GP at Hand* ⁱⁱ; and of the digital exclusion of many Hackney residents with the greatest health needs. ⁱⁱⁱ

The *GP at Hand* commercial model threatens to destabilise NHS general practices. Loss of income from C+H CCG in addition to reducing C+H NHS GP core funding leaves local GPs with less money but sicker patients. Planned funding changes may further disadvantage NHS GPs

who wish to use medical, organisational and technical expertise to develop their own online platforms.

3. As patients, **we are concerned about the lack of continuity of GPs; lack of face to face consultation; and lack of coordination** with other Hackney services .

4. **Misleading advertising:** people are not clear that patients would have to deregister from their usual GP when signing up. This was only corrected after the ASA complaint was upheld.

5. **Safety concerns:** Babylon triage software is embedded in *GP at Hand's* service, and the diagnostic app and service privately available alongside *GP at Hand*. *GP at Hand's* seismic rollout, with Babylon piggybacking its way into the NHS, is without independent scrutiny, evidence or evaluation. Is this safe?

There is evidence that straightforward real-world use of Babylon app has shown very serious basic flaws in the programme. It is not licensed as a diagnostic medical device. We believe this presents a danger to patients.

III Actions we would like to see

1. You will doubtless be aware that in July 2018, the CCG in Birmingham rejected Babylon's application to expand its *GP at Hand* with a centre in Birmingham. ^{iv} We urge you to use your influence on the Hackney CCG to do the same.
2. We would like Hackney Council to use its public communication channels to publicise concerns about *GP at Hand* so that Hackney residents are aware of the risks, including of signing off from their own practices.
3. We would like you to take up the issue that Sec of State for Health, Matthew Hancock breached the ministerial code in promoting *GP at Hand*. ^v

ⁱ See *The Age of Surveillance Capitalism* by Shoshana Zuboff 2019

ⁱⁱ Both the RCGP and BMA criticised the scheme for "cherry picking" younger, healthier patients, leaving other GP practices to deal with patients requiring more complex care. See <http://nhsfor-sale.info/private-providers/private-gp-companies/babylon-health.html>

ⁱⁱⁱ *A Digital NHS?*, a 2016 report by The King's Fund noted that 'the people with the greatest health needs are often less likely to have the technology and skills to engage with and benefit from digital services'. <http://nhsforsale.info/private-providers/private-gp-companies/babylon-health.html>

^{iv} <http://www.pulsetoday.co.uk/news/gp-topics/it/ccgs-block-babylons-expansion-of-gp-at-hand-to-birmingham-on-safety-grounds/20037085.article>

^v <https://www.gponline.com/hancock-endorsement-gp-hand-broke-ministerial-code-says-labour/article/1520101>



Health in Hackney Scrutiny Commission 12 th March 2019 Action Plan in response to CQC Inspection report on the Council's Housing with Care service	Item No 7
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OUTLINE

On 14 January the Care Quality Commission published an inspection report on the Council's in house Housing with Care service and rated it as 'Inadequate' and issued four warning notices. The service has 6 months to remedy the situation and will then be re-inspected.

At the previous meeting officers gave an initial verbal response and answered questions on the inspection report. The Chair asked that a full report be presented to this meeting for discussion.

Attached please find

- a) Action Plan from Adult Services in response to CQC report
- b) The CQC's Inspection report

Attending for this item will be:

Anne Canning, Group Director CACH
Ilona Sarulakis, Principal Head of Adult Social Care, CACH
Diane Ducie, Service Manager – Provided Services, CACH

ACTION

The Commission is requested to give consideration to the CQC report and the Action Plan

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Report Title:	The Care Quality Commission (CQC) Inspection of the in-house Housing with Care Service
Meeting:	Health in Hackney Scrutiny Commission
Report Owner:	Anne Canning – Group Director, Children, Adults & Community Health Services Simon Galczynski – Director, Adult Services
Report Author:	Tessa Cole, Head of Strategic Programmes and Governance Ilona Sarulakis, Principal Head of Adult Social Care
Date:	12th March 2019

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Section 2:	Background and context	2 - 4
Section 3:	Summary of the Council's response to the CQC inspection outcome	4 - 7
Section 4:	Update on progress in delivering Housing with Care improvement plan	7 - 13
Section 5:	Next steps	13 -14

1. Executive Summary

- 1.1. Housing with Care (HwC) is an in-house provided service in Adult Services at the London Borough of Hackney which supports 255 people in 14 schemes located across the borough. These schemes provide care and support to people in 'supported living,' so they can live in their own homes as independently as possible. While people in HwC hold tenancies for their accommodation, the care element of HwC is a regulated service and subject to inspections by the CQC.
- 1.2. In November and December 2018 the care and support provided through HwC was inspected by the CQC. Following this inspection they have rated the service as 'inadequate'. This is a change from the previous CQC rating which was 'good' in February 2016.
- 1.3. During this inspection the CQC identified a number of concerns, which they judged to be serious enough to issue a warning notice that more serious regulatory action will be taken if improvements aren't made, which could lead

to the service losing its registration, this has effectively placed the service in 'special measures.' The CQC asked LB Hackney to ensure that the improvements they identified were in place by 8th March 2019.

- 1.4. To ensure the improvements were made on time additional resource was freed up to focus on the delivery of a robust improvement plan that was immediately developed to address the concerns raised by the CQC. The improvement plan is made up of actions and measures which have to be in place by the 8th March 2019, but also more long-term improvements for the service which will need to be embedded over a longer period of time beyond the 8th March.
- 1.5. As is the process with all providers, the findings of the inspection initiated the start of the Council Provider Concerns protocol which is led by the Head of Commissioning for Adult Services and has a proven track record of successfully working with providers where there are concerns about quality and delivering significant improvements. New referrals into the service have been suspended until the service is able to demonstrate improvements.
- 1.6. Service users and their families were proactively contacted by letter and face to face briefings with registered managers and senior managers in Adult Services were held to provide reassurance that their ongoing care and support needs would continue to be met, to share details of the improvement plan that is in place and to listen to those receiving support from the service. Healthwatch and the Advocacy Project were invited to all meetings and attended the majority of these briefings.
- 1.7. A key priority for the Council moving forward is ensuring robust communication by establishing a new forum in which Housing with Care service users, families and friends can have an opportunity to shape improvements and to co-produce change in the service. We will work with service users, families and friends to establish the best way of doing this.
- 1.8. A detailed update will be submitted to the CQC on 8th March 2019 to demonstrate progress on the improvement plan in line with the deadline given in the warning notice. We will wait to hear back from the CQC whether they are satisfied with the progress made and in the meantime will continue with the delivery of the improvement plan with oversight through the council's provider concerns protocol.
- 1.9. The CQC will inspect the service again within 6 - 12 months, where the current rating for the service will be reviewed.

2. Background and context

- 2.1. In Hackney there are 14 Housing with Care (Hwc) schemes, providing care and support to 255 people in 'supported living,' so they can live in their own

homes as independently as possible. There are separate contracts for care and housing.

- 2.2. The 14 schemes range in size from 8 to 40 self-contained flats in each scheme. It is mainly for people over the age of 55 and they hold individual tenancies with a social landlord. Some schemes specialise in helping people with similar needs, for example people with learning disabilities, memory problems or brain injury.
- 2.3. Housing support is provided to residents by the social landlord and includes a housing support worker to help with housing related issues e.g. tenancies and arranging repairs.
- 2.4. The care element of HwC is a regulated service and is subject to inspections by the CQC. The CQC does not regulate accommodation used for supported living and the inspection looked at the personal care and support provided by the London Borough of Hackney in-house provision..
- 2.5. The CQC carried out its latest inspection of HwC between 23rd November - 5th December 2018. A new inspection regime has been introduced between these two inspections, giving a service one of four possible ratings which are:
 - Outstanding
 - Good
 - Requires Improvement
 - Inadequate.

If there are one or several areas rated as 'requiring improvement' or rated as 'inadequate' this affects the service's overall rating.
- 2.6. In order to give a rating the inspection looks at 5 core domains, detailed in the table below. The ratings assigned against each of these domains for HwC as part of the most recent inspection is detailed in the rating column.

No.	Domain	Rating
1.	Is the service safe ?	Inadequate
2.	Is the service effective ?	Inadequate
3.	Is the service caring ?	Requires Improvement
4.	Is the service responsive to people's needs?	Requires Improvement
5.	Is the service well-led ?	Inadequate

- 2.7. The CQC identified a number of serious concerns which they communicated during the inspection. In summary concerns centred around:
 - Incomplete records for medication
 - Not enough evidence to show lessons learnt had been shared and implemented if an issue had been raised within schemes

- Incomplete risk assessments
- Incomplete individual care plans
- Quality assurance systems not being operated effectively to identify and address issues with the quality and safety of the service
- Understanding and application of relevant legislation to some practices
- High number of agency staff

The CQC inspectors noted that the service provided good and compassionate care in many instances. However, some of the organisational and administrative practices needed to ensure a good quality of care delivery were not in place, and this represents a significant risk.

- 2.8. The CQC inspection report was published publicly on 17th January 2019 and the full report can be read on the CQC's website here: <https://www.cqc.org.uk/location/1-136277108> The 'inadequate' rating will remain up until the point that the CQC re-inspect the service in 6 - 12 months of the initial rating and are presented with sufficient assurances that improvements have been made.

3. Summary of the Council's response to the CQC inspection outcome

Developing an improvement plan:

- 3.1. Adult Services has taken the outcome of this inspection very seriously and a detailed and thorough improvement plan was immediately drawn up by Adult Services in response to the warning notice and the inspection report.
- 3.2. This improvement plan was shared with the CQC and the inspectors said that despite the seriousness of the concerns they had confidence in the willingness and the ability of the management team for Housing with Care to make the required changes on time and that the CQC inspectors had noted that the service provided good and compassionate care in many instances.
- 3.3. The improvement plan was developed in order to address the points raised in the inspection report and the warning notice that the CQC issued to the Council. The improvement plan is organised into the following themes:
- Risk assessments and personalised support plans
 - Training for staff in the service
 - Internal quality assurance and monitoring
 - Policies and procedures

The improvement plan is made up of actions and measures which have to be in place by the 8th March 2019, but also more long-term improvements for the service which will need to be embedded over a longer period of time beyond the 8th March.

Communicating with service users and their families:

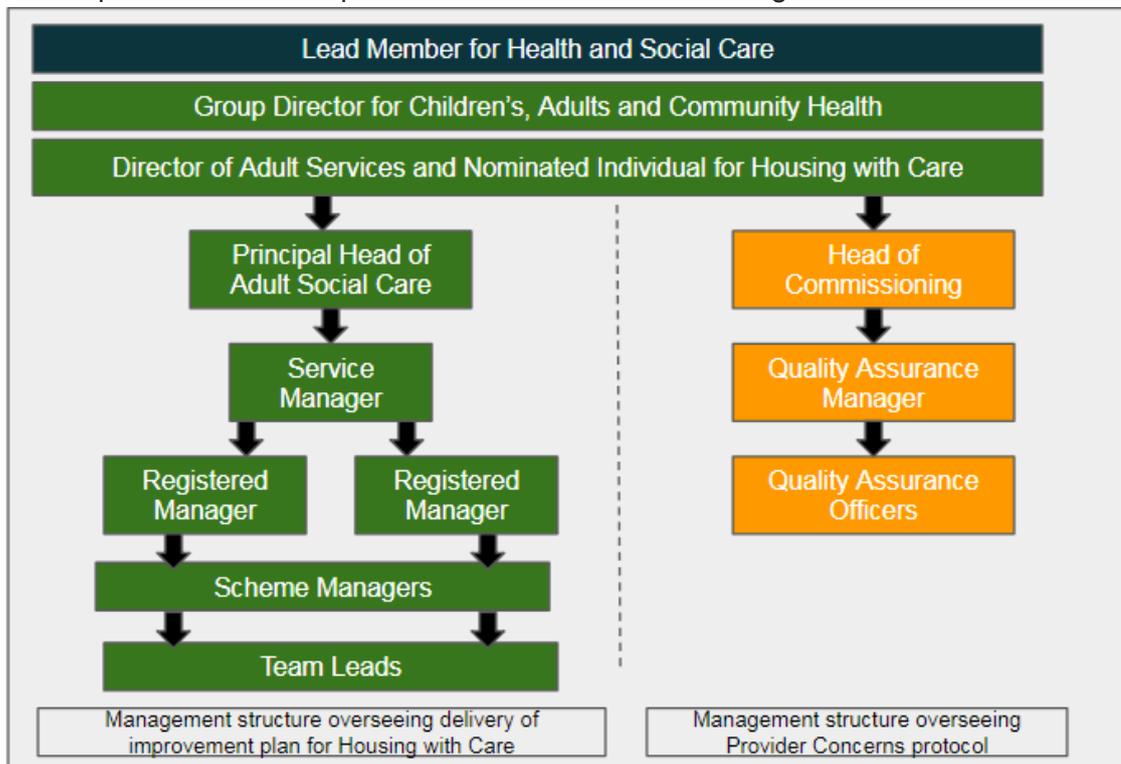
- 3.4. Service users, family and friends in Housing with Care received letters on the day the inspection report was published to inform them of the CQC inspection outcome and to invite them to briefings with the Registered Managers for the schemes and senior management in Adult Services to find out what the Council was doing to address the findings of the CQC inspection.
- 3.5. In the first two weeks of February 2019, the Principal Head of Adult Social Care led nine meetings with service users, friends and family to update them on the CQC inspection. Concerns, compliments and actions were recorded at all of these briefings. Actions are being followed-up and specific feedback is being shared with each scheme.
- 3.6. The Council invited Healthwatch Hackney and The Advocacy Project to attend all these briefings and they were in attendance for most of them. Healthwatch have written a report based on their attendance at these meetings which will be shared shortly.
- 3.7. The Council recognises the importance of maintaining an ongoing dialogue with service users, families and friends to both provide reassurance that improvements are being delivered and embedded, and to ensure that people have had the opportunity to share their experiences and views and help co-produce change to how the Housing with Care service is delivered.
- 3.8. In line with this the Housing with Care schemes will be setting up regular and ongoing service user, family and friends forums for people who want to help co-produce change in the service. Service users, families and friends will also be told about other co-production and engagement forums which they may also want to get involved in which include the Learning Disability Partnership Forum, the Carers Forum, the Making it Real Board, the Adult Safeguarding User and Carer Engagement Group and others. People will be given the choice of how they want to be involved going forward.

Additional capacity to support delivery and management structure for delivering improvements:

- 3.9. To ensure the improvement plan is delivered on time and to the highest quality additional resources were made available to the service.
- 3.10. Our experience with other provider organisations that have been supported through similar improvement processes shows that it is vital to engage additional external advice. We have engaged someone on a short-term basis with expertise in CQC regulation and service improvement to advise and oversee the service's improvement plan.
- 3.11. Four additional social workers were allocated to support with person centred care and support plans and risk assessments. Housing with Care managers and team leads were also invited to work overtime and, where possible, at weekends. The response has been positive as staff are determined to secure

the reputation of the service for the future. This is balanced with ensuring no staff work over the maximum weekly working hours as set out in the EU working time directive.

- 3.12. Two Occupational Therapists have also been completing moving and handling risk assessments, and an Occupational Therapy Assistant has been supporting with personalised care and support plans.
- 3.13. Two members of staff from Safeguarding Team have also been supporting with risk assessment delivery.
- 3.14. Project Management resource has been made available to support the service to coordinate the delivery of the improvement plan and monitor progress effectively.
- 3.15. The management structure overseeing the improvement plan and the provider concerns protocol is summarised in the diagram below.



- 3.16. As well as the management structure overseeing the improvement plan, weekly updates on progress are being provided to the Lead Member.

Initiating the council’s Provider Concerns Protocol

- 3.17. As a commissioning organisation, the Council has invoked its “Provider Concerns” protocol. This has not been used with an in-house provider before but has been used successfully with external organisations. A consequence of invoking this protocol is to suspend any new placements to Housing with

Care until Commissioning staff are satisfied that the required level of improvement has been made.

- 3.18. The Commissioning Team's Quality Assurance staff have made visits to all 14 schemes and have conducted unannounced visits to check improvements are being implemented effectively.
- 3.19. Fortnightly meetings have been held with Commissioning staff and service managers to monitor progress of the improvement plan and keep the suspension of new placements under review.
- 3.20. The Provider Concerns Protocol will continue to monitor improvements and ensure they are embedded into service delivery in the long term until the point at which the service is able to provide sufficient evidence that improvements have been made and embedded.

4. Update on progress in delivering Housing with Care improvement plan

Risk assessment and personalised support plans

- 4.1. **Progress to date** - The below table summarises what progress has been made to date in delivering the risk assessment and personalised support plans section of the improvement plan.

What the CQC said	What has been put in place to address this	What will be different for service users
<p>Care plans lacked detail and were not personalised.</p>	<ul style="list-style-type: none"> • New templates for personalised care plans have been developed with expert input. • Staff have been briefed on how to deliver personalised care, and how to record the necessary details in care plans. • Staff have started delivering these with service users. • Training on writing personalised care planning has been scheduled. 	<ul style="list-style-type: none"> • Personalised care planning empowers individuals, promotes independence and ensures people are involved in decisions about their care. It centres on listening to individuals, their family and friends, finding out what matters to them and what support they need. • It is a holistic process, treating the person "as a whole" with a strong focus on helping people to achieve the outcomes they want for themselves. • Throughout January, February and March, Housing with Care staff will be developing new

		<p>personalised care plans with all service users, with involvement from their family and friends.</p> <ul style="list-style-type: none"> • This includes recording information about service users' preferences, dietary requirements, cultural background, sexual and gender identity, support networks and other relevant information.
<p>Medicines were not managed in a safe way and information about people's medicines was insufficient.</p>	<ul style="list-style-type: none"> • With input from Pharmacists, new medication risk assessment and medication support plan templates have been developed. • These help to keep service users safe whilst taking medication. • Staff have been briefed on how to deliver these effectively and have started delivering these with service users. 	<ul style="list-style-type: none"> • Service users will have updated medication risk assessments. • Medication support plans will continue to be developed with service users and their friends and families throughout February and March.
<p>Risks to people were not appropriately identified or mitigated against.</p>	<ul style="list-style-type: none"> • A number of new risk assessment templates have been developed, using expertise from a range of professionals. • Staff have been briefed on how to deliver each of these effectively. • Staff are delivering these with service users. For more specialist risks, relevant experts are completing 	<ul style="list-style-type: none"> • Service users can expect more detailed conversations about their individual needs, areas of risk, and clear plans of what will be put in place to keep them safe. • What assessments a service users has will depend on their needs, and will be discussed with them and their family and friends.

	assessments e.g. Occupational Therapists, Specialist Nurses, Social Workers and Pharmacists.	
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4.2. **Outstanding areas** - There are a number of areas that will be continue to be looked at as part of the continued delivery and embedding of the improvement plan. These include:

- Developing personalised care plans with service users is in progress, with some care plans yet to be updated/improved. Plans are being developed thoroughly and with input from friends and family, therefore the priority is on ensuring quality over speed. All service users will have improved personalised care plans by the end of March 2019.
- Given the high volume of different risk assessments to complete, delivery of these will continue over the next few months. Priority has been given to medication risk assessments and support plans, and all service users will have these in place by the 8th March 2019.
- Development of Life Books for service users with Dementia with the service user, their friends and family will be begin over the next few months. Life Books are an activity in which the person with dementia is supported by staff and family members to gather and review their past life events and build a personal biography or 'book'. Input from a Dementia Specialist Nurse has been sourced to advise on development.
- Embedding and reinforcing this best practice across all staff is an ongoing process. Recognising and providing the support staff need to deliver personalised care planning and risk assessments is an ongoing priority.

Training for staff

4.3. **Progress to date** - The below table summarises what progress has been made to date in delivering the training for staff section of the improvement plan.

What the CQC said	What has been put in place to address this	What will be different for service users
The training records submitted by the provider were	<ul style="list-style-type: none"> ● A new training framework has been produced which clarifies which training is mandatory, and how often 	<ul style="list-style-type: none"> ● Through providing a more consistent training offer, service users

not clear and did not show staff had received the training they needed to perform their roles	<p>staff are required to attend.</p> <ul style="list-style-type: none"> We are also introducing an improved way of recording training attendance, and gaps. 	<p>should experience an improved quality of care from all staff.</p>
Staff who wrote care plans and risk assessments told us they had not received training in writing personalised care plans	<ul style="list-style-type: none"> Training on writing personalised care planning has been scheduled. Going forward this training will be included as part of the mandatory training for all staff. 	<ul style="list-style-type: none"> Service users can expect more detailed conversations about themselves as part of their care planning. Families and friends will be involved in the care planning process if this is what the service user would like. Service users can also expect their care plan to be personalised, and updated as required.

4.4. **Outstanding areas** - There are a number of areas that will be continue to be looked at as part of the continued delivery and embedding of the improvement plan. These include:

- As a longer term solution, Workforce Development are looking to purchase improved software that will make tracking attendance at training easier, and making reports of upcoming training needs easier.
- Where gaps have been identified, training courses are being scheduled to address these. For example, training on personalised care planning is scheduled.
- Addressing all gaps in staffs' essential training, and scheduling sufficient training courses to address these, will be an ongoing priority.

Internal quality assurance and monitoring

4.5. **Progress to date** - The below table summarises what progress has been made to date in delivering the internal quality assurance and monitoring section of the improvement plan.

What the CQC said	What has been put in	What will be different
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	place to address this	for service users
Quality assurance systems had not operated effectively to identify and address issues with the quality and safety of the service.	<ul style="list-style-type: none"> • Within schemes, the quality monitoring checklist used has been reviewed and updated, making sure the quality assurance processes are thorough. • There is now a schedule of when audit 'spot checks' will happen, to make sure quality checks are happening regularly. • The commissioning quality assurance team have implemented the same Quality Assurance framework used for external providers, and now have two officers assigned to Housing with Care. 	<ul style="list-style-type: none"> • These processes should result in action happening more quickly in response to any issues raised by service users, friends and families.
The systems in place did not always facilitate the management of the service or sharing of information.	<ul style="list-style-type: none"> • All data from audits, complaints, compliments, safeguarding events, accidents and incidents are now all recorded in one place. • The Business Manager now analyses the data monthly, and shares reports with the Scheme Managers. 	<ul style="list-style-type: none"> • As above these processes should result in action happening more quickly in response to any issues raised by service users, friends and families.
There was no systematic or service wide analysis of the quality of support received by people or of complaints made, and no way of identifying if themes	<ul style="list-style-type: none"> • The spreadsheet and monthly reporting process above has been implemented to allow for analysis of themes. The reports are discussed at monthly manager 	<ul style="list-style-type: none"> • As above these processes should result in action happening more quickly in response to any issues raised by service users,

were scheme-specific or more general in nature	meetings during new 'lessons learnt' sessions, that are also attended by the Complaints Officer.	friends and families.
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4.6. **Outstanding areas** - There are a number of areas that will be continue to be looked at as part of the continued delivery and embedding of the improvement plan. These include:

- The Quality Assurance team will continue to closely monitor the schemes on an ongoing basis, to monitor whether improvements are sustained. This will commence and continue once the Provider Concerns process is completed.

Policies and procedures

4.7. **Progress to date** - The below table summarises what progress has been made to date in delivering the policies and procedures section of the improvement plan.

What the CQC said	What has been put in place to address this	What will be different for service users
People told us they would be happy to receive end of life care from the service, but the provider was not following their own policy about end of life care.	<ul style="list-style-type: none"> ● All staff have been refreshed on the end of life policy. 	<ul style="list-style-type: none"> ● Service users will receive compassionate and person centred end of life care.
The complaints policy covered only complaints that required a written response; complaints made verbally and resolved within 24 hours were considered out of the scope of the policy.	<ul style="list-style-type: none"> ● Informal complaints are now included within the complaints policy, and are recorded centrally alongside formal complaints. 	<ul style="list-style-type: none"> ● Service users should see improvements made more quickly in response to any informal complaints made.

