Overview & Scrutiny

Health in Hackney Scrutiny Commission

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

Wednesday, 29th January, 2020

7.00 pm

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

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

Tim Shields
Chief Executive, London Borough of Hackney

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

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

Hackney

9 **Health in Hackney Scrutiny Commission- 2019/20 Work Programme (20.50)** (Pages 111 - 122)

10 **Any Other Business (20.55)**

Access and Information

Getting to the Town Hall

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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.

Hackney

Health in Hackney Scrutiny Commission 29th January 2020 **Minutes of the previous meeting and matters arising**	Item No **4**

OUTLINE

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

MATTERS ARISING

Actions at 5.3(g) from November meeting

ACTION:	*The Commission to write to NHSEL, further to the recent City and Hackney experience, to lobby them on possible future co-commissioning in order to improve local performance on uptake of childhood immunisations.*

This letter was delayed because of the general election purdah period and the Christmas holiday and has now been issued. A copy is attached.

Actions from December meeting

Action at 5.3(a)

ACTION:	*Workstream Director Planned Care to provide Members with a copy of the Prior Information Notice for the Neighbourhood Health and Care contract.*

This is awaited.

Action at 5.3(j)

ACTION:	*Issue of 'What does governance look like at a Neighbourhoods level' to be added to the future work programme.*

This has been done.

Action 6.3(d)

ACTION:	*Strategy Delivery Officer to provide a list of locations and organisations where they engaged with more seldom heard groups/cohorts as part of the evidence gathering for the Strategy.*

This is attached.

Action at 6.4

ACTION:	*Officers to return to the Commission, date to be scheduled, with a 'You Said – We Did' update on the implementation of the Ageing Well Strategy.*

This has been added to the work programme.

Action at 7.3(b)

ACTION:	*(a) Connect Hackney to provide more granular detail on the latest outcomes data from the programme following the statistical analysis due end of Jan. (b)Connect Hackney to provide a full list of the activities which had been commissioned and any updates on which may be able to continue.*

Item (a) above will be circulated to Members in February and (b) is attached. Connect Hackney added the following note:

Please find attached at list of our current portfolio of funded projects. In terms of sustainability, we have yet have confirmation from any of our providers that they will be able to sustain their projects, however it forms part of our legacy strategy, and from January 2020, Connect Hackney will be working with our host organisation, HCVS, to develop a support package with the aim of helping funded organisations to develop a sustainability plan.

ACTION

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

Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting Wednesday, 4th December 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), Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence**
Apologies:	**Cllr Tom Rahilly**
Officers In Attendance	**Anne Canning (Group Director, Children, Adults and Community Health), Dr Sandra Husbands (Director of Public Health), Sonia Khan (Head of Policy and Strategic Delivery), Gareth Wall (Head of Commissioning for Adult Services) and Soraya Zahid (Strategic Delivery Officer)**
Other People in Attendance	**Siobhan Harper (Workstream Director, Integrated Commissioning), Jonathan McShane (Integrated Care Convenor, Integrated Commissioning) Jon Williams (Executive Director, Healthwatch Hackney) and Tony Wong (Programme Director - Connect Hackney)**
Members of the Public	**6**
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 An apology for absence was received from Cllr Rahilly.

1.2 Apologies for absence were also received from Cllr Clark, David Maher and Simon Galczynski.

2 Urgent Items / Order of Business

2.1 There were no urgent items and the order of business was as on the agenda.

3 Declarations of Interest

3.1 Cllr Maxwell stated that she was a Member of the Council of Governors of HUHFT.

3.2 Cllr Snell stated that he was Chair of the Trustees of the disability charity DABD UK.

4 Minutes of the Previous Meeting

4.1 The Chair stated that the Mayor's letter to the Secretary of State re rare and uncommon cancers had been omitted in error from the agenda pack but was subsequently added to the electronic version and a hard copy was circulated at the meeting.#

4.2 On Action 5.3(g) the Chair stated that the lobbying letter to NHSEL on possible future co-commissioning of childhood immunisation services would now be issued after the General Election and the Christmas break.

4.3 Members gave consideration to the minutes of the meeting held on 4 November and agreed them as a correct record.

RESOLVED:	**That the minutes of the meeting held on 4 November be agreed as a correct record and that the matters arising be not noted.**

5 Neighbourhood Health and Care - transforming community services

5.1 The Chair stated that he had invited officers to provide an update to the Commission on the plans for a new Neighbourhoods and Care Service to which will, in part, replace the current Community Health Services contract with the Homerton which ends at the end in March 2020 and Members gave consideration to a briefing paper. He welcomed to the meeting:

Siobhan Harper (SH), Workstream Director Planned Care, CCG-LBH-CoL
Jonathan McShane (JMc), Integrated Care Convenor**,** CCG-LHB-CoL

5.2 SH took Members through the briefing describing how they were mainstreaming the approach. There was a need to integrate services to avoid patients' having to attend at a number of locations. The aim was to bring the partners together and there had been 18 months of work on these plans. They were also taking place concurrently with the with the changed national policy context with the creation of Primary Care Networks and the NHS Long Term Plan. The aim was to connect all services into the PCNs and their respective neighbourhoods. The aim was to avoid a series of hand-offs between providers and instead have a more integrated and collaborative model. Once the plan had been worked up they had tested the model in the market and a Prior Information Notice (PIN) had been issued to begin the contractual process. A key element in its success would be signing up Social Care to the model and letters of intent had been shared between the NHS and both LBH and CoL. The three providers of the new Alliance model would be HUHFT's Community Service team, ELFT's Community Mental Health Team and the GP Confederation. The final contract would be signed off by an Independent Oversight Group of the CCG's Governing Body. HUHFT's current contract will

expire in April and there will be an overlap and it is expected the new alliance contract will commence in July. JMc added that that they were building on strong foundations here. City and Hackney benefits from high performing and solvent providers and the leaders of the constituent organisations have been in place over a long period.

5.3 Members asked detailed questions and the following points were noted:

(a) Members asked why no other providers had bid. SH replied that the questionnaire had been out for a month but perhaps some might have viewed it as too much of a challenge. Members asked if they would see the initial document.

ACTION:	**Workstream Director Planned Care to provide Members with a copy of the Prior Information Notice for the Neighbourhood Health and Care contract.**

(b) Members asked what would be new here vis-à-vis the existing provision. SH replied that one aspect was that it sought to integrated mental health in a way which hadn't been done before. It was also important to note that the changes here could not happen overnight and there would be a need to prioritise the order of the service changes. One of the issues is how Adult Community Nursing can support the new Primary Care Networks so that patients don't have 4 members of staff from a multiplicity of providers to deal with. The aim was to provide care that isn't divided between health and social care as in the past. Over 10 years the contract would have substantial value but she illustrated that for example the value to the Confed for example would be £10m and to ELFT of £22m.

(c) Members asked how this service would integrated with IAPT. SH explained how services would break down for the different cohorts. The aim here with, for example, mental health support to those with Long Term Conditions, was to better integrate assessment and to take service provision to a new level. The hope was that with integrated funding and more integrated arrangements they would be able to then leverage more resources overall into Hackney's health economy.

(d) Members asked about how it would impact on contracts held by the VCS. SH replied that they would be able to become full partners as the system developed. The overall aim is that services should only be provided in hospital when necessary and she advised that there was no agenda here to reduce hospital based services.

(e) Members asked how integration with social care was progressing. SH stated that Adult Social Care was at the table but not formally part of the alliance as yet but much was going on at their end including the 'Three Conversations' model. To some extent it would be unclear until changes to legislative and funding arrangement had been made.

(f) Director of Public Health stated that central to this approach should be seeing people as assets. This was a provider alliance and it would be necessary to examine how it can support the community to develop itself. JMc agreed and stated that there was a big role for the Council in developing people's resilience

and the move towards a Neighbourhoods focus and the PCNs and the move to 'Prevention Investment Standard' was key. The CCG was keen to do more on prevention by first tracking how much is spent overall. There was the potential to bid for significant amounts of money for neighbourhoods work and he was pleased that the CCG valued the importance of 'Place' in these discussion.

(g) Members asked how the shift from spending on care to spending on prevention would happen. SH replied that the profile won't change to start with. Provides must think about how they can more collectively support their ambitions and there will still have to be business-as-usual. The ambition is not about making savings but in transforming how services are delivered and once the Long Term Plan funds are released there will be many opportunities.

(h) Members asked whether the changes would impact on the unique character of the GP Confed which is in the middle between commissioners and the GPs as providers. JMc replied that the emerging way for primary care to exert influence was through GP Confederations and there was a need to start doing things differently otherwise there is no point in having PCNs in the first place. The Confed's role would change and it would take on contracts in a way individual GPs can't do.

(i) A resident commented that as a patient rep she was sceptical about this change being too "top down". It was important to get the local population on board. It was capital 'N' for Neighbourhoods and it was plural and the documentation was frustratingly not consistent on this. There was a need for local leaders to be more robust on funding shortages she added. SH replied that the Finance Directors in each of the organisations were actively involved and the concept was firmly embedded in the local financial modelling of all the local health organisations. The Long Term Plan funding would of course come through the ELHCP and there was a delay on progress on this temporarily because of the election purdah period.

(j) The Chair asked, once the funding for ELHCP's Joint Commissioning Committee was sliced off the top, did the individual CCGs then remain in charge of their own budgets and do they require permission to do everything? SH replied that the Single Financial Officer in each CCG is still in charge but there are moves to consolidate CCGS by 2021. Individual CCGs do not put money into the JCC instead they commission through it and there was no appetite to take control of all commissioning centrally. The appetite is for systems to remain delegated. JMc added that things were somewhat easier in City and Hackney as it was already a system and additional funding would come through the LTP. CCG funding was set for 5 years ahead and it was not possible to predict beyond that or predict about other priorities beyond the LTP. He added that what governance might look like at Neighbourhoods level would be worth further debate and they would be happy to return to discuss it.

ACTION:	**Issue of 'What does governance look like at a Neighbourhoods level' to be added to the future work programme.**

(k) A resident commented that there was no mention of Patient and Public Involvement in the paper. SH replied that they were totally committed to this but it was not requested in this short briefing.

5.4 The Chair thanked the officers for their report and for their attendance.

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

6 Development of Hackney's Ageing Well Strategy

6.1 Members gave consideration to a report on the development of Hackney's Ageing Well Strategy noting that this arose from one of the Mayor's manifesto commitments. The Chair welcomed to the meeting:

Sonia Khan (SK), Head of Policy and Strategic Delivery, LBH
Soraya Zahid (SZ), Strategic Delivery Officer, LBH
Gareth Wall (GW), Head of Commissioning for Adult Services

6.2 Officers took Members through the report noting that the aim of this work was to ensure that Council policies were age-friendly, that community partnerships recognise the distinct interests of older people, that barriers relating to access and attitudes are removed and that some creative and innovative proposals for older people are developed with stakeholders and with the older people themselves. The challenge here was to better integrate service delivery given the complex nature of the systems which serve and support older people. SZ described how they worked with a very diverse groups of Facilitators in running focus groups to co-produce the strategy. They helped design the questions and plan the sessions or interviews. They also worked, for example, with Interlink on a focus group on issues for the Charedi community.

6.3 Members asked detailed questions and the following points were noted:

(a) Members praised the inclusion of the Dementia Friendly aspects and asked how to better develop the intergenerational aspects building on, for example, the events with school children held during the Dementia Festival and they asked what more could be done to engage shops, businesses and transport providers. SK replied that the need for intergenerational work came through very strongly from all the workshops and this would be picked up. She described how they also talked to the Young Futures group about shared priorities e.g. on access to toilets for example. On the issue of outreach to shops and businesses she said the work on the Strategy was deliberately broadly based and they were looking at whole borough and whole community solutions. There needs to be work on attitudinal change on ageing she added and work was ongoing with business groups and with Hackney Circle. GW added that the Ageing Well Strategy would complement and not replace the Dementia Strategy and they will join up the work on both strategies to avoid duplication and to build on the success so far of the Dementia Friendly Communities work, especially with local businesses.

(b) Members asked what could be done on the issue of "initiating movement" for older people and on "initiating engagement in conversation" and asked if there could be practical training sessions for officers on these aspects. He asked how well resourced were the facilitators and whether they had the tools they needed. SZ replied they were paid positions and there was also a part time co-ordinator to support them. There was a focus on "reflective practice" and the

work was well resourced. GW replied that the Alzheimer's Society do deliver support on 'initiating movement' and he could provide details.

(c) A Member commented that he was aware of high levels of dissatisfaction with Dial-a-Ride and asked whether there was comparative data on performance from other boroughs. GW replied that the contracts would need to be examined more closely and they would look at this. SK cautioned that before the work on Ageing Well began there was a major piece of work done to synthesise what was already known so the new research could be fully informed and they could build on that and not repeat work.

(d) A Member commended the approach of having this work led by older people themselves and asked what was being done re. harder to reach/seldom heard groups. He commented that some of the aspects under discussion were very specialist e.g. planning and were there advisory groups on specialist areas? GW replied by describing the recent work done in Adult Services on support to carers which involved the creation of Carers Co-production Group to help redesign the service. The carers themselves helped design and implement the process of engagement on the new model. After the work was completed that group told them they then wanted to continue on in an advisory capacity and this had happened. The aim was to attempt to duplicate this approach on Ageing Well. SK stated that there was a difference between being diverse and being user led and both aspects were attended to. A Member responded that using existing groups would not achieve the best results here. SK replied that with Ageing Well they were going out beyond the people who would normally come and engage and were looking at the possible gaps. They were going out to lunch clubs and grass-roots groups and also engaging with those who were restricted in their ability to leave their homes. SZ descried this aspect and the work she did with the Community Library Services and with housing associations to reach those in sheltered residential settings who are more isolated and home bound. Members asked for a list of the settings where the contacts had been made. It was noted that the briefing report was underpinned by a significant database which Commission Members could view.

ACTION:	**Strategy Delivery Officer to provide a list of locations and organisations where they engaged with more seldom heard groups/cohorts as part of the evidence gathering for the Strategy.**

(e) A Member asked if the engagement work was now complete. SK replied that most of the engagement work had been done. Organisations were being invited to an event on 17 Dec and the thematic discussions on agreeing the scope would take place in January.

(f) Healthwatch Director asked whether the scope included those with learning disabilities. SZ replied that they had held an engagement with older people with learning disabilities at the Oswald Centre and were happy to be advised on other possibilities and were discussing this with Adult Services.

(g) A resident asked about the involvement of the Older People's Reference Group. She detailed an example of best practice from the CCG in using a "You Said – We Did" format in reporting back on the progress with the strategy. SZ replied that "You Said We Did" would definitely be done after the co-production

session. GW said this echoed feedback from Adult Services' 'Making it Real' Board. GW stated that OPRG was a key stakeholder and the full group had 70 members so this was not a focus group, however he would be attending the OPRG steering group the following day.

(h) Members asked about governance of the Ageing Well Strategy work. SK replied that it was under the remit of Cllr Clark as the Cabinet Member. It was decided from the outset not to set up a separate Steering Group for this work. The officers report directly to the Cabinet Member and then the Mayor and of course to the Group Directors. The work was discussed at Group Directors' meetings and with individual Directors and all were feeding into the process. Whether specific governance is required at the Implementation stage is being looked at. Consideration is being given to whether one of the existing groups owns the Strategy or whether a new group will be formed. They could report back on this.

6.4 The Chair thanked the officers for the work and stated that once this is published it must not sit on a shelf and asked if officers can come back with a "You Said –We Did" update. He added that the strategy needed to address how various tensions could be resolved, for example, between cyclists and older pedestrians or between the need to provide more public toilets and the need to prevent ASB. SK agreed and commented that these intersectional issues are very important. The idea was to build implementation into how the strategy is developed and to build in commitments from the outset and not retrofit actions. Another area to be looked as was how the Strategy might conflict with other Policy agendas. What was needed was a focused effort to support older people as existed with CYP and this was the aspiration, she added. It would also feed into *Hackney – An Accessible Place for Everyone* which would be the next stage from the successful *Hackney - A Place for Everyone* work.

ACTION:	**Officers to return to the Commission, date to be scheduled, with a 'You Said – We Did' update on the implementation of the Ageing Well Strategy.**

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

7 Legacy Plan for Connect Hackney

7.1 The Chair stated that he had asked officers to provide a briefing to the Commission on the legacy plan for Connect Hackney after the National Lottery funding for that programme ends in March 2021. Members gave consideration to a report on the 'Legacy Plan for Connect Hackney' and the Chair welcomed to the meeting:

Tony Wong (TW), Programme Director for Connect Hackney, HCVS
Sonia Khan (SK), Head of Policy and Strategic Delivery, LBH

7.2 TW took Members through the report which outlined the background to the programme, the scale of loneliness in the borough, the programme's achievements, the learning from the programme, the legacy objectives and about how Members might help Connect Hackney achieve its legacy ambitions.

It was noted that activities that were considered fun and which were key to reducing social isolation were often difficult to commission.

7.3 Members asked detailed questions and the following was noted.

(a) Members asked for further clarification on the detail behind the outcomes measures "*73% either improving or maintaining their De Jong score*". TW replied that the report was merely an overview and the statistical analysis was being completed and that at the end of January he would be able to provide data at a much more granular level. A lot of the targets were "test and learn" so it was more difficult to provide tracked data.

(b) Members asked if they could see a full list of the activities which had been commissioned and more detail on how these are maximised. TW undertook to provide this.

ACTION:	**(i) Connect Hackney to provide more granular detail on the latest outcomes data from the programme following the statistical analysis due end of Jan.** **(ii) Connect Hackney to provide a full list of the activities which had been commissioned and any updates on which may be able to continue.**

(c) A Member asked why a new Older People's Committee had been set up when the Older People's Reference Group was already in existence. TW replied that in the initial modelling for the governance of the programme there was a view that the OPRG could be more diverse and so efforts were made to ensure that the OPC was more diverse in terms of age/ethnicity/religion. One problem the National Lottery had was that collection of data was challenging and the amount of quantitative data to be collected was limited. For this reason, he questioned whether they might continue to fund further activity on reducing social isolation among older people.

(d) Members expressed concern at the observation in the report that the VCS struggled to find innovative ways to support people who need help to leave their homes as funders were reluctant to fund projects which included support for getting out and about. TW replied that the challenge here was that transport was expensive and people who were isolated and/or frail have a limited ability to leave their homes. Transport outreach was a key challenge and already there was an example in Hackney of a project failing not because it wasn't needed but because participants couldn't travel to it.

(e) A Member commented that the voluntary sector runs on minibuses and she had personal experience working for a VCS org in Westminster where they found that funders didn't want to fund minibuses. SK replied that the Council fund Hackney Community Transport and the model does require local charities to pay into it.

(f) A resident and member of the OPRG stated that she took issue with the view that OPRG was not representative enough and that the OPC was required. She stated that OPRG only had an admin support worker for 1 or 2 days a week and if the Connect Hackney funding had been put into building the capacity of OPRG it would have created a legacy. She also took issue with

Connect Hackney's magazine which in her view was missed opportunity because it provided personal stories only and so missed a vital opportunity to inform or educate. The Chair replied that there was obviously a tension between OPRG and Connect Hackney and it was not productive to purse that at this meeting. The focus needed to be on maximising the legacy. TW replied that a lot of work had been done over the past few years and its activities had been welcomed and the programme has had many achievements which can now be built on in the legacy plan.

(g) A resident asked why disabled people under 50 were being ignored by this programme. TW replied that the National Lottery funding requires the activities to be for over 50s only and they be focused on reducing social isolation.

7.4 The Chair thanked the Programme Director of Connect Hackney for the report and for his attendance.

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

8 Assistive technology in social care

8.1 The Chair stated that he had asked Adult Services to provide an update on the work they are doing to increase the use of assistive technology in adult social care. Members gave consideration to a report "Assistive technology update" and the Chair welcomed to the meeting:

Gareth Wall (GW), Head of Commissioning, Adult Services

8.2 GW took Members through the report. They key point of the activity he stated was to ensure that the Council is not held to a standard which is led by the industry and instead that they are held to a standard of their own which focuses on the needs of residents of Hackney. He drew attention to the contract with Riverside who are the new providers for the Floating Support contract and who have allocated £100k towards piloting assistive technology in their service and in employing a dedicated AT co-ordinator.

8.3 Members asked detailed questions and the following points were noted:

(a) Members asked if any of the technology being considered was predictive i.e. could it predict that an frail elderly person might fall. GW replied that that technology is in a formative stage and for example there are applications which include inflatables, like airbags in cars, which can sense if someone falls. The focus of this work is to ask if there is a need and a demand for a particular application. There is a lot of encouragement from tech providers to get councils to invest at scale but a lot of the work so far has made councils sceptical and a bit more cautious.

(b) Members asked how ambitious we were being here and if we were focusing on making life easier and helping people to take part in activities. GW replied that they had just started focusing on for example the telecare watch which is a development from the pendant which acts as an alarm to alert a monitoring centre when there is a fall/incident. This will be piloted and then rolled out if it can be proved to be more effective. He added that there is a link between

Assistive Technologies and Assisted Health Care which is huge and expanding area. In the long term there will need to be joint investments with health partners in these but they must be based on what people's needs are.

(c) The Chair asked if the pilots were shared out between boroughs so as to avoid duplication. GW replied that they were and that that Rob Miller the Council's Head of IT sits on the London Office of Technology and Innovation (LOTI), which is a pan-London councils' body. This body has collectively agreed on an evaluation framework to use in future pilots and they have agreed that there would be mutual benefit from sharing the results of pilots. The idea is to make it easier for boroughs to learn from each other and to collaborate and compare products and to set standards.

(d) The Chair asked how in the tendering process it will be possible to ensure that councils/commissioners are not using these new technologies in an oppressive way e.g. tracking people unnecessarily and impinging on their privacy or dignity. GW replied that they were very conscious of this and the key was to ensure the technology was controlled by the council and not by the tech provider. The current electronic call monitoring system which contractors use is controlled by the council and so they are able to monitor each agency's use of the technologies.

(e) A resident described an incident where a friend had phoned Adult Social Care duty line at 16.47 and took 1hr and 13 minutes to be dealt with. She stated that assistive technology won't work unless the system is properly resourced. GW replied that the ASC duty line is not a call centre and the call handling on it can take time and it has periods when they are very busy. She undertook to take this particular case up with GW outside of the meeting.

8.4 The Chair thanked officers for their detailed overview of the issue and apologised that there hadn't been sufficient time to get into more detail at this meeting. It was an issue they would return to.

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

9 Health in Hackney Scrutiny Commission- 2019/20 Work Programme

9.1 Members noted the updated work programme for the Commission.

RESOLVED:	**The updated work programme for the Commission was noted.**

10 Any Other Business

10.1 A resident asked if the issue of the rebuilding of Whipps Cross hospital could be considered at a future meeting. The Chair stated that this was an NEL issue and would be best dealt with at INEL JHOSC where he would ensure it was raised. He also raised an issues about closure of side roads which the Chair stated was outside the remit of the Commission.

Duration of the meeting: 7.00 - 9.15 pm

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Health in Hackney Scrutiny Commission
Hackney Council
Room 118
Town Hall
Mare St E8 1EA

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

21 January 2020

Sir Simon Stevens
Chief Executive Officer
NHS England
by email to england.ce@nhs.net

Dear Sir Simon

Co-commissioning of 0-5 childhood immunisation programmes and reducing the risk of further measles outbreaks

Hackney Council's Health Scrutiny Committee has taken a keen interest in childhood immunisation programmes. Last year there was another measles outbreak in the borough and as you know London and Hackney have some of lowest rates of vaccination uptake in the country.

NHSE is responsible for commissioning 0-5 childhood immunisations.

Following that outbreak, our CGG funded a quick response by commissioning the local GP Confederation to deliver additional clinics and appointments where over 3,000 MMR vaccines were delivered in key hotspots.

Thankfully, the outbreak, which saw 464 confirmed cases across north east and north central London, has again been contained, but for now. However, as we have returned to this issue a number of times over the past few years we are increasingly of the view that the current centralised commissioning arrangements are not working and that the lack of clarity centrally on outbreak funding arrangements has exacerbated the problem.

We are writing to you therefore to encourage you to give serious consideration to moving to co-commissioning of childhood immunisation programmes by putting CCG's or "local systems" at the heart of delivery in tackling this problem.

Since national screening and immunisation programmes moved to NHSE and PHE in 2012 the performance in London has deteriorated significantly, as

evidenced in a recent NAO report Investigation into pre-school vaccinations (Oct 2019)

As you know, this report found that NHS England has missed the Department of Health & Social Care's performance standard for uptake of nearly all routine pre-school vaccinations in England since 2012-13.

The NAO reported that:

> *Before 2013, responsibility for call/recall was mixed between primary care trusts and service providers (Child Health Information Services or CHIS), who manage children's clinical care records. When primary care trusts were abolished in 2013, NHS England took responsibility for commissioning call/recall. NHS England has not set out requirements of GPs for call/recall under the changed arrangements. As a result, call/recall is done inconsistently and there is no coherent system. In some cases, call/recall is done to a varying extent by GP practices. In other areas it is done by CHIS.*

And these issues have been echoed locally each time we re-visit this subject at our meetings

One of the key issues here is delays in mobilising vaccination programmes because of poor quality and flow of (real time) data, especially with GP's and local clinicians being able to obtain accurate and up to date data from the centre, namely NHSE and PHE. This is exacerbated by the sheer complexity of the commissioning arrangements involving Public Health Engalnd, NHSE, the Local Authority, the local CCG and GP practices. In addition, inner city areas such as Hackney, which have very diverse communities as well as significant population churn, are also more impacted by the problem.

From a local perspective, it is frustrating that the local CCG and GP's are not at fault for the structural problems in the current commissioning arrangements but yet they have to pick up the pieces when an outbreak occurs.

In City and Hackney, our Integrated Commissioning Board has put in place a new targeted local action plan and a public health campaign. We were also pleased that NHSEL has commissioned a 'Call and recall' pilot for NW Hackney however, a more root and branch reform is clearly required.

We would suggest, therefore, that the best way to improve performance here is to take a more localised system approach to commissioning, including effective access to real-time data and empowering clinicians, who are in touch with their communities, to remind patients to vaccinate their children. The development of Primary Care Networks surely provides an ideal opportunity to think again about how 0-5 childhood immunisation programmes are funded and delivered.

We also noted a recent NHSE-NHSI report *Interim findings of the Vaccinations and Immunisations Review – Sept 2019* which again concluded that General Practice was where the focus needs to be in order to drive up immunisations, indeed it makes specific reference to the need to improve the

flow and timeliness of data to GPs, which remains the main impediment to progress. We have heard evidence of how GP practices are running to keep up. Certainly in Hackney, GP's are committed to delivering this service but they are telling us they need more resource to do so.

We are also aware that NHSE is exploring how more can be done at the antenatal stage to educate mothers about the importance of vaccination as well as a greater role for schools in this. We would be interested in your thinking on these and other system wide approaches.

To this end we would like to know:

a) **What are NHSE's plans for improving performance on immunisations in the light of the decline since 2013?**
b) **Given that the decline in immunisation rates took place at the same time as commissioning became more centralised and out of touch with local communities, is there not a strong argument for greater devolution?**
c) **What consideration is being given to a larger more structural reform, namely moving to co-commissioning these services with CCGs or "local systems"?**
d) **What considerations are being given to streamlining and simplifying the commissioning landscape so it is clear where responsibility lies?**
e) **How does NHSE intend to meaningfully change approach in order to address the problems identified by the NAO and the NHSE-NHSI reports?**
f) **What is being developed in terms of system wide approaches to the issue e.g. greater focus on antenatal care and on use of schools and on the issue of tackling disinformation on-line by anti-vaccination advocates etc**
g) **What is being done about reforming the payments systems for immunisation work in primary care which some argue creates perverse incentives which in turn impede progress?**

Yours sincerely

Councillor Ben Hayhurst
Chair of Health in Hackney Scrutiny Commission

cc Members of Health in Hackney Scrutiny Commission
Rt Hon Matthew Hancock MP, Secretary of State for Health and Social Care
Jonathan Ashworth MP, Shadow Secretary of State for Health
Diane Abbott MP
Meg Hillier MP
Mayor Philip Glanville, Mayor of Hackney
Dr Sandra Husbands, Director of Public Health, City & Hackney
Dr Mark Rickets, Chair, City & Hackney CCG
David Maher, Managing Director, City & Hackney CCG
Laura Sharpe, CEO, City & Hackney GP Confederation

engagement session
Engagement phase 1:
Carers centre - turkish speaking female carers
Carers centre - somali women support group
Lunch Club- Lunch Up
X,Y,Z at Cambridge Heath Salvation Army
Hackney friends at Mount Pleasant community centre (urdu speaking asian womens group/ faith based)
Hackney Matters online survey (citizen's panel)
Hackney brocals (older male group)
Hackney Cypriot Association (Cypriot and cypriot speaking Turkish group)
Feedback from Older people's reference group
Feedback from Hackney Pensioners group
Engagement phase 2:
Hackney dudes (older male group)
Wenlock Barn estate pensioners group (estate based)
Hackney brocals (older male group)
Sharp End (fitness)
Interview with chair of rainbow grows (LGBT group)
st michaels church group (faith based)
Interview with chair of Trowbridge Pensioners club (estate based)
Friends of Woodberry Down (community group)
oswald centre (learning disabilities)
Windrush elders (mailing list)
private renters focus group (citizens space)
Home owners focus group (citizens space)
Open focus group (advertised openly- for people to attend who are not part of a group)
Turkish Cypriot Cultural Association
Keeping it real board (service users of adults social care)
Winter Warmer (predominantly lease and free holders)
latin american womens group (translated session- spanish speaking)
staff focus group (looking at making the council as an employer more age friendly)
Bel Kheir somali community group
Orthodox jewish focus group (via Interlink) older males in care home

Orthodox jewish focus group (via Interlink) women's group

Resident participation groups

Still to do/engage
core arts (mental health support group)
Shoreditch Trust (stroke support group)
Peabody residential settings (predominantly homebound)
Community home library service users (homebound)
Total

We are also linking in to strategies that would have engaged users as part of their own engagement work:

Learning disabilities strategy (LBH)

Autism stategy (LBH)

Dementia strategy (LBH- TBC)

Mental Health strategy (CCG)

date attended	number of participants	type of session (focus group or 1:1)
09/07/2019	13	focus group
11/07/2019	9	focus group
09/07/2019	12	focus group
06/08/2019	16	focus group
30/07/2019	25	focus group
online	9	online survey
09/09/2019	10	focus group
13/09/2019	8	focus group
13/07/2019	50	verbal update and feedback
02/09/2019	8	verbal update and feedback
08/11/2019	4	1:1
09/11/2019	10	focus group
11/11/2019	11	focus group and 1:1
12/11/2019	8	focus group
13/11/2019	1	1:1
13/11/2019	8	focus group
14/11/2019	1	1:1
15/11/2019	20	focus group
22/11/2019	4	1:1
25/11/2019	4	1:1
25/11/2019	0	three booked on- no one attended on night.
26/11/2019	5	focus group
26/11/2019	9	focus group and 1:1
27/11/2019	16	focus group
27/11/2019	6	focus group
28/11/2019	30	1:1
28/11/2019	10	focus group
29/11/2019	7	focus group
05/12/2019	15	focus group
05/12/2019	8	focus group

	3/12/2019	tbc	focus group
	10/12/2019	10	verbal feedback and update
	12/12/2019		focus group
	21/1/2019		focus group
TBC			
TBC			

Connect Hackney Projects – October 2019

People can self-refer to all projects.

Projects for older people with learning disabilities
Peter Bedford Housing Association works with people with learning disabilities aged 50 and over on a range of activities to improve skills and confidence, health and wellbeing, and to socialise. Activities include: learning how to use a touch screen tablet, gardening and creative crafts. Contact Kamye Miessen or Anjum Ahmed: 020 3815 4100
St Mary's Secret Garden 'The Garden Social' provides a weekly club for people with learning disabilities aged 50 and over. The club brings local older people together to work on shared gardening and maintenance activities. There are also opportunities for the 'Garden Socialisers' to plan and develop the creative and social activities of the club. Contact Siobhan MacMahon: 020 7739 2965 e: siobhan@stmarysgarden.org.uk
Community Connections project for all older people
Shoreditch Trust 'Community Connections' work with local partners to reach socially isolated people aged 50 and over. The project provides one-to-one sessions to help older people build confidence and motivation to engage with peers, local groups and social activities. The project is delivered from accessible community spaces, complemented by home visits to suit the needs of people using the service. Contact Teresa Buckland: 020 7033 8587 e: teresa@shoreditchtrust.org.uk
Projects for older men
Action on Hearing Loss are working with men over the age of 50 who have confirmed or unidentified hearing loss. They provide access to one-to-one and community hearing screening checks, with follow-up support, hearing aid maintenance support groups and befriending visits. Contact Sharon: 0744 253 8944

City and Hackney Carers Centre 'Hackney Brocals' is a multi-generational befriending project. Brocals provides a regular series of bus trips in Hackney and beyond and have home based support for men who can't often leave home. The project includes volunteering and a buddying system which sees younger volunteers committing to visit isolated elders in the community Contact Hackney Brocals: 0202 8533 0951; or visit the website at www.brocals.org
Hackney Co-operative Development 'Gillett Square Elders' is a programme of activities aimed mainly at men aged over 50 that use Gillett Square in Dalston as a place to gather and socialise. All activities have men aged 50 and over as session leaders or volunteers. Participants also are encouraged and supported to organise their own small-scale community events. Contact Hackney Anja Beinroth: 020 3875 9352 e: GS2@hcd.coop
MRS Independent Living 'Hackney Dudes' is a community project which aims to increase older men's confidence in engaging with services and activities that promote improved wellbeing. Contact MRS Independent Living: 0330 380 1013 e: vicky.harrison@mrsindependentliving.org
Projects for older people who want to learn or brush up on digital skills
Groundwork London 'Silver Connections – Making the Most of Your Mobile' is a programme of six weekly sessions designed to increase the confidence of people aged 60+ to use their smartphones to access information. Together the group research, plan and then head of on an outing to Hackney and beyond. Contact Sarah: 0208 5105 419 e: silverconnections@groundwork.org.uk.
MRS Independent Living 'Learning Together' supports older people to gain or improve digital knowhow and confidence to find information about services, support and leisure activities online. It delivers one-to-one and small group support along with opportunities for older people to connect socially. Contact MRS Independent Living: 0330 380 1013
Newham New Deal Partnership 'The @online Network' helps build older people's confidence to get online. It operates around Hackney and is a six to eight programme of practical activities based on members' interests. There are also pre-programme taster sessions and follow on support via e-newsletters, telephone advice and drop-in. Contact Newham NDP: 0207 366 6343 0207 e: onlinehackney@newhamndp.co.uk
Hackney CVS 'Connect Hackney Senior Media Group' is a weekly group that provides training for older people in digital journalism skills, including: using computers, photography, writing, interviewing techniques and audio production. Participants help produce the popular Hackney Senior magazine. Contact Hackney CVS: Zelina: e: zelina@connecthackney.org.uk