Governance

4.8. A new governance model is proposed for the service to ensure ongoing and effective oversight of this service going forward. This will include:

- A new quality assurance framework for the service in line with what is used to monitor the quality and performance of external homecare provision. Below are some example key performance indicators from

the existing homecare framework to illustrate the types of measures that will be put in place for Housing with Care:

1. Percentage of service users who have had their defined outcomes met during the reporting period;
2. Percentage of staff that have had formal supervision with their line manager within the last three months;
3. The percentage of service users who have responded to service user surveys stating that they are extremely satisfied with the service during the reporting period
4. Percentage of visits that were missed during the reporting period

Specific measures will be developed for Housing with Care that reflect the priorities of residents, the purpose of the service, the points raised by CQC and the service's own improvement activity.

- Continued monitoring at least in the medium term through the provider concerns protocol and thereafter through regular quality monitoring through unannounced visits and spot checks, audits and regular monitoring meetings which will look at performance.
- Regular reporting on performance in line with the quality assurance framework to the Lead Member.
- Regular reporting on performance in line with the quality assurance framework to the Children's, Adults and Community Health Senior Management Team.
- Regular meetings with service users and their families and friends where feedback will be routinely captured and built into service improvement.
- Regular meetings with staff where feedback will be routinely captured and built into service improvement.

- 4.9. The Deputy Mayor will continue to oversee improvements and hold the service to account in her role as Lead Member. Regular updates will set out performance in line with the service's quality assurance framework including any outstanding actions from the improvement plan and then a summary of service performance including strengths, areas for improvement and feedback from service users, friends and families.

5. Next Steps

- 5.1. A key priority for the Council moving forward is establishing a new forum in which Housing with Care service users, families and friends can have an opportunity to co-produce change in the service. We will work with service users, families and friends to establish the best way of doing this.
- 5.2. The Council will continue to deliver the improvement plan for the service and embed long-term change within the service with a view to move to a service that is rated 'Good' or 'Outstanding' by the CQC.

- 5.3. The Commissioning team will continue to monitor improvements to the service through the council's provider concerns protocol. This will include continued meetings with the service and quality assurance spot checks across the schemes.
- 5.4. A new governance structure will be established to ensure ongoing and effective oversight of this service going forward.
- 5.5. A detailed update will be submitted to the CQC on 8th March 2019 to demonstrate progress on the improvement plan in line with the deadline given in the warning notice. We will wait to hear back from the CQC whether they are satisfied with the progress made and in the meantime will continue with the delivery of the improvement plan with oversight through the council's provider concerns protocol.
- 5.6. The CQC could decide to re-inspect the service anytime within 6 - 12 months after the 8th March 2019, where the current rating for the service will be reviewed.

London Borough of Hackney

London Borough of Hackney, Housing with Care

Inspection report

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Tel: 02083564864
Website: www.hackney.gov.uk

Date of inspection visit:
23 November 2018
29 November 2018
03 December 2018
05 December 2018

Date of publication:
14 January 2019

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

The inspection took place between 23 November and 5 December 2018 and was announced. The service was last inspected in February 2016 when it was rated 'Good.' In February 2016 we made a recommendation about how medicines were disposed of. We followed up on this recommendation at this inspection.

The London Borough of Hackney, Housing with Care provides care and support to people living in 14 'supported living' settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The 14 schemes were all located in the London Borough of Hackney and ranged in size from eight to 40 self-contained flats. Most of the schemes were designed to meet the needs of older adults, although some were specialised for particular groups including adults with learning disabilities aged over 50 and people living with a particular type of dementia.

There was one registered manager who was responsible for seven of the schemes. A second manager had applied to register with us who was responsible for the other seven schemes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were able to describe the support they provided to ensure people were safe. However, care plans and risk assessments were poor quality, lacked details and were not personalised.

Risks faced by people in the receipt of care had not been appropriately identified and measures in place to mitigate risks were not clear or robust. There was insufficient information about people's medicines to ensure they were managed safely and records did not show people had been supported to take medicines in a safe way. Although staff had a sound understanding of safeguarding and incident reporting, the systems in place to monitor and respond to incidents and allegations of abuse were piecemeal and there was a risk that trends and themes were not identified.

People did not feel involved in developing their care plans and did not always feel they had been offered choice about their care provider. Care plans had not been developed in line with best practice and guidance for meeting people's specific needs. There was insufficient information about people's healthcare needs, dietary requirements, cultural background and sexual and gender identity. We made a recommendation about ensuring the provider was able to offer appropriate support about people's sexual and gender identity. There was a risk that people's preferences and needs would not be met because these were not recorded.

People gave us mixed feedback about the staffing levels in the service and the impact this had on their

experience of care. While some people felt there were enough staff who had time to chat, others found staff rushed and busy. Staff were recruited in a way that ensured they were suitable to work in a care setting. Some of the schemes had very high agency use, with half of their shifts being covered by agency workers. Staff received regular supervisions, but the records did not demonstrate they had received the training they needed to perform their roles.

People did not always know how to make complaints, but were confident that if they had cause to make a complaint their feedback would be responded to appropriately. Records showed complaints were responded to in line with the provider's policy. The systems in place for learning from complaints were not operating effectively.

People told us they liked living in the schemes and would be happy to stay there until the end of their lives. Information about people's end of life wishes was not captured and the provider was not following their end of life policy.

Staff at the registered location did not have access to all of the documentation about people's care, which showed a lack of good governance at the service. We also identified shortfalls in how information was recorded and the reliability of the IT systems in use. The quality assurance and audit systems were not operating effectively. They had not identified or addressed issues with the quality and safety of the service. A range of audits were completed by managers at different levels but there was no central oversight or action plan. Actions to improve the quality of the service were not embedded or sustained.

The management structure of the service was new, and the managers were committed to improving the service. Staff felt supported in their roles. Staff worked closely with other organisations to ensure people were able to be active in their communities and attend a range of activities if they wished.

We found breaches of four regulations relating to person centred care, safe care and treatment, staffing and good governance. Full information about our regulatory response is added to reports when all appeals have been exhausted.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Medicines were not managed in a safe way and information about people's medicines was insufficient.

Risks to people were not appropriately identified or mitigated against.

Incidents and concerns about abuse were appropriately identified and escalated. It was not clear how the schemes ensured lessons were learnt and shared.

Feedback about staffing levels was mixed, and some schemes had high agency use.

Staff knew how to keep people safe by the prevention and control of infection.

Inadequate ●

Is the service effective?

The service was not effective.

People's needs were not assessed in line with best practice and guidance. Care plans were generic and did not inform staff how to support people to achieve their goals.

Records did not show staff had received appropriate training for their role. Staff received regular, supportive supervisions from their managers.

Care plans did not contain sufficient information to ensure people's healthcare and dietary needs were met.

The schemes worked closely with other organisations, particularly housing providers, to ensure people's needs were met.

Staff understood and applied the principles of the Mental Capacity Act 2005 but records did not always show the MCA had been applied.

Inadequate ●

Is the service caring?

The service was not always caring.

People told us care workers were kind and had a caring attitude, although some people found staff were too rushed to spend time with them.

Staff spoke about people they supported with kindness and compassion.

People's cultural identity and personal history were not always considered as part of care planning.

The service did not always ensure they provided a safe environment for people to disclose their gender or sexual identity.

Requires Improvement ●

Is the service responsive?

The service was not always effective.

People did not remember being offered a choice about how they received their care. Care plans lacked detail and were not personalised.

The provider worked with other organisations to ensure a wide range of activities were available to people who wished to engage with them.

People told us they would be happy to receive end of life care from the service, but the provider was not following their own policy about end of life care.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Quality assurance systems had not operated effectively to identify and address issues with the quality and safety of the service.

The audits in place did not ensure improvements were sustained.

The systems in place did not always facilitate the management of the service or sharing of information.

People and staff spoke highly of the managers who were

Inadequate ●

committed to making improvements to the service.

Staff meetings took place regularly and gave staff the opportunity to be involved in developing their schemes.

London Borough of Hackney, Housing with Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 23 November and 5 December 2018. The provider was given 48 hours' notice of the inspection activity as the service provides care across a wide range of sites and we needed to be sure the information we needed would be available during the inspection.

The inspection was completed by three inspectors. The inspectors spent two days in the office and visited five housing schemes over two days.

Before the inspection we considered the information we had received from the service in the form of notifications they had submitted to us. Notifications are information about events and incidents that providers are required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people and 26 members of staff including the service manager, a registered manager and a manager who had also applied to register with us, two administrators, five scheme managers, six team leaders and ten care workers. We reviewed the care files for ten people who used the service including care plans, risk assessments, medicines records and records of care delivered. We looked at eight staff files including recruitment, supervision and appraisal records. We reviewed various other documents, meeting records, policies and audits relevant to the management of the service.

After the inspection we required the provider to send us an action plan to address some serious concerns we

found during the inspection. The action plan they sent us demonstrated they understood the extent and range of our concerns.

Is the service safe?

Our findings

People told us the staff supported them to take their medicines. One person said, "I do my own tablets at the moment, but they would help me if I needed. I rattle like a pharmacy so it's nice to know they would help if it got too much." Another person said, "They make sure I've taken my tablets." Staff described checking the medicines containers supplied by the pharmacy and the medicine administration records (MAR) when supporting people to take medicines.

The provider did not have effective systems in place to ensure the safe management of medicines. All ten of the people whose files we reviewed needed staff to support them to take their medicines. None of the care files contained information about what medicines they were prescribed, any risks associated with these medicines or details of the support they needed to take their medicines. The only information available to staff was contained in the MAR and this was insufficient to ensure people were supported to take their medicines safely.

People had been prescribed medicines on a 'take as needed' basis. There were no guidelines to inform staff when to offer and administer these medicines. Some medicines prescribed on an 'as needed' basis should not be taken together. For example, co-codamol should not be taken at the same time as other products containing paracetamol as it contains paracetamol and this means there is a risk of overdose and liver damage. One person's MAR showed staff had recorded they had administered both these medicines on 18 occasions in a six week period. This meant this person was exposed to the risk of harm and overdose. Staff had also used codes that were not explained on the MAR and therefore it was not possible to tell medicines had been administered safely. The provider told us they would take action to ensure staff knew how to record and administer medicines properly.

Risks faced by people had not been properly identified or mitigated against. One person had been prescribed medicine for seizures. Their care plan contained no information about their seizures. The registered manager confirmed this person had a history of seizures. This exposed this person to the risk of harm as staff did not have any information about how to identify seizures or respond when they happened. Other health related risks, such as diabetes and other long term health conditions had not been appropriately mitigated. There was no information for staff to identify the symptoms of high or low blood sugar levels for people living with diabetes or guidance on how to respond to these conditions.

One person's care file stated they had a history of suicide attempts. Their risk assessment stated staff should monitor their mood and report to the GP if they thought they had become depressed or anxious. There was no information to describe how to identify depression or anxiety in this person. Another person had a history of self harm and there was no guidance about how to identify and mitigate concerns about their mental health.

Three people's care files referred to them requiring treatment from medical professionals for wound care. There was no guidance for staff about how to mitigate the risk of harm by ensuring treatment plans were followed to encourage these wounds to heal. One person's care plan made repeated references to pressure

wounds from 2016. The manager confirmed they did not currently have any pressure wounds but their care plan had not been updated to reflect the change in their circumstances.

The above issues with the lack of clear identification and mitigation of risk and management of medicines are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with staff. One person said, "I feel safe, the staff are always very kind." Staff were able to identify the different types of abuse people might be vulnerable to. Staff knew how to report and escalate concerns they had in line with local safeguarding and whistleblowing procedures. Records showed scheme managers completed incident forms and raised concerns about allegations of abuse appropriately to their managers. Where appropriate safeguarding alerts were raised and investigations were completed. Staff meeting records showed staff were reminded about recording incidents and safeguarding concerns regularly. However, there was no record that staff were supported to reflect on learning from incidents and safeguardings through these meetings.

The provider had systems in place to ensure suitable staff were employed. Applications were reviewed and applicants had been interviewed by management panels who applied the provider's policy to ensure equality of opportunity in recruitment processes. Applicants' knowledge and skills were assessed through a standardised interview process. After successful interviews the service carried out checks of staff right to work, identity and character through references and criminal records checks. It was not clear that the provider established the relationship between the applicant and the referee so it was not always possible to see if the reference was a professional or character reference.

Records of recruitment processes were difficult to access during the inspection. The provider's systems required the documents to be scanned and uploaded to their online filing system. However, this had not been consistently done by the previous registered manager. Administration staff were able to access hard copy records from a locked cabinet, but this required the administrators to go through boxes of records that had not been clearly sorted or archived.

People gave us mixed feedback about whether they felt there were enough staff on duty to meet their needs. At some schemes people told us there were plenty of staff available to them when they needed. One person said, "I don't have to wait for staff." Another person said, "They're never short on coming here, they come on time." However, other people told us there were not always enough staff. One person said, "There could be more staff. If I pull the cord they will get here as quickly as they can." Another person said, "They help me when they have the time."

Rotas showed some schemes were covering half of the shifts with agency workers. Staff at some of the schemes told us they felt rushed at busy times of the day. All the staff told us absences were covered, either by agency staff or by team leaders providing additional support to people. The schemes had established links with named agency workers who were known to the people who lived in the schemes. Agency staff attended staff meetings and received supervisions in the same way permanent staff did which minimised the impact of unfamiliar faces.

Staff described maintaining appropriate hygiene to ensure people were protected by the prevention and control of infection. We saw personal protective equipment was available to staff from the offices in the schemes. We noted that one person was particularly at risk of infection due to an underlying health condition. Their care plan referred staff to guidance documents, but these were generic guidelines and did not clarify for staff what individual actions were required to ensure effective infection prevention and control or what the risks were to this person and others. Staff were able to describe the risks in conversation.

Is the service effective?

Our findings

The registered manager told us they met with people to plan their care based on the commissioning referral received from people's social workers. People confirmed they had meetings about their needs before moving into the supported housing schemes. However, the service did not have a set needs assessment and did not keep records of the assessment process.

The care plans produced were generic and did not reflect best practice in terms of people's individual needs. For example, one of the schemes specialised in supporting people with learning disabilities but people's care plans did not reflect how their needs may be different from those in an older adults' scheme. Care plans for people with long term, enduring mental health conditions did not reflect best practice in ensuring people's mental health was supported. For example, one person's profile described that they continued to live with residual symptoms of psychosis but did not inform staff how to support or respond to the person in relation to these symptoms.

People told us staff supported them to access healthcare services when they needed. One person said, "They [staff] would notice if I wasn't feeling too clever. They'll call the GP for me." Another person told us, "They will get the ambulance if you need it." Care plans contained information about people's medical history, however this was limited to the health concerns that led to their moving into the schemes. There was no information about what people's diagnoses meant in terms of their wellbeing or care preferences. For example, one person's profile described the findings of a brain scan in detail, but did not explain what that meant for the person and their needs.

It is well established as best practice in supporting adults with learning disabilities with their healthcare needs that people should be supported to have health action plans and attend annual health checks. Health action plans are documents that ensure that all the information about a person's health conditions and appointments are held in one place that is available to the person and all relevant healthcare professionals. We reviewed two files for adults with learning disabilities and their files did not contain health action plans and did not include information about annual health checks. One of these people spoke to us about the health appointments they attended, but the support they needed to book and attend the appointments and follow the advice of the healthcare professionals was not recorded.

People receiving care were living with a range of long term health conditions including diabetes, dementia, mental health conditions and other age and lifestyle related conditions that affected their wellbeing. Care plans did not explain the impact of people's health conditions on their support needs and preferences. For example, one person was diagnosed with high blood pressure and diabetes. Their plan regarding physical health stated they needed glasses to read and described facilitating GP appointments "when necessary" and informing healthcare professionals of "any changes." There was no guidance about how to identify changes in health or how to support this person to maintain their health.

Another person's medical history included high blood pressure and having a pace-maker fitted. The health section of their care plan referred to their need to wear glasses and attend optician appointments. There

was no information or guidance about the support they needed to manage their blood pressure or to ensure their heart health. This person told us they attended regular hospital appointments but the support they needed with this was not recorded. This meant there was a risk that people did not receive the support they needed to maintain their health and liaise with healthcare professionals as this support was not described.

People told us staff helped them prepare their meals. One person said, "They help with my meals, it depends what I've got in." In some of the schemes staff prepared communal meals, but this was not possible in other schemes due to the nature of the buildings. Staff told us some people preferred to cook from scratch while others had microwave meals delivered. Staff told us they offered people choices about their meals. Care plans did not include information about people's dietary needs and preferences, and did not contain information about whether or not people had meals delivered or required support to prepare them. Although staff were knowledgeable there was a risk that new, or unfamiliar staff may not provide people with the support they needed as this was not captured in the care plans.

The above issues with the assessments and lack of detail in care plans are a breach of Regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received regular, supportive supervisions from their line managers. The provider's system required line managers to upload supervision records to an online filing system. We found that this was only done when prompted by the registered manager following an audit. This meant records available were out of date although scheme managers uploaded records after being requested as part of the inspection. Records showed staff received regular supervisions that followed the provider's format which included discussions of individuals receiving care as well as service issues.

Although some staff told us they received the training they needed to perform their roles, this was not consistent across the service. Staff who wrote care plans and risk assessments told us they had not received training in writing personalised care plans since the service was established in 2014. This had affected the quality of the care planning across the service, where we found shortfalls in the levels of personalisation in care plans. The training records submitted by the provider were not clear and did not show staff had received the training they needed to perform their roles. For example, only three staff out of 212 had ever received training in diabetes care. Staff working in the schemes which specialised in providing care to specific groups such as learning disabilities, dementia or mental health had not received training in these areas. Records did not show staff had received training in responding to behaviour which might be challenging despite providing care to people who behaved in this way. In some schemes there was no record any staff had received training in safeguarding adults, despite this being an annual requirement of the provider.

The above issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At each of the schemes the relevant housing association provided housing related support and some activities for people living in the schemes who also received care from the provider. At some of the schemes the housing provider also had an office base. We saw staff from the different organisations liaised to ensure people's needs were met. For example, care staff would liaise with maintenance teams to ensure repairs were completed. We also saw housing staff would share concerns about people's care if these were raised. At several of the schemes there were joint meetings with the provider and housing association to discuss services on offer to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings this is through applications to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff demonstrated a sound understanding of the MCA and understood that people's capacity to make decisions may vary depending on the circumstances. For example, staff told us they would not ask people to make complex decisions when they were under the influence of alcohol as that may have affected their capacity to make decisions. Records did not always support staff understanding of people's capacity to make decisions or provide guidance on how to facilitate decision making. For example, one person's care plan described how a relative managed their finances. However, there was no record that the family member had the appropriate legal authority to manage finances on their behalf. The team leader told us they would seek confirmation and appropriate records about this matter. A meeting record also showed a relative had put in place restrictions on their family members liberty without following proper processes and without any record of them having legal authority to make decisions on behalf of their family member. The registered manager established that the scheme manager had taken immediate action to remove this restriction.

Is the service caring?

Our findings

Across all the schemes we visited we saw staff interacted with people in a kind and positive way. Staff knocked on people's flat doors and enquired after their wellbeing in a polite and considerate way. People told us the staff were kind. One person said, "The staff chat to me, they are friendly and caring." Another person told us, "The staff are very respectful to me. They know I am very particular about how I like things and do not want them to interfere with certain areas. They respect my boundaries."

Although the interactions were positive, some staff told us they did not always have time to spend with people outside of providing care. One staff member said, "There could be more staff on the ground [this would help] provide a compassionate service, people would benefit from more time and hours, as well as staff wellbeing. We manage to do it, but it's at a push." One person told us, "They [staff] are busy. They can't sit around chatting all day."

Care plans explained that some people needed emotional support, particularly those with mental health needs. However, the care plans did not describe how to identify this need or what the support would entail. Staff described sitting and talking with people, and offering them reassurances. Staff spoke with compassion about how they would support people who may be embarrassed or upset by their support needs. They described offering reassurances and taking their time to ensure people were at ease during the receipt of care.

People told us they were able to maintain their important relationships, or that staff would help them to do so if they wished. One person said, "I see my [relative] regularly but if I needed the staff to phone them they would." Staff told us they supported people to keep in touch with family members. One care worker explained how they supported one person to visit their relative who lived in a care home. Care files did not include details of people's significant relationships. Family members were referred to but only if they were involved in making decisions or if there were risks associated with their contact.

Information about people's lives before they received a service was extremely limited and usually only referred to their circumstances immediately before moving into the schemes. This meant it was not always clear the service was considering people's background, culture and values when developing support plans. For example, we visited one person in their flat and they had flags and artwork on display relating to their heritage. In conversation they were proud of the culture and described how it influenced their preferences. Their ethnicity in their care plan did not match the cultural heritage they told us about. Another person told us they did not like some staff to help them with meal preparation as they did not know how to prepare meals in line with their cultural requirements. We have explored in the effective domain that people's dietary preferences were not clearly described.

Care plans contained a section where people's sexuality could be recorded. We found that in some care plans rather than a sexual orientation staff had recorded the person's gender. In other files this was blank. Staff told us they did not support anyone who identified as lesbian, gay, bisexual or transgender. This was despite the service supporting over 200 people. Staff told us, "No one ever mentioned it [sexual orientation

and gender identity]." Though they acknowledged they would know if someone had previously been in a heterosexual partnership. This meant there was a risk that people who identified as lesbian, gay bisexual and transgender may not feel that the service offered a safe space for them to disclose their identity.

The provider information return stated staff had attended LGBT training. Despite the training matrix supplied by the provider showing they offered 3 different courses relating to equality and diversity, and a further seven courses relating to sexuality and sexual needs only 33% of staff had completed training any diversity training, and 41% had completed training in sexuality and sexual needs. Some of the course dates were from 2013, before the service was registered. Furthermore in three of the schemes no staff had received any training in equality, diversity or sexuality.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring the service is providing appropriate support to people regarding their sexual and gender identity.

People told us they valued their independence and staff supported them to maintain it. People described how staff supported them to keep their homes clean which helped them stay independent, or reminded them to use equipment to reduce the risks of falling and losing their independence. Staff told us they encouraged people to be as independent as possible. One staff member said, "If they can do something independently we won't interfere in that. We'll make sure we're available but that is all."

Is the service responsive?

Our findings

We saw care plans were signed as being updated every six months, or following incidents where people's needs had changed. However, care plans were not personalised and did not describe how to support people's individual needs. People we spoke with told us they could tell the scheme managers and team leaders if they felt things needed to change with their care, but did not recall having meetings about their care. No one we spoke with recalled being offered a choice about who provided their care. One person said, "It's just the ones [care workers] that come. I didn't choose who they are."

Across all the care plans reviewed the provider had taken an outcome based approach. Although the goals of support were included, the details of what a positive outcome would look like, and how to support the person to achieve it was not. For example, one person's wishes regarding their personal care were recorded as being, "Requires staff support with shaving every morning and prompt to choose clean clothes." The planned outcomes were, "To promote independence, to promote choice of what to wear, to maintain a good standard of care, to ensure one member of staff assist to wash / shower and shave." There was no information about this person's preferences or details of how care should be delivered. Other care plans referred to staff providing encouragement, prompts and assistance but this was not described.

One person's risk assessment referred to them having a hearing impairment. However, this was not mentioned in their care plan and there was no information or guidance for staff about how to communicate effectively with this person to ensure their needs were met. Another person's risk assessment described them as experiencing confusion due to dementia. There was no guidance in their care file about how to support them to be more orientated or how to respond if they became confused or distressed.