Projects putting on community activities for all older people
Friends of Woodberry Down 'The FOWD Community Project' delivers a series of weekly community events aimed at older people. It allows older and younger people to come together to share food and enjoy a programme of activities at the various community venues in their local area. Contact FOWD: 0787 634 5457 / 0785 232 8993
Core Clapton 'Social Singing' is a singing group for people of all ages with a special focus on the social inclusion of older people aged 55 and over that might be experiencing social isolation. It is a weekly opportunity to meet, sing and socialise with new friends. Contact Core Clapton: 0300 561 0161
Immediate Theatre 'Theatre Exchange' is a programme of theatre workshops and performances for older people. It offers a range of theatre-making skills, singing, story sharing, prop making, well as acting/performing. It also explores different ways to bring together older and younger generations to develop mutual respect and understanding. Contact Immediate Theatre: 020 7682 3031
Duckie Ltd. 'The Posh Club' is a weekly social and entertainment club for adults over 60. These are glamorous events held in the heart of the community and emphasise dressing up, live entertainment, social connectivity and intergenerational volunteering. Come and feel alive, connected and joyful - and enjoy a taste of the high life! Contact Tracey Smith at The Posh Club in Hackney: 07938 985 644
Mind in the City, Hackney & Waltham Forest 'Silver Saturdays' is a social club, bringing older people together for fun and creative activities on the last Saturday of each month. The programme is run in partnership with Hoxton Health, Hanover Housing Association and Hackney Caribbean Elderly Organisation. Contact Mind CHWF: 020 8985 4239
Projects for people with extra support needs
Core Arts 'Connect at Core' is programme of sporting and social activities held at Core Arts and partner venues across Hackney. It is open to all older people with mental health issues in Hackney via GP or self-referral. Contact Core Arts: 0300 561 0161
HCT Group 'GOAL (Getting Out and About Locally)' provides a bookable excursion service for older people who find it difficult to leave home regularly. Running five days a week it includes transport as well as a range of activities. Contact HCT Group: 020 7275 2400

Anchor Hanover 'Bring The Outside In' uses Anchor Hanover Housing's communal spaces by partnering with multiple organisations to deliver wellbeing services to its residents whom find it difficult to leave home regularly. Where possible the service will also be open to the wider over 55's community in Hackney. Contact Anchor Hanover/Ann Brolan on 0775 310 0322
City and Hackney Carer's Centre 'CarersCollectiveLDN' is devoted to helping carers and the people they support connect on both a creative and a personal level. Weekly meetings will provide a safe space for carers at risk of mental health issues, carers who find it hard to leave the house and carers for people with dementia to come together, connect and be inspired. City and Hackney Carers Centre: 020 8533 0951
Projects for older people from BAME communities
Hackney Chinese Community Services 'Hackney Chinese Table Tennis Club (HCTTC)' is a weekly club aimed at the Chinese communities (including Chinese Vietnamese) in Hackney. The aim is that through meeting regularly to play table tennis and socialise in a welcome and supportive environment older people will live a more enriched and active life. Contact Hackney Chinese Community Service Association: 020 8986 6171
African Health Policy Network 'Santé Sage (Wise Health)' project is aimed at Hackney's African Francophone communities aged 50 and over. It offers activities and trips along with advice sessions and a weekly lunch club with delicious African cuisine. Contact Maureen: 07960 857 286
Latin American Women's Aid 'Creciendo Juntas/Crescendo Juntas (Growing together)' is a project for elder Latin American women. It runs weekly, offering activities decided on by the women, along with advice, and practical support such as making GP appointments, completing forms, applying for benefits. Contact Latin American Women's Aid: 020 7275 0321
Turkish Cypriot Cultural Association 'Mutlu Yaşam" (Happy Living)' is a project for Turkish and Kurdish elders that focuses on reducing social isolation by providing recreational and social activities including: coach trips and a weekly tea club with craft sessions and music. Contact Turkish Cypriot Cultural Association: 020 7249 7410
Coffee Afrik 'Somali Elders Project' is a weekly film and cultural club for women, involving food, recounting memories and developing mindfulness to improve mental health. The project will also organise quarterly trips to museums and other free cultural spaces. Contact Coffee Afrik: 07984 526 489

Hackney

Health in Hackney Scrutiny Commission 29th January 2020 **Update from Chief Executive of Homerton University Hospital NHS FT**	Item No **5**

OUTLINE

The Chair has asked Tracey Fletcher (Chief Executive of HUHFT) to provide a verbal update to the Commission on two issues:

a) The new Pathology Partnership
b) Pay dispute relating to soft facilities contractor

The issue of the future of the 'path lab' at HUHFT has been discussed at the Commission for a few years now. The Chief Executive provided updates on progress on 26 Sept 2018 and before that on 24 July 2018 when it was raised by local GP Dr Coral Jones.

The Chief Executive undertook to return to the Commission once there was progress to report.

At its 18 December 2019 meeting the HUHFT Board approved the **Pathology Partnership Outline Business Case** relating to the creation of the new Pathology Partnership with Barts Health and Lewisham & Greenwich Trusts. A copy of the paper presented at that meeting is attached as background information.

ACTION

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

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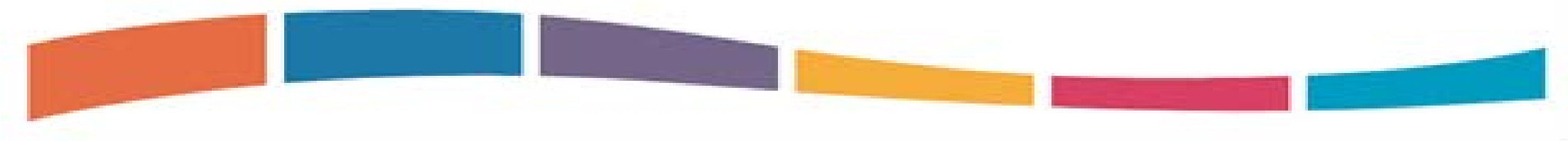
Homerton University Hospital NHS Foundation Trust

Pathology Partnership

Trust Board
18/12/2019



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Homerton University Hospital NHS Foundation Trust

Trust Board is asked to approve the Outline Business Case for developing a pathology model in partnership with Barts Health NHS Trust and Lewisham and Greenwich NHS Trust. Approval of the OBC will allow commencement of the detailed planning work and development of the Full Business Case. The FBC will also require Trust Board approval for the partnership to be formed and is anticipated to be completed by the end of March 2020.

The two principal reasons for making this proposal are the benefits which partnerships are known to provide, and recognition that the HUHFT pathology service has been struggling to maintain high quality reliable pathology services. This is not an issue for HUHFT alone. Nationally it is recognised that individual laboratories are unable to keep pace with technological advancements and struggle in competition for scarce technical staff. Hence the national strategy for all laboratories to form networks.

This proposal is about the laboratory services and does not propose any change to clinical services provided to patients or GPs.

Introduction

The three Trusts came together out of recognition of common aims and in particular a shared ambition for an NHS partnership rather than an arrangement with a commercial pathology provider.

The nature of this proposal:

- Management of laboratory services are retained within the NHS
- HUHFT builds an ESL on site, modernised laboratory layout, new equipment, upgraded ICT
- The pathology services will become a single organisation hosted by BH - all laboratory staff become BH employees
- This service will be managed by a joint board and will be accountable to all three Trust Boards equally with a clear responsibility to deliver quality and financial improvements

The aim for HUHFT is to secure better, more cost effective laboratory services and thereby help secure the longer term sustainability of patient services at HUHFT.

Pathology partnership impact – an overview
Different perspectives

City and Hackney GPs
- Work sent to RLH
- Advice available

Emergency services for patients
- Transition to ESL – 2-4 hour turnaround on site

Pathology Staff
- New ESL on site
- TUPE to BH
- Potential for new roles

HUHFT
- c£1.6m share of partnership savings in steady state
- ICT upgrade

Pathology Partnership

Technology and Systems
- Significant investment
- Assurance for all users essential

CSDO Division
- Staff changes
- Procurement changes

GP/outpatient/other elective for patients
- Non urgent work to RLH

Partnership Arrangements
- HUHFT is founding partner in new model.
- Equal vote
- Shareholding c18%

Strategic Case

Homerton University Hospital NHS Foundation Trust

There is a clear expectation to realise the following benefits over time, which are in line with a well-established national evidence base for the benefits of pathology networks.

- Improved quality through concentration of expertise, opportunities for shared learning and encouragement of innovation
- Faster response times and higher efficiency across the network resulting in cost savings for all parties
- Reduced variation in standards across the network
- Improvements in training opportunities and working conditions for staff across the network
- Increased strategic alignment between partners, supporting exploration of other opportunities for partnership
- Increased resilience and business continuity resulting from the greater scale of the network
- Realisation of national policy objectives through the formation of a network

Strategic Case

Homerton University Hospital NHS Foundation Trust

This is a critical time for NHS pathology services both nationally and locally. The changing needs of an aging population combined with the emergence of new diagnostic tests and techniques are driving an increase in demand in an environment where critical resources are in short supply. To address this within a financially constrained environment, the NHS Long Term Plan requires pathology laboratories across England to form consolidated networks.

HUHFT is the only site within the proposed partnership not to have participated in a consolidation process to date. As such HUHFT currently experiences greater risks of sustainability and struggles with equipment, layout and staff recruitment and retention.

The condition of the HUHFT facility is not up to the required standards for a modern pathology laboratory and therefore a large capital investment is needed. The benefits from the partnership provide a means by which this investment can be afforded.

The Trust is mindful of local concerns regarding change and this development will ensure continued support for emergency services and for the operational flow of the hospital. Tests required within 2-4 hours will remain on site – this is *estimated at* 80% of all current inpatient tests

Economic Case

Homerton University Hospital NHS Foundation Trust

The overarching clinical model is based on the creation of a network of laboratories, centralising laboratory testing where clinically appropriate. The central hub laboratory would be at the Royal London Hospital. This has already been developed as the hub for BH and was recently refurbished and equipped with future networks in mind.

All sites with a laboratory will retain a 24/7 on site laboratory service to ensure all urgent testing needs can be met.

Within the partnership, Lewisham, Whipps Cross, Newham and St Bartholomew's are already developed as local Essential Service Laboratories so do not change much in the proposed clinical model.

Within the proposed model HUHFT will transfer all non-essential tests to RLH. The detail of exactly which tests are essential is to be developed within the Full Business Case.

Queen Elizabeth Hospital has a comprehensive laboratory. The preferred option will have migrated non-urgent testing to RLH. QEH will become an ESL or and ESL + GP Direct Access tests, subject to a current commissioning tender exercise for GP Direct Access in SE London.

Financial Case

From a financial perspective, all the options considered deliver savings to a varying degree. The preferred option in terms of savings net of investment is Option 3B, producing estimated savings of £61.0m. The table below provides a detailed summary of savings by Options as a total over the 10 years. This figures will be reviewed in detail for the Full Business Case

Summary of Savings by Option (£ 000s)

	Option 4	Option 3B	Option 3A	Option 2	Option 1
Materials	26,266	26,266	19,198	19,198	19,198
Labour	41,814	40,570	33,408	15,947	5,700
Overheads	(5,944)	(5,819)	(5,896)	(5,048)	(2,108)
Total	62,136	61,017	46,710	30,097	22,790
Capital	(4,969)	(4,969)	(4,969)	(4,869)	(992)
Total	**57,167**	**56,048**	**41,741**	**25,228**	**21,798**

The steady state estimated savings for each option per year are:

- Option 4: £9m per annum
- **Option 3B: £8.7m per annum**
- Option 3A: £6.8m per annum
- Option 2: £4.3m per annum
- Option 1: £3m per annum

Financial Case

Homerton University Hospital NHS Foundation Trust

- The preferred option, produces total savings of up to £61.0m and steady state annual savings of up to £8.7m. The savings arise from staff savings from economies of scale and procurement savings calculated, assuming each provider will migrate to the lowest prices currently available within the partnership.
- Based on these savings expectations, the payback period for the partnership for is approximately 4 years after considering the required capital investment (including ICT)
- The options were modelled on a straight-line basis as a savings model, comparing the current baseline over 10 years with the target operating model over 10 years. A few key assumptions were made:
- The total investment required in capital, ICT and transition costs to establish the partnership has been calculated at £10.7m and includes £1.5m in contingency. This figure will be refined and finalised during the FBC.

Partnership Case

Homerton University Hospital NHS Foundation Trust

The partnership case sets out the formal arrangements within which the partnership will function. The key elements which enable each Trust to be confident in supporting the OBC are as follows:

At OBC stage the commercial elements are agreements of principles. Detailed commercial terms continue to be developed through to the FBC stage.

The commercial terms include three key mechanisms by which each Trust will continue to maintain control, creating in effect a “triple lock” on the future running of the partnership:

- One of the agreed commercial principles is that each Trust will have equal voting rights. HUHFT will have an on-going and equal voice in the key decisions associated with the partnership.
- Each Trust will be able to specify a list of ‘Reserved Matters’ these will be issues where a trust want to reserve a right of veto over partnership decisions, or to assert that for a specific issue they have sole decision making authority. It should be possible to identify most of these areas of concern prior to creation of the partnership agreement. There will also be a mechanism for additional reserved matters to be added at a later date.
- The partnership will produce an annual business plan detailing the plans for the coming year. All three Trusts will agree this plan thus defining the specific parameters for the partnership for the year.

Partnership Case

Homerton University Hospital NHS Foundation Trust

- The aim of the partnership is to create an Arm's Length Hosted Organisation. The Host would be BHT to which all the laboratory diagnostic staff, equipment and assets would transfer. To ensure that all the Trusts have control over the service as per the agreed commercials, a Partnership Agreement will be signed and will underpin the creation of the joint collaborative service.
- This means that while operationally, the new service would be a division within BHT, all the partners will benefit and share on the risks and decision making as per the terms of the partnership agreement, with the three key terms of equal voting rights, reserved matters and business plan approval being part of the agreement.
- To minimise disruption to the financial flows at each Trust, it has been agreed that the GP Direct Access income will remain with each Trust, while the tests are performed by the partnership which will charge a cost per test to the Trust.
- The aim of the these arrangement was to ensure that each Trust felt an equal member of the partnership, in control of the operation and with a fair share of risks and benefits.

Management Case

Homerton University Hospital NHS Foundation Trust

- The decision on the development of a preferred model up to FBC standard requires a clear governance structure and commitment by the teams. The management case provides details on how this would develop and sets the expectations for key members of the team that will be required to support the next phase, FBC and implementation / transition.
- In addition to supporting these key posts, another important input during FBC development and beyond will be a robust communications plans that ensures a clear and consistent message is shared with all stakeholders. Such a programme, which will evolve during development of the FBC, will include commitments to maintaining quality and a strict commitment that service changes will depend on quality gateways being achieved prior to any transition.
- A key risk and main requirement in the implementation for the collaboration of pathology services is the integration of Laboratory Information System (LIMS) across sites.

Management Case

Homerton University Hospital NHS Foundation Trust

In relation to the timeline for the completion of the FBC, it is expected that this would be completed in the spring of 2020. At which point the final approvals and transition period will start. The Management case provides a detailed Gantt chart with all the key actions required, however, the key milestones are:

Conclusion

Homerton University Hospital NHS Foundation Trust

The work to date has shown that

- The new model described is clinically viable
- The new model described is in accordance with NHSI requirements
- The work to date has shown that the financial assumptions are sufficient to confirm that savings can be achieved which are greater than any savings the Trust could make in isolation
- There is a clear need to implement a solution that will mitigate the risk of the current infrastructure
- The Trust can make the necessary capital investment
- Clinical services will receive at least as good a service with a view to fuller automation and digitisation over time resulting in efficiency gains and greater opportunities for staff development and flexible working

Recommendation

Homerton University Hospital NHS Foundation Trust

If the OBC is approved, the FBC will be developed through an iterative process whereby detailed updates are produced for the preferred option only. This will also include detailed models for the following:

- An update of the test distribution model;
- Staffing models, including rotas;
- Equipment transition plans;
- Calculation of infrastructure costs and capital;
- Drawings and designs for floor layouts to understand infrastructure costs;
- Detailed costs for LIMS implementation;
- Updated logistics route plans and costs;
- An update to commercials, developing the basis for the partnership agreement;
- Detail on management team, costs, transition plan and transition costs;
- Sign-off on the risk register and mitigations by clinicians and operational teams; and
- An update to the financial model.

The Trust Board is therefore requested to approve the Outline Business Case and the continued development of the Full Business Case and to note that a formal announcement that BHT, HUHFT and LGT intend to form a pathology network will be made if approved

Hackney

Health in Hackney Scrutiny Commission 29th January 2020 **Integrated Commissioning Board – UNPLANNED CARE Workstream**	Item No **6**

OUTLINE

The Commission receives a rolling programme of updates in turn from each of the 4 Workstreams in Integrated Commissioning.

Attached please find the briefing from the Unplanned Care Workstream. This workstream is driving three key transformation areas: *Neighbourhoods, Integrated Urgent Care* and *Discharge*

Here is a link to the discussion on the previous update on 4 February 2019.

Attending for this item will be:

Tracey Fletcher, CE of HUHFT and Senior Responsible Officer for the Unplanned Care Workstream

Nina Griffith, Workstream Director – Unplanned Care, LBH-CCG-CoL

ACTION

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

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Integrated Commissioning: Unplanned Care Workstream

Update to Health in Hackney Overview and Scrutiny Committee
29th January 2019

1. Introduction

The Unplanned Care workstream has been in place since December 2016. It is a collaboration between commissioners and providers of health and care services within City and Hackney, as well as public representatives.