The above issues are a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were offered a range of activities by both the service and their housing providers. There were three welfare and activities coordinators who worked across the 14 schemes to facilitate a range of activities to suit people's tastes. Records showed people were offered group activities including coffee mornings, bingo, film club as well as trips to the theatre. People were supported to attend day centres and external activities with the combined support the provider and housing schemes.

Some people told us they liked the activities and we saw people engaging with a range of sessions that were taking place at the schemes we visited. For example, one person enjoyed playing cards, and at another scheme bingo. However, other people told us they knew activities were on offer, but did not feel they were suitable for them. One person said, "The activities don't really interest me. I've made my own arrangements with friends from outside." Records of tenants meetings showed activities were discussed and housing providers gave feedback to the provider based on what people said at these meetings.

Records of care showed people received support with their personal care, medicines and meal preparation as required. We noted the level of detail was limited, for example, staff did not record what meals people

were supported to prepare and eat, and rarely recorded any information about people's mood or presentation. This was despite care plans stating staff should be monitoring people's wellbeing. This meant there was a risk that changes in people's presentation may not be identified from the records.

Although not all the people we spoke with knew how to complain, they were all confident any concerns they had would be responded to appropriately. One person said, "I don't know how [to make a complaint] I've not had cause to. I'm sure [team leader] would sort it out if something came up." Other people told us they knew how to make complaints. One person said, "I know how to make complaints. I'd tell [scheme manager]."

The provider's complaints policy covered only complaints that required a written response; complaints made verbally and resolved within 24 hours were considered out of the scope of the policy. We reviewed the provider's responses to complaints made over the last year and saw they completed investigations as described in the policy. However, the audits completed did not include any lessons learned for the service, and complaints were not discussed in staff meetings. This meant there was a risk that lessons from complaints were not shared and issues could recur. There was no thematic analysis of complaints which meant themes to complaints were not identified and opportunities for learning were missed.

Care plans did not specifically address people's wishes for care should they reach the last stages of their life. However, people told us they would choose to remain within the schemes if they reached the last stages of life. One person told us, "I'd stay here to my last days. I trust them all to take good care of me." Staff told us they worked with the local hospice when people were approaching the end of their life. One care worker explained, "We work with [hospice]. They will send the nurses, or sometimes people will go and stay there if it's what they want." The provider's policy for supporting people at the end of their lives referred to best practice guidance and ensuring people were able to express their preferences and have these acted upon. The policy stated all staff working in the service should have training in end of life care. However, only 63% of staff had completed this training.

Is the service well-led?

Our findings

The management of the service had recently changed. The previous registered manager had left, and the plan for the service recognised the large scope of the role of managing 14 schemes. The provider had decided the role would be shared across two managers, one of whom had completed the registration process and the other was going through the processes at the time of our inspection. Each of these managers was responsible for seven supported housing schemes. Although only one was currently registered they shared responsibility and are referred to as 'the managers' throughout this section of the report. The management structures were clear, with scheme managers in place and team leaders for each shift. Some scheme managers worked across two sites depending on the size and nature of the needs of people living in the schemes.

The location address was the head office of the local authority. For a location to be correctly registered the regulated activity must be managed from the location address. We identified concerns about whether the office location was truly where the regulated activity was managed from. This was because information about people and staff was not available at this office. While the information relating to staff should have been uploaded to the online filing systems, it was not the usual practice for information about people to be available in the office as this was all kept at the schemes. For the regulated activity of personal care to be correct people must be able to choose their care provider, and their housing tenancy and care support must be separate agreements. People did not recall being able to choose their provider at several schemes and people did not have contracts or agreements regarding care provision. The provider took action during the inspection to make records available and has committed to reviewing their registration to ensure it is correct.

The managers told us a new system for online record keeping had been introduced and this was difficult for scheme managers to use, and often stopped working. We saw during the inspection that as the managers opened documents for us to review, the system would slow down and stop. On one occasion the managers had to contact their support desk to unlock the system and this took half an hour to resolve. The managers explained this led to scheme managers failing to update the online systems as it was a time consuming task that often did not work effectively. Staff supervisions were meant to be uploaded to this system, but the most recent records were six months old. One of the managers explained, "We have to chase the scheme managers to do these things [upload the documents]. We last did an audit of the staffing records six months ago and found the records had not been uploaded. They uploaded them, but the next audit is due which would have found the same thing." The managers recognised they needed to follow up on whether actions from audits had been sustained.

Staff told us the activities and welfare officers carried out quality assurance visits and sought feedback from people about their experience of care. We asked if there were action plans in place to address issues raised by people during these visits. Scheme managers told us they received emails about any issues and addressed these one by one. This meant there was no systematic or service wide analysis of the quality of support received by people, and no way of identifying if themes were scheme-specific or more general in nature.

The managers completed quality assurance visits and checks to the schemes. The scheme managers also completed audits of medicines records, signed off care plans and risk assessments and completed spot checks at night. However, there was no analysis of audits or related action plans for any of the schemes. The managers explained that where they identified issues they would receive feedback from scheme managers that issues had been addressed. However, there was no clear audit trail and it was not captured that issues were followed up on future occasions to ensure they were addressed. Due to the nature of the way audits were captured it was not possible to see if issues were recurring or different issues were identified at each visit.

The provider sent us a record of audits completed and this showed there was no pattern or routine to the audits. For example, medicines were checked at one scheme in August 2017. The next medicines audit did not take place until June 2018. A night spot check was carried out in January 2018 where actions were identified, but the next night spot check did not take place until November 2018. At another scheme there had been an audit of "all mandatory documents" in July 2017, the next recorded audit was of medicines in September 2018.

The audit systems in place were not operating effectively to identify and address issues with the quality and safety of the service. They had not identified the poor quality of care plans and risk assessments. They had also not identified that medicines records were incorrect and that medicines practice had not been updated to reflect the guidance issued by the National Institute of Clinical Excellence (NICE) in March 2017, about medicines in home care. The provider submitted an audit of complaints, there were no lessons learnt recorded for any of the complaints audited. Scheme managers sent records of incidents, accidents and safeguarding records to the managers for review. We saw the managers reviewed these, and asked for appropriate follow up action to be taken. However, there was no overall audit or analysis so no themes could be identified. This meant there was a risk that patterns to incidents, accidents and allegations of abuse may be missed as each was dealt with on an individual basis.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they found the managers supportive. One care worker said, "I think the team works well and the managers are all supportive. I've got a good team leader, then [manager] covers a group of the units, and [name] is the scheme manager. I like their approach. Very straightforward." Another staff member said, "[Manager] does a really good job and is approachable and helpful. I've never felt she hasn't been there. She is an absolute diamond." Both the managers demonstrated their commitment and dedication to the services during the inspection and expressed a clear desire to improve the quality and safety of the service. They were both relatively new to their current role and recognised there had been a steep learning curve.

Staff told us, and records confirmed each scheme had regular staff meetings. Although these varied depending on which scheme they took place in, we saw staff discussed people they supported and their needs in detail. All staff meetings included discussions around health and safety, infection control, record keeping, incident recording, safeguarding as well as activities taking place in the local community. Staff meetings records also showed staff were given opportunities to discuss the running of the service, as rotas, workloads and holiday planning were discussed.

The welfare and activities coordinators worked with staff from the schemes to ensure people were supported to engage with their local communities. We saw information about activities and events in the local community were on display throughout the schemes and people were able to get involved if they wished. The schemes worked with other organisations in their local area, including day services, theatres,

cinemas as well as supporting people to engage with events offered by their housing providers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs were not assessed in line with guidance and care plans were not personalised. Regulation 9(1)(3)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training they needed to perform their roles. Regulation 18(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not appropriately identified or mitigated. Medicines were not managed in a safe way. Regulation 12(1)(2)

The enforcement action we took:

We issued a warning notice requiring the provider to be compliant by March 2019.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not operated effectively to identify and address issues with the quality and safety of the service. Regulation 17(1)(2)

The enforcement action we took:

We issued a warning notice requiring the provider to be compliant by March 2019

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Health in Hackney Scrutiny Commission 12 th March 2019 Update on implementation of recommendations from the Commission's review on 'Supporting Adult Carers'	Item No 8
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OUTLINE

It is customary for Scrutiny Commissions to revisit their reviews one year after the Executive Response has been agreed at Cabinet in order to check on the implementation of the Recommendations.

To enable this the officers and organisations complete a Recommendations Tracker document which provides an update.

Attached please find the Recommendations Tracker which includes in column 1 the original recommendation, in column 2 the original cabinet/executive response and in column 3 a current update.

This update comprises responses from the three main stakeholders involved in this review:

- Adult Services
- City & Hackney Carers Centre
- Alzheimer's Society

Attending for this item will be:

Gareth Wall, Head of Commissioning for Adult Services

ACTION

The Commission is requested to give consideration to the Recommendations Tracker.

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Health in Hackney Scrutiny Commission

Update on recommendations from the review on 'Supporting Adult Carers' to be considered by the Commission on 12 March 2019

In addition to this update, Members may also be interested to read the Business Case and associated Appendices for the new "Unpaid Adult Carers Service" that was endorsed by the Integrated Commissioning Board on 27 January 2019 and agreed by Cabinet Procurement Committee on 11 February 2019.

<http://mginternet.hackney.gov.uk/ieListDocuments.aspx?CId=113&MId=4341> (Agenda Item 9)

Original Recommendations <i>Agreed by Commission on 14 February 2018</i>	Executive Response from the relevant Cabinet Member(s) <i>Agreed at Cabinet on 17 September 2018</i>	Update on Recommendations one year on <i>For discussion the Commission 12 March 2019</i>
<p>Recommendation One</p> <p>The Commission recommends the new model for supporting carers has built into it:</p> <p>(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.</p>	<p>(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.</p> <p>(b) This recommendation is agreed. All</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>The London Borough of Hackney have a complaints process in place which is due to be reviewed in March by the "Making It Real" Board. The purpose of that review is to ensure the complaints process is accessible and clear for carers and service users. Any learning from this will be used to improve the process in the future. This process will also meet the requirements set out within the Charter developed by Healthwatch Hackney.</p> <p>As part of the '3 conversations' model that will be introduced for London Borough of Hackney's social work provision, every cared for person will have a named social worker. This worker will act as the key point of contact for carers and other related professionals in terms of coordinating the persons care.</p>

**Update on implementation of recommendations on
'Supporting Adult Carers' review – 12 March 2019**

Original Recommendations <i>Agreed by Commission on 14 February 2018</i>	Executive Response from the relevant Cabinet Member(s) <i>Agreed at Cabinet on 17 September 2018</i>	Update on Recommendations one year on <i>For discussion the Commission 12 March 2019</i>
<p>(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.</p> <p>(c) that clarity is provided on the division of labour between assigned social workers and carers in terms of co-ordination of care.</p> <p>(d) a plan to develop the provision of advocacy support.</p>	<p>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.</p> <p>(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</p>	<p>Additionally as part of the new model it is intended that where possible carers statutory needs assessments will be aligned to that same social worker who is responsible for the cared for person. It is anticipated that this will provide a more holistic overview of family picture and therefore enable better clarity on the division of labour between assigned social workers and carers in terms of co-ordination of care.</p> <p>The new advocacy provision (since April 2018) is in place and being delivered by The Advocacy Project and local small and medium sized enterprises (SMEs). The Advocacy Project delivers on the statutory advocacy, the SMEs deliver non-statutory advocacy. The service also signposts those who are not eligible to information and advice services, and is looking at developing alternative and sustainable forms of advocacy e.g. peer advocacy.</p> <p>RESPONSE FROM CARERS CENTRE</p> <p><i>D) Unfortunately the newly commissioned advocacy service is of only able to offer a non –statutory advocacy service to Carers who meet the eligibility threshold as follows:</i></p> <p>Eligibility Criteria <i>(as clarified by the London Borough of Hackney)</i> <i>In order to reach those with the highest need /those who need it</i></p>

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	<p>health nurses and not carers that actually deliver care.</p> <p>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.</p> <p>(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.</p> <p>Statutory advocacy means a person is legally entitled to an advocate because of their circumstances.</p>	<p><i>most, eligibility for non-statutory advocacy has been put in place</i></p> <ol style="list-style-type: none"> <i>1. Located within or come under the responsibility of the London Borough of Hackney</i> <i>2. Is known to Adult Social Care teams</i> <p><i>A vulnerable adult who is unable to speak up for themselves, is un-befriended and who requires support with a specific advocacy issue.</i></p> <p><i>Vulnerable adults are defined as:</i></p> <ul style="list-style-type: none"> <i>• Someone who has been assessed as eligible for adult social care teams e.g. Learning disabilities service; mental health service, etc.</i> <i>• Someone who is disadvantaged through disability and has been assessed as requiring paid support from the Local Authority or under Continuing Health Care.</i> <i>• Someone who has been assessed by adult social care and has been in receipt of a care or support package [in the past 12 months prior to advocacy referral].</i> <i>• Someone who requires support to navigate social care processes e.g. adult with a disability navigating child protection processes, or someone who wishes to challenge their recent [within past 12 months] social care assessment.</i>

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	<p>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.</p> <p>Non-statutory advocacy services continue to play an important role, providing advocacy where vulnerable people fall outside the eligibility criteria for statutory provision.</p>	<p>The above eligibility criteria has meant that many carers are no longer eligible as they do not meet the criteria for non-statutory advocacy. City and Hackney Carers Centre has had to withdraw from the contract due to a lack of eligible referrals. This has led to an increase in carer referrals to our advice service and to Hackney Community Law Centre and the Hoxton Legal Trust to try and find agencies to deal with the issues presented.</p>
<p>Recommendation Two</p> <p>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</p>	<p>This recommendation is agreed. The new model will make clear what formal respite care is available for different categories of carers.</p> <p>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</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>The new model of services for unpaid adult carers will provide clarity on the respite offer within Hackney, alongside other services that may be available to carers. This will be a joint responsibility across the whole commissioned service, internal and external, to ensure that carers are given the correct expectations of the service and that this is personalised to their circumstances.</p>

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<p>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.</p>	<p>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.</p> <p>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.</p>	<p>Additionally, for the first 12 months of the new service, the Council will employ a Carers Development Officer to work across the whole service to ensure consistency of delivery and messages given to carers.</p> <p>RESPONSE FROM CARERS CENTRE</p> <p>CHCC has signed a Memorandum of Understanding to act as a referring agent with Carefree breaks, an organisation that works with hotels and B&Bs to utilise excess room space and offer this to unpaid carers free of charge. Carers have to fund their travel and meals and may not take the person they care for, but may take a companion. Although this will not suit the needs and budgets of all carers, it is a valuable additional resource for carers in need of a break.</p>
<p>Recommendation Three</p> <p>The Commission recommends that the GP Confederation should:</p> <p>(a) Work with GPs and health practitioners to develop greater awareness</p>	<p>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.</p> <p>However, the Confederation participates in, and supports the work of the</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>In addition to participating in the Dementia Alliance Strategy Group, the GP Confederation is also supporting development and implementation of the Neighbourhoods Model for health and care across Hackney and the City. As the Commission will know from its scrutiny of the Unplanned Care Workstream, a key element of the Neighbourhoods Model is to develop multi-disciplinary approaches at appropriate population levels.</p>

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<p>of the signs of dementia.</p> <p>(b) Ensure greater uptake of existing local services for dementia sufferers.</p> <p>(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.</p>	<p>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.</p>	<p>This will include testing a new approach to delivering dementia services, with memory clinics held within four paired neighbourhoods. Delivering in line with the Neighbourhood Model will enable a range of health and care professionals, as well as colleagues in the voluntary and community sector, to identify and support carers too. For example, there is a similar pilot to test the potential for allocating social work provision across paired Neighbourhoods.</p>
<p>Recommendation Four</p> <p>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</p>	<p>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.</p> <p>In order to take address the important point made in this recommendation the</p>	

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the person being cared for and are supported to care well.	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.	
<p>Recommendation Five</p> <p>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.</p>	<p>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.</p> <p>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).</p>	<p>RESPONSE FROM CARERS CENTRE</p> <p>Please look at the 'Triangle of Care' guidance produced by the Carers Trust. It provides excellent advice for professionals and carers around information sharing. https://professionals.carers.org/working-mental-health-carers/triangle-care-mental-health</p>
<p>Recommendation Six</p> <p>The Commission requests that the new model includes an action plan detailing how it will</p>	<p>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</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>Reaching and identifying 'hidden carers' is a critical function in the new model. The external provider will be expected to deliver a proactive and evolving programme of outreach work</p>

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<p>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.</p>	<p>research, will be built into the new model.</p> <p>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.</p>	<p>across the borough to not only raise the profile of services available but also identify 'hidden' and 'hard to reach' carers in a proactive manner. The provider will be expected to work with a range of partners, including carers, to identify hidden carers and embed a clear pathway into help and support.</p> <p>An Outreach Strategy shall be produced on an annual basis to detail upcoming outreach activity and the rationale regarding how it is being targeted. This will be provided to the Council and monitored to ensure that the outreach is ongoing and targeted for maximum effectiveness. Where information and intelligence can be shared between the external organisation and the Council this will be done to support each other's work.</p> <p>RESPONSE FROM CARERS CENTRE</p> <p>CHCC have been working hard on Outreach within the last year and have targeted places of worship, pharmacies, all local hospitals and GP surgeries as well as the local libraries and mobile libraries, ensuring our promotional materials are available to carers. We have been offered a regular monthly information stall at Homerton Hospital reception and have developed a checklist style leaflet designed to catch the eye of those who do not necessarily recognise themselves as carers. New carer referrals to our service increased by 70 % in the last quarter (Oct-Dec 2018)</p>

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<p>Recommendation Seven</p> <p>The Commission requests the Council and Healthwatch Hackney to detail 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.</p>	<p>This recommendation is agreed. As recommendation Four, the Prevention 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.</p> <p>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.</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>A Carers Co-production group was established in 2018 to enable ongoing, consistent and meaningful involvement with the redesign project and the new model throughout all stages. When the new model commences it is anticipated that the group will become an ongoing source of consultation, whether as their own entity or becoming part of another group, in order to not lose the expertise and valuable input of those carers.</p>
<p>Recommendation Eight</p> <p>The Commission recommends</p>	<p>This recommendation is agreed. The points relating to flexible hours, location and coordination will also be a</p>	<p>RESPONSE FROM ALZHEIMER'S SOCIETY</p> <p><i>Alzheimer's Society is currently in discussion both with</i></p>

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<p>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.</p>	<p>feature of the new model.</p> <p>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.</p>	<p><i>commissioners and our partners at City and Hackney Carers Centre around collaboration on Carers Support. We are also in discussions with ELFT in discussing how we work more closely to support carers in the future.</i></p> <p><i>Any out of hour's provision of carer support will have to be commissioned of course – with appropriate consideration for the additional support required out of hours.</i></p> <p><i>We are already providing quarterly support to carers via support to Dementia Carers in Touch in the City of London. A similar out of hours support meeting for hackney can be considered if appropriate resources are commissioned.</i></p> <p><i>We are in the process of reviewing how CrISP is presented in City and Hackney – with the idea to tailor it to local need and make it more flexible for the future. Again, community access points for the new version of CrISP will require resourcing in the new contract.</i></p> <p>RESPONSE FROM CARERS CENTRE</p> <p>CHCC is currently trialling an evening session once a month for working carers. This has been publicised through our quarterly newsletter 'Carers News' and through social media. Take up of this offer has been moderate but it is hoped the sessions will start to</p>

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		attract more working carers as the year goes on.
<p>Recommendation Nine</p> <p>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</p>	<p>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.</p> <p>As part of the Mobilisation Plan, Officers responsible for Day Care Services will contact carers of service users to make sure they aware of the change in location and continuity of provision.</p> <p>Communications to service users and carers will be appropriate and sensitive to their particular needs.</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>Oswald Street, was officially opened by the Mayor of Hackney, Philip Glanville and Deputy Mayor Cllr Feryal Demirci, Cabinet Member for Health, Social Care, Transport and Parks on Tuesday 30 October 2018. The Mayor and Cllr Demirci unveiled a plaque to mark the official opening of the building, watched by service users, their families and carers and some of the Council's partners. The service was also visited by Members of the Health in Hackney Scrutiny Commission on its opening.</p>

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		 <p>Communications with carers and service users took place as part of mobilisation and this was received positively.</p> <p>One Carer, whose son has transferred from the Marie Lloyd Centre to the new building, said: "I'm really impressed by the new building. The Council has done really well in listening to the views of service users and their carers. It's lovely that everything is together and I'm pleased with the location. They've clearly thought about the different needs of different service users in the design and layout - it is really good."</p>

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<p>Recommendation Ten</p> <p>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.</p>	<p>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.</p> <p>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).</p> <p>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</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>This was delayed whilst the national consultation on blue badges eligibility was carried out. The Government's summary responses to the consultation included a note that "the badge should directly benefit the individual; to ensure the sustainability of the scheme we do not believe badges should be awarded in situations where the carer is effectively the beneficiary." Some of the 6,300 responses received by the Government are summarised in the response as saying that "if an individual is accompanied by another person on the journey it should render the blue badge unnecessary. There needed to be evidence of an extreme behavioural impairment that was difficult to manage and therefore created a dangerous situation even in the presence of a carer. Issuing badges without genuine need would increase pressure on parking spaces."</p> <p>The full summary is available online: https://www.gov.uk/government/publications/blue-badge-disabled-parking-scheme-eligibility-consultation-summary-of-responses-and-outcome</p> <p>We await formal guidance from Government in light of this consultation before being able to pursue this recommendation further.</p> <p>RESPONSE FROM ALZHEIMER'S SOCIETY</p>

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	<p>it reaches 50 carers, a review between Adult Services and Parking Services will be undertaken. Applications for these bays are made through parking services.</p> <p>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.</p>	<p>This now falls into the realms of Dementia Friendly Hackney. The LBH funded Dementia Friendly Communities Co-ordinator who recently came into post can encourage Hackney Mobility Service to join the Dementia Friendly Community Steering group and also provide dementia Friends session as required.</p> <p>The Dementia Alliance is also rolling out dementia training now to all council employees – see Dementia Alliance. This is being co-ordinated by the LBH commissioner for older people's services who is representative of LBH on the Dementia Alliance Partnership Board</p>
<p>Recommendation Eleven</p> <p>The Commission recommends that in 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</p>	<p>This recommendation is agreed. 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</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>As part of the new model, statutory carers needs assessments will be undertaken by social care services across London Borough of Hackney and its strategic partner East London Foundation Trust. This aims to bring the following benefits:</p> <ul style="list-style-type: none"> • Bringing the assessment for the carer and the cared for person together. This will give a full picture of the circumstances by using the same database to make sure services match their needs. • Social workers should be more proficient at completing

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<p>further consideration is given to how a more consistent quality of the assessments can be maintained.</p>	<p>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.</p> <p>Progress on this initiative will be reported to the Commission at a future date.</p>	<p>quality carers assessments due to their skills and training.</p> <ul style="list-style-type: none"> • Carers will receive an outcome from their assessment more quickly, by reducing the number of steps in the process from assessment to outcome. • All carers will receive a support plan as a result of their assessment, based on their individual needs. <p>RESPONSE FROM ALZHEIMER'S SOCIETY</p> <p>The Alzheimer's Society now has access to Co-ordinate My Care and is uploading outcome plans to CMC where appropriate. This is under review to see how the process can be more efficient.</p> <p>There is an ELFT employee in place now who is leading on the development of Co-ordinate my Care – with a view that everyone who has a diagnosis of dementia will (be invited to) have a CMC care plan completed.</p> <p>RESPONSE FROM CARERS CENTRE</p> <p>The new model of service proposed by LBH takes carers assessments back 'in-house' due to issues with the unwieldy model and quality of assessments. The problems most often cited by</p>

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		<p>carers using the current CATB carers assessment service is the long delay between CATB partners completing and submitting the assessments to receiving an outcome from the panel at LBH.</p> <p>Adding the conduct of the Assessments to the workload of Social Workers who are already hard pressed with large caseloads and interim agency staffing seems likely to add to current delays rather than reduce them.</p> <p>CHCC also has concerns that the 'screening process' suggested in the new service model which will be conducted by the voluntary sector will in fact become a carers assessment by another name as carers will need and want to tell their story when first come into contact with support services. CHCC has concerns that the proposed model has not factored this when considering the resource allocation to this section of the model.</p> <p>Carers often have a fear and mistrust of statutory services for a number of reasons and CHCC is concerned that the new 'in-house' carers assessments service will mean fewer carers will seek a statutory carers assessment.</p>

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<p>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.</p>	<p>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.</p> <p>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.</p>	<p>RESPONSE FROM ADULT SERVICES The new model requires the external provider to facilitate training to carers around will writing, power of attorney and advanced decisions and planning. This aims to ensure carers are supported to help apply for these services</p> <p>RESPONSE FROM ALZHEIMER'S SOCIETY All people with dementia and carers are informed of Lasting Power of Attorney via face to face meetings, and factsheets and where appropriate the Alzheimer's Society will enable people to apply for the necessary forms as required. The Society cannot assist in completion – however, there is a national LPA support scheme through its national helpline and people can access support to complete LPAs through that scheme. The Alzheimer's Society signposts people to them as appropriate.</p> <p>RESPONSE FROM CARERS CENTRE CHCC has continued to work with a firm of solicitors 'Freeman and Harris' to provide workshops to carers on LPA and more recently have hosted legal 1:1 advice clinics for carers on LPA and living Wills. Both these type of events have been very popular with carers.</p>
<p>Recommendation Thirteen</p>	<p>This recommendation is agreed.</p>	<p>RESPONSE FROM ADULT SERVICES</p>

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<p>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.</p>	<p>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.</p>	<p>There has not been any training on housing needs awareness provided for social workers by Learning and Development. However, Adult Services have recently committed to adopting a new approach the adult social care, called 3 conversations.</p> <p>The '3 conversations' model is an innovative approach to needs assessment and care planning. It focuses primarily on people's strengths and community assets. It supports frontline professionals to have three distinct and specific conversations.</p> <p>The first conversation is designed to explore people's needs and connect them to personal, family and community sources of support that may be available.</p> <p>The second, client-led, conversation seeks to assess levels of risk and any crisis contingencies that may be needed, and how to address these.'</p> <p>The third and final conversation focuses on long-term outcomes and planning, built around what a good life looks like to the user, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available.</p> <p>The roll-out of this approach, happening in a phased way</p>

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		<p>starting in March 2019, will include a range of training for staff, emphasising the importance of providing a holistic approach that involves the carer.</p> <p>The new carers service due to start in October 2019 will be following a 3 conversations approach, and will be ensuring staff from all departments will be aware of what's on offer for carers and where to signpost them to for support.</p>
<p>Recommendation Fourteen</p> <p>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.</p>	<p>This recommendation is agreed.</p> <p>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.</p> <p>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</p>	<p>RESPONSE FROM ADULT SERVICES</p> <p>Health Impact Assessments and Equality Impact Assessments have now been embedded within planning policy. This was a significant undertaking. These processes are positive for influencing health and wellbeing generally, but they do not specifically focus on Dementia Friendly issues at present. Dementia Friendly planning will be considered as a future area of development within the Local Plan 2033, building on the success of the public health influence to date. This will require dedicated resource to implement, which is not currently available.</p>

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	<p>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.</p> <p>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.</p> <p>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</p>	

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	<p>text could be expanded to include links to relevant good practice guides.</p> <p>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.</p> <p>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</p>	

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	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.	RESPONSE FROM CARERS CENTRE This recommendation was discussed by CHCC with Commissioner Sharon Ellis who indicated that the Carers Programme Board would take this forward. CHCC is happy to provide a briefing although the 'Working for Carers' project is run by Redbridge Carers with CHCC as a referral partner. Redbridge Carers therefore may be better placed to give the briefing.
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	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	RESPONSE FROM ADULT SERVICES We have been working with 20 local organisations that provide advice in the borough to co-produce a framework for grant funded advice provision. With these organisations (which include organisations that work with carers) we have been analysing services from the customer's perspective to gain an understanding of how the system as a whole works. This has included:

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<p>that this is taken into consideration by Adult Services in revising the new Model.</p>	<p>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.</p> <p>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.</p> <p>A key feature of this way of working is</p>	<ul style="list-style-type: none"> • Listening to what people actually ask for in their own words when they approach an advice service, e.g. the demand • Finding out what matters to them about how services work with them and asking them what a 'good life' looks like and how the services could respond to enable this to be achieved • Working to understand value demand vs. preventable demand and how this is generated and impacts upon individuals) • Mapping residents' journeys into and through advice services and creating system pictures of individual services and advice provision as a whole <p>The learning from the review has shown those involved that the overarching principle of advice services should be understanding resident's demand in context (not just the presenting issue) and delivering what matters to them. In order to do this an integrated advice system is needed that provides clear, simple and open access, including to those residents who face barriers to accessing services, and which minimises hand-offs between advisers and providers. All those involved in advice provision need to take a shared responsibility for system learning and continuous improvement.</p> <p>Most importantly the new grant framework aims to set out a</p>

**Update on implementation of recommendations on
'Supporting Adult Carers' review – 12 March 2019**

Original Recommendations <i>Agreed by Commission on 14 February 2018</i>	Executive Response from the relevant Cabinet Member(s) <i>Agreed at Cabinet on 17 September 2018</i>	Update on Recommendations one year on <i>For discussion the Commission 12 March 2019</i>
	<p>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.</p> <p>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.</p> <p>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 them to be part of the observation and co-design process.</p>	<p>learning relationship between the Council and providers and a new set of measures for understanding how successful the new service is. It will be important to continue to capture information in order to identify gaps, such as when people are turned away and to evolve our understanding of the purpose for advice, particularly around what a good life looks like to residents.</p> <p>We have been working with Adult services throughout the process, including as part of a reference group in the assessment process.</p> <p>The assessment process for the new grant started in November and we are in the process of making.</p> <p>RESPONSE FROM CARERS CENTRE</p> <p>CHCC has taken part in the systems review of advice services in Hackney and has submitted a bid with the local CAB and partners to deliver advice services to carers of adults and carers of children with additional needs. We await the outcome of this bid although it has been recommended to the Local cabinet for approval.</p>

Please note that in the Executive Response the following introduction was also included:

Document Number: 21869519

Document Name: Recs tracker for HiH review on Carers

1. Introduction to original Cabinet Response

- 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.*

Lead Cabinet Member: Cllr Feryal Demirci, Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks
Lead Corporate Director: Anne Canning, Group Director Children, Adults and Community Health
CCG Lead: David Maher, Managing Director

Review webpage: <https://hackney.gov.uk/supporting-adult-carers-review>

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Health in Hackney Scrutiny Commission 12 th March 2019 Hackney Local Account of Adult Care Services 2017/18	Item No 9
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OUTLINE

Each year the Commission gives consideration to the annual report of the Council's Adult Services department known as the 'Local Account'.

Last year's account was considered at the Commission's meeting on 14 March and the minute of that discussion is [here](#).

Attached please find a cover report on the Local Account and a copy of the full document.

Attending for this item will be:

Anne Canning, Group Director CACH

Gareth Wall, Head of Commissioning for Adult Services

Tessa Cole, Head of Strategic Programmes and Governance, Adult Services

ACTION

The Commission is requested to give consideration to the report.

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Report Title	Hackney Local Account of Adult Social Care Services 2017/18
Meeting	Health in Hackney Scrutiny Commission
Report Owner	Anne Canning – Group Director, Children, Adults & Community Health Services Simon Galczynski – Director, Adult Services
Report Author	Katherine Phipps, Project Manager Tessa Cole, Head of Strategic Programmes and Governance
Date	12th March 2019

1. Summary:

1.1. This report accompanies the London Borough of Hackney's (LBH) Local Account of Adult Social Care Services for 2017/18.

1.2. Whilst a non-statutory requirement, many Local Authorities including Brighton, Waltham Forest and Haringey continue to produce a Local Account of their Adult Social Care Services. LBH has also continued to produce an annual Local Account as part of its commitment to best practice and transparency and feedback received tells us that this document is valuable for residents, staff and Elected Members.

1.3. The Local Account is used as a key mechanism for Local Authorities to demonstrate accountability regarding their performance and outcomes on an annual basis, as well as providing an overview of key priorities.

1.4. Local Account documents should be citizen focused and aimed at the whole community, and we have ensured that we have co-produced this document with people who use our services. It is vital that we seek the feedback of people who use our services both on the services we provide as well as the document as a whole, to ensure that it remains an accessible and valuable to the residents of Hackney.

1.5. The Health in Hackney Commission is asked to endorse Hackney's Local Account for 2017/18 and is invited to make suggestions for the further development of the next Local Account for 2018/19.

2. Background / History:

2.1. LBH has produced a Local Account since they were first introduced nationally in 2011/12. Over time the content and style has evolved, the 2014/15 Account consisted of a suite of ten documents, each one focusing on a specific service area. From 2015/16 the Local Account captures all of the key achievements and headlines within one document, which was a change based on feedback from residents.

2.2. Co-production with people who use our services has been integral to the design, feel and content of this local account. We sought their feedback on last year's Local Account and

ensured that we acted on what they liked (short service specific sections, vibrant colours, large figures) and didn't like (jargon, lack of transparency, case studies). This primarily involved Adult Services hosting a series of focus groups with service users including members of the Making it Real board in August and September 2018 whereby attendees reviewed the last Local Account and provided feedback and suggestions for improvement. This was then built in to the design and structure of this updated Local Account.

2.3. This year we also have a dedicated co-production page, which lists all of the activities that people have been involved in to help shape our services. This page was written by the Making it Real Board; a group of individuals who use services or care for someone who use services, who are referred to as experts by experience.

2.4. We will continue to look at ways to reduce and condense the Local Account, to ensure that it is focused and accessible. We will explore ways to do this in an iterative way over the coming years in continued collaboration with people who use our services.

2.5. The document has been reviewed and endorsed by Healthwatch who have provided comments and contributed to it by way of a Foreword, which sits alongside those of the Group Director and the Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks.

2.6. The Local Account will be shared widely with Hackney citizens, staff and other key stakeholders. Whilst it will be available predominantly via the Council's website, hard copies will be produced on demand in an appropriate format, including an easy read version as part of the Council's commitment to ensuring wide accessibility. In addition, a limited number of hard copies will also be available in key community locations across the Borough, including hard copies in libraries and key council buildings. It will also be circulated through voluntary and community services and organisations in the borough.

3 Key highlights and Issues:

3.1. The Council has continued to focus resources on preventing, reducing or delaying people's need for long term services so that they are able to remain healthy and well and living as independently as possible within their communities for as long as possible.

3.2. The statistics within the Local Account show that demand is consistent. In 2016/17 we received 7,557 requests of support whereas in 2017/18 these requests we standing at 7,549.

3.3. Against that backdrop, the Council's gross spend on Adult Social Care has decreased by £1.891 million from £119.742 million during 2016/17 to £117.851m in 2017/18. This reflects the savings that Adult Social Care has had to make.

3.4. We conducted a full review of the Integrated Learning Disability Service (ILDS) in consultation with service users and carers and designed a new way of supporting residents to better meet people's needs.

3.5. In 2017/18 3,338 people who were directed to other types of help and support including community activities encouraging them to remain healthy and well and encourage them to actively participate in the communities.

3.6. During 2017/18 a total of 457 service users received support via a direct payment, compared to 429 during 2016/17, an increase of 6.5%. There will, however, be continued

efforts to bring the proportion of residents receiving support via a direct payment or part direct payment, in line with the London average.

3.7. In 2017/18 there were 3,091 carers known in Hackney. Between the Council and the Carers Centre, 991 carers were either assessed or reviewed and went on to receive a Direct Payment, respite or information and advice to support them in their caring role. This is a decrease of 147 on 2016/17.

3.8. The Council and its partners will continue to undertake significant work to improve performance. An area of focus for the Council is our continued work around Delayed Transfers of Care (DToC). Over the past year we have seen a substantial improvement in our performance with DToC. In May 2017 we saw a total of 959 bed day delays which were reduced to 589 by March 2018, a reduction of 45%. The number of adult social care related delays reduced by 80% in the same period.

4. Next Steps for the year ahead

4.1. We remain committed to our approach to enable people to remain living independently at home.

4.2. We will continue to work with carers and partners in the redesigning of services to ensure that our offer for future best meets the needs of carers in the borough.

4.3. 2019 will see the launch of our redesigned Integrated Learning Disabilities Service.

4.4. We will work with colleagues across the Council to develop an Older People's Strategy, through a process led by older people, ensuring they have a central place in shaping all council services and the wider priorities of the Council.

4.5. We will continue to embed co-production with service users, carers and partners across the work we do in Adult Social Care.

4.6. As part of our redesign of the Integrated Learning Disability Service, we will launch the new multi-disciplinary Preparing for Adulthood team in 2019. This team will support young people moving from Children's services into Adult services.

4.7. We will work closely with our partners to continue to move to a model of Integrated Commissioning to ensure a more joined up approaches to health and social care and better outcomes for people.

4.8. We will begin working with Partners for Change to deliver a transformative programme of change, where we will move to a strengths-based approach to practice. This approach focuses on how Adult Social Care services can work with service users and their families to collaborate and develop care and support that puts them at the centre and supports them to achieve the outcomes they want from their lives.

5. Recommendations

5.1. It is recommended that the Health in Hackney Scrutiny Commission endorses the Local Account.

5.2. It is recommended that the Health in Hackney Scrutiny Commission notes this update report.

Hackney Local Account of Adult Social Care Services 2017/18



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Welcome to our Local Account



I welcome this opportunity to introduce the first Local Account for Adult Social Care 2017/18 since I became the Cabinet Member for Health and Social Care.

The Local Account gives an update on the progress that

we made in 2017/18 in adult social care and what we plan to do in 2018/19 and beyond.

In recent years as a result of central government cuts, the resources available to us to provide or commission services to our vulnerable residents have reduced. As demand for adult social care services continue to increase, we still wait on the national publication of the Government's Green Paper on the future of adult social care funding. These are challenging times for all local authorities.

With these challenges we want to ensure that we make best use of the funding available to us to provide a good range of local care and support services.

Our work with our local partners from health and the voluntary and community sector will ensure that we maximise our resources to deliver more joined up services through Integrated Commissioning. We will aim to deliver innovative solutions with a much needed focus on prevention, early support and reducing health inequalities across the borough.

We will continue to promote our belief that residents should be enabled to live independently within their homes and local communities for as long as possible and look to assist with appropriate support to enable them to achieve that aim.

I want to ensure that we continue to work closely with residents to develop and improve services that provide the support they need. In the co-production section of this document you can find out about opportunities for how you can get involved in shaping services in 2018/19 through initiatives such as our Making it Real Board.

On behalf of the Council I would like to thank those people who have given their time and efforts in shaping our services for fellow residents including the design and content of this Local Account.

We hope that you find this an interesting and useful insight into how we are delivering vital services to help people to live the lives they want to live.

We are keen to hear the views of people who use our services, carers and local community groups on our current service provision as well as our plans for the future, and I would encourage people with comments or feedback to get in touch.

Councillor Feryal Demirci
**Deputy Mayor and Cabinet
 Member for Health, Social
 Care, Transport and Parks**



2017/18 was both an exciting and challenging year for Adult Social care and this Local Account gives an overview of how we have worked to continue to support Hackney residents to meet their care and support needs.

We have included information about our services and some of the things that we achieved between April 2017 and March 2018 and for transparency we have also acknowledged areas where we need to change and improve.

In the last year, we have welcomed our new Principal Social Worker for Adults Social Care, Marion Willicome-Lang to the council to support social workers and help them develop their approach to social work.

We have also looked at how we can work more closely with local partners to ensure the best use of limited resources, particularly through our move towards Integrated Commissioning with our colleagues in health and the voluntary and community sector.

We are committed to giving our residents and service users a real voice in the design and delivery of our services and have seen much progress through our co-production work and would encourage more people to get involved, you really do make a difference.

I would like to thank those people who have given their time and efforts in the shaping our service, whether that be taking part in service redesign, sitting on our recruitment panels, co-designing iCare our online directory, or helping to create this document.

We have made bold decisions to redesign our services, transform our workforce and continue to support our residents to live independently within their homes and communities.

Thank you for your interest in reading this year's Local Account, we appreciate your feedback about this document, and value your opinions on our performance.

A handwritten signature in black ink that reads "Anne Canning". The signature is written in a cursive style and includes a small flourish at the end.

Anne Canning
**Group Director, Children, Adults and
Community Health Directorate**



The annual local account of Adult Social Care services is an important document. We urge all residents to read it. It provides transparency and insight into Hackney's Adult Social Care services and how they support residents.

Everywhere, Adult Social Care funding is under severe strain. Now, more than ever, we need to understand how social care funds are spent and the impact those funds makes on the lives of Hackney's most vulnerable residents.

Healthwatch Hackney is pleased to see progress in a number of areas, not least the focus on recruiting permanent social workers. Social workers make sure vulnerable people get the right support at the right time. Securely employed staff means greater continuity and stability for their clients. Continuity is especially important when increasing numbers of people with care needs are living in temporary or unstable accommodation.

We are pleased to see significant improvements in 'delayed discharge', which means fewer people stuck in hospital waiting for care to be arranged. And we are delighted the council has successfully tackled long running problems in its occupational therapy services and can now boast one of the lowest waiting times in London for OT assessments.

It is reassuring to see ongoing work to make Hackney a 'dementia friendly' borough. We look forward to finding out how the views of people with dementia and their carers help to make this happen. We also welcome the council's concrete commitment to improving very low employment rates among people with learning disabilities in Hackney. We hope this focused approach will yield results for people with learning disabilities over the coming year

A sharp reduction in the number of unpaid carers receiving a direct payment to help

them in their caring role is, however, cause for concern. Unpaid carers are the bedrock of support for vulnerable people. It is vital the council finds ways to support local carers to prevent them developing ill health from the excessive burdens of caring. Healthwatch Hackney would also like carers to have better access to high quality information and advocacy to help them navigate services for themselves and their loved ones.

We are also concerned about the rise in complaints about homecare services as most vulnerable residents in Hackney receive their care at home. We look forward to next year's local account detailing how the council has learned from these complaints and brought about permanent improvements to homecare services.

We applaud the council's continued commitment to co-production where residents, carers and health professionals work together to develop services. Early involvement of local people, sharing robust and accessible evidence from the outset, and giving local people enough time to contribute, are key ingredients for making co-production work. The Learning Disability partnership board and Autism Alliance board are great examples of co-production and are breaking new ground.

We know Adult Social Care is committed to involving residents but we are also acutely aware of the considerable challenges all care services face in these times of austerity. Austerity makes involving residents even more vital. Healthwatch Hackney therefore urges the council to continuously to involve people across all its services but especially where service change is on the horizon.

Jon Williams Director, Healthwatch Hackney

healthwatch
Hackney

How to contact us

Here is all the information you need if you want to get in touch with us. We value your comments, compliments and suggestions to help us provide better services.



Write to us:

Information and Assessment

Hackney Service Centre

1 Hillman Street, E8 1DY

Call: **020 8356 6262**

Email: access@hackney.gov.uk

Web: www.hackney.gov.uk/adults-older-people

Hackney iCare

An online resource that provides information and advice about adult social care, health and cultural and wellbeing services across the borough that are provided by statutory, voluntary and private sector organisations.



www.hackneyicare.org.uk

How to find us





You said...we did

A group of individuals who use our services volunteered to review the Hackney Local Account of Adult Social Care 2017/18 to make comments and suggestions.

You said...	We did...
That you liked the design of the Local Account compared to previous years and would like us to continue to use this style and format for future Local Accounts.	We have retained the style and themes of the 16/17 Local Account for 17/18 edition and will continue to work with people who use our services to design future editions.
Although better than in previous years, the language needs to be more accessible and less technical.	We continue to strike a balance between the information that various audiences want to see in the Local Account and making the document as accessible to as many people as possible.
The account needs to show where things are not working not just trying to make everything look good.	We have included both our successes and areas where we need to improve but above all we have been transparent and honest.
You need to be open about the complaints you receive and how long they take to be resolved and the lessons learned.	We have expanded the amount of information around complaints, resolution and lessons learned.
Could we have more information about the organisations listed within the Local Account, in particular whether they are Disability Friendly and have Wheelchair Access?	Where possible we have added this information.
Show examples of co-production in different service areas across Adult Services.	We have asked all service areas to highlight areas of Co-production, we have asked members of the Making it Real Board to create the Co-production section of this year's Local Account.
Can we have more information about your staffing?	We have added a section around our staff and our plans for the future of our workforce.
It would be helpful to re-categorise sections in contents or have overview and include sub categories.	We have improved the contents section to be a more comprehensive overview of the document.

Complaints and Compliments

What you told us about our services

We really value the comments and views of local people as they help us to improve and develop our services. We regularly involve and consult with people who use our services, carers and other residents to get their views on what we do.

We do this in a variety of ways including:

1. Routine meetings with local forums and groups
2. Specific organised consultation events
3. Telephone, paper and online surveys



How to give a compliment or make a complaint

We will always try and work with you to fix things where we get things wrong. You can feedback to the London Borough of Hackney in the following ways:

Online at www.hackney.gov.uk/complaints

By email: adult.complaints@hackney.gov.uk



In writing:

Adult Social Care Complaints

Hackney Service Centre,

1 Hillman Street E8 1DY

Telephone: **020 8356 1702**

You can make a compliment or complaint about homecare services by calling our dedicated free phone Homecare Information line on:

0800 073 1317

How to Get Involved – ‘Making it Real’

To make sure that our services are personalised and focused on the person, and to help us improve our services and the way we do things, we set up a local Making it Real initiative, which is an opportunity for Adult Social Care service users and their carers to:

- to improve things
- to work in partnership with Hackney Council to make real changes
- to agree priority areas for improvement
- to make sure things get done
- to promote independence



For more information:

Email: makingitreal@hackney.gov.uk

Call: **0208 356 6669**

What is the Adult Social Care Local Account?

The Council produces its Local Account annually to tell people about Hackney's Adult Social Care services and how it helps adults with care and support needs in the borough.

Our account aims to be balanced and open, providing useful information to describe what we have done in 2017/18 to meet people's needs and how we plan to build on this in 2018/19.

The Local Account tells people:

- How much we spent on adult social care
- What and who we spent the money on
- Our future plans
- What service users and carers tell us about our services
- How our services help people stay healthy and well and avoid the need for support from adult social care services

What people who use services have told us about this Local Account

We have talked to people who use services to get their views about the Local Account, such as asking them what should be included and to gain their ideas to make it clearer and a more interesting read. It is key that people who use our services and residents of Hackney have the opportunity to shape this document and we would like to thank everyone who has been involved in shaping this year's Local Account.



Click on this link to see last year's Local Account of Adult Social Care (2016/17)

www.hackney.gov.uk/local-account

How to obtain a copy of this Local Account

If you would like to receive a printed copy of this Local Account in another language or in an alternative format, please contact us using any of the following ways:



Write to:

Information and Assessment
Hackney Service Centre
1 Hillman Street
E8 1DY

Call: **020 8356 6262**

Email: access@hackney.gov.uk

Key Facts

What we are doing well

The “success rate” of our services to help our service users to live more independently increased from 70 % during 2016/17 to 78 % during 2017/18.

91 % of older people who received reablement/ rehabilitation support after discharge from hospital were able to remain at home, which is better than the London average of 87 %. The proportion of older people discharged from hospital that accessed reablement/ rehabilitation services was twice as high as the London average.