The workstream is now well established, and has agreed and is working towards its overarching objective, and strategic priorities, as follows:

The overarching objective of the workstream is to bring together partners to create services that meet people's urgent needs and support them to stay well

This is delivered through the workstream's strategic priorities:

- Develop strong and resilient neighbourhood services that support residents to stay well and avoid crisis where possible
- Provide consistent and equitable care across the system, enabled by effective communication and appropriate sharing of information
- Develop urgent care services that provide holistic, consistent, care and support people until they are settled
- Work together to prevent avoidable emergency attendances and admissions to hospital
- Provide timely access to urgent care services when needed, including at discharge
- Deliver models of care that support sustainability for the City and Hackney health and care system.

We continue to drive this through three transformation areas; Neighbourhoods, Integrated urgent care and discharge

2. Transformation

The following provides updates on what we have achieved in year and what we are planning for the coming year against each of these transformation areas:

Neighbourhoods

We continue to progress our system-wide neighbourhoods programme. The neighbourhoods are working to deliver locally integrated services that respond to local population need. The eight neighbourhoods are now well established and we have an agreed operating model for neighbourhoods that all system partners are committed to implementing.

We have detailed population health data for each neighbourhood, and this is being used to determine each neighbourhood's priorities and to address inequalities in health outcomes.

Primary care networks (PCNs) have been established since July and provide the primary care foundation for each neighbourhood. Homerton, East London Foundation Trust and the GP Confederation are now working much more closely together as part of the Neighbourhoods Health and Care services alliance, and this provides the vehicle for the transformation of community services to deliver neighbourhood working.

The following phase 1 re-design projects are progressing well:

- Following a pilot project in one neighbourhood we are working to roll out the new neighbourhood model of community nursing across the borough from April.
- Community Mental health services have secured national transformation funds and are implementing a new model of neighbourhood based mental health community services from April.
- Adult social care have tested a new model of closer working with primary care in two neighbourhoods, which they will roll out across the borough in the coming year.
- We are developing a new model of community navigation. This includes recommissioning of social prescribing services to make them more joined up and the introduction of new posts, *well-being practitioners,* that launch in January 2020 and will to provide more focused support to people with complex needs.

We have also launched the following phase 2 re-design projects:

- Community pharmacy; we have identified eight neighbourhood community pharmacy leads. They are working with system partners in each neighbourhood maximise the benefits that community pharmacies can provide to support improved population health, this could include health promotion, immunisations and provision of services.
- Community therapies have started work to deliver a neighbourhood model for the Integrated Independence Team, Adult Community Rehabilitation Team and the Surgical Rehabilitation Team.

HCVS are leading the work to develop and strengthen links between statutory services and voluntary sector organisations and community groups, which is being tested in the Well Street Common neighbourhood. This work is crucial to ensuring that neighbourhoods can address the wider determinants of health.

We are progressing work with wider local authority colleagues in housing, regeneration, welfare and debt advice, and employment services to establish how these services work with neighbourhoods to support improved access and support to vulnerable people.

We are also working with Healthwatch and the communications and engagement enabler to establish the best mechanism to engage with and involve local communities within each neighbourhood to ensure that local residents can be involved in the planning and design of their services.

Integrated Urgent Care

We continue to progress our work to develop an urgent care system that:

- Triages and navigates people to the most appropriate place at every entry point into the system,
- Develops strong and effective community based services as an alternative to hospital wherever possible.

Key achievements over the last 12 months include delivery of a new GP out of hours (GP OOH) service at the Homerton (replacing CHUHSE) since April 2019. The service is working well and has successfully managed to recruit sufficient numbers of GPs, which had been the main risk. It has also been able to support A&E by seeing primary care suitable patients at times when the department is particularly busy.

The new 111 service has been in place since August 2018. The service has had some access issues, although overall performance is improving and we are seeing lower levels of ambulance dispatches than the London average for 111 calls.

A new *High Intensity User Service* started 1st April 2019 to support frequent attenders to A&E and frequent callers to 111 and 999. The service is provided in partnership between ELFT, the Homerton, Family Action and the Hackney Volunteer Centre and addresses patients' physical, psychological, and social issues. A six month interim evaluation of the service showed that it is effectively supporting people and reducing inappropriate use of urgent care services.

We continue to drive the use of effective care planning to reduce the likelihood of crises, and to ensure that patients receive the care that they want should a crisis arise. We utilise an electronic care planning tool called Co-ordinate my care (CMC) which all partners can view. We have done a lot of work to improve care plans (most of which are developed in primary care) and to ensure that all partners do review and update these plans. Positively, we have seen a huge increase in LAS usage of care plans in the last six months.

In partnership with Newham CCG, we have just launched a pilot Urgent end of life care service, which provides rapid access to palliative care in the home for people that are in the last few weeks of life and want to die at home. The service is provided by Marie Curie and runs overnight, which is when there is a gap in current services. We will work with Newham to evaluate its effectiveness over the next 12 months.

We are working with North East London partners and LAS in an exciting project that could provide significantly reduce the number of inappropriate ambulance conveyances by realising the benefit of LAS providing both 111 and 999 services. The proposed model is that all low acuity 999 calls will be triaged by the 111 clinical assessment service and patients could be referred into GP extended access, GP OOH, MH crisis line, Paradoc, IIT or Duty doctor without the need to convey an ambulance. Where an ambulance was needed they could send a more appropriate clinician (such as a mental health practitioner) to treat the patient on site.

This was piloted for one day in September. The outcomes from the day were positive, and we are working with LAS to take this forward. One of the lasting impacts from the day is that we have now established a referral route from LAS into duty doctor.

Discharge

We continue to see the benefit from bringing together hospital, local authority and voluntary sector partners to support improved discharge for our residents.

Following a pilot period we completed a full evaluation of our Discharge to Assess service. This showed that the service provided quality and financial benefits. A surprising benefit was that it has also enabled more people to be successfully supported from A&E, therefore avoiding an admission. We have agreed to continue to fund it recurrently going forward and are exploring options to further improve the service.

We have launched a project to review and improve hospital and discharge pathways for homeless people, working with St Mungo's Hostel and Pathways (a national charity that supports hospitals to implement better services for homeless people). Pathways are currently undertaking a needs assessment of homeless admissions and attendances at the Homerton Hospital. We are looking to develop a hospital based team that will better support people who are homeless both whilst they are in hospital and supporting a safe discharge.

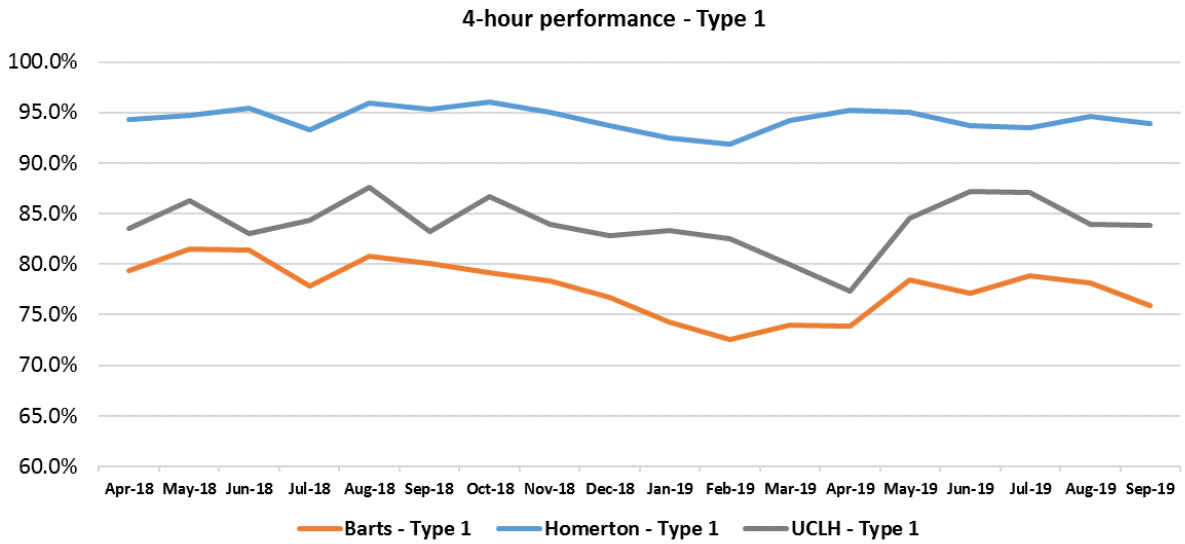
We have increased support to local care homes from local health partners including reviewing our primary care service to care home residents and providing more training on areas such as supporting deterioration and dementia to care home staff.

We are seeing poor performance for delayed transfers of care (DToC) so there has been considerable focus on delivering a recovery plan. This is detailed below.

Outcomes and Performance

The two key performance metrics that the workstream oversees are the A&E four hour wait, and delayed transfers of care (DToC).

Performance against the four hour standard continues to be excellent at the Homerton. In 2018/19 they were the second best performer of all London acute trusts, and performance is considerably better than nearby trusts:



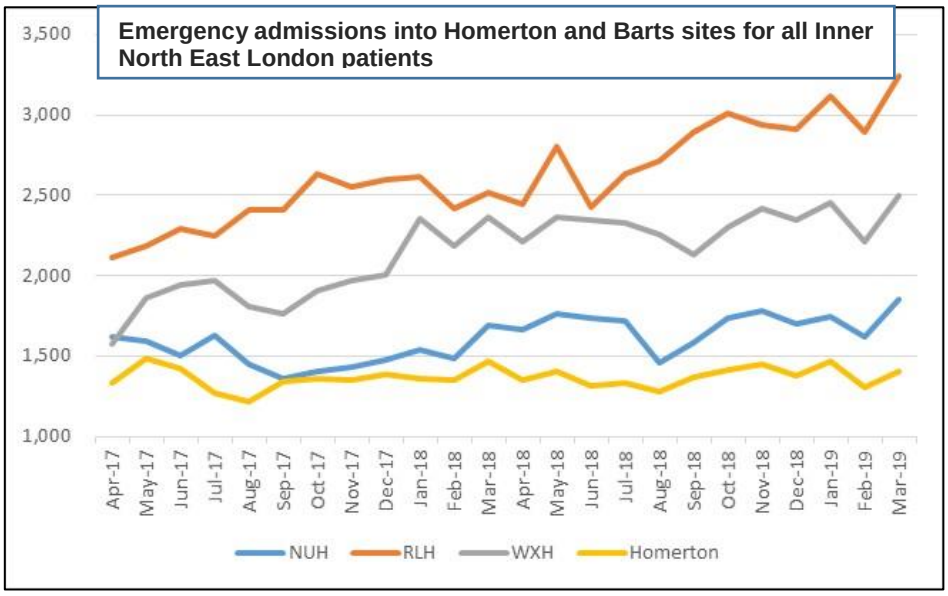
Nb: type 1 activity is any activity within hospital emergency departments

Unfortunately we did not achieve our DToC target in 18/19, and are currently not achieving in 19/20. Whilst this is in line with a national and London trend, local partners are focused on recovering performance through the integrated discharge meeting. Actions include:

- Establishment of a control centre at the Homerton site that brings together key local authority and trust colleagues to support complex discharges
- Procurement of additional interim and nursing home beds
- Closer working with home care providers
- Increased use of enhanced packages of care for people who would otherwise require a bed based placement
- Increased access to cleaning services where people's home environment is a limiting factor
- Work with NEL colleagues to ensure that patients in hospital in other boroughs can access step down services quickly
- Work with ELFT to focus on mental health delays (where there are small numbers of patients but some large delays)
- Improved discharge pathways for homeless people

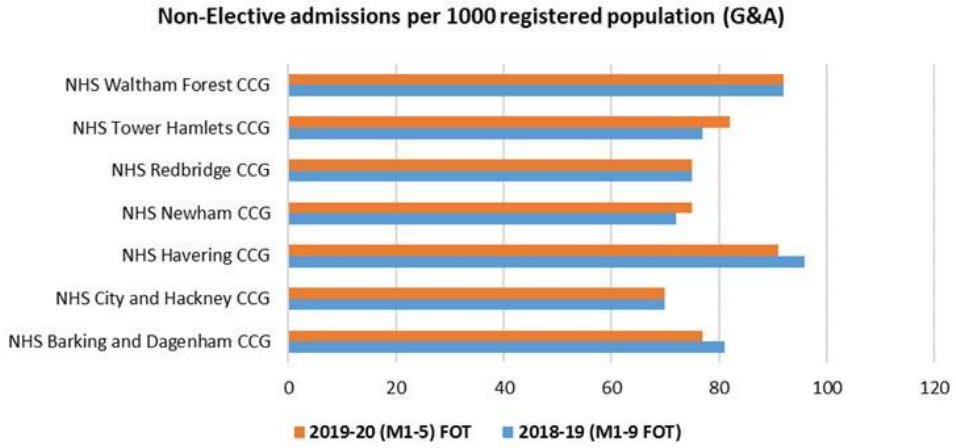
We have seen some improvement in the last few weeks; this continues to be monitored closely including a weekly director level review.

The workstream regularly reviews emergency activity as preventing emergencies and reducing inappropriate use of emergencv services is a key measure of success for us. Recent data shows that we have seen a much smaller increase in emergency activity since 2017 for local patients at the Homerton, in comparison with increases in activity for local patients at Barts. This is also much lower than national increases in emergency activity, which are reported at 4-8% in the same period*



(this number varies according to different reports, Kings Fund reported 4%. NHSE reported 10%)

Linked to this, we are reporting lower rates of emergency admissions for City and Hackney patients, relative to the rest of NEL:



	2018-19 (M1-9 FOT)	2019-20 (M1-5 FOT)	difference
NHS Barking and Dagenham CCG	81	77	-4.9%
NHS City and Hackney CCG	70	70	0.0%
NHS Havering CCG	96	91	-5.2%
NHS Newham CCG	72	75	4.2%
NHS Redbridge CCG	75	75	0.0%
NHS Tower Hamlets CCG	77	82	6.5%
NHS Waltham Forest CCG	92	92	0.0%

We are looking at how we demonstrate impact more tangibly through our workstream Outcomes Framework, Logic Model and ongoing evaluation with Cordis Bright partners. The outcomes framework for neighbourhoods has previously been shared with this committee, and we now have established outcomes for our other transformation areas.

Financial Performance

The workstream manages a budget of £137m. This is made up of £131m of CCG spend, £400k of City of London Corporation and £5.5m of London Borough of Hackney spend. In 2018/19 we successfully delivered an underspend of £1.1m. This was mainly driven by a reduction in spend on emergency admissions at the Homerton.

Risks and Challenges

Key risks are managed through workstream governance structures, with high level risks reporting through to the Integrated Commissioning Board. The following are our highest rated risks:

Issues, risks and challenges:	Progress/ Actions being taken to address:
Failure to deliver the workstream financial objectives for 2019/20	• Plans in place to deliver system financial objectives agreed with all providers • Monthly monitoring and reporting in place • Criteria that all service developments must support system sustainability
If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	• Continued work to develop community services through the neighbourhoods programme. • Work with London Ambulance Service to increase referral to community services as an alternative to hospital • Evaluation of the primary care proactive care service showed that it does result in lower hospital activity for patients within it. • Work with telecare to ensure that they utilise our local falls response service (provided by Paradoc) as an alternative to 999. • Evaluation of proactive Care Home Visiting Committee. The service is being evaluated.
Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and Length of Stay	Delivery of DToC reduction plan as described above
Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	• The programme group continues to work with existing members to broaden engagement through their organisations. • We are working with the Engagement and Communications enabler develop some key communications materials. • The Neighbourhoods structure has embedded clinical leaders and project managers across all partners which has improved engagement with an ongoing responsibility to continue to raise awareness and champion Neighbourhoods within their own providers.

Co-production & Engagement

We continue to involve local residents in our work and have seen a real benefit from their input into our plans.

We have at least one resident representative on the workstream board and on each of its sub-committees, we also have a neighbourhoods resident involvement group. These groups/individuals hold us to account for taking a co-production approach to all of our work.

Some of the key areas that residents have supported are:

-In discharge, a group of residents have supported a piece of work to review and improve how hospital and local authority services communicate more effectively and empathetically with patients and their families/carers about their discharge and ongoing care.

-As part of the re-design of community nursing, the team used a model of Experience Based Co-design, which meant filming current patients and staff talking about the service, and then using the footage to

-Healthwatch supported the workstream to hold an all-day event in Ridley Road market to talk to residents about how they accessed and used urgent care services. It was attended by over 80 people, 50 of whom completed our survey. The findings were used to inform our winter communications as well as service planning.

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Hackney

Health in Hackney Scrutiny Commission 29th January 2020 **Community Mental Health Transformation in City & Hackney**	Item No **7**

OUTLINE

NHS England has awarded the East London Foundation Trust (ELFT) funding to undertake a radical redesign of community mental health services arising from the national Community Mental Health Framework for Adults and Older Adults.

The Chair has invited ELFT to present these proposals and attached please find a briefing report *Community Mental Health Transformation in City & Hackney.*

Attending from ELFT for this item will be:

Dr Priscilla Kent, Consultant Psychiatrist
Dean Henderson, Borough Director, City & Hackney
Nichola Gardner, Neighbourhoods Director, City & Hackney
Anna Babic, Deputy Neighbourhoods Director

ACTION

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

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East London NHS Foundation Trust

Community Mental Health Transformation in City & Hackney

Overview and Scrutiny Committee

January 2020

We care We respect We are inclusive

Our starting point - Mental Health in the Neighbourhoods

- Co- produce a model for mental health in the neighbourhoods, taking a population health approach – to secure transformation funding and inform the new Community Alliance contract in 2020, taking a population health and partnership approach
- The community transformation work in City & Hackney builds on the Mental Mealth in Neighbourhoods project., part of the City & Hackney Neighbourhood programme, which started in 2018.
- The Mental Health in the Neighbourhoods project aims to develop a model, and test out through a number of pilots some ideas, for how mental health services can be delivered in Neighbourhoods, responding to what matters to services users, carers, residents, staff and partner organisations.
- The intention is to work with residents to develop healthy Neighbourhoods, and to provide services and support in a much more integrated way with physical health, social care, voluntary services and wider statutory services.
- It is taking a population health approach, looking at the strengths and needs of people with a range of mental health conditions: severe mental illness (SMI), common mental health disorders, mental well-being, dementia, personality disorder, learning disabilities, autism, CAMHs and substance misuse/alcohol

What were the key concerns & ideas people identified for the model?