During 2017/18 responses to a survey that we sent to service users in receipt of adult social care services, found Hackney residents responded more positively than the London average in the following areas;

- Having a good quality of life
- Satisfied with their services
- Having adequate social contact
- Feeling safe and that their services made them feel safe

77 % of adults with a learning disability live independently in their own home or with their family which is higher than the London average of 74 %.

How Hackney Adult Social Care support can change lives:

- Adult social care services support many Hackney residents every week who face real difficulties and need support in their daily life. This could be as a result of a disability, living situation, substance misuse, or other life changing event.
- The help provided can make the difference between someone living a chaotic life,

being isolated and vulnerable to becoming a valued member of their local community.

- The London Borough of Hackney Adult Social Care services aim to ensure that as many residents as possible are supported to stay healthy and active within their communities for as long as possible. We do this by providing information, advice and access to services that improve health and wellbeing and support people to remain independent.

Principal Social Worker

Our Principal Social Worker (Marion Willicome-Lang) came into post in June 2017.

A key priority has been to focus on the recruitment and retention of permanent staff within Adult Services as in 2017/18 there are higher numbers of interim agency staff covering social work posts than we would like. It has been recognised that this has an impact on services both in terms of the financial costs of agency staff and the quality and consistency of the front line service due to staff turnover.

A Workforce Development Board was developed at a strategic level with key stakeholders to manage a radical change in approach, both to supporting our staff and to the recruitment and retention of our workforce.

The key elements of this have been to:

- Improve the Hackney offer to Adult Social Workers around career development and job roles
- Development of four new Consultant Social Worker posts
- Development of a Social Work Academy approach in Adult Services which looks at career development and progression within the workforce

- Development of Social Worker groups and individual reflective supervision
- Supporting 11 of our Review and Information officers to complete their level 3 Health and Social Care apprenticeship via the apprenticeship levy. This was carried out by enabling them to attend The College of Haringey, Enfield and North East London (CONEL) fortnightly
- Started to plan further opportunities for apprenticeships and to give staff in other areas of Adult Services the opportunity to develop their careers
- Supporting Social Work staff with the introduction of complex case clinics and high risk panels
- Development of our approach to inductions for new social work staff
- To undertake a transformative programme of change with the whole workforce to move to a strengths-based approach to practice which focuses on how Adult Social Care services can work with service users and their families to develop care and support that puts them at the centre. Strengths-based practice is a collaborative process between the person supported by services and those supporting them

Key Achievements 2017-18

Co-production – We have created a Co-production Charter, which has been endorsed by health and social care colleagues.

Older People – Hackney is recognised as a Dementia-Friendly borough and the Council is committed to continue developing this.

Learning Disability – We have conducted a full review of the Integrated Learning Disability Service (ILDS) in consultation with service users and carers and designed a new way of supporting residents to better meet people's needs.

Carers – Carers Rights Day took place on 22 November 2017 in Hackney which included an event organised by the City and Hackney Carers Centre with a focus on raising awareness of carers' rights, and signposting to key sources of support and advice.

Substance Misuse – The number of service users who completed their treatment without relapse (within 6 months) has significantly improved and is now above the national average.

Physical Impairment – Hackney now has one of the lowest waiting times, across any of the London boroughs, for an Occupational Therapy assessment.

Plans for 2018/19

- A recruitment campaign for social work posts across Adult Services
- To undertake a review of social work in the Mental Health Teams
- To ensure that Experts by Experience participate in the recruitment panels for all operational Adult Social Care roles
- To begin a similar approach to the development of other groups of staff within Adult Services, such as care workers and occupational therapists, as we have begun with social workers.
- Developing our current workforce and their career routes via the new social work degree apprenticeship
- Plans to develop apprenticeships routes into Adult Social Care services for Hackney residents

Mental Health – We have increased the amount of Mental Health Assessments needed by over 15 % to 1211 assessments.

Preparing for Adulthood – We have developed links with HIP, an organisation which supports parents of children and young people with Special Educational Needs and Disability (SEND).

Adults at Risk – We have improved the percentage of residents who achieve their desired outcomes when they experience a safeguarding incident.

Public Health – Worked closely with counterparts in other boroughs across London to transform sexual health services.

Areas for improvement

The Council and its partners will continue to undertake significant work to improve performance. An area of focus for the Council is our continued work around Delayed Transfers of Care (DToC).

What are Delayed Transfers of Care?

A ‘delayed transfer of care’ occurs when a patient is ready to leave a hospital or similar care provider, but is still occupying a bed. To be discharged from hospital the patient must have an assessment. This assessment looks at the patient’s onward care needs such as what additional support and care they will need after leaving hospital. This could include care workers providing support for daily activities, and installing handrails within the patient’s homes to improve their safety and mobility.

During the assessment, there must be agreement from a multi-disciplinary group of clinicians, social workers and other care workers. Other factors can also contribute to a ‘delayed transfer of care’ such as disagreements between families/patients and providers concerning where the patient

should be transferred, waiting for equipment to be installed in the community and housing issues.

Delayed transfers (DToCs) - or sometimes described in the media as ‘bed-bocking’ – can cause considerable distress and unnecessarily long stays in hospital for patients. The process can also be very time consuming and complex.

Over the past year we have seen a substantial improvement in our performance with DToC. In May 2017 we saw a total of 959 bed day delays which were reduced to 589 by March 2018, a reduction of 45 %. The number of adult social care related delays reduced by 80 % in the same period.

During this time we used the High Impact Change Model to implement new ways of working. The High Impact Change Model is a plan of action that offers a practical approach to help health and social Care systems to reduce the amount of time people spend in hospital. One of the key areas of the High Impact Change Model is supporting patients to return to their home for assessment. This process is sometimes known as ‘discharge to assess’, ‘home first’ or ‘safely home’.

Once the patient has been discharged to their own home (where appropriate), or in another community setting, then assessment for longer-term care and support needs is undertaken in the most appropriate setting and at the right time for the person. We also formed an integrated discharge steering group where experts by experience act as reps to share their user experience and make suggestions on how we can make improvements to this area of work.

Direct Payments

During 2017/18 a total of 457 service users received support via a direct payment, compared to 429 during 2016/17, an increase

of 6.5%. There will, however, be continued efforts to bring the proportion of residents receiving support via a direct payment or part direct payment, in line with the London average.

Paid employment for service users with a learning disability

Working age service users, with a learning disability in paid employment, remains low in comparison to other London boroughs. During 2017/18 a total of 18 working age service users with a learning disability, were in paid employment compared to 19 during 2016/17. We launched a new supported employment programme to support residents with a learning disability, to find and maintain paid employment and believe we will start to see improved outcomes in 2018/19.

Future Plans for 2018/19

We will

Co-production – We will increase resident, service user and carer involvement in projects across adult services.

Older People - We will contribute to developing an Older People's Strategy, through a process led by older people, ensuring they have a central place in shaping all council services and the wider priorities of the Council.

Learning Disability – We will deliver the new pathways as recommended by the Integrated Learning Disability Service review which will improve the coordination and joining up of care and support for people with learning disabilities in the borough.

Carers - We will continue to improve timescales and carers' experience of carers' assessments.

Substance Misuse – We will increase the number of new service users receiving treatment for alcohol services in Hackney.

Physical Impairment - We will review the provision available within the local area across all sectors to identify gaps in provision, working with partners to integrate services where we can.

Mental Health – We will look to develop even stronger contracting arrangements with housing providers to ensure better outcomes for service users through good care and value for money.

Preparing for Adulthood – We will have a new multi-disciplinary Transitions team in place by 01 April 2019.

Adults at Risk – We will actively provide safeguarding information across the borough through raising awareness, supporting professionals and the public on how to make referrals.

Public Health – We want to continue finding better ways to engage residents in the Public Health services we deliver and commission with a focus on preventing ill health and supporting people to live healthy lives.

Overview of Hackney

The population of Hackney is among the most deprived in England, which is often reflected in poor overall health. Alongside this Hackney has experienced stronger economic growth, with higher earners moving to the borough.

Age	Population	Age	Population
0-4	20,689	50-54	14,669
5-9	18,115	55-59	11,468
10-14	15,791	60-64	8,775
15-19	13,615	65-69	6,683
20-24	16,297	70-74	4,971
25-29	31,811	75-79	3,538
30-34	38,662	80-84	2,756
35-39	29,698	85-89	1,561
40-44	19,508	90+	885
45-49	16,437	Total	275,929

Population estimates produced June 2017



To find out more about health and wellbeing trends in City and Hackney, please see the City and Hackney Health and Wellbeing Profile www.hackney.gov.uk/jsna



Ethnicity

Hackney is a rich, vibrant mix of different communities and is the sixth most diverse borough in London. Historically, Hackney has welcomed people from around the world, and there are well established Caribbean, Turkish and Kurdish, Vietnamese and Orthodox Jewish communities as well as newer communities of people from African countries and Eastern Europe.

Hackney has one of the largest groups of Charedi Jewish people in Europe who predominantly live in the north east of the borough and represent 7 % of the borough's overall population. At least 4.5 % of Hackney's residents are Turkish and are mainly concentrated in the South, East and Central parts of the borough. At least 89 different languages are spoken in the borough.

Ethnic group	Hackney	London	England
White: English/Welsh/Scottish/Northern Irish/British	36.2%	44.9%	79.8%
White: Irish	2.1%	2.2%	1%
White: Gypsy or Irish Traveller	0.2%	0.1%	0.1%
White: Other White	16.2%	12.6%	4.6%
Mixed/multiple ethnic group: White and Black Caribbean	2.0%	1.5%	0.8%
Mixed/multiple ethnic group: White and Black African	1.2%	0.8%	0.3%
Mixed/multiple ethnic group: White and Asian	1.2%	1.3%	0.6%
Mixed/multiple ethnic group: Other Mixed	2.0%	1.5%	0.5%
Asian/Asian British: Indian	3.1%	6.6%	2.6%
Asian/Asian British: Pakistani	0.8%	2.7%	2.1%
Asian/Asian British: Bangladeshi	2.5%	2.7%	0.8%
Asian/Asian British: Chinese	1.4%	1.5%	0.7%
Asian/Asian British: Other Asian	2.7%	4.9%	1.5%
Black/African/Caribbean/Black British: African	11.4%	7.0%	1.8%
Black/African/Caribbean/Black British: Caribbean	7.8%	4.2%	1.1%
Black/African/Caribbean/Black British: Other Black	3.9%	2.1%	0.5%
Other ethnic group: Arab	0.7%	1.3%	0.4%
Other ethnic group: Any other ethnic group	4.6%	2.1%	0.6%

Source: 2011 Census, % of resident population



Adult Social Care in Numbers

Despite reduced resources, in 2017/18 we received 7549 requests for support. These were for a wide range of services such as:

1,648

people received one-off support (e.g. OT equipment) compared to **1,696** in 2016/17

3,338

people were directed to other types of help and support including community activities compared with **3,544** in 2016/17



15%

We saw a **15%** increase in the number of people with dementia receiving services.



406

people used Reablement Services to help them regain independence, compared to **492** in 2016/17

795

people started to receive an ongoing service, including community activities, compared with **775** in 2016/17:

760 community based services compared to **760** in 2016/17

15 in Residential Care compared to **9** in 2016/17

12 in Nursing Care compared to **6** in 2016/17

90 people received short term support.



10%

There has been a **10%** increase in the number of adults with a learning disability who receive support and care from London Borough of Hackney

↑ 144
on 2016/17



2,478

service users received services through a direct payment or personal budget.



1,280

people did not receive a service for a variety of reasons including;

- Declining the service
- Moving out of Hackney
- The service was no longer required
- The service was paid for
- They were not eligible

compared to **1,030** in 2016/17

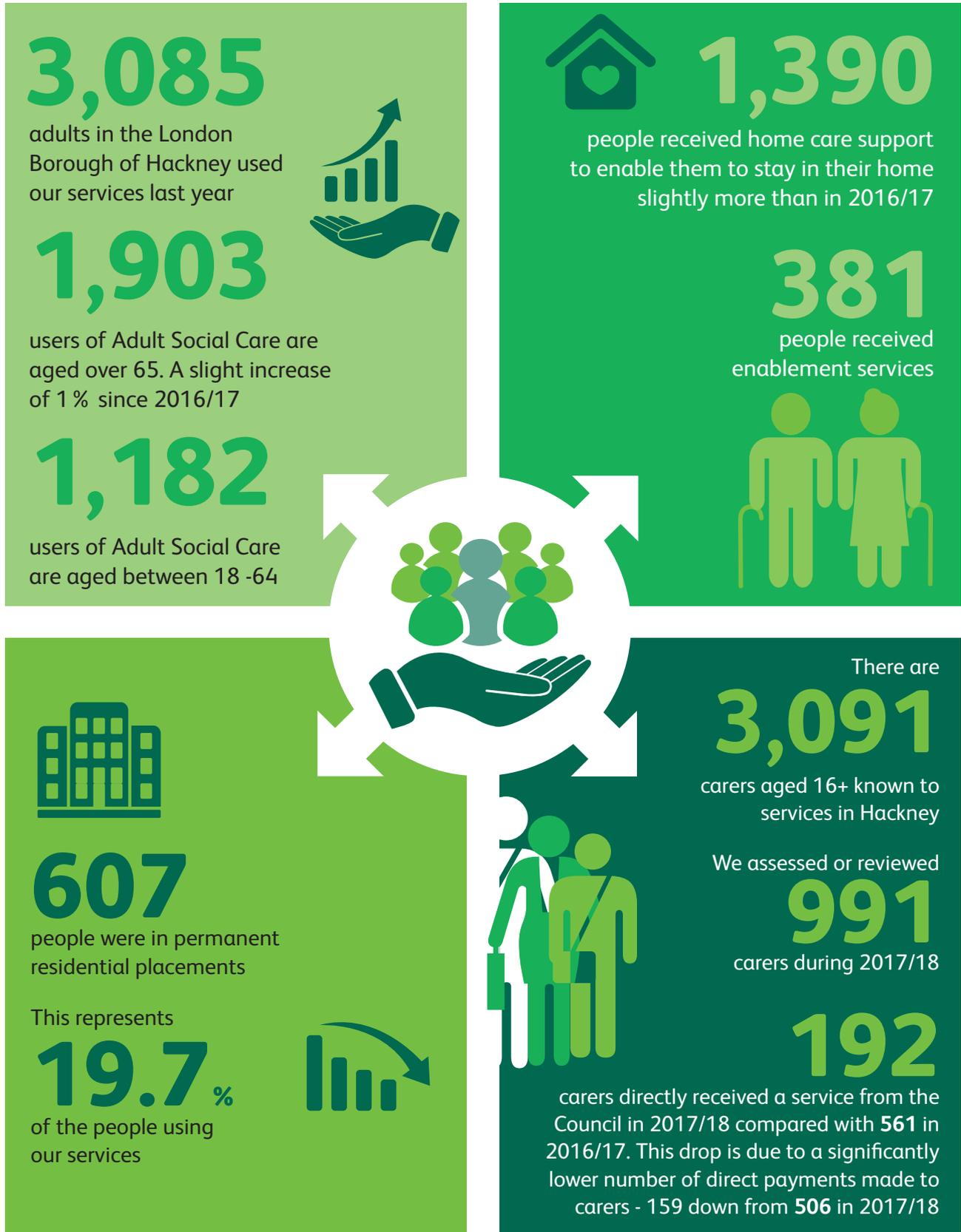


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people decided to take their personal budget as a direct payment



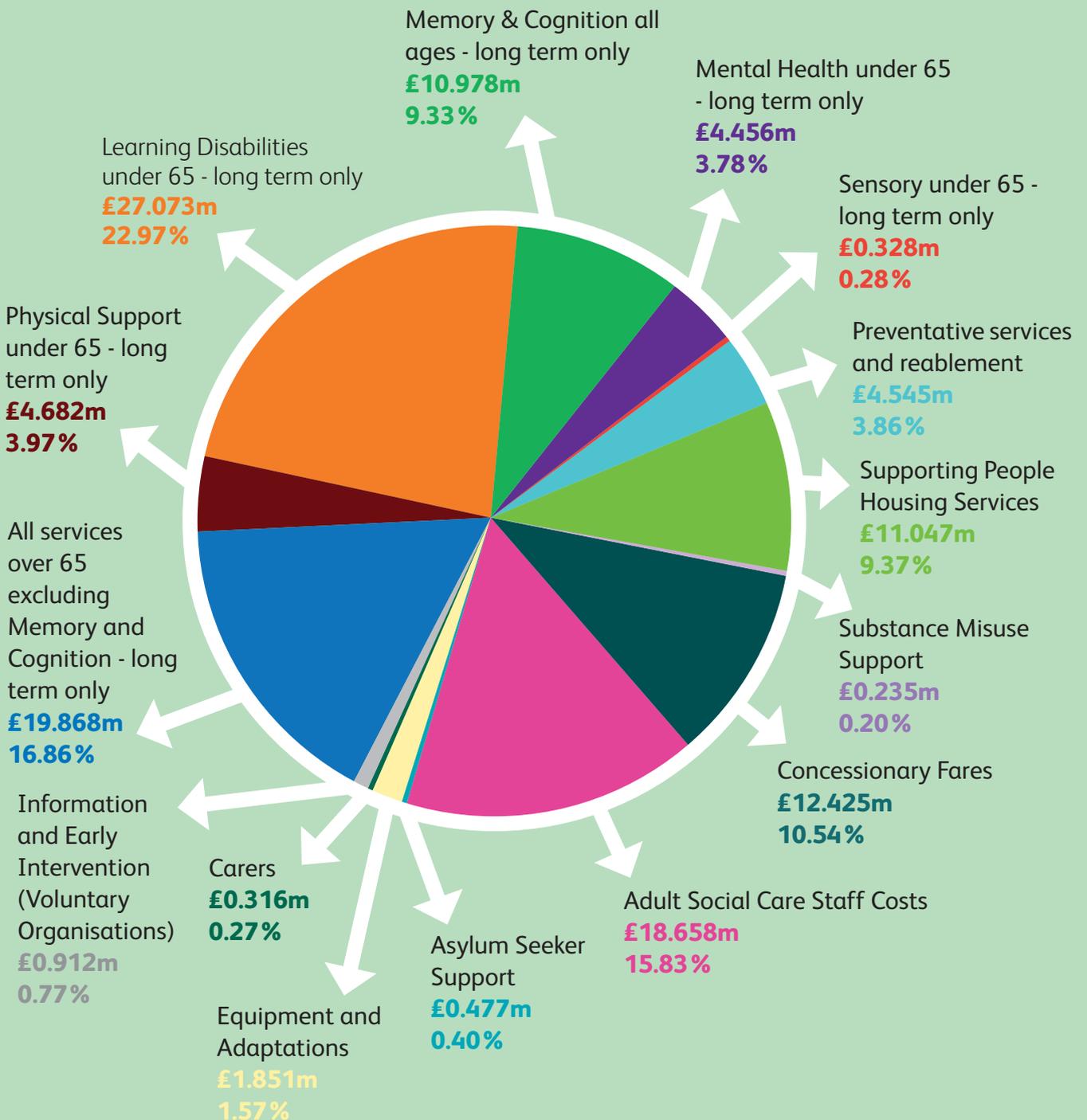
Adult Social Care in Numbers



What we spent in 2017/18

Our 2017/18 gross spend was £117.851m

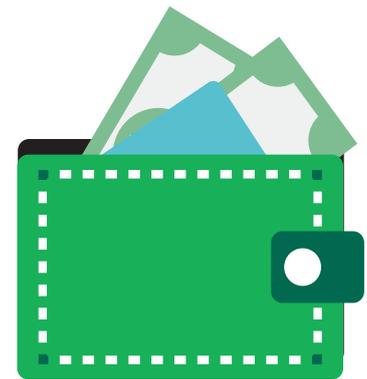
The amount spent per service area is shown in the pie chart below:-



Making the most of your money

Cuts in central government funding have again resulted in challenging decisions being made on the services the council is able to deliver to residents. We continue to look to ensure that our most vulnerable residents are protected and have access to the information and support that they require at the earliest possible opportunity.

We continue to believe that by working together with partners, such as City and Hackney Clinical Commissioning Group through joined up working, and focusing on residents being able to access services earlier, we can support residents to live healthy, active lives and to build a support network that will enable them to remain in their communities living as independently as possible, for as long as possible.



Savings

As with all areas of the Council, Adult Social Care is expected to contribute towards the Council's required savings targets. Since 2010/11 we have been working to achieve £26.891m in savings. The table below illustrates the amount of savings that Adult Social Care has made between 2015/16 and 2017/18.

2015/16	2016/17	2017/18	Total
£7.495m	£1.524m	£3.279m	£12.298m

We continue to spend around a third of Hackney Council's General Fund on adult social care. The Council continues to have to make savings, and we have tried to minimise the impact of these savings on Adult Social Care services.

The Council's commitment to these services is reflected in the fact that the £3.3m saved in 2017/18 takes the total savings delivered by Adult Social Care to £26.9m, (20%) of the overall Council savings achieved to date of £130m. The savings have primarily been achieved by commissioners working with providers of social care services to realise efficiencies in current ways of working which includes negotiating with suppliers to reduce contract costs through more efficient ways of delivering services. The most significant of which has been in Housing Related Support services where two-thirds of the savings for 2017/18 have been delivered.

Over the last five years Adult Services have also focused on working with people in a personalised way, putting individuals at the centre and promoting people's independence. Promoting independence means, where possible supporting people to continue to live at home, rather than going into institutional care settings. This has been achieved by utilising services like Reablement to support people to regain skills they may have lost as a result of a hospital admission and making use of aids, adaptations and care and support packages, designed around the individual. Reablement has been successful at reducing the number of people having to move into expensive residential and nursing care provision. By increasing the number of residents who are supported to live at home within their own communities has contributed to making savings in adult social care.



Integrated Commissioning

Health and social care organisations in Hackney and the City of London have been working together more closely to improve residents' health and wellbeing. Hackney Council, City of London Corporation and NHS City and Hackney Clinical Commissioning Group (CCG) have come together to share their staff, money and expertise to provide and improve health and social care services for local residents. This is called integrated commissioning and was launched in the City of London and in Hackney in April 2017.

Within integrated commissioning, there are four different areas called care workstreams.

Each care workstream looks at how different health and care services can work closer together and includes staff from a number of organisations such as Hackney Council, the NHS, providers and voluntary services, alongside public representatives who help to provide patients' view of the ongoing work and also contribute to making decisions.

The care workstreams are:

Children, Young People and Families: maternity services at Homerton Hospital; services within the community such as community nursing for children; services for children in care; mental health services and vaccinations.

Planned Care: planned hospital admissions; outpatients; support for people with cancer; and help for those with long-term health conditions and other care needs.

Unplanned Care: unexpected and emergency care, like Homerton Hospital's Accident and Emergency department; people falling in their homes; and help for people to recover from illnesses or operations.

Prevention: ways to help residents stay well and supporting them to live longer and healthier lives.

Included across all four workstreams is Mental Health which is an important priority for all partners.

The Better Care Fund (BCF)

The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from the Clinical Commissioning Group (CCG) allocations and the Disabled Facilities Grant (DFG). The total allocation for 2016/17 is £19.9m.

Our aim for integrated care in Hackney is underpinned by four key objectives:

- Working together - using a whole system approach to service delivery and development with local providers, community groups, users and carers engaged in joint commissioning
- Promoting independence - redesigning services to maximise the ability of older people with complex health and/or social care problems and people with mental health problems to remain within their local communities through better support and coordination of services
- Meeting expectation - optimising care quality and safety so that service users, patients and carers have better user experiences and we meet their needs and wishes

- Improving productivity - maximising opportunities to improve productivity for service users through a joint approach to commissioning, shared outcomes and collective service delivery across organisations including significantly reducing our DTOC numbers using the High Impact Change Model.