How we found out

- Focused groups, case study seminars, service user and staff interviews and surveys, meetings with partners

Concerns

- Loneliness and social connections; money worries, employment and housing; and physical health
- A strong message from the seminars and focus groups is that our approach to creating and maintaining good health in Neighbourhoods is more about supporting people live happy, healthy, independent and connected lives in their communities than it is about diagnosis, treatment or services.

Ideas

- Focus on life triggers and wider determinants of health
- Develop a Neighbourhood support pathway and multi-disciplinary (MDT) approach for people who are not engaging with services and could be vulnerable and partner with the voluntary sector to better support people with activities and connections
- Mapping the mental health assets and promoting more signposting to these, so that people can be better supported and connected in their Neighbourhoods
- Better integrated care, with effective multi-disciplinary team working and care plans
- Developing existing roles in the public sector to have more of a focus on supporting people with mental health conditions
- Expanding the peer support worker role to work in Neighbourhoods
- Creating hubs in Neighbourhoods for mental and physical wellbeing

Neighbourhood Pilots

Pilots underway or about to start in some Neighbourhoods, including:

- A pilot with the Barton House practice in the Clissold Park Neighbourhood that is identifying the people with SMI who have not attended for a physical health check in the last year to see what support they might want
- Exploring the potential to set up a satellite recovery cafe in a Neighbourhood with a local community group and voluntary sector partners
- Forming a cycling club for people with SMI and their carers in the Hackney Marshes Neighbourhood to address loneliness and physical health concerns
- Developing a community hub with the voluntary sector at Liberty Hall
- Developing new roles to be tested in the Neighbourhoods including:
  - a joint adult community psychiatric nurse/practice nurse role
  - a joint GP/psychiatrist role
  - a step-down nurse for the CAMHs ADHD service
  - a paediatric liaison nurse in GP practices

TAKING THE MODEL FORWARD – THE COMMUNITY TRANSFORMATION PROGRAMME

- In July we had the opportunity to bid for NHSE funding for community mental health services transformation
- Aim of the programme is to provide more support to people with serious mental illness (SMI) in primary care and their Neighbourhood, with greater focus on social connections and wider determinants of health
- We were well placed to secure funding as the transformation programme builds on our existing primary mental health care service and also our Neighbourhoods work
- The Neighbourhoods ideas and model were the focus of the bid
- One of 12 Trusts in England selected by NHS England to be a pilot for community mental health transformation
- Awarded just over £1m in City & Hackney for 18 month pilot, starting September 2019
- Tower Hamlets and Newham also awarded funding
- We are now implementing the bid
- And also continuing with the wider Neighbourhoods model development to inform the community contract - the bid is about adult SMI and personality disorder services, whereas the Neighbourhoods model is taking a wider population approach

BACKGROUND AND CASE FOR COMMUNITY MENTAL HEALTH SERVICES TRANSFORMATION

NATIONAL COMMUNITY MENTAL HEALTH FRAMEWORK

The case for community mental health transformation was made recently in the new national community mental health framework

Developed by National Collaborating Centre for Mental Health & NHS England

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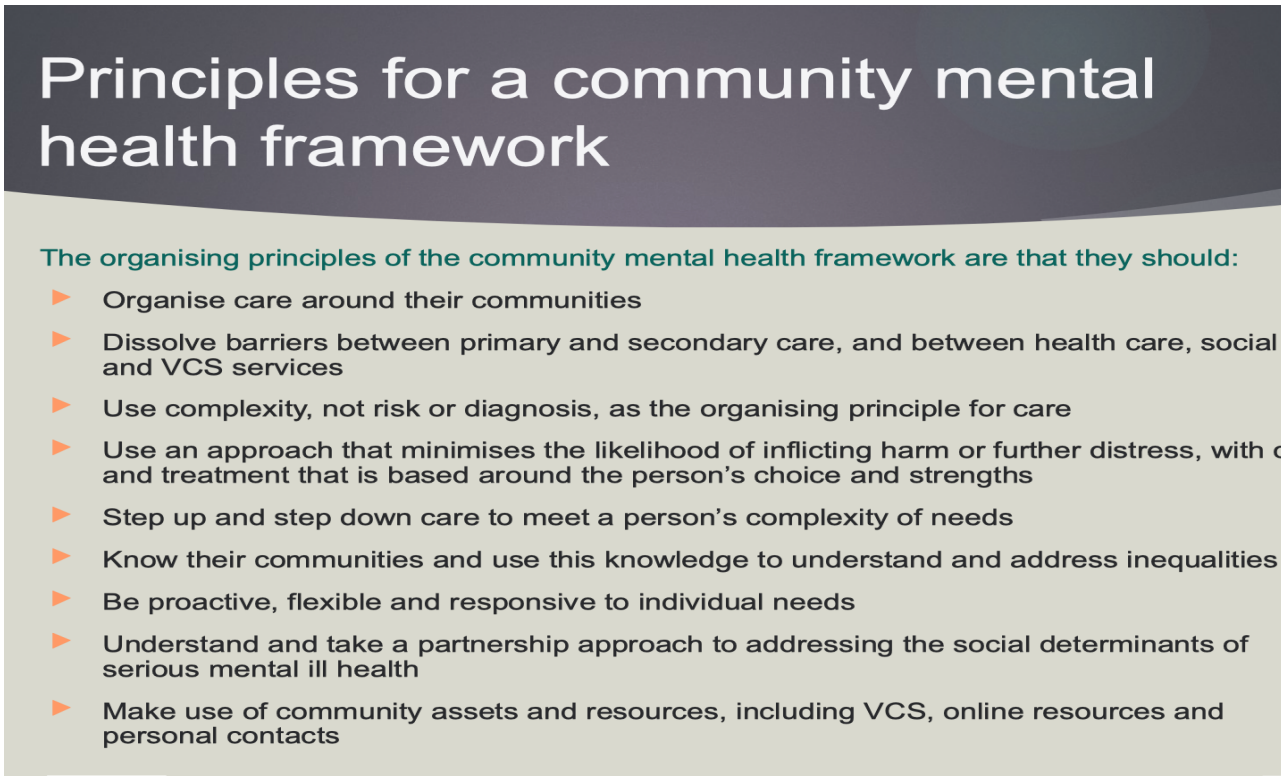
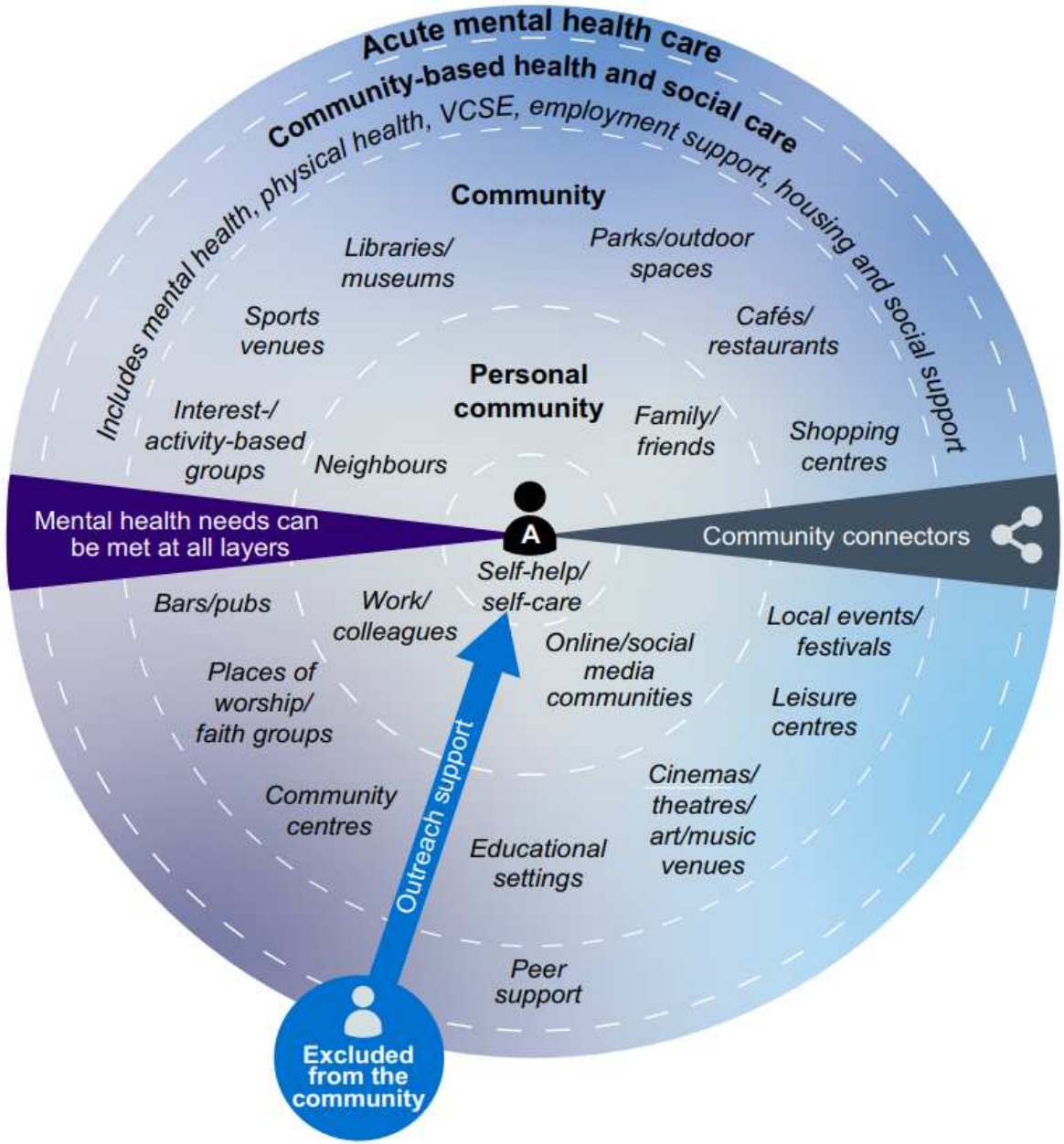
Recognised that in last 20 years mental health policy has focused on developing specialist and functional teams e.g. crisis, home treatment and early intervention etc

While community mental health teams have picked up the slack with little investment or policy attention

This has left a legacy nationally of increasing waiting times, heavy caseloads, service users saying they need more frequent support and poor access for GPs in some places

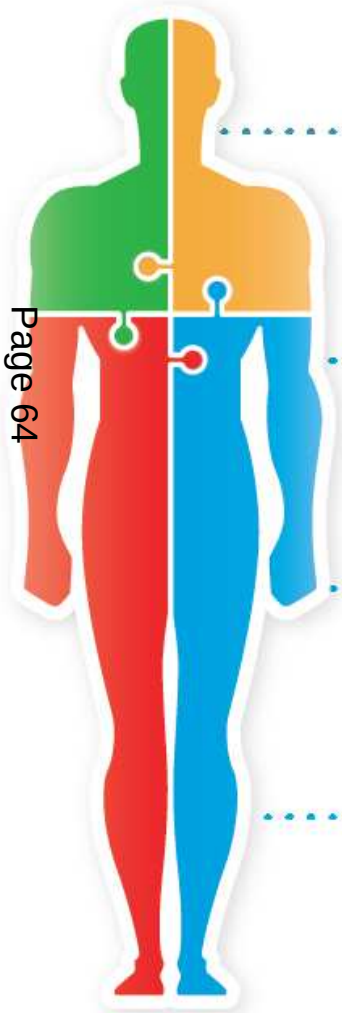


eloping neighbourhood models for mental health



nections between health and social circumstances

HEALTH



SMOKING (low income group)

Tower Hamlets	20% (45%)
Hackney	15% (22%)
Newham	18% (25%)
London/England	13% (3%)

OBESITY

Tower Hamlets	42%
Hackney	40%
Newham	43%
London/England	37%

CANCER SCREENING

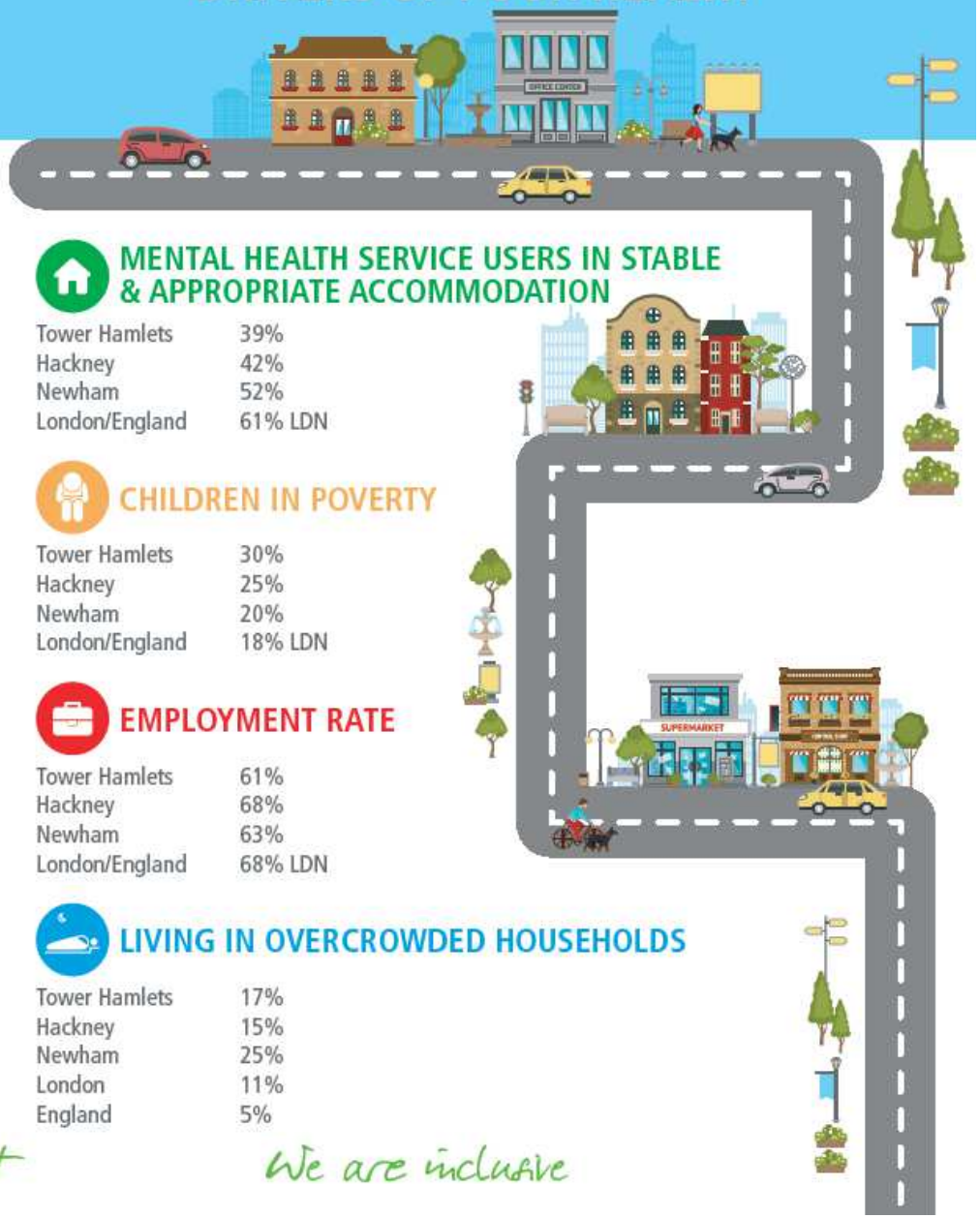
Tower Hamlets	42-73%
Hackney	45-73%
Newham	46-64%

CARDIOVASCULAR DISEASE

Tower Hamlets	94/ 100,000
Hackney	93/ 100,000
Newham	95/ 100,000
London/England	70/ 100,000

(PHE Fingertips 2019)

DRIVERS OF POOR HEALTH



MENTAL HEALTH SERVICE USERS IN STABLE & APPROPRIATE ACCOMMODATION

Tower Hamlets	39%
Hackney	42%
Newham	52%
London/England	61% LDN

CHILDREN IN POVERTY

Tower Hamlets	30%
Hackney	25%
Newham	20%
London/England	18% LDN

EMPLOYMENT RATE

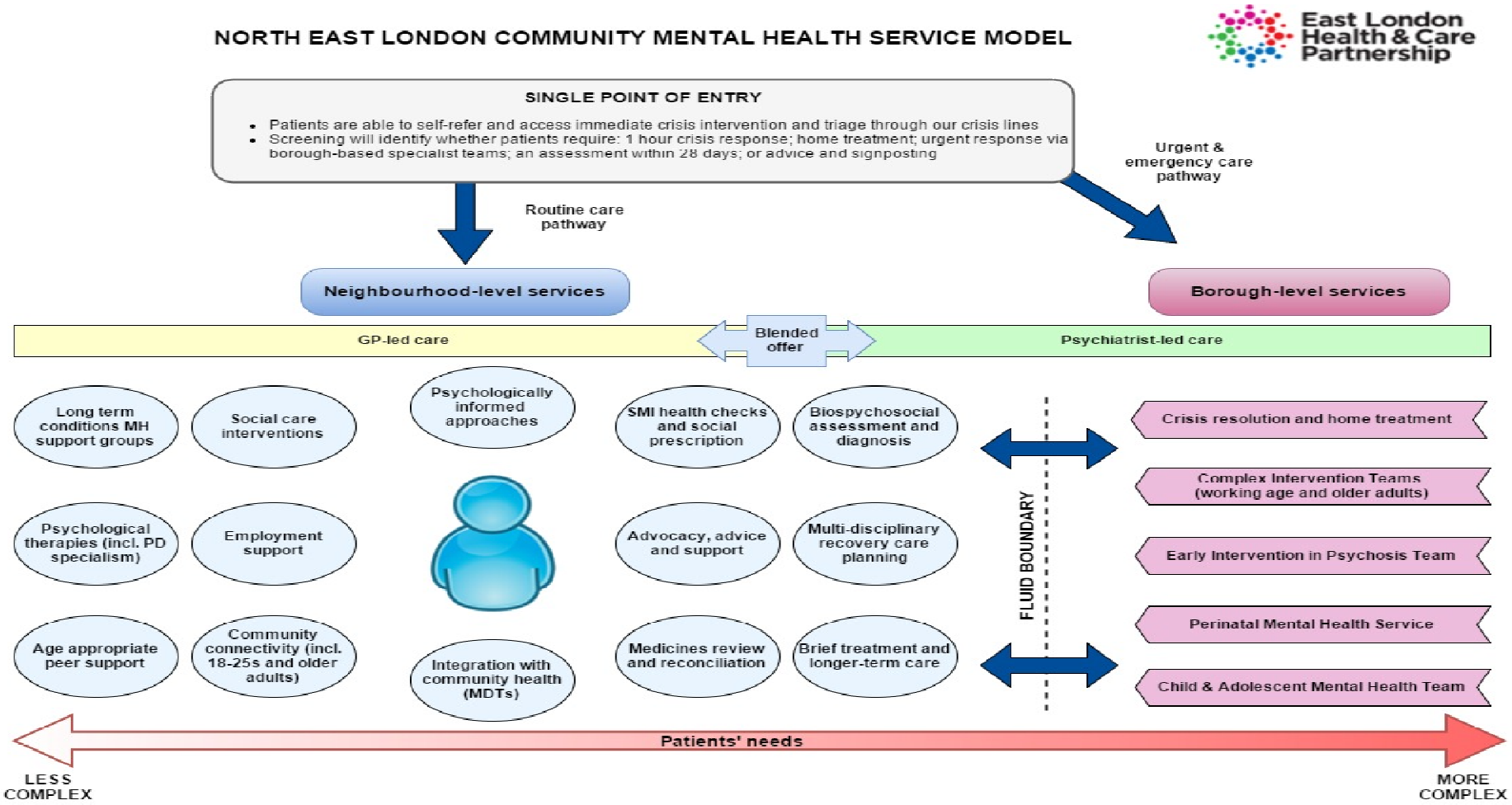
Tower Hamlets	61%
Hackney	68%
Newham	63%
London/England	68% LDN

LIVING IN OVERCROWDED HOUSEHOLDS

Tower Hamlets	17%
Hackney	15%
Newham	25%
London	11%
England	5%

We care We respect We are inclusive

Our model on a page



Posts

Neighbourhood mental health teams

1 x band 7 EPC Worker

4 x band 3 support worker/peer support worker

Voluntary sector

8 band 5 equivalent community connectors employed via the voluntary sector

Personality Disorder

2 x band 7 psychologist
2 x band 5 associate psychologists (apprentices – start in Sept 20)

What we have to deliver
Key features of the model: neighbourhoods & populations

- **Neighbourhood ethos**
  - Working in the 8 neighbourhoods/primary care networks (PCNs)
  - Focused on the wider determinants of health and life triggers – community connectors role
  - Asset/strengths based
  - Strengthening and connecting communities
  - Population health- integrated care approach

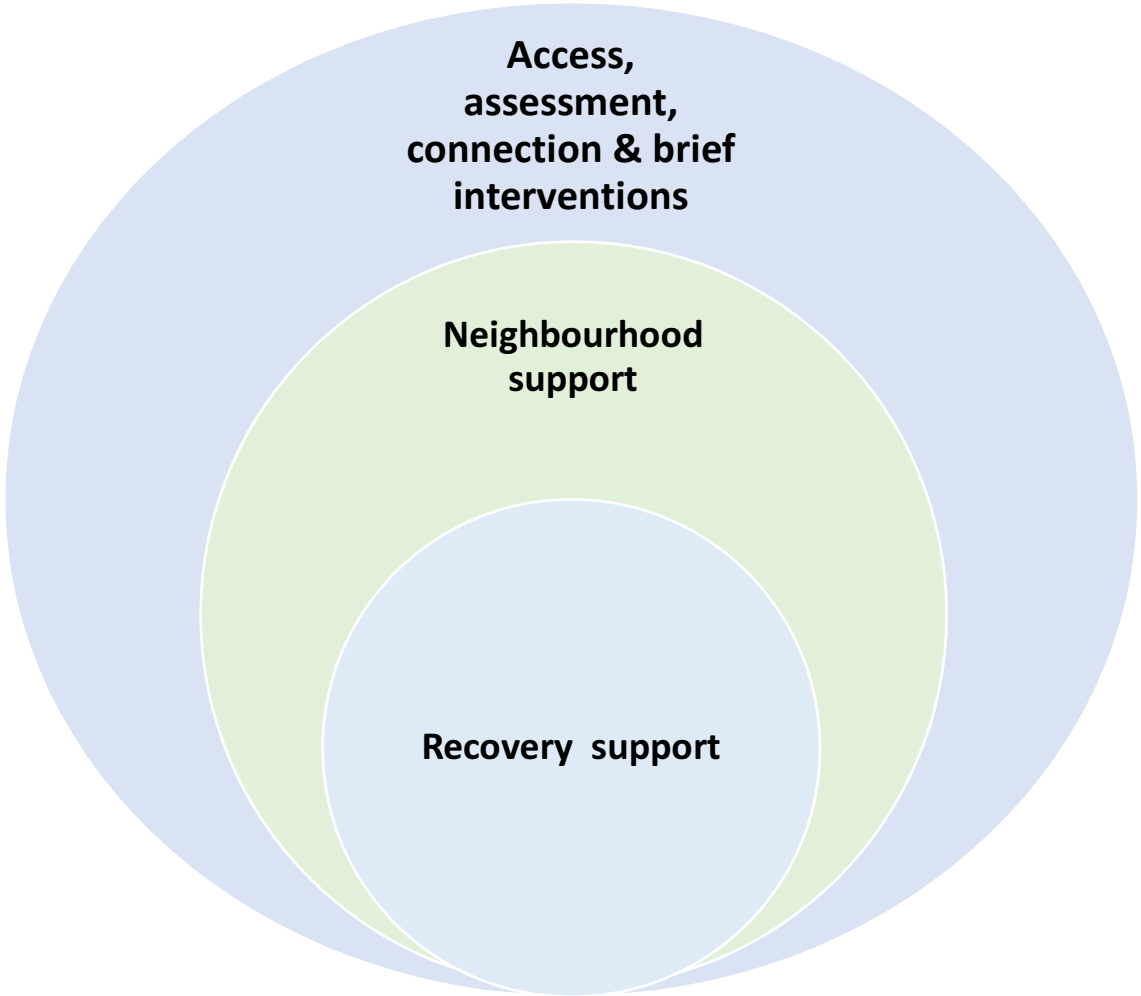
- **Supporting 3 main groups of people**
  1. Those needing more support who are already managed in primary care – step up
  2. People seen in outpatients and not care co-ordinated in recovery teams
  3. People not engaging – the worry list

- **Plus a focus on**
  - Personality disorders: Working with CYP services to identify people with emerging problems. Trauma approach.
  - Transition (18-25): Developing young adult (YA) or transition specialists within the specialist community teams at place-level. PCN teams will contain YA specialist posts to lead on assessment , support planning and peer support for 18-25s.
  - Older adults: initially retain a specialist place-based CMHT for older adults but with fluid transitions with PCN teams and consider the case for further integration of CMHTOP support into PCN MH Teams
  - Eating disorders: neighbourhood based groups

Key features: team and place

- **The blended neighbourhood team**
    1. MH: assessment & referrals, brief interventions, primary care liaison, enhanced primary care, psychology, MH pharmacy +++
    2. Voluntary sector: community connectors
    3. PCN: community pharmacy, physiotherapy, paramedics, associate physicians, GPs, practice nurses, social prescribers
- **First layer of the development of a wider neighbourhood team**
    - Community/district nurses and physical health therapists, social workers, well-being practitioners, volunteers
    - Neighbourhoods programme about to start an anticipatory care MDT pilot in Clissold Park neighbourhood
- **Place focus**
    - Appointments/clinics will be offered in PCN settings
    - Look to create hubs in neighbourhoods – non institutional feel
    - Connect to a wide range of community activities, resources, leaders and places – via community connectors
    - Promote good mental well-being, breaking down stigma & loneliness
    - More opportunities for local people and people with lived experience

Circles of support



Starting point: Hackney Marshes PCN Pilot

- Currently scoping and designing the pilot
- Data analysis phase – looking at caseloads and deep dive in to the ‘worry list’
- Will test out blended team approach
- Test of community connector role
- MDT working
- Test the ‘attachment’ focus group
- Focus groups for GPs about personality disorder
- Start testing in early spring 2020
- Dr Ian Burrows supporting from GP Confederation

Early progress

- Central team support
- PCN pilot underway in Hackney Marshes
- Resident, partner and staff briefing e.g. meeting with Healthwatch
- Co-production discussions with Recovery College
- Staff engagement and model design- clinical leaders and manager meeting on 17 September and 17 December
- Voluntary sector engagement meeting on 25 September
- Discussions with GP Confederation - focus on Hackney Marshes neighbourhood & support from PCN Clinical Director
- Local project board formed and meets monthly – Beverley Gachette and Tessa Coles from LBH.
- Montly update meeting with Ian Tweedie from City of London
- Modelling activity
- Personality disorder design work underway – focus groups and case study seminar
- Recruitment underway

Appendix

s of increased focus

Adults with a diagnosis of personality disorder

- Much clearer PD / complex trauma pathway, with significant additional clinical and non-clinical staff working as part of a PD specific offer to PCN populations
- Our pathway will include locally delivered support networks led and delivered by people with PD – service user networks will provide peer support, increase participation, connection to community, and thereby reduce social isolation

Adults at risk of developing an eating disorder

- We will develop a pre-diagnostic service (focused on pre-ICD 10 Eating Disorder diagnostic threshold patients and the mild end of the spectrum) to complement the existing services in our patch
- The service will be co-developed with experts by experience, and we anticipate their input into the delivery of the service through opportunities such as being group co-facilitators

Young adults (18-25)

- We will build on the good practice in existing transitions planning between CAMHS and adult MH services (particularly EIP Teams) by developing young adult (YA) or transition specialists within the specialist community teams at place-level
- PCN teams will contain YA specialist posts to lead on assessment, support planning and peer support for 18-25s; and support will be offered at locations that are most meaningful to the service user e.g. university campuses, youth hubs
- We will actively promote opportunities for YAs to pursue careers in MH; establishing a pathway for Peer Support Workers to take up paid Community Connector or other non-qualified roles within our staffing structures

Working age adults

- Our Community Connectors, Support Workers and Peer Support Workers will flex between those whose needs are reducing; and those whose needs are increasing. This approach will particularly benefit people who struggle to navigate VCS and universal services on their own
- We will co-design intuitive pathways to employment from both within the PCN teams and our place-based specialist teams. These pathways will incorporate third sector, council and DWP funded support for adult training and education

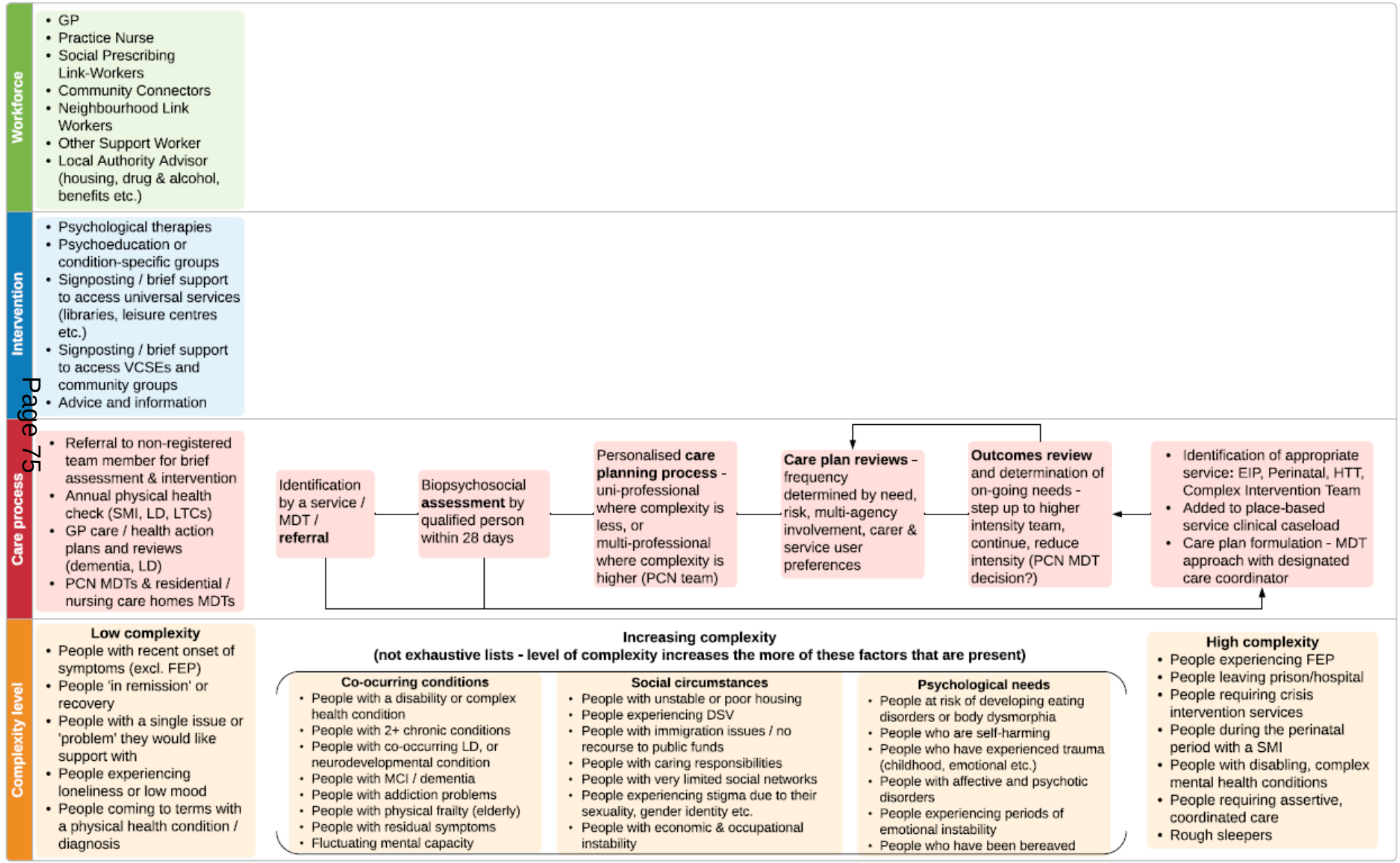
Older adults

- Where there is a care home within the PCN, the PCN MH Team will provide MH consultancy support to the home, as part of the more general PCN MDT offer
- There will be Community Connectors with a specific brief to support older adults to connect with opportunities available in local community settings
- Our PCN teams as part of the broader PCN MDT will proactively engage with paid and unpaid carers, and will be trained on how to manage expectations, and hold difficult conversations

Key features: Neighbourhood mental health pathway

- Healthy life styles pathways
- People to have annual SMI check by 2020 (Currently at 75%)
- Focus on wider determinants of health – supported by community connectors
- Community connectors (band 5 equivalent): assessment, brief interventions, group work, care navigation, social prescribing+++, partnership work and liaison with communities, connection into community activities
- Support for people with personality disorders & complex PTSD– embedding a trauma led approach
- Neighbourhood based OT, arts therpaies, psychology and psychotherapy support including group work
- Pharmacy input – medication reviews, comorbidities with physical health/medications, GP/community pharmacy liaison, and training, audits, sourcing replacement meds when certain meds no longer manufactured
- Staff will have skills/experience in substance misuse
- More SUN groups
- More peer worker support – via accredited peer support course in ELFT
- Carer support
- Parental mental health support
- Fluid approach across to recovery pathway
- Support people who have to date been seen in outpatients in recovery teams
- More medical time available - as outpatients is scaled down
- Some functions will need to move across from recovery teams e.g. FACT, urgent assessment, Duty
- Offer must match and preferably exceed current recovery pathway outpatient offer
- Support people for up to 2 years (to be debated)