The Improved Better Care Fund (IBCF)

In light of significant financial pressures in Adult Social Care the Government announced the Improved Better Care Fund (IBCF). The additional funding was £8.5m in 2017/18 for Hackney. This is not ongoing funding; it is intended to be an interim measure until Parliament agrees a sustainable funding arrangement for Adult Social Care.

How many Hackney residents received a service?

3,438 people received an ongoing long term service such as homecare, residential care and extra social worker support. Many people received more than one type of service.

Additional care and support services were often provided before eligibility was assessed, such as preventative and reablement services and equipment to help with daily living tasks and to support people to remain living as independently as possible.

Satisfaction Rates

Complaints

In 2017/18, the London Borough of Hackney received 95 complaints about Adult Social Care services.

There has been a 25 % decrease in the number of complaints received. We have increased our focus on resolving issues immediately where possible which may have contributed to this decrease.

91 of the complaints have been concluded and four remain outstanding. Of the 91 complaints fully investigated, 51 complaints were considered to be well-founded. In the same period, 2017/18, 4 complaints were progressed to the Local Government and Social Care Ombudsman (LGSCO) in 2017/18 and three of these were upheld. The LGSCO chose not to pursue the fourth as it was considered unlikely that they would find fault.

There is no specified time limit for responding to complaints and it is expected that timeframes for response are negotiated with the individual making the complaint. The average time taken to respond to complaints has increased from 21 working days in 2016/17 to 28 working days in 2017/18. This is still lower than the 33 days in which we try to ensure that timely responses are provided to complaints, our priority is to ensure that complaints are fully investigated and issues are resolved.

In addition we also received 128 complaints specifically about homecare services commissioned by Hackney Adult Social Care. This is a significant increase on the 56 complaints received in 17/18. This was due to a increase in complaints related to one care provider. We worked closely with this provider to improve service performance and have seen significant improvement.

The complaints received in 2017/18 were raised in relation to:

- The outcome of an assessment or the care package implemented (raised in 26 % of complaints)
- Communication (raised in 20 % of complaints)
- The standard of care delivered (raised in 18 % of complaints)
- A request for services (raised in 15 % of complaints)
- Delays (raised in 7 % of complaints)
- Concerns about Adult Social Care processes (raised in 7 % of complaints)
- The standard of service delivered (non-care provision) (raised in 6 % of complaints)

Compliments

There were 20 formal compliments received about our services or individual members of staff in 2017/18.

Our staff regularly work directly with service users and we recognise that we do not always hear about the informal 'thank yous' that they receive. In 2018/19 we will review how we capture compliments to ensure that we learn from positive feedback and celebrate when staff have delivered an exceptional service.

We want to make things better and continue to use compliments, complaints and suggestions to improve our services.

In the same period Homecare Services received 6 compliments.

Local Account 17/18 Co-production

“Co-production at Hackney involves the Council working with residents and users of services or their carers as equal partners to bring about change and to improve the quality of its services”

“It is about bringing partners together and the Council genuinely listening to residents and acting on what they have to say”

London Borough of Hackney takes co-production seriously and in Adult Services a variety of ways, to engage and work with residents, carers and those who use services, are being developed. These include surveys, being members of boards or focus groups and being involved in recruitment or procurement panels. Those we work with are referred to as ‘Experts by Experience’ because of their lived experience of using services and being residents in this diverse borough.

We established a board called Making it Real where a group of Experts by Experience come together with key members of staff to design, evaluate and improve services.

The board meets regularly and is co-chaired by an Expert by Experience and the Director of Adult Services.

We also have a dedicated Improvement and Innovation Officer to work with Making it Real Members and look at co-production as a whole across the department.

In 2017/18 working in co-production we were able to affect change in a number of different areas across Adult Services including:

- Delivering and supporting training to staff across Adult Services
- Testing and feeding back on the design and content of the online iCare Directory for Adult Services
- Participating in recruitment panels for a number of key senior posts across Adult Services
- Completely revamping the way the Local Account is designed and produced
- Starting work on the redesign of services for Carers
- Being on the Autism Alliance Board to develop a strategy across Hackney and City of London to ensure services meet the needs of autistic residents
- Becoming representatives on the Learning Disabilities Partnership Forum which aims to work towards a Learning Disability friendly borough
- Creation of a Co-production Charter which has been endorsed by Health and Social Care colleagues

Future plans:

In Adult Services we are continually evaluating and developing the way we work with the people who use our services. This is to ensure that people are being supported to participate and have their voices heard. In the year ahead we hope to build on what we are already doing including:

- Promote a more person-centred approach to care and support, where services work around and for individuals rather than having to fit into a box
- Look to encourage more co-production across health and social care in order to ensure we are working in a more joined up and collaborative way
- Ensure that Experts by Experience are given the opportunity to form recruitment panels for key roles in the department
- Increase resident and carer involvement in the Making it Real Board and other projects across the department, providing support and training so that people can participate fully and ensuring that all information is available in an accessible format
- Finalise and roll out a remuneration policy for rewarding those involved in working with us in co-production
- Support the participation of people with direct or indirect experience to contribute to the work of the City and Hackney Adults Safeguarding Board

Impact on Services

Change takes time and whilst it is difficult to assess the current impact of co-production on services there is a view amongst all those involved that views are changing and resident voices “are now being heard”.

At a time when there is so much change within the way services are delivered within the borough it is key that the views of residents and carers are considered and respected by those involved in delivering service transformation.

Some of our Experts by Experience were asked: What has been the highlight of being involved in co-production?

“Knowing that I am making a difference to people’s lives”

“Being recognised as an Expert by Experience, I’d never heard of that before but it sums up who we are and why we need to be listened to”

“Seeing our ideas and suggestions put into practice”

“Delivering training to staff and feeling they were interested and not just going through the motions”

“Co-production is more than consultation, it is about working closely with staff, residents and partners on an equal footing to bring about positive change”

How to get involved in working with us

To make sure that our services are person-centred and to help us improve the way we do things, we have set up a local 'Making it Real' initiative.

Making it Real is an opportunity for service users, residents and their carers;

- To improve things
- To work in partnership with Hackney Council to make real changes
- To agree priority areas for improvement
- To make sure things get done
- To promote independence



To find out more, please contact:
makingitreal@hackney.gov.uk

There are also opportunities to get involved in other areas of work such as:

Autism Alliance Board
Learning Disabilities Partnership Forum
Carers Group

As well as work to look at our offer across other service areas, including Direct Payments and Safeguarding.



To find out more about the opportunities available please contact:
userengagement@hackney.gov.uk

Older People including those with Dementia

Current estimates suggest that in 2018 London Borough of Hackney will have around 20,394 older citizens. The majority of older people in Hackney live independent, healthy and fulfilling lives without needing help from the Council.

We aim to support and help older people to remain living in their own homes and communities for as long as possible.

During 2017/18, the number of people aged 65 or over in Hackney receiving long term support from our Adult Social Care services increased slightly to 1,903 of which 612 people had a primary support reason of memory and cognition.

Achievements in 2017/18:

- We have become a dementia friendly borough, with partners we have worked to pass a motion proposing the continued commitment and leadership from the Council to work with the Hackney Dementia Action Alliance group (HDAA). This includes a commitment that the Council will look at what it can do across all of its services by leading and supporting the work to create a truly Dementia Friendly community in Hackney.
- Lime Tree Court offers housing that is primarily designed for those over 65 who require housing, support and care needs. After gathering feedback from residents we developed 24 hour care provision in Lime Tree Court to offer more flexibility around their care needs.
- We set up a City and Hackney Care home provider forum to allow us to deliver enhanced service to residents living in care homes and the boroughs Housing with Care schemes.

In 2018/19 we will:

- We will launch a new lunch clubs service for people aged 55 and over in Autumn 2018. It will build upon the benefits attendees already get to include a minimum programme of health and wellbeing related activities and clear pathways into other services that may be helpful.
- Review the meals provision in the borough and ensure that we are providing the best offer in relation to residents needs and circumstances.
- Develop a comprehensive Older People Strategy with consultation with other departments of the council to ensure we are an older people friendly borough.
- Create joint Dementia Strategy with Partners on the Dementia Alliance to identify gaps in current service provision and what future services need to look like.



Service users and carers are at the centre of all we do, our aim is to ensure residents live within and feel part of their communities for as long as possible.



Feedback

We said...

We will ensure that the planning is on track for our new purpose built day centre. We will engage with service users and other key partners to ensure the service meets identified need.

We will continue to drive forward the work of the Dementia Alliance.

Upgrade and relaunch Hackney iCare, which will act as an electronic information hub for the public and further enable service users to undertake self-assessments online.

We did...

The planning and building phases for our new day centre was kept on track, for the planned opening in 2018.

Throughout the planning and building stages of the project service users and carers were consulted on aspects of building design, on the activities that would be provided and choosing the name of the building.

London Borough of Hackney continue to be a key part of the Dementia Alliance. Particular areas of success are the launch of notice boards in GP surgeries, a co-produced Carers Guide, a Memory Wellbeing project and the St Joseph's Namaste Dementia Care Project.

Hackney also continued to fund a dementia Friendly Community Coordinator to make Hackney a more dementia friendly borough. This looks at areas such as leisure, transport, businesses etc and considers how they can provide a better service for people living with dementia.

iCare has been redesigned with the support of Service users, feedback has been extremely positive about the new look and feel of the site, information is easier to find and the self assessment form has been extremely popular.

Older People including those with Dementia

Local Services

City & Hackney Older People's Reference Group

– A collective voice for older people to assert their dignity and resist ageism for sixteen years and is the largest older people's group in the area.

Any local resident over 50 is welcome to join the OPRG. Who hold regular large open meetings on important issues for older people with senior policy makers and managers.

www.ageuk.org.uk/eastlondon/activities-and-events/hackney/oprg/

Call: 0207 249 7140 or 0800 917 9830

Email: info@ageukeastlondon.org.uk



Outward – Offers three types of support: Floating support volunteering, Befriending Health and wellbeing.

www.outward.org.uk

Call: 020 7249 9004

Email: hackneytpsreferrals@outward.org.uk



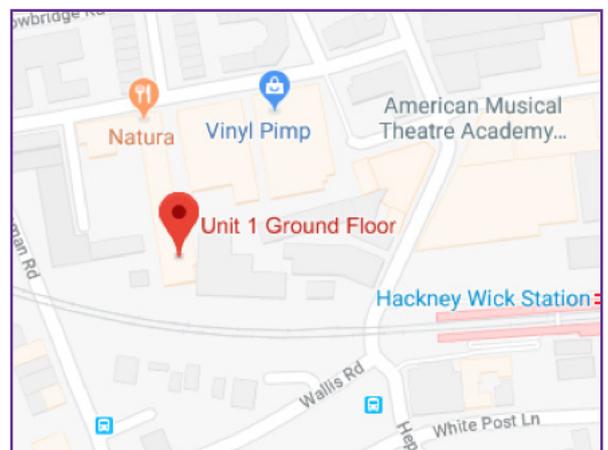
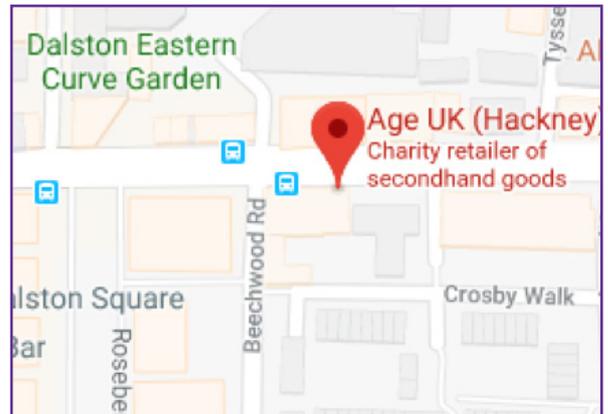
Alzheimer's Society (Hackney & City) – If you have concerns about Alzheimer's disease or about any other form of dementia, the Alzheimer's Society National Dementia Helpline can provide information, support, guidance and give information about other organisations that may be able to help you.

Address: Unit 1 Ground Floor, 30 Felstead Street, London E9 5LG

Call: 020 8533 0091

Email: hackney@alzheimers.org.uk

Carers Services



Older People including those with Dementia

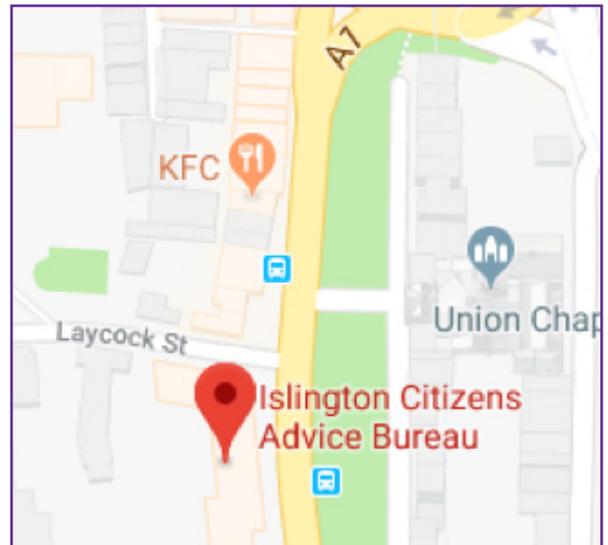


SHINE – Hackney SHINE energy advice has been set up by the Council to help residents keep well and warm throughout the year, avoid cold-related conditions during the winter and anxiety over paying fuel bills, which can lead to ill-health, extra GP visits and hospital admissions. SHINE also provides advice for residents on staying healthy over the summer months.

www.hackney.gov.uk/shine

Call: 0800 281 768

Email: shine@hackney.gov.uk



AGE UK East London – Age UK East London actively seeks to support older people to make their voices heard, especially on the design and delivery of services intended for them.

They also deliver services in two areas,

- **Community Services** - Delivered to groups in and around the community. These range from day opportunities like lunch clubs and IT and learning to the Older People's Reference Group.
- **Individual services** - Which focus more on one-to-one support for people in the form of information & advice (welfare benefits, disability benefits, housing and community care) befriending, advocacy and home & care e.g. carers relief, home help and handypersons.

Addresses:

Head Office: 82 Russia Lane, Bethnal Green, E2 9LU

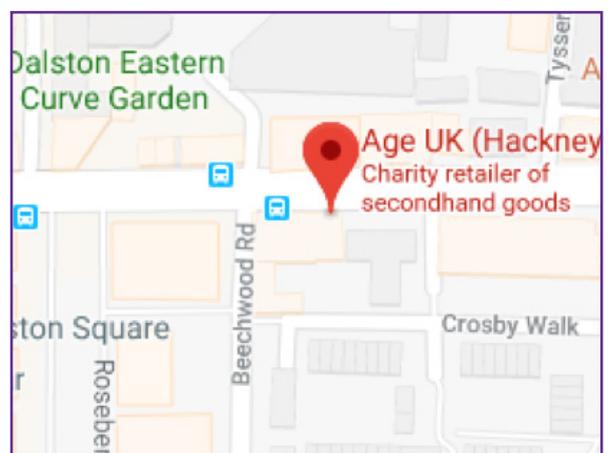
Day Centre: 72 Warwick Grove, Clapton, E5 9FF

Hackney Office: 22 Dalston Lane, London, E8 9AZ

www.ageukeastlondon.org.uk

Call: 020 7249 7140 or 0800 917 9830

Email: info@ageukeastlondon.org.uk



Older People including those with Dementia



Hackney Caribbean Elderly Organisation

(HCEO) – Provide activities and services for older people from Black and Minority Ethnic (BME) communities that promotes their interests, wellbeing and independence. HCEO is a central part of Hackney's diverse community and its services are open to all multi-generational, multi-ethnic families and communities across the Borough. They deliver services in four areas: Day Services, Mental Wellbeing Programme, Financial Advice, Advocacy and Outreach.

Address: 39 Leswin Road, London, N16 7NX

www.hceo.org.uk

Call: 020 7923 3536

Email: info@hackneycaribbean.co.uk



Key Statistics in 2017/18:

- There are 5224 registered adults with a Learning Disability (LD) living in Hackney. This includes people with mild LD/learning difficulties and those who haven't received a clinical LD diagnosis.
- Of the total number, 478 of those living in Hackney are currently receiving a specialist LD service from Hackney's Integrated Learning Disabilities Service (ILDS).

ILDS is a jointly funded service delivered by Hackney Council and East London Foundation Trust. This service is commissioned by the City and Hackney Clinical Commissioning Group and the London Borough of Hackney.

Specialist Learning Disability support for service users includes:

- Single point of entry to services
- Specialist assessments
- Intervention and support
- Crisis support and emergency response
- Assertive outreach service
- Support in learning new skills
- Support to communicate better with others
- Psychological assessment and intervention
- Psychiatric assessment and intervention
- Support for young people with learning disabilities transitioning from children's service to adult services
- Behavioural support interventions

Achievements in 2017/18:

- Establishment of the Learning Disability Partnership Forum.
- Specialist Autism Social Worker in post.

In 2018/19 we will:

- Deliver the new pathways as recommended by the ILDS review which will improve access and intervention with service users on a more multi-disciplinary basis.
- Recruit permanent staff to the team to bring stability and expertise.
- Take forward the Shared Lives offer.



Pioneering - the new service model is innovative and will improve service user experience for the better because specialist services will wrap around the individual.

The focus of the ILDS review has tried to underline all of these principles, particularly around putting service users at the centre of everything we do. This is an ambitious process to enable service users to maximise choice and independence. - HSD



Feedback

We said...

We think that there is even more we can do by better integrating the Health and Social Care functions of the ILDS team, and we will carry out a review of the ILDS evaluating our existing service provision, with the aim of redesigning the service to better meet the needs of our service users. We will be seeking the views of members of staff, people who use services and carers as we evaluate and plan for the future.

We did...

The review of the ILDS service is complete with an expected go-live date for the new service in early 2019. Four new pathways are under development as a result of consultation exercises with staff, service users and their carers. These pathways are:

- Preparing for Adulthood
- Referral and Review
- Intensive Support
- Ongoing Support

We would begin to develop a new multidisciplinary Transitions Team as part of the ILDS to ensure young people moving from Children's to Adults services have a positive experience of transition and that their voice is always heard

Our new service model includes a dedicated multidisciplinary Preparing for Adulthood team and will go-live in early 2019. This team will be made up of specialist Health and Social Care professionals and will support children's colleagues between the ages and 14 and 16, with advance planning for adulthood between the ages of 16 to 18.

We would develop the Hackney Shared Lives scheme to offer support to adults with Learning Disabilities and Mental Health needs and also to older people with dementia and young people going through transition. This may include an offer of short breaks and day time support as well as longer term placements.

We now have a permanent team of three staff members in post to begin this work with support from project management taking forward the plan to extend this service throughout this year into next year.

Through the Autism Strategy and Workshops that have been held this year, it has been agreed to fund a Social Worker in Adult Services to support autistic people who do not meet the criteria for other service areas, to make sure that they have appropriate support in place.

We have recruited an Autism Social Worker who is working across Health and Social Care to identify and assess people with Autism so that they can receive services under the Care Act or if not eligible, to be redirected to other community services.

We will embed an employment support worker into the ILDS team to support service users in finding appropriate employment and work experience.

A member of the employment service sits in ILDS for one day a week to support the team in referring people seeking employment.

Support for Adults with a Learning Disability

You said...

Services need to work for the service users not just the how the council wants them to work.

Services need to work for the users not just the how the council wants them to work.

We did...

A review of our whole service has included input from service users and carers to ensure that they are responsive to the needs of residents.

We also included service users in all our recruitment to permanent posts including for the role of Head of the Integrated Learning Disabilities Service .

Support for Adults with a Learning Disability



POhWER Hackney – A charity and membership organisation providing information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion.

www.pohwer.net/in-your-area/where-you-live/hackney

Call: 0300 456 2370

Email: pohwer@pohwer.net



Hackney People First – A user-led Self Advocacy organisation that is run by, and for, adults with a learning disability in Hackney to raise awareness and campaign for the rights of people with a learning disability to get what they are entitled to.

www.hackneypeoplefirst.com

Call: 0207 812 9339

Email: peoplefirsthackney@btconnect.com



Targeted Preventative Services (TPS) – TPS is a new way of meeting the needs of adults before they may require a full Social Care package. It has three elements: Floating support, health & wellbeing activities and a volunteer & befriending service.

www.outward.org.uk/ourcharity9.php

Email: hackneytpsreferrals@outward.org.uk

Call: 0207 249 9004





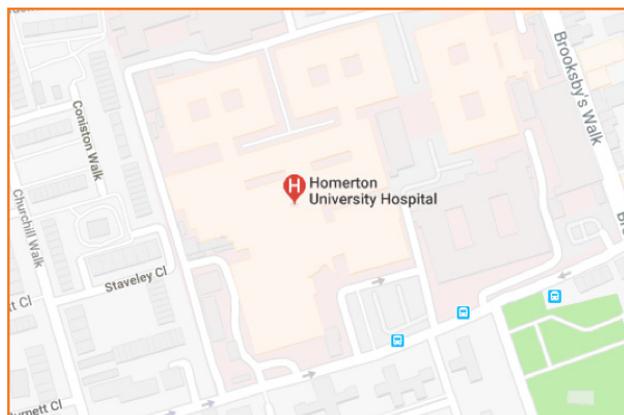
Patient Advice and Liaison Service (PALS)

PALS can provide information and support to patients and Carers and will listen to your concerns, suggestions and queries.

Telephone: 020 8510 7315

Textphone: 07584 445 400

Email: huh-tr.pals.service@nhs.net



Support is available to Carers in Hackney through Adult Social Care services and the voluntary and community sector, through the 'Carers are the Bedrock' (CATB) partnership.

Key Statistics in 2017/18:

- There are 3091 Carers registered with the City and Hackney Carers Centre (CHCC).
- 991 Carers were assessed/reviewed by the London Borough of Hackney and the Carers Centre.



Feedback

At LBH we recognised that services for Carers were not working as well as they could do, and we developed a plan for how we could overcome some of the challenges.

We said...

We will continue to provide direct support to City and Hackney Carers Centre and Carers are the bedrock (CATB) to speed up the timescales for carers hearing the outcomes of their assessments.

We would improve the experience of Carers of the assessment process.

We will be working more closely with the Carer's assessors within the voluntary sector, to ensure that they are working with Carers to complete the assessments to the highest standards, and offering a range of information, advice, guidance and support.

We will work more closely with colleagues across all Adult Social Care services, to ensure that holistic support is available for carers in Hackney.

We will be working with Carers in 2017/18 to co-produce plans for the future of Carer's services in Hackney.

We did...

We developed a team of staff to help deliver better outcomes for carers by providing additional support to undertake review assessments and review processes with providers.

Training was undertaken by the carers team to provide assessors with the skills, knowledge and confidence to do assessments.

We worked very closely with the voluntary sector including meeting the assessors regularly and attend carers assessors forums. We shared information, wider development and used the forums and other opportunities to listen to any feedback the assessors had. We worked together to collectively improve Carers experience of assessments.

We have actively engaged with Adult Social Care colleagues, mental health colleagues and the Integrated Learning Disability Service to raise the profile of carers services and to better join up services where possible. This is an ongoing approach to make sure the momentum is maintained.

Timelines have shifted on this project and whilst the project hasn't commenced fully, the lessons learnt and feedback obtained in 2017/18 will be used in the future redesign which will take place in 2018/19. We will be working with Carers in 2018/19 to co-produce plans for the future.

Achievements in 2017/18:

- Carers Week took place during the week of the 12th June through a series of events, including a well-being day, carers' rights workshop and lunchtime seminars.
- Carers Rights Day took place on 22nd November 2017 in Hackney featuring a range of informative talks, fun and lively workshops, plus info stalls and advice sessions.
- The Health in Hackney Scrutiny Review was completed in Spring 2018 and gives clear recommendations that shall be used to shape carers services in the future.

In 2018/19 we will:

- Commence the redesign of carers services in Hackney with the aim being to develop a model that supports carers to continue their caring role and prevent carer breakdown. This will involve a co-production approach to make sure that carers and organisations linked to carers are fully involved.
- Continue to improve timescales and carers experience of assessments. This shall be done by reviewing the capacity of the Council's role in assessments and how this is best staffed to reduce delays.
- Develop a clearer offer/pathway so carers know where to go for information, advice, support and other services. This will be co-produced with the current commissioned carers services who will be working to ensure carers have their say on the best way to present this informs.

Support for Carers in Hackney

You said...

We don't know what to expect from a Carers Assessment.

We did...

We have worked with the City and Hackney Carers Centre (CHCC) and Carers are the Bedrock (CATB) partnership to update and develop their introductory information pack, which should be provided to Carers both at the point of registering with the CHCC and at the point of assessment.

It still takes a long time to hear about the outcome of assessments.

Adult Services has continued to provide additional support to work across LBH and the CATB partnership to put in place systems and processes to speed-up the assessment process, including notification to Carers of the outcome of their assessment.



Proactive and positive in the way we approach problems and challenges, and take up the opportunities that come our way.

We recognise that services and support to Carers hasn't always been as effective as we would like it to be, but we are proactively trying to improve the service, recognising the challenges and maximising opportunities to provide a wide range of services support to Carers in the borough.

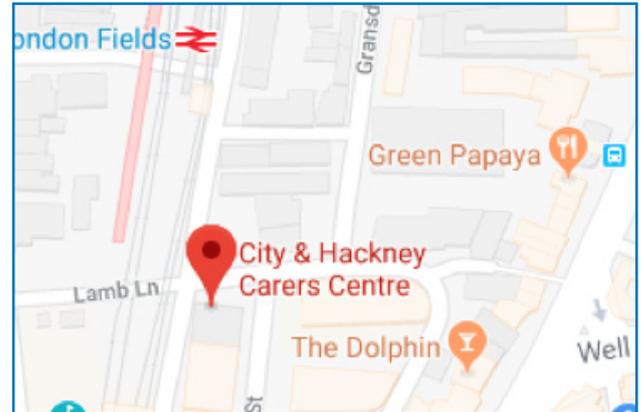
Support for Carers in Hackney



City & Hackney Carers Centre
1C Mentmore Terrace
London, E8 3DQ

Call: 020 8533 0951

Email: CCSAdmin@hackneycarers.org.uk



Carers Co-ordination Service – Offers advice, information and support to Carers of all ages to help them provide the best quality care for others and enjoy the best quality of life for themselves.

www.hackneycarers.org.uk

Hackney Carers Information Pack – ‘Carers are the Bedrock’ – Information on assessments can be found in the ‘Carers are the Bedrock’ Partnership Pack which can be downloaded from the Hackney Council website in the carers section.

<https://hackney.gov.uk/media/3034/carers-information-pack/pdf/carers-information-pack>

www.carersarethebedrock.com

Carer’s Assessment – If someone provides regular and substantial care for another person, they can have a Carer’s assessment to discuss the help they need. A Carers assessment is an opportunity to talk about the Carers needs and about anything else that could make caring easier for them.

www.hackney.gov.uk/carers-assessment

Support for people affected by substance misuse including drugs and alcohol

Key Statistics in 2017/18:

- In 2017/18 there were a total of 1,788 adult substance misusers in structured treatment, of these 973 were opiate users, 338 alcohol users, 288 were alcohol and non-opiate users, and 189 were non-opiate users.

The Hackney Recovery Service provides a range of free treatment and activities that are focused on recovery for residents affected by their own or someone else's drug or alcohol issues. The treatment support offered includes screening and assessment, individual key working (a worker that is responsible for coordinating a person's care) group support and psychosocial support.

The clinical support available includes prescribed substitutes to drugs such as methadone, assistance with withdrawal from alcohol, health checks, blood borne virus testing, services at Homerton Hospital, as well as needle and syringe exchange.

The re-integration services are designed together with service users, to help them connect back with their community and include support with health and wellbeing, abstinence groups, friends and family groups, housing and welfare advice, as well as support with education, training and employment.

There is also a separate service which offers education, prevention and outreach for young people which is run by Young Hackney and helps children from the age of six to young adults up to the age of 25.

Achievements in 2017/18:

- Hackney Recovery Service improved significantly the number of service users who have completed their treatment without relapsing within 6 months. In 2016/17 successful completion of drug treatment for opiate users was at 4.1 % which was below the national average of 6.7 %. This raised to 7.1 % in 2017/18 (national average was 6.5 %).
- Following significant efforts from the provider and commissioning team, performance has improved in the most recent year, and Hackney is now performing above the national average.
- Successful completion of treatment for non-opiate users has also improved. In 2016/17 25.3 % of service users were successful in their completion of treatment (below the national average of 37.1 %) to 2017/18 where 34 % of service users were successful in their completion of treatment (similar to national average 36.9 %) The Service is now performing in line with the national average.

Support for people affected by substance misuse including drugs and alcohol



Feedback

We said...

We will consult on and publish an Alcohol Strategy to address and reduce alcohol related harm.

We did...

The Alcohol Strategy consultation has completed and the Alcohol Strategy has been published. The strategy has four major objectives:

- Encouraging healthier drinking behaviours
- Ensure appropriate and responsive treatment services
- Provide support for adults, families and carers affected by alcohol misuse
- Promote responsible drinking environments

It is the result of consultations with key partners such as Children and Family Services, Public Health, Clinical Commissioning Groups, GP Confederation, Local Pharmacy Committee, Employment Services, Homerton hospital, Licensing and Regulatory Services and Criminal Justice services. A supporting action plan will be updated every six months and consulted with key partners.

We will begin a full evaluation of the multiple needs service.

We recently finished the Multiple Needs Service year 2 evaluation. Some of the main results show that:

- 70% of the clients assessed as eligible have engaged regularly for over six months
- Their physical and mental wellbeing has improved significantly
- The service can demonstrate cost effectiveness to the council and taxpayers and will set a precedence for future cost-avoidance

We will use the opportunities of integrated commissioning to improve the support available for drug and alcohol users, by strengthening links with the criminal justice system and mental health services.

We recently finished a report on the local illicit drug market in Hackney. The report provides important information on how much illegal drugs cost in the borough, where they are sold, how people use them and how crime operates. The recommendations are going to be implemented in partnership with the police, offenders services and Hackney Recovery Service.

Support for people affected by substance misuse including drugs and alcohol

In 2018/19 we will:

- Increase distribution of anti-overdose medication to prevent drug-related deaths.
- Increase support to GP practices working with people with substance misuse and mental health issues.
- Implement online counselling sessions in Hackney Recovery Service to improve alcohol service access for hard to reach groups.
- Implement lessons learned from our two-year service pilot supporting client with multiple needs.
- Increase the numbers of users to access alcohol services in Hackney for the first time.

Service User Feedback

“I found the CRAFT Programme to be most helpful. It gave me a way to understand how best to cope with having a person with a drug problem in the family.”

“I came with my partner who was drinking and also used to be on drugs. What I did not know is they would also help me. I started off with friends and family support, which led to other things including counselling. They have made me more positive and taught me how to cope with things as I am very self-conscious and nervous. I would recommend this place to anyone with drink or drug problems and the people who care for them. Keep up the good work and help many other people. I would say this is an award winning meeting place. Well done!”

Support for people affected by substance misuse including drugs and alcohol

You said...

You need to understand that substance misuse affects the whole family and the solutions need to include everyone.

We did...

We look to help the family/carers of substance misusers who will often themselves have support needs and we also try to involve the family in the recovery of a substance misuser where appropriate.



Our clients are from all walks of life including BAME, LGBTQ+, Homeless and varying age groups, we work to ensure that our services reflect those varying needs.

Support for people affected by substance misuse including drugs and alcohol



Hackney Recovery Service – You can call the Hackney recovery service, free of charge for advice on treatment or enquiries about drugs or alcohol. The Hackney recovery service has a drop in service, where you can see someone without an appointment. The recovery focused service also provides support to carers and families, women-only services, education and training, benefits advice and re-integration activities.

www.hackneyrecoveryservices.org.uk

110 Mare Street, London E8 3SG

Call: 0300 303 2611

Out-of-hours (freephone): 0808 168 8669



Young Hackney Substance Misuse Service – Provides information, advice, support and counselling to young people aged 6 up to their 25th birthday who need support around their own, or someone else's alcohol or drug misuse. It offers one-to-one appointments, or confidential advice by telephone. The service also provides drugs education and prevention sessions to schools, colleges and the wider community and an advice line for parents and carers.

Call: 020 8356 7377 (confidential advice & referral line Monday - Friday 9am - 9pm)

Email in confidence: yhsms@hackney.gov.uk

FRANK – FRANK is a national helpline that provides confidential advice, information and support to anyone concerned about drug and solvent misuse, including families, friends and carers

www.talktofrank.com

Freepost PO BOX 4000

Glasgow

G3 8XX

Call: 0300 123 6600

Text 82111 to ask FRANK your question

Email: frank@talktofrank.com

Support for people with a Physical or Sensory Impairment

Adults Services provides a range of support options for people with a physical disability or sensory impairment in Hackney.

Key Statistics in 2017/18:

- In 2017-18 there were 394 disabled adults with a physical or sensory impairment receiving support from Adult Social Care.
- We have increased the amount of disabled adults with a physical or sensory impairment who received support in the community rather than a residential setting to 96 %.

Support for people with a Physical or Sensory Impairment



Feedback

We said...

We will look to procure a new equipment contract to supply and fit community equipment across the borough, to keep people safe and independent in their homes. This should be implemented during 2018.

We would look to develop housing options for people with a physical or sensory impairment to remain living in supported environments in the community.

You said...

We need to improve contractor standards and communication with service users.

We did...

We plan to go live with the new service later in 2018. We are confident that we will see an improvement in service delivery, including a new Saturday morning delivery option to assist with discharge home from hospital.

We assess for and recommend housing adaptations for people with physical or sensory impairments. The aim of making their home environments accessible for them and thus enabling them to remain in their own homes has been achieved in many cases (155 in 2017/18).

We did...

We carried out a customer survey following up on all major adaptations. This feedback has been used to improve contractor standards and communication with service users.

We are looking at designing a new telecare offer in response to service users and carers, We are investigating assistive technologies to help support people better in their communities.

Support for people with a Physical or Sensory Impairment

Achievements in 2017/18:

- We have substantially reduced the waiting time for an occupational therapy assessment. Hackney now has one of the lowest wait times across any of the London Boroughs.
- We have created an active forum for our service users to feedback, co-produce and engage with the team who deliver support for residents with a Physical or Sensory Impairment.

In 2018/19 we will:

- Review what provision is out there in the community to identify gaps and to ensure that resources are maximised rather than duplicated.
- Continue to reduce the number of Delays in Transfer of Care.
- Increase the number of Direct Payments.
- Trial joint Health and Social Care budgets.



AMBITIOUS for Hackney, and for ourselves, always seeking to be the best at what we do, and to get the best for the people of Hackney.

Support for people with a Physical or Sensory Impairment

Hackney Leisure & Physical Activity Team – There are plenty of ways to keep fit and healthy in Hackney.

<http://www.hackney.gov.uk/sports-and-leisure>

Call: 020 8356 4897

Targeted Preventative Services (TPS) –

TPS is a new way of meeting the needs of adults before they may require a full social care package. It has three elements: Floating support, health & wellbeing activities and a volunteer and befriending service.

<http://www.outward.org.uk/ourcharity9.php>

Email: hackneytpsreferrals@outward.org.uk

Call: 0207 249 9004



Fit 4 Health Scheme – Hackney Council, in partnership with City and Hackney Clinical Commissioning Group (CCG), are delivering a physical activity scheme to help people who have had a stroke.

40 Hyde Road
Hackney
London
N1 5JU

Call: 020 8356 4897 / 020 8356 5285

Email: helen.mcginley@hackney.gov.uk or darren.english@hackney.gov.uk



People with Mental Health Needs

Like other Inner London Boroughs Hackney has a significant population who have suffered or continue to suffer the effects of poor mental health, in terms of the number of people who suffer a serious mental illness, Hackney is above the national average. Hackney provides a range of services to residents both directly or through key partnerships with the NHS and the Voluntary sector.

Key Statistics in 2017/18:

- We have provided a mental health service to 5,169 people compared with 5,155 in 2016/17
- We provided initial mental health assessments to 2,853 people compared with 2,896 in 2016/17
- We have carried out Mental Health Act assessments with 1,211 people compared with 1,052 in 2016/17
- Meeting the target of seeing 95 % of patients referred within 28 days although we are aiming to improve consistency.

Achievements in 2017/18:

Through our NHS partner the East London NHS Foundation Trust (ELFT) and our Local Authority Partnership in 2017/18 there has been a continuous focus on ensuring that we not only reach those in need and in crisis but that we are also identifying those people who are showing signs of developing mental illness.

We have developed our early intervention EQUIP team and our CRISIS intervention services to support people having acute mental health problems.

There is still a single point of referral for a mental health assessment via the City & Hackney Adult Mental Health Referral and Assessment Service (CHAMHRAS)

London Borough of Hackney staff work closely with NHS colleagues in clinical diagnosis and interventions in the area of Autism. Our Autism service ensures that timely assessments are carried out and support plans and care packages are developed for the individual requirements of those who need this support.

London Borough of Hackney staff are also working with the NHS in providing secure services and care planning in the forensic psychiatric area for those whose mental illnesses have led to high risk behaviour and involvement with the Criminal Justice System.

In 2018/19 we will:

- Ensure our staff are continuing meeting their mandatory training in key areas such as Safeguarding.
- Work hard to ensure we reduce the time people wait to access health services such as psychological therapies.
- Ensure we are supporting our LGBTQ+ patients and staff.
- Continue to review the housing needs of individuals to work with the CCG on working with the new in Housing First project.
- Continue working to ensure that all statutory responsibilities are delivered to the highest standard with the statutory legal frameworks of the The Care Act and The Mental Health Act.



We are Proud that our service has helped support more residents address their mental health needs at an earliest opportunity.



Feedback

We said...

We have agreed to implement the changes of the Community Services redesign and we will be establishing a new way of working with those people who will be transferred to receiving support from our Community Recovery Teams following the closing down of the Assertive Outreach Teams. This will include increasing the size of community teams to allow a more focused and targeted assessment of those service users in the community who are in crisis and may need support to engage with essential services. We will be assessing this throughout 2017/18.

We will build upon our staff recruitment and development through our investment in the Think Ahead Project which will mean we are continuing to ensure Hackney has access to highly trained and qualified new social work staff within our mental health services. We have already been involved in this in 2016/17 and we will be recruiting a new group of trainees in 2017/18.

We are continuing to develop our crisis pathway and this will ensure we provide 24/7 access to crisis home treatment.

We did...

The transfer of Assertive Outreach services to our Community Recovery Teams has gone well. Service users still receive individual care coordination and are also supported by improvements to the focus of a team approach to providing support for service users who must urgently require higher levels of support at specific times.

We have continued working with Think Ahead and recruited a number of trainees in 2017/18. We are committed to the continuous development of staff in order that we can resource and train the amount of Approved Mental Health Professionals which are statutorily required to ensure we can assess those who require emergency admissions to hospital under the powers of the Mental Health Act.

We offer a 24 Hour Crisis Helpline for people of any age who may have long term psychological issues or who have had a sudden crisis such as a shock, bereavement, relationship issue. They offer confidential expert advice and guidance support and referrals to local services if needed.

People with Mental Health Needs

We said...

We will continue to work with commissioners and housing agencies to improve the outcomes for service users with housing needs. This will be the focus of work over the next three years with an immediate focus on those who can move to independence in 2017/18.

We did...

We have worked with clinical staff and commissioners from London Borough of Hackney and the Hackney Clinical Commissioning Group to review all our accommodation needs to ensure they meet future requirements.

This has resulted in us preparing to launch a new floating support service that will include a mediation promoting service, access to crisis support which is a more intensive but shorter intervention and a new longer term floating support element to support those service users that require a light touch but ongoing level of support to maintain their independence and avoid hospital admission.

We are preparing to refresh our High and Medium housing related support service for those who need an increased amount of support and training to enable them to live independently.

You said...

Service users should have more say in how services are delivered and by whom.

We did...

The review and re-tendering of the floating support and accommodation Housing related support services involved an independent review which was conducted by The Advocacy Project (TAP) who involved clients with mental health problems that were both already supported by these projects and others who are not and the review also identified a number of clients who are now helping us develop the specifications and will be on the panel to score tender bids.

People with Mental Health Needs

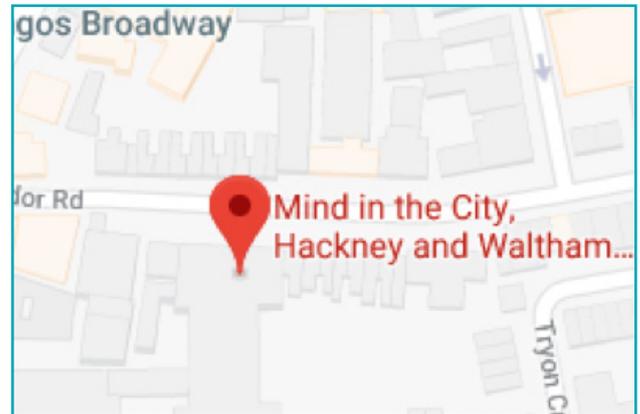


City and Hackney Mind – Provides information and support, campaign to improve policy and attitudes, and develops local services in partnership with professionals and clients.

www.mindhackney.org.uk

Call: 020 8985 4239

Email: services@cityandhackneymind.org.uk



East London Foundation Trust

ELFT (NHS) provides mental health and community services.

www.elft.nhs.uk

Call: 020 7655 4000

Email: webadmin@elft.nhs.uk

City and Hackney Adult Mental Health Point of Entry (CHAMHRA)

Offers a one-stop single point of referral which screens referrals of adults aged 18-65 to mental health services.

www.elft.nhs.uk/service/57/City-and-Hackney-Adult-Mental-Health-Point-of-Entry-CHAMHPE

Call: 020 8510 8011

The City and Hackney Wellbeing Network

For people seeking help and their healthcare providers and offers a well-coordinated single point of access to services with an Any Door is the Right Door approach where service users will get a consistent offer of support wherever they access the service.

www.chwellbeingnetwork.london

Call: 0208 525 2301 or 0800 612 6585

Email: SPOE@mindchwf.org.uk

Preparing for Adulthood in Hackney

We supported 22 young people with Learning Disabilities to transition and move smoothly from Children's to Adults services in 2017/18.

Adult Social Care works with young people who may have eligible needs to plan a smooth transition from Children's Services and Education to Adult Services. The plan provides important information about the young person, their needs, their strengths and their aspirations. Some young people will have an Education, Health and Care Plan.

Adult Services includes the Integrated Learning Disability Service, Adult Social Care for young people with physical disabilities and sensory impairments, specialist support for people with Autism and also Mental Health services.

Young people and their families are offered information and advice about Direct Payments, Assistive Technology and community based services. The Local Offer provides some of this information including information about universal services.

Achievements 2017/18

ILDS Transitions staff have become more accessible for young people and their families by attending a range of events at special schools and colleges and by setting up a drop in session at Hackney ARK in conjunction with the Hackney SEND Information, Advice and Guidance Service SENDIAGS service.

ILDS have developed links with HIP (Hackney Independent Forum for Parents/Carers of Children with Disabilities) an organisation which supports parents of children and young people with SEND.

ILDS have worked in partnership with Hackney Employment Service. There has been a particular focus on young people coming through transition to support them to find paid employment.

In 2018/19 we will:

- Introduce a new multi-disciplinary Transitions Team in place by 1st April 2019.
- Allocated worker from the Transitions Team for all 17 year olds by April 2019.
- Attendance by a member of the Transitions Team at all year 9 reviews where it has been identified that the young person may have eligible Adult Social Care needs.
- Attendance by the Transitions Team at all open days and parents evenings at special schools and colleges post 16.
- Increase number of Personal Health Budgets and Direct Payments for young people going through transition.



We are ambitious for the future of disabled young people in Hackney and will support them to achieve their aspirations through education, employment and inclusion within their communities.

Our transitions team will always ensure the voice of the young person is heard and is at the centre of everything they do



Feedback

We said...

Further develop and implement our plans to introduce a specialist Preparation for Adulthood team.

We did...

The proposal to create a specialist Transitions Team/ Preparing for Adulthood Team has been consulted on and agreed as part of the ILDS review.

The new multi-disciplinary team will be in place by early 2019. We developed a new dedicated Transitions care pathway which has three key elements:

- Case Management from age 14
- Commissioning Panel to approve long-term funding for care packages
- Transitions Steering Group to strategically manage and oversee all transitions-related activities care packages

Begin to recruit and develop a new Multi-Disciplinary Transitions Team as part of ILDS, to ensure young people preparing for adulthood experience a smooth transition between Children's and Adult services and that their voice is always heard to be in place for 2018/19.

The full multi-disciplinary team will be established by early 2019. A new Transitions governance structure is in place and new transition pathways have been mapped. From 2018, young people will start to receive more joined-up help with the NHS, adult services, children and families, and the Hackney Learning Trust to support planning for becoming an adult and realising their aspirations.

All 17 year olds to have an allocated worker from within the ILDS Transitions team.

ILDS have achieved this for most young people transitioning to the service, however we will continue to make improvements to ensure that this is achieved for all 17 year olds in 18/19.

You said...

Service users need to be involved in any future development to the service area and offer within transitions.

We did...

We asked service users and carers through co-production forums what they thought of the transition service and asked them what changes they think we should make.

We would like to be involved in the recruitment to key posts across the ILDS.

Residents with a Learning Disability have sat on a recruitment panel for the Head of ILDS. We plan to increasingly involve users in our recruitment processes over the next year.

Preparing for Adulthood in Hackney

Hackney Integrated Learning Disabilities Service

www.hackney.gov.uk/learning-difficulties

Call: 020 8356 7444

Hackney Disabled Children's Service

www.hackney.gov.uk/disabled-childrens-service

Call: 020 8356 5500



Hackney Local Offer – The Local Offer sets out information about services available for children and young people with SEN and disabilities, aged 0 to 25.

www.hackneylocaloffer.co.uk

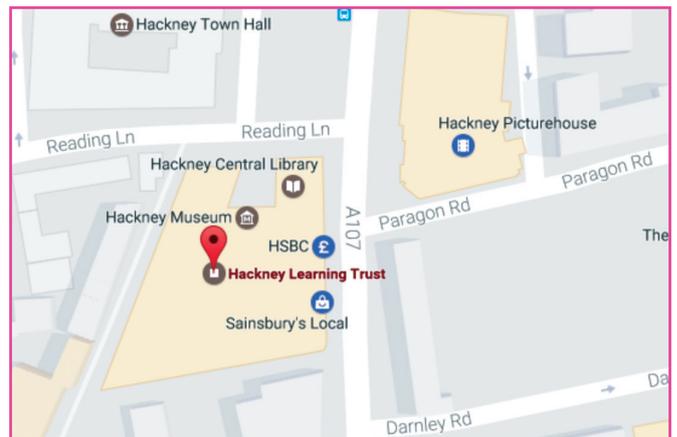
Hackney Learning Trust –

1 Reading Lane
London
E8 1GQ

www.learningtrust.co.uk

Call: 020 8820 7000

Email: info@learningtrust.co.uk



Transition Services at Hackney Ark – A centre for children and young people with a disability or SEN. It brings together services from across the fields of health, education and social care to provide an integrated response to the needs of disabled children and their families. There is a wide range of therapists and support available by referral.

www.homerton.nhs.uk/our-services/services-a-z/c/childrens-services-in-the-community/hackney-ark/

Call: 020 7014 7000

Email: referralstohackneyark@homerton.nhs.uk



Protecting Adults who may be at risk

We work in partnership with other organisations, including Police and Health services, to ensure that people are able to live a life free from harm in communities that are intolerant of abuse, whilst working together to prevent abuse and ensuring that people know what to do when it happens.