East London Community Mental Health Transformation - Complexity-led Care Model



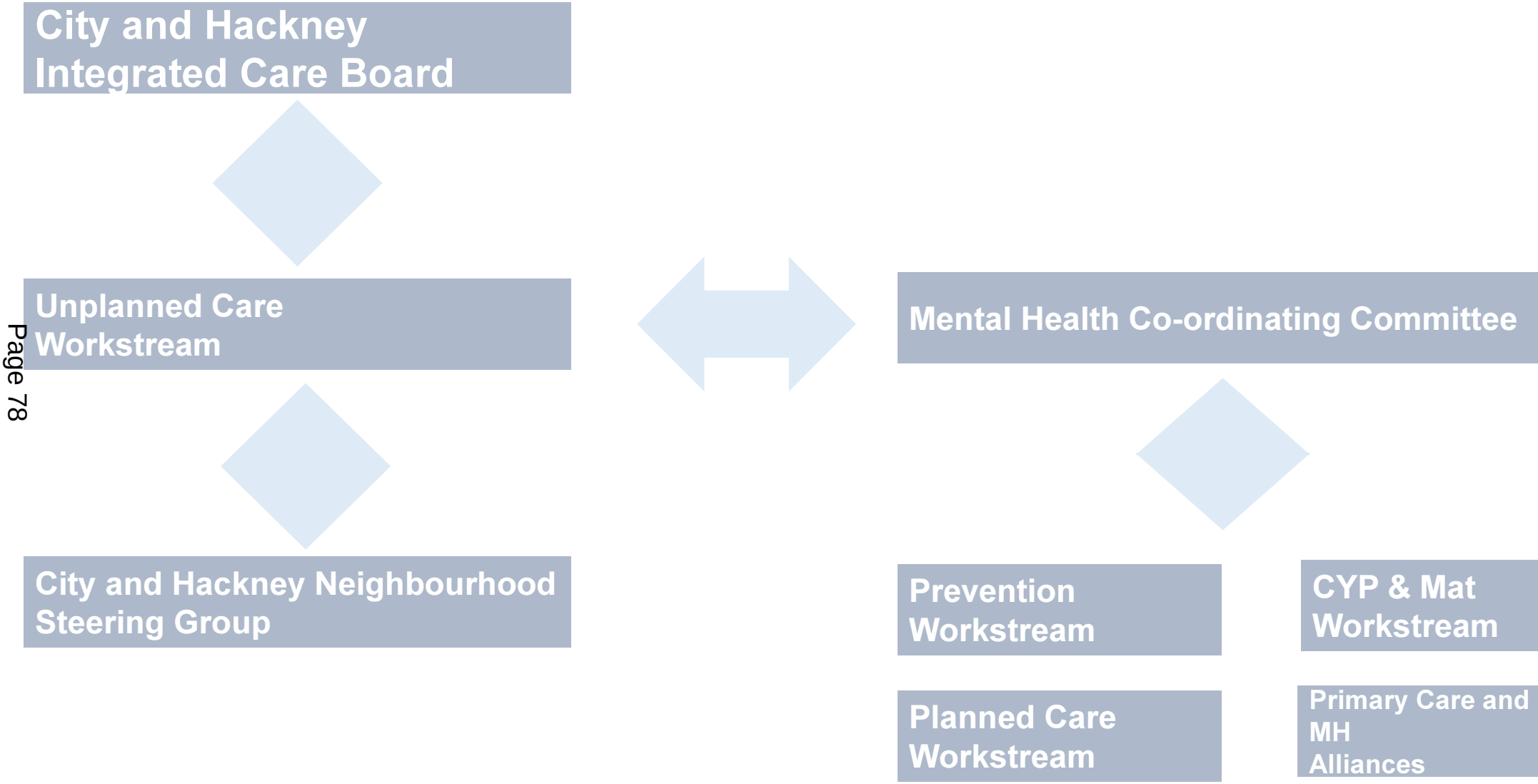
ramme aims - what have we said we want to achieve?

What we're aiming for	Metric / data requirement
Simpler, local front-door for patients with less 'bouncing around' between teams	Reduction in no. referrals between ELFT teams (e.g. ABT, EPC, CRTs, HTT)
	Patient seen within 28 days of 'referral'
	% appointments booked directly via NHS App
	PREM - satisfaction with pathway design
	SYSTEM - clarity around crisis access route and 'routine' access pathway
Person-centred assessment and care planning approach aids recovery and reduces duplication	Reduction in no. separate Care Act Assessments done by LA
	SYSTEM - Reduction in no. separate care plans that patients have
	PROM - Dialog Plus
	PREM - 6-item Patient Experience Measure
	PREM - support given in locations that are meaningful to the service user
More people with MH needs will be in regular, sustained employment	No. people with SMI in employment
	No. people in touch with IAPT services in employment
	No. PSW & Community Connector posts taken up by local people (BME, 18-25s)
People from the different communities we serve have improved access to services	Reduction in no. people from BME communities detained under the MHA
	Increase in % of people from BME communities accessing IAPT
	No. of people from BME communities accessing PCN Team support
	No. of older adults accessing PCN Team support
	No. PCN Team visits to Res/Nursing Homes in PCN geography quarterly
	No. and % of PCN Team staff trained in cultural awareness by NELPPLC

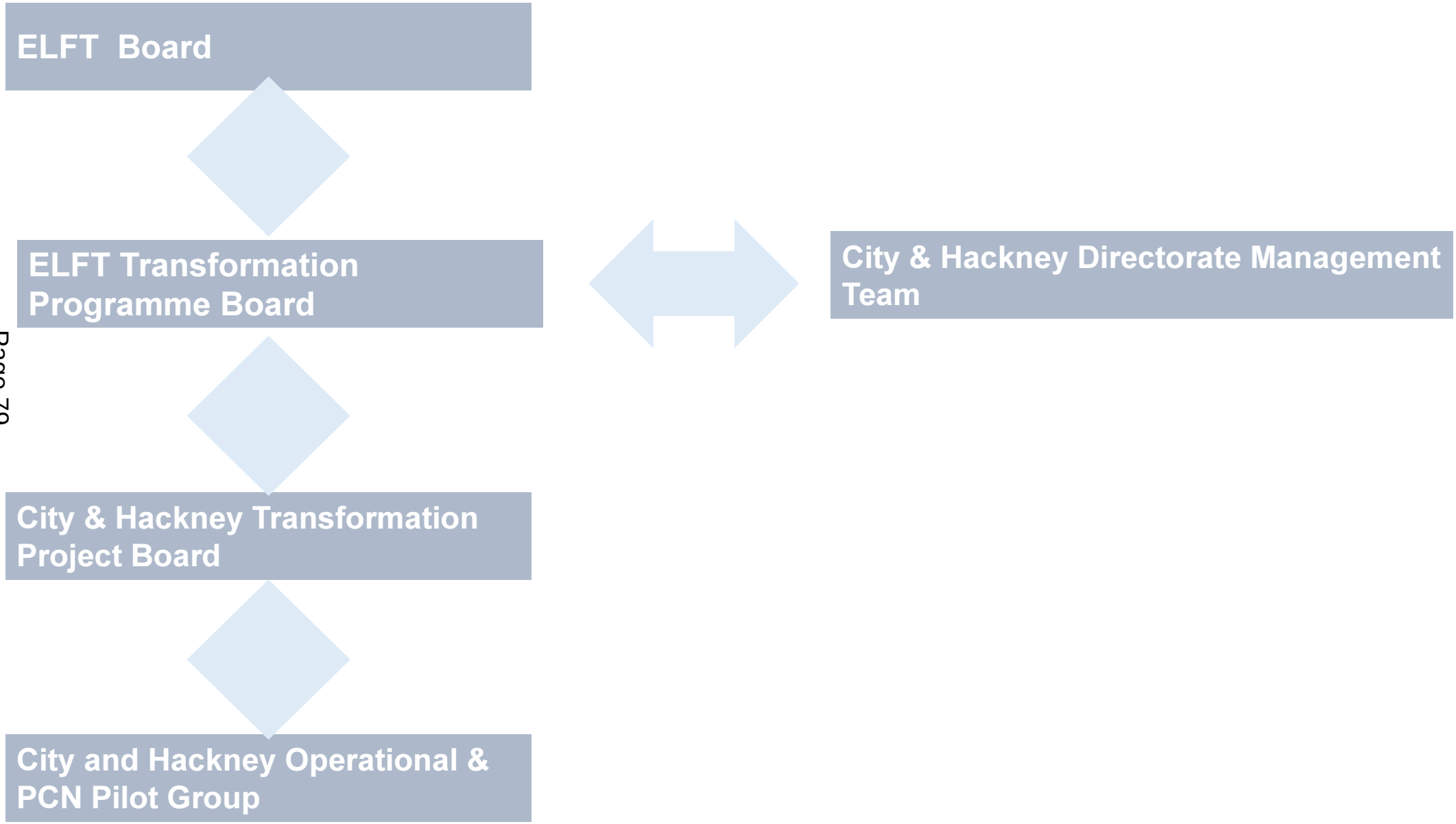
ramme aims - what have we said we want to achieve?

What we're aiming for	Metric / data requirement
Traditional boundaries between primary and secondary care are dissolved (and secondary care is sustainably resourced)	No. and % of patients referred from PCN to borough-based teams remains low
	Reduction in secondary care caseloads
	Spend on secondary care reduced as a % of overall contract value
	Hospital admissions for PCN patients decreases (or does not increase)
	PREM - SUs & carers tell us they feel adequately supported by PCN Teams
People with SMI experience better physical health outcomes and live healthier lifestyles	% SMI register receiving annual phys health check (we said 80% by 2020/21!)
	Reduction in % of people with SMI who smoke
	Reduction in % of people with SMI with BMI over 25
	PROM - Dialog plus
	Increase in no. people with SMI given a social prescription
3 x integration of primary & secondary care; physical health & MH; and health with social care and VCSOs	No. MH awareness training sessions given to wider PCN workforce
	Care plans reflect wider health and social care goals, not just MH recovery goals
	SYSTEM - could we devise a place-based system-wide measure?
Services better meet the needs of people with PD through clearer pathways and trauma-informed approach	No. and % of PCN Team workforce trained in PD
	No. of PD support group sessions and no. service users attending (per PCN)
	No. of Peer Support Workers with PD diagnoses
	PROM - Dialog Plus
	Reduction in A&E attendances for people with PD
	Reduction in use of MH Crisis services (excl. crisis alternatives) for people with PD

Local governance – with partners



Local governance – within ELFT



Further information

Anna.babic@nhs.net

Nichola.gardner@nhs.net

Hackney

Health in Hackney Scrutiny Commission 29th January 2020 **Consolidating dementia and challenging behaviour in-patient wards**	Item No **8**

OUTLINE

At the Commission's meeting on 4 November 2019 the Commission considered a proposal from ELFT and the CCG on a change proposal to consolidate all older adult in-patient beds for patients with behavioural and complex psychiatric symptoms of dementia, across East London, into one site at Sally Sherman Ward at the East Ham Care Centre. This involves consolidating beds from Thames Ward at Mile End Hospital into Sally Sherman Ward.

The Commission reserved judgement on endorsing the proposal subject to attending sites visits to both sites and to receiving some revisions to the proposal. Attached please find the updated proposal from ELFT and the CCG.

Members went on a site visit to both sites on 24 January 2020.

Attending from ELFT for this item will be:

Eugene Jones, Director of Strategic Service Transformation, ELFT
Dan Burningham, Programme Director – Mental Health, C&HCCG
Dr Waleed Fawzi, Consultant Psychiatrist, ELFT

ACTION

The Commission is requested to ENDORSE the proposal.

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Summary Addendum

Health in Hackney

Thames Ward (Mile End Hospital) consolidation within Sally Sherman ward (East Ham Care Centre)

Consolidating Dementia and Challenging Behaviour Inpatient Wards

Engagement

- **City & Hackney Older Person Reference Group - 17th October**
- **Hackney Governing Body - 20th December (endorsed subject to travel clarification)**
- **Planned Care Core Leadership Group - 19th November (endorsed)**
- **Clinical Effectiveness Committee - 13th November (endorsed)**
- **Mental Health Centres of Excellence Working Group - Newham, Tower Hamlets and City & Hackney CCG (endorsed)**
- **Tower Hamlets Promoting Independence - 3rd December (endorsed)**
- **Individual discussions and visits with family's/carers and patients of Thames Ward regarding move to East Ham.**

Overview and Scrutiny Committees

City - Health & Social Care Committee - 30th October

Summary/Issues

The Corporation of the City of London Health and Social Care Scrutiny Committee endorsed the proposal. **No further action required.**

Tower Hamlets Overview and Scrutiny - 5th November

Summary/Issues

Supportive of the plan, have requested written confirmation of the arrangements for relatives and friends to visit patients at the new ward in East Ham, especially for those who may find the journey longer or more complicated. The revised offer is included in the updated presentation.

Health in Hackney Scrutiny Commission - 4 Nov

Summary/Issues

Bed Capacity and Sufficiency

Bed capacity numbers for the 3 boroughs would be 19 beds (flexed to 23 when needed), Sally Sherman ward currently has capacity for 19 beds, Thames Ward currently has capacity for 18 beds. The capacity within the system in the new design would reduce the bed base by 14 beds from the current 37 capacity to 23 (including flexed beds).

The analysis of 12 months from August 2018 - August 2019 has identified that there was only 1 occasion when more than 19 patients (20) were in hospital across the 2 wards, the flex beds would have provided sufficient capacity, whilst leaving leave an additional surplus of 3 vacant beds.

Capacity projections were based on the current bed utilisation, for Thames ward this is within the expected demand and capacity requirements and need for both City & Hackney and Tower Hamlets.

Sally Sherman ward projections are skewed by the current usage of Newham residents and the length of stay profile, this is significantly longer than Thames ward. Sally Sherman ward profile of admissions identified admission dates for some residents dating from 2013. This long length of stay was an issue previously within Cedar Lodge where significantly longer lengths of stay were also the norm, this long length of stay was addressed through the cultural shift that the Thames ward move provided.

3 residents in Sally Sherman ward had been admitted from 2013 and one resident since 2015. The average length of stay by contrast in Thames ward is 12 months with no current patients having been admitted earlier than 2018.

The length of stay,(Sally Sherman Length of stay reduced) would be harmonised in the new arrangements and will draw from the good practice examples of the Thames ward culture and ethos to reduce hospital admissions, this would provide a reduction in overall bed utilisation and make available capacity to mitigate the increased demand, forecast and bed projections arising from 2024 to provide sufficient capacity having also regard for the population increase in the three boroughs.

The historic under-utilisation of the wards has allowed a loosening of admission criteria and for the wards to be used for other patients outside this particular clinical cohort and in some cases patients from other CCG areas whose episode of care would be financed by their host CCG.

Environment

Thames Ward provided an improved environment (a stepup from Cedar Lodge), Sally Sherman ward is a further improvement on the current provision within Thames ward, with en suite bedrooms, natural light, dementia friendly, a restaurant on site, with therapy space and private secluded garden and activity areas, an environment using effective colour and design with dementia patients in mind, a feeling of space, clear lines of sight, with provision for privacy and dignity and the benefits that adjacency of other services configured for Older/Frail persons provide on the site.

Transport and Assistance

Transport times are outlined in the report and represent average journey times (routeplanner), some journey will be shorter others longer depending on a number of actors including traffic conditions and peak hours. We appreciate the increased distance moving the services East Ham, family members may themselves be elderly and/or frail and we would wish to reduce the impact of this on families.

In acknowledgment of the longer journey time, compared to Mile End Hospital via public transport (driving distance is negligible difference) this would be addressed though alternative transport arrangements.

The offer of travel assistance will be made available to all City & Hackney and Tower Hamlets residents this will not be means tested and will be offered to all residents from those respective Boroughs to support visits and family connections whilst their loved one is an inpatient within Sally Sherman ward.

Care Closer to Home

It is not possible to provide this scale and type of inpatient care at a place based level, the demand is not present in sufficient numbers for this, for example City & Hackney residents average 4 inpatients at any one time, such small bed numbers make a local unit unviable both from a governance and a value for money perspective.

The drive to provide care closer to home is very much at the heart of this proposal and whilst this cannot be provided in local inpatient units it can be delivered though local and enhanced community services, part of the reinvestment of savings from Thames ward would be to enhance the older persons community pathway. An example of this from previous schemes is the recently launched Enhanced Dementia Service in East London, supported through reinvestment of savings from previous inpatient consolidations, providing greater care in peoples own homes, to obviate where possible the need for inpatient hospital based care or at the very least reduce the duration of an admission.

The voice of Service Users and their Families

Service Users have been engaged in discussions and have had the opportunity to view the new unit at Sally Sherman ward and meet with the staff. The feedback has been very positive from families/carers.

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East London NHS
NHS Foundation Trust

Centre of Excellence Model

Consolidating Dementia and Challenging Behaviour Inpatient Wards

1. Summary

1.1 The purpose of this document is to outline the next stages of the Trust's proposed continued strategy and commitment to improve the care and outcomes for Older Adults within East London.

1.2 It is proposed that the future care of Thames Ward patients (Mile End Hospital), will be consolidated within Sally Sherman Ward (East Ham Care Centre), this proposal will build upon and compliment previous successful Older Persons ward consolidations such as

- Consolidation Dementia Assessment for the 3 CCG's within Columbia Ward (2012)
- Consolidation Functional Assessment for the 3 CCG's within Leadenhall Ward (2015)
- Consolidation of Cedar Lodge into Thames Ward (2018)

1.3 Sally Sherman ward is a 19 bedded ward, it provides holistic care for older adults serving Newham CCG, the service supports people with cognitive impairment (specifically dementia), who require specialist nursing care to support their complex and challenging behaviour.

1.4 Thames Ward is an 18 bedded ward providing holistic care for older adults serving Tower Hamlets and City & Hackney CCG, the service supports people with cognitive impairment (specifically dementia), who require specialist nursing care to support their complex and challenging behaviour.

1.5 In total there are 37 complex and challenging behaviour beds for Newham, City & Hackney and Tower Hamlets provided across the 2 wards.

1.6 This proposal is seeking to consolidate all of the Cognitive Impairment/Specialist Dementia beds within Sally Sherman ward with a maximum capacity of 23 beds (inc 4 flex beds) this is a reduction on the current overall bed base from 37 to 19 (23 inc flex beds) a reduction of 14 beds.