Key Statistics

- There were 1,336 safeguarding concerns generated during 2017/18, compared to 1,261 for 2016/17, which is around a 6 % increase.
- There were 693 Deprivation of Liberty Safeguarding (DoLS) applications during 2017/18, a decrease of over 14 % on 2016/17.
- The number of completed section 42 enquiries (around suspected safeguarding concerns for vulnerable adults) per 100,000 population has risen significantly from 189 in 2016/17 to 235 in 2017/18.

Key Achievements in 2017/18

- We are continuing to see a gradual increase in how we apply the principles of “Making Safeguarding Personal”, which includes ensuring that we ask people what their desired outcomes are when they experience a safeguarding incident. This has increased from 77 % last year to 84 % for 2017/18.
- Additionally, we have seen a 10 % increase in the number of cases where the individuals desired outcomes were fully or partially met, raising from 83 % to 93 % for 2017/18.

Protecting Adults who may be at risk

In 2018/19 we will:

The next twelve months will address what our service users, carers and Hackney residents have told us, which includes:

- Regular communication from City and Hackney Safeguarding Adults Board about what they are doing to keep people safe.
- 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 of advocacy services where individuals could benefit from it.



We have developed a new engagement strategy to ensure that residents, service users and carers have their voices heard within the work of the council and the Safeguarding Board.

Protecting Adults who may be at risk



Feedback

We said...

Ensure awareness of adult safeguarding is raised across all communities in City and Hackney, particularly to “hard to hear/hard to reach” communities, groups and individuals.

We did...

The City & Hackney Safeguarding Adults Board (CHSAB) trained Safeguarding Champions to take the message that safeguarding is everybody’s business out to the community. This included many voluntary organisations. Additionally, the Chair of the Board and the Board Manager visited community groups to tell them about safeguarding and the work of the Board, including faith groups.

Safeguarding Adult Review (SAR) action plans will be implemented, the learning disseminated and the CHSAB monitors the impact of learning, with a view towards this being an integral “business as usual” approach amongst partners.

The Board has delivered a number of multi-agency awareness raising sessions to promote the findings of the Safeguarding Adults Reviews that were published last year. This was well received, and will be followed up by multi-agency audits to ensure that the learning is embedded in practice.

Service users and residents wanted us to establish a user group so that they are included in the work of the Board, and improve our website and its content.

We have set up a Service user/ carer/patient subgroup of the Board to enable us to hear the views of users and carers. We have also reviewed our website with service users and changed it so that it is clearer about safeguarding and service users’ rights. We are also getting better at ensuring that people are asked what their desired outcomes are when they raise a safeguarding concern.

We would ensure that access to advocacy is supported for those who need it.

We have commissioned a new advocacy provider to promote advocacy across the council, and have begun to see an increase in the referral numbers.

Develop proactive preventative approaches for socially isolated residents.

We recognise that social isolation is an issue that affects people of all ages and can have terrible health consequences we are working with Hackney Connect to promote opportunities for people to feel less isolated in the borough. Working together with our partners the City and Hackney Clinical Commissioning Group (CCG) we developed a community grants scheme called the Healthier City and Hackney Fund. This seeks bids from charities and social enterprises to test new approaches to tackling complex health and social issues. One of the ‘priority issues’ is tackling loneliness in the Under 50s.

Protecting Adults who may be at risk

You said...

The City & Hackney Safeguarding Adults Board website and content need to be redesigned.

You need to find a better way of engaging service users, their informal carers and Hackney residents in the work of the board.

We did...

We have refreshed the CHSAB website and its content based upon feedback from users of our service.

We began the development of a user group. We are hoping to engage people who have experienced the safeguarding process in order that their feedback is used to inform any required service approach/support where necessary.

Protecting Adults who may be at risk

City and Hackney Safeguarding Adults Board

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.

All local authorities are required to have a Safeguarding Adults Board. Our Board covers the City and Hackney. It is called the City and Hackney Safeguarding Adults Board (CHSAB). It is made up of partners who work together to keep people safe in Hackney and the City. Membership includes the Police, Health, Fire Brigade, housing, care providers, the voluntary sector, Healthwatch independent public and patient representatives and other partners.

The purpose of the Board is to make sure that:

- Arrangements are in place locally to safeguard people
- Partners are working together and providing timely and proportionate responses to safeguarding people
- Staff are working with people to meet the outcomes they want from the situation
- Safeguarding services are continuously improving

In 2017/18, the Board has:

- Trained Safeguarding Champions to take the message that safeguarding is everybody's business out to the community.
- The Chair of the Board and the Board Manager have visited community groups to tell them about safeguarding and the work of the Board.
- We have responded to the views of service users and set up a User/ Carer/Patient subgroup of the Board to enable us to hear the views of users and carers.
- We reviewed our website with service users and changed it so that it is clearer about safeguarding and service users' rights.
- We have supported staff to develop their learning to be able to work effectively with people who use safeguarding services.
- We have reviewed the information that we have received and sought improvements where required for example through audits or analysis.
- 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.
- The City arranged an event on Financial abuse which was very well received and had a winter long campaign to address the needs of rough sleepers.

CHSAB Annual report 2017/18

www.hackney.gov.uk/chsab-about#ar

In 2018/19 the Board will be shaped by the following principles:

- Principle 1: “We will raise awareness of adult safeguarding and together will learn from experience”
- Principle 2: “We will promote a fair and open culture”
- Principle 3: “We want to improve the competency of all those involved in adult safeguarding activities”
- Principle 4: “We will understand how effective adult safeguarding is across the communities we work with”

Protecting Adults who may be at risk

Safeguarding Adults Team (Hackney)

Call: **020 8356 5782**

(New Referrals – Hackney Social Services)

Call: **020 8356 2300** (out of hours)

Email adultprotection@hackney.gov.uk



City and Hackney Safeguarding Adults Board (CHSAB) – The board is a multi-agency partnership which has statutory functions under the Care Act 2014. The main objective of the board is to assure itself that local safeguarding arrangements and partners act to safeguard adults at risk of abuse in the local area.

www.hackney.gov.uk/safeguarding-adults-board

Call: **020 8356 6498**

Email: chsab@hackney.gov.uk

Glossary - Meaning of unfamiliar words used in the local account

Adult at risk - A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health issues, chronic ill health, impairment, frailty or other conditions.

Adult Social Care - Personal care and practical help for adults who have care or support needs due to age, illness or disability to help them live life as independently as possible.

Advocacy - Help for people to express their views about their needs and choices.

Apprenticeships - Apprenticeships are work-based training programmes, leading to nationally recognised qualifications.

Apprenticeship levy - The Apprenticeship Levy is a UK tax that employers pay. Some of this tax can be used to fund apprenticeship training.

Assessment - An assessment is carried out to decide whether a person needs social care services.

BAME (Black, Asian and Minority Ethnic) - Is the terminology normally used in the UK to describe people of non-white descent.

Befriending - A service involving trained volunteers befriending isolated, mainly older people who find it hard to get out in the community.

Carer - Someone who provides unpaid support to a family member or friend who are unable to manage without this help.

Care Programme Approach (CPA) - The way services are assessed, planned, coordinated and reviewed for people with Mental Health Needs.

CHSAB (City & Hackney Safeguarding Adults Board) - The safeguarding adults partnership board is a multi-agency partnership which has statutory functions under the Care Act 2014 to protect vulnerable adults from abuse, neglect and significant harm.

Clinical Commissioning Group - A group of local GPs responsible for designing local health services by commissioning or buying health care services including planned hospital care, rehabilitation, urgent and emergency care and most community care health services.

Commissioning/Commission - The process the Council uses to plan and buy (commission) services for adults with care and support needs.

Criminal Justice Services - Involves many agencies working together to ensure that our country is a safe place to live. These agencies include the Police, the Crown Prosecution Service, Prison Service, Probation Service, Magistrates Courts, Crown Courts and many others.

Dementia - A set of symptoms associated with ongoing decline of the brain and its abilities. Problems include memory loss, language and thinking speed.

Dementia Alliance - Aims to improve the lives of local people living with dementia and those of their families and carers by working with organisations and individuals operating and living in the borough.

Direct payment - A payment made to people who need care following an assessment to help them buy their own care or support and be in control of those services.

DoLS (Deprivation of Liberty Safeguards)

- Is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Duty/triage system - The process of determining the priority of patients' treatments based on the severity of their condition.

Eligibility - A national criteria to decide who is eligible for care and support.

Equipment and adaptations - Specialist items provided to people following an assessment by an occupational therapist or physiotherapist.

Expert by Experience - Are local people who have personal experience of using or caring for someone who uses health, mental health and/or social care services that we provide or commission.

The Government's Green Paper on the future of Adult Social Care funding - The government will publish a green paper on the care and support for older people. Originally planned to be published in the summer of 2018. The (delayed) paper will set out plans for how government proposes to improve care and support for older people and tackle the challenge of an ageing population.

Hackney Recovery Service - A service that offers high quality drug and alcohol treatment and support free of charge to all Hackney residents.

Harm - Harm to an adult at risk can include physical, psychological, sexual or financial harm by another person, paid carer or institution.

Health and Wellbeing Board - Strategic partnership which brings together senior leaders from the local NHS, Hackney Council, Healthwatch and the voluntary and community sector to improve health and wellbeing and reduce health inequalities.

Health partners - "Hackney Councils health" partners include Homerton University Hospital, East London Foundation Trust and City and Hackney Clinical Commissioning Group.

High Impact Change Model - The High Impact Change Model offers a practical approach to manage transfers of care. It can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year.

HIP - Hackney Independent Forum for Parents/Carers of Children with Disabilities.

Homecare - Help at home from paid carers for people with care and support needs.

Integrated care - Care and support provided jointly by Health and Social Care services.

Integrated Commissioning - The local organisations that commission (plan and buy) Health, Social Care and Public health want to join-up these services more around people. Integrated commissioning arrangements between NHS City and Hackney Clinical Commissioning Group (CCG), Hackney Council (LBH) and City of London Corporation (COLC) started on 1 April 2017.

Joint Strategic Needs Assessment (JSNA)

- A detailed document that describes the health and wellbeing needs of the local population, providing a 'big picture' of local needs and includes environmental conditions that shape health and wellbeing. This document is used to improve the way the Council and the NHS commission and deliver services for local people.

Managed budget - Where a person asks the Council to directly provide them with services to the value of their personal budget and manage money on their behalf.

Mental Health Network - The Mental Health Network represents providers from across the statutory and non-statutory sectors.

Making Safeguarding Personal - A safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused.

Multidisciplinary - A team of people with varied but complimentary experience, qualifications, and skills.

Nursing care - Care carried out or supervised by a qualified nurse including injections and dressings, paid for by the NHS.

Outcome - The end result, change or benefit for an individual who uses social care and support services or takes part in other community activities.

Personalisation - A new approach to adult social care tailored to people's needs and that puts them in control.

Personal budget - Money allocated to someone who needs support where the money comes from the Council's social care funding.

Prevention - The action of stopping something from happening or arising.

Professional support - Therapy, advice, support or counselling services most commonly provided to people with Learning Disabilities or Mental Health needs.

Reablement - Timely and focused intensive therapy and care in a person's home to improve their choice and quality of life and maximise long term independence.

Recovery (mental health) - An approach used in mental health care that supports a person's potential for recovery.

Residential care - Care provided in a care home.

Review - Regular review of a person's needs to make sure their care and support plan meets their needs.

SAR (Safeguarding Adults Review) - A Safeguarding Adults Review is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.

Safeguarding - Work to help adults at risk stay safe from significant harm.

Section 42 enquiry - Duty of enquiry by Local Authority applies when there is a reasonable belief that an adult in its area (a) with care and support needs (b) is experiencing, or at risk of experiencing abuse and neglect (c) and is unable to safeguard themselves as a result of their care and support needs.

Self-directed support - Support a person purchases or arranges, to meet agreed health and social care outcomes and gives them as much control as they want of their individual budget.

Self-neglect - Self-neglect is when an individual neglects to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to any medical conditions they have.

SEND - Service users who have Special Educational Needs and/or Disabilities (SEND)

SENDIAGS - The Hackney SEND Information, Advice and Guidance Service (SENDIAGS) is an arm's length service providing impartial and confidential information, advice and support to parents and carers of children with Special Educational Needs and/or Disabilities (SEND) and young people and children with SEND

Shared Lives - Hackney Adults Placement Scheme provides adult Shared Lives services, formerly known as Adult Placements. This means adults who may have learning disabilities or mental health issues receive care and support provided by individuals,

couples and families who have been approved and trained for that role. The service is run and managed by the London Borough of Hackney.

Strengths-based practice - Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.

The term 'strength' refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include

- their personal resources, abilities, skills, knowledge, potential, etc
- their social network and its resources, abilities, skills, etc
- Community resources from local voluntary community organisations

Supported Housing with Care - Housing comprising self-contained flats for people age 55 plus with housing, support and care needs (for people needing at least 10 hours of care a week).

Supported Living Schemes - Schemes that help adults, mostly aged 65 and over, to live as independently as possible in the community.

Targeted Preventative Services (TPS) - A new way for people in Hackney to get the support they need to combining floating support, health and wellbeing services and volunteering and befriending.

Telecare - Equipment, devices and services to help vulnerable people stay safe and independent at home (e.g. fall sensors and safety alarms).

Transition - When young disabled people grow from childhood and transition into adulthood.

Transformation Board - The Transformation Board is made up of Senior Managers from the Health and Social Care organisations who meet regularly to discuss initiatives to improving services for residents.

Young Hackney - Young Hackney is our service for all young people aged 8-19, bringing together the skills and expertise of the youth service, youth support team and youth offending team.



<p>Health in Hackney Scrutiny Commission</p> <p>12th March 2019</p> <p>Inner North East London Joint Health Overview and Scrutiny Committee INEL JHOSC – verbal update from Chair</p>	<p>Item No</p> <p>10</p>
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OUTLINE

The Chair will give a verbal update on the recent meeting of INEL JHOSC which took place on 13 February.

Cllr Winston Vaughan from Newham was elected Chair and Cllr Hayhurst from Hackney and Cllr McQuillan from Tower Hamlets were elected as joint Vice Chairs.

The Secretariat for the JHOSC now moves to Newham and the meetings will take place at Old Town Hall Stratford.

The next meeting on 3 April will be devoted to a presentation from the ELHCP on the North East London Estates Strategy. The North East London Save Our NHS (of which Hackney KONP is a member) and Healthwatches will be making submissions on that.

London Borough of Waltham Forest is also intending to join the Committee and withdraw from the Outer North East London JHOSC. This is because the commissioning pathways for their residents are now more aligned to the inner London boroughs mainly through the WEL group of CCGs namely Waltham Forest, Newham and Tower Hamlets.

The next meetings will be held on

- 3 April
- 19 June
- 18 Sept
- 27 Nov

ACTION

The Commission is requested to note the information.

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Health in Hackney Scrutiny Commission 12 th March 2019 Work Programme for 2018/19	Item No 11
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OUTLINE

Attached is the latest draft of the Commission's work programme for the year. Please note this is a working document and is updated regularly.

ACTION

The Commission is requested to note the updated work programme and make an additions or deletions as necessary.

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Health in Hackney Scrutiny Commission

Future Work Programme: June 2018 – April 2019 (as at 1 March 2019)

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	4 th 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
<i>FOR NOTING ONLY</i>	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
<i>FOR NOTING ONLY</i>			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
				<ul style="list-style-type: none"> - St Joseph's Hospice - Arriva Transport Solutions
Wed 26 Sept 2018 Papers deadline: 17 Sept	Integrated Commissioning CCG/LBH/HUHFT/ ELFT	David Maher Amaka Nandi 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 Tessa Cole	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.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Mon 19 Nov 2018 Papers deadline: Thu 8 Nov	NHSE London (commissioner) GP Confederation Public Health CCG CACH and CYP&M Workstream	Catherine Heffernan Debbie Green Rehana Ahmed Laura Sharpe Dr Mary Clarke Dr Simrit Degun Dr Penny Bevan Dr Rhiannon England Sarah Darcy Amy Wilkinson	Vaccine preventable disease and 0-5 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.
<i>Members of CYP Scrutiny Commission attended</i>	LBH/CoL/CCG CYP&M Care Workstream	Amy Wilkinson Workstream Director	Update on Integrated Commissioning – CYPM Workstream	Series of updates from each of the Integrated Commissioning Workstreams
	NHSEL (commissioner) Royal Free (provider for central and east London) CELBSS	Kathie Binyish Maggie Luck Kim Stoddart William Teh Steven Davies Tamara Suaris	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.
	HUHFT Hackney Migrant Centre	Tracey Fletcher Rayah Feldman Daf Viney Dr Miriam Beeks	Implementing the overseas visitors charging regulations	Response from HUHFT to concerns about pre attendance checks on patients attending the Homerton to establish entitlement to free NHS services.
Mon 7 Jan 2019 Papers deadline: Tue 18 Dec	GP at Hand City & Hackney CCG City & Hackney GP Confederation Hammersmith & Fulham	Paul Bate Richard Bull Dr Mark Ricketts Laura Sharpe Written	REVIEW on Digital Primary Care and the implications for GP practices – Agree Terms of Reference and Evidence gathering Session 1	Agree ToR and commence evidence gathering with evidence from GP at Hand/Babylon Health Hammersmith & Fulham CCG City and Hackney CCG City and Hackney GP Confederation

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	City & Hackney CCG	Dan Burningham	URGENT ITEM Health Based Places of Safety	Proposal for change to the provision of Health Based Places of Safety in NE London
Mon 4 Feb 2019 Papers deadline: 24 Jan	Adult Services	Anne Canning Group Director CACH	Response to CQC Inspection on Housing with Care	On 14 Jan 2019 a CQC Inspection Report rated Housing with Care Service as 'Inadequate'. To consider the report and the immediate response.
	Partnership Members; Public Health, Hackney Learning Trust, Children's Services, Young Hackney, Community Services, NHS partners etc	Tim Shields Jayne Taylor	Obesity Strategic Partnership briefing	Report from Chief Exec and Public Health on 'Obesity Strategic Partnership' a whole system approach to tackling obesity
	LBH-CoL-C&HCCG Integrated Commissioning – IT Enabler Group	Niall Canavan Lead Officer for IT Enabler Group	REVIEW on Digital Primary Care and the implications for GP practices	Work of the IT Enabler group on digital first primary care
	City and Hackney Local Medical Committee and Tower Hamlets Local Medical Committee	Dr Fiona Sanders Dr Gopal Mehta Dr Jacky Applebee	ditto	The view of two Local Medical Committees on the impact on the ground with GPs
<i>Written submission only</i>	<i>ELHCP Tower Hamlets CCG</i>	<i>Jane Lindo, Primary Care Lead, ELHCP Jenny Cooke Deputy Dir Primary and Urgent Care</i>	ditto	<i>New digital primary care models in Tower Hamlets and in NEL.</i>
	LBH/CoL/CCG Unplanned Care Workstream	Nina Griffith Workstream Director	Integrated commissioning – UNPLANNED CARE Workstream	Series of updates from each of the Integrated Commissioning Workstreams

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
INEL JHOSC Wed 13 Feb 2019 at 19.00 hrs at Old Town Hall Stratford	<i>East London Health and Care Partnership and North East London Commissioning Alliance</i>	<i>Robert Brown (INEL Support Officer -Newham Council) Alan Steward (ELHCP) Ellie Hobart (Acting Dir Corporate Affairs, TH CCG)</i>	a) Election of Chair and Vice Chair b) Terms of Reference and Protocols c) NHS Long Term Plan d) Patient Transport e) Work programme	
Tue 12 Mar 2019 Papers deadline: 1 Mar	AskMyGP Egton	Ian Barratt Irfhan Mururajani	REVIEW on Digital Primary Care and the implications for GP practices – Evidence gathering 3	<i>askmyGP and Egton are online workflow solutions for the management of patient need in GP Practices. Members went on a site visit to Lower Clapton Practice where to view AsMyGP. Egton have a pilot at Stratford Village GP Practice and have started working with Hackney GPs</i>
	Hackney KONP	Marion Macalpine, Shirley Murgraff	REVIEW on Digital Primary Care... – Evidence gathering 3	Input from local residents on response to GP at Hand.
	Adult Services	Anne Canning Ilona Sarulakis Diane Ducie	Action Plan on Housing with Care service	Action Plan in response to CQC Inspection report of 14 January which rated the service as Inadequate.
	Adult Services	Gareth Wall	6 month update on implementation of recommendations of 'Supporting adult Carers' review	Including briefing on the new model for Carers Services.
	Adult Services	Gareth Wall Ilona Sarulakis	Adult Services Local Account	Annual item on publication of the Local Account of Adult Services
INEL JHOSC	<i>East London Health and Care Partnership</i>	<i>Henry Black and Jane Milligan (ELHCP)</i>	a. NEL Estates	

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Wed 3 April at 19.00 hrs at Old Town Hall Stratford	<i>and North East London Commissioning Alliance</i>	<i>Robert Brown (INEL officer, Newham Council)</i>	Strategy b. Accountable Officer update c. Waltham Forest joining INEL	
Mon 8 April 2019 Papers deadline: 28 Mar	Various	Various	REVIEW Digital Primary Care and the implications for GP practices - 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	4 th 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	2 nd 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.

JHOSC Meetings in 2019/20 already scheduled

INEL JHOSC Wed 19 June at 19.00 hrs at Old Town Hall Stratford	<i>East London Health and Care Partnership and North East London Commissioning Alliance</i>	<i>Robert Brown (Newham Council)</i>	TBC Mental Health	
INEL JHOSC Wed 18 Sept at 19.00 hrs at Old Town Hall Stratford	JOINT WITH Outer North East London JHOSC	<i>Robert Brown (Newham Council)</i>	NHS Long Term Plan CAMHS	
INEL JHOSC Wed 27 Nov at 19.00 hrs at Old Town Hall Stratford	<i>East London Health and Care Partnership and North East London Commissioning Alliance</i>	<i>Robert Brown (Newham Council)</i>	TBC	

Provisional Meeting dates for Health in Hackney in 2019/20

The following dates for Health in Hackney were agreed at Full Council on 27 February.

- 13 June 2019
- 10 July 2019
- 12 September 2019

4 November 2019
 12 December 2019
 29 January 2020
 12 February 2020
 30 March 2020

Items to be scheduled for Health in Hackney

	Cabinet Member	Cllr Demirci	Cabinet Member Question Time with Cllr Demirci	Annual CQT Sessions
	HCVS Connect Hackney Cabinet Member Age Concern East London? GP Confed or CCG?	Jake Ferguson 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.
	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.
	Adult Services Oxford Brookes University researcher Camden Council rep	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.

	(best practice)			
	ELHCP	Jane Milligan? Alan Steward?	The NHS Long Term Plan	A Hackney item to focus on the implications of proposals for legislative change to usher in Integrated Care Systems. Issue also being covered at INEL
ENGAGEMENT EVENT in May/June	LBH CCG HUHFT ELFT Healthwatch	Tim Shields/ Ian Williams/ Anne Canning David Maher Tracey Fletcher Dr Navina Evans Jon Williams	NEL Estates Plan in particular plans for St Leonard's Site	Scrutiny will organise an engagement event with the senior officers from the relevant stakeholders and the Cabinet Members to discuss the emerging plans for the St Leonard's Site.

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.