1.7 A run chart (Table 1) identifies Sally Sherman ward occupancy from January 2017 through to Sept 2019 and Thames ward occupancy from January 2017 through to Aug 2019.

1.8 The run chart (Table 1) identifies when looking at the last 12 months, from Aug 18 through to Aug 19, that both wards have been carrying significant bed vacancies for considerable time. This is despite the closure of Cedar Lodge and the consolidation of that

service within Thames ward from April 2018.

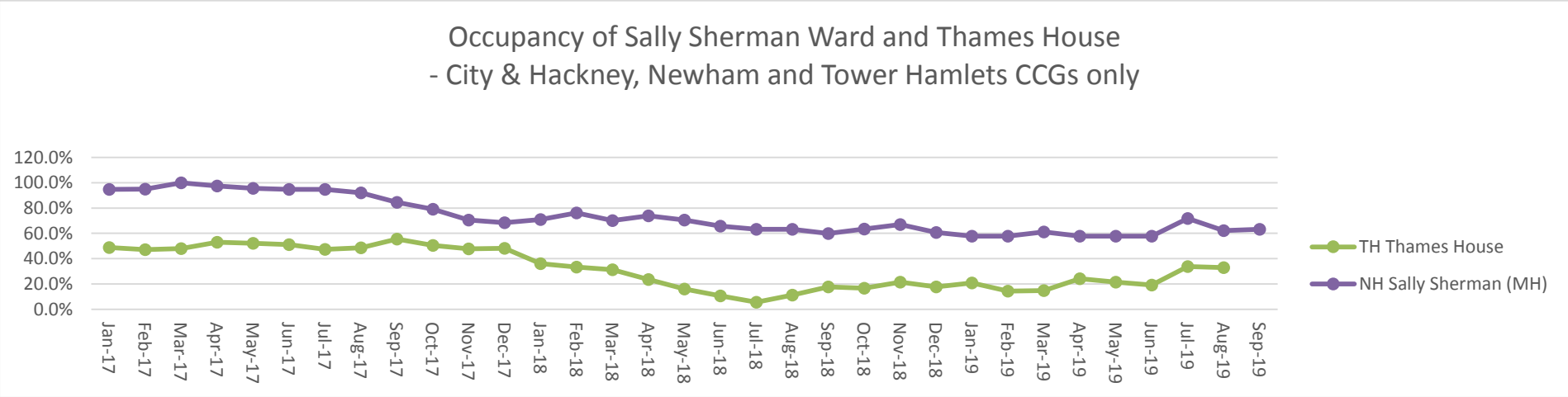


Table 1- Sally Sherman and Thames Ward occupancy as a % Jan 2017 – Sept 2019

1.9 Table 2 provides the mean number of people in hospital and the mean occupancy and corresponding number of vacancies per ward (Thames and Sally Sherman) by month over a 12 month period. This illustrates that over the 12 months there was one occasion when the proposed 19 bed capacity would have been exceeded, however with the utilisation of flex beds (4) taking the ward bed base to 23 this would have provided sufficient capacity for all admission and inpatients and an additional 3 vacant beds.

	Sally Sherman Occupancy			Thames Ward Occupancy						
Month	As a %	As a number	Sally Sherman Bed Vacancy	As a %	As a number	Thames Ward Bed Vacancy Factor	Combined Bed Occupancy Overall	Bed Vacancy Overall	Capacity exceeding available 19 beds	Capacity exceeding available 23 beds (inc 4 flex)
August 2018	63.2%	12	7	11.3%	2.14	15	14.14	22	No	No
September 2018	59.8%	11.36	7	17.8%	3.3	14	14.66	21	No	No
October 2018	63.5%	12.06	6	16.7%	3.15	14	15.21	20	No	No
November 2018	67%	12.73	6	21.5%	4.0	14	16.73	20	No	No
December 2018	60.7%	11.53	7	17.7%	3.3	14	14.83	21	No	No
January 2019	57.9%	11	8	20.8%	3.95	14	14.95	22	No	No
February 2019	57.8%	10.9	8	14.3%	2.7	15	13.6	23	No	No
March 2019	61.2%	11.6	7	14.7%	2.79	15	14.39	22	No	No
April 2019	57.9%	11	8	24.1%	4.69	13	15.69	21	No	No
May 2019	57.9%	11	8	21.4%	4.0	14	15	22	No	No
June 2019	57.9%	11	8	19.2%	3.6	14	14.6	22	No	No
July 2019	71.8%	13.60	5	33.8%	6.4	11	20	16	Yes	No
August 2019	62.2%	11.81	7	32.9%	6.2	11	18.01	18	No	No

Table 2- Sally Sherman and Thames Ward occupancy as a % and number 112 month review and analysis Aug 2018 – Aug 2019

1.10 Locating the complex care and challenging behaviour services together at East Ham Care Centre will provide a vast improvement on the environment currently provided in Thames Ward, with improved lighting and access to natural light through a central atrium, an environment using effective colour and design with dementia patients in mind, a feeling of space, clear lines of sight, with provision for privacy and dignity. Clinically this will improve access to a wide range of healthcare services, activities and support, and a more joined up approach to care delivery maximising the benefits and adjacency of other services configured for Older/Frail persons on the site.

1.11 The clinical scoping of these changes suggests this proposal could take place and be implemented incrementally, providing a safe and planned transition to Sally Sherman ward the timetable to conclude this transition being March 2020.

TASK	Sept - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20
Agreement of Business Case with CCG's though Mental Health Centre of Excellence Working Group							
Quality Impact Assessment							
Stakeholder Engagement Events							
Staff Consultation							
Further Engagement with individual patients and carers							
Transfer of patients from ward							
Ward consolidation and Closure of Thames Ward							

2. Background

2.1 Dementia is a syndrome characterised by an insidious but ultimately catastrophic progressive global deterioration in intellectual function and is a main cause of late-life disability. **The prevalence of dementia increases with age and is estimated to be approximately 7 per cent in those over 65.**

2.2 The risk of dementia, Alzheimer's type rises incrementally with age, the prevalence is higher in women than in men due to the longer lifespan of women.

2.3 The configuration of Older Adult complex care and challenging behaviour services is not currently optimised; the activity and bed occupancy is underutilised within Thames and Sally Sherman wards.

2.4 There is opportunity to build upon previous successful consolidations within Older Adult Mental Health would not only improve the quality of patient care, and reduce variation it would also provide better value, utilising the available estate and resources.

2 National Guidance

3.1 ***NHS Long Term Plan*** - NHS will need to make better use of capital investment and its existing assets to drive transformation, as well as maximising productivity through improving utilisation of clinical space, and as an enabler to support transformation. This proposal in consolidating the available estate resource in one place rather than across 2 wards responds to this key driver.

3.2 ***Royal College of Psychiatrists*** - The Quality Network for Older Adults Mental Health Services (formally known as AIMS-OP) works with inpatient services to improve the quality of the care that they provide through peer review and accreditation processes. The ELFT Older Adult service has undertaken an initial review of the standards and deemed it would be difficult to reach compliance within Thames ward as a number of the criteria are environment related. Sally Sherman ward however provides a much-improved environment and the service would wish to register and apply for accreditation of the new consolidated service. **(Appendix 2 pictures of environment)**

3.3 The ***Prime Minister's Challenge on Dementia 2020*** - Highlights the need to ensure that every person diagnosed with dementia receives meaningful care and recommends that care settings ensure consistency of access, care and standards and reduce variation. The environment within Sally Sherman ward is far superior to Thames ward in terms of design and flow, use of space, colour, lighting and sound. The consolidation of Thames ward will respond to these issues and also reduce variation in what is a specialist area of psychiatry, supporting very complex inpatient Mental Health care. **(Appendix 2 pictures of environment)**

3.4 ***NHS England's Dementia: Good Care Planning (2017)*** further highlights the need for a standardised approach: "reducing unwarranted local variation in process or outcomes, promoting equality and tackling health inequalities, ensuring alignment with relevant cross
condition care plans such as diabetes; and drawing on examples of good practice around the country". Sally Sherman ward has the benefit of having hospital status and is also located in the heart of the community, having direct and easy access to the full range of community services, Health and Social Care.

3.5 The Kings Fund ***Enhancing the Healing Environment*** Programme highlights the importance of providing visual clues and prompts, including accent colours and artworks, to help dementia patients find their way around a ward. Sally Sherman ward has won a number of awards and acknowledgments for its design, artwork and overall environment, related to Dementia provision. **(Appendix 2 pictures of environment)**

4.0 Service Proposal

4.1 It is proposed to locate all older adult inpatients with behavioural and complex psychiatric symptoms of dementia, across East London consolidated into one site, Sally Sherman Ward, East Ham Care Centre. An analysis of the options has been considered, **(Appendix 1)**

4.2 This represents a comparatively small-scale service change; this proposal would see the transfer of 8 inpatients. However, the benefits in terms of improved quality are significant.

4.3 There are currently 8 patients on Thames Ward (Table 3) who have been clinically assessed as suitable for transfer to Sally Sherman Ward. Sally Sherman Ward has 10 vacancies.

Borough	Male	Suitability for Sally Sherman	Female	Suitability for Sally Sherman	Total
City & Hackney	3	Yes	1	Yes	4
Tower Hamlets	1	Yes	3	Yes	4
Total	4		4		8

Table 3– Thames Ward Occupancy & Gender Mix – (Dec 2019)

5.0 Benefits

5.1 The East London NHS Foundation NHS Trust and working with local Commissioners are committed to ensuring ongoing access to high quality care, the merger of Thames Ward and Sally Sherman is part of this process of improvement and will deliver a number of quality benefits.

5.2 East Ham Care Centre is purpose-built, patients would be accommodated in a dementia-friendly unit, which has recently been refurbished, designed specifically for the older adult population and provides the full range of holistic care to older adult patients including the following wards and services:

- **Sally Sherman Ward –** 19 bed ward (with capacity to flex to 23 beds) providing specialist and continuing care for people with cognitive impairment and challenging behaviour

- **Fothergill Ward** - 27 bed intermediate care ward, providing, rehabilitation and end of life care

- **Day Hospital incorporating the Falls Prevention Clinic (FPC)** – providing intervention from two or more health specialists to help support chronic or long-term condition, FPC a multidisciplinary service including Occupational and Physiotherapy working together to investigate the causes of falls, reduce incidence and minimise injury following falling.

- **Activity Centre** - includes weekly music therapy sessions; a music therapist has recently commenced working at East Ham Care Centre. Patients also have access to faith and fellowship services, including multi-faith prayer meetings each week, and a sensory room

- **Cazaboun Ward** – 23 bed vacant wad

5.3 The co-location of the different streams of the older adult inpatient pathway allows for a smooth transition between them for a patient group for whom change can be unsettling and also creates a critical mass of expertise, resources and support in the care of the elderly and frail at this location. Patients can transition from the day hospital to our continuing care ward and if required, transition to our end of life ward providing seamless care.

5.4 Sally Sherman Ward operates a treatment model based on delivering person-centred care, as recommended by the Alzheimer's Society:

- Treating the person with dignity and respect
- Understanding their history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests
- Looking at situations from the point of view of the person with dementia
- Providing opportunities for the person to have conversations and relationships with other people
- Ensuring the person has the chance to try new things or take part in activities they enjoy.
- Family, carers and the person with dementia (where possible) should always be involved in developing a care plan based on person-centred care.
- Their knowledge and understanding of the person is extremely valuable to make sure the care plan is right for them.

5.5 The ward is dementia-friendly, providing a bright spacious environment for patients. Every bedroom has en-suite facilities and are spacious enough to be equipped to support patients with disabilities. The ward is built around a central atrium, which not only renders an abundance of space and natural light it also provides a dementia-friendly natural loop, which patients can move around when they want to take some exercise but in a safe environment where they cannot get lost. There is seating areas spaced around this loop where service users can sit, to relax or rest if they get tired.

5.6 The ward maintains exceptional levels of cleanliness, is pleasant, friendly and inviting.

5.7 East Ham Care Centre also benefits from lovely gardens, which are used frequently by service users. Every service user has a tailored activity programme and is allocated an activity worker. The Activity Centre runs from Monday to Friday every week and includes weekly music therapy sessions; a music therapist has recently commenced working at East Ham Care Centre. Patients also have access to faith and fellowship services, including multi-faith prayer meetings each week, and a sensory room.

5.8 Staff on Sally Sherman Ward encourage orientation and involvement of the service users. Annual celebrations and events are marked and service users are involved in art projects to create decoration for the ward at key points of the year, e.g. Easter, Christmas.

5.9 Staff work with the service users to create a 'memory book' features photographs of their family, items from their childhood or people and places that have a special meaning to them. These books are regularly shown to and discussed with service users and this can help with orientation and reduce stress in isolation.

5.10 The ward encourages the use of small tables at mealtimes to create conversation and interaction between service users and staff, to minimise any distractions and to ensure that service users aren't sat in one place all day and are stimulated by a change of scenery.

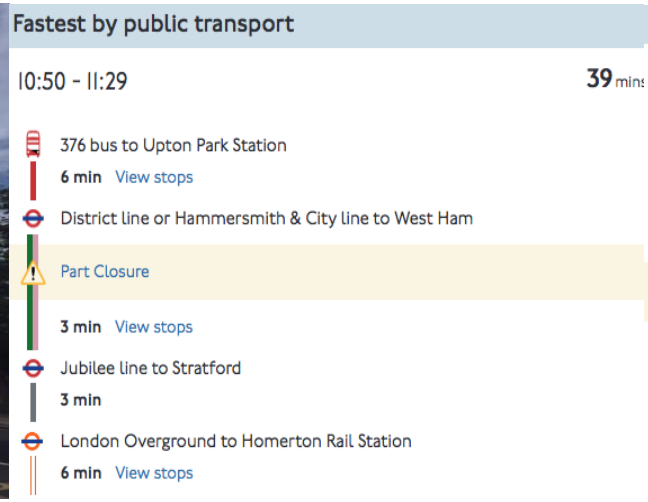
5.11 Patients based at Sally Sherman Ward also benefit from a wide range of health care and treatment approaches which are either based on site or visit the site on a regular basis, as follows:

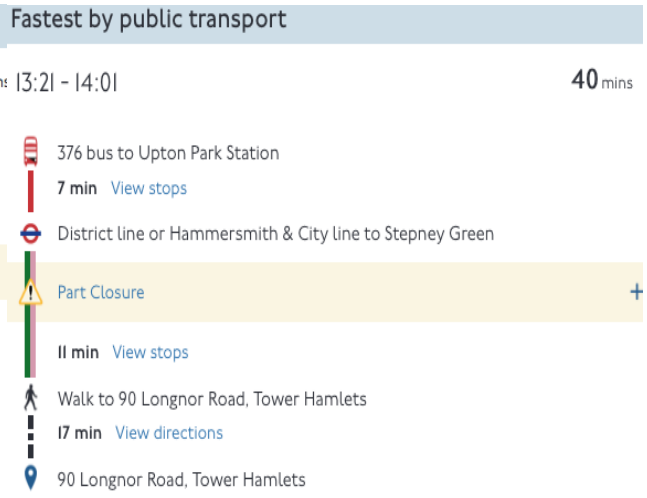
Speech & language therapists	Physiotherapists	Diabetic nurses	Dieticians	Tissue viability nurses
Falls clinic	Podiatry	Optician	Dental service (provided by local practice)	Hairdresser on site
Liaison with local	Sensory Room	Welfare Team	Physical health nurses	Therapy Room

Bereavement Service				
Therapeutic Gardens	Mental Health Nurses	Medical Psychiatry and General Physicians	Activity Centre	Restaurant

5.12 East Ham Care Centre has good transport connections for families and carers visiting patients based at Sally Sherman Ward, as follows:

- Car park with visitor parking
- Cycle bays
- East Ham tube station is a 10-minute walk away on the District and Hammersmith & City lines
- Nearby bus stop in Shrewsbury Road offering access (376) to public transport routes to Hackney and Tower Hamlets.





5.13 Service users, families, carers and other visitors have access to an on-site canteen at East Ham Care Centre. A good support mechanism is also in place for relatives, with a designated area where families and carers can chat and offer informal support to each other. The multi-disciplinary team works closely with families and carers who are engaged at every step of their loved one's journey.

A relative recently wrote: "The level of care that patients receive here is extraordinary. Compassion, commitment and dedication are the order of the day. The staff bring hope and happiness to those in need. The atmosphere is calm and relaxed and promotes a much better quality of life than many had before. The confidence and contentment I had a as relative was priceless."

5.14 Sally Sherman Ward has participated in and achieved the following:

- Successful QI Project to reduce violence & aggression on continuing care wards
- Older Peoples Positive Mental Health (positive practice improvement). Ward shortlisted for QI Project on including carers in the care of older adults
- Oral health QI Project about to commence with aim of improving oral hygiene and responding early to dental decay and associated problems
- Won Nursing Times award for their work on reducing violence by 50%; sickness levels also reduced as a consequence of this
- The ward reached the final three in the Older People's National Awards in Bristol and although they did not win the award, they were 'highly commended' and received a certificate for the excellent work they undertake with Carers.
- Strategies to reduce antipsychotic and benzodiazepine
- Carers took part in a charity Memory Walk in Olympic Park
- Ward Housekeeper won Ancillary Leader of the Year at the National Unsung Hero Awards for her work around patient nutrition and developing diet plans
- Ward nominated for Improvement Team of the Year at ELFT Staff Awards
- As part of an International Quality Conference, the ward was visited by health staff from a number of countries around the world, including Canada, Australia, Scotland, Sweden, Norway and other parts of the UK, who all gave very positive feedback about Sally Sherman and said that they would be happy to have their family members placed in such a facility.

5.15 Sally Sherman successfully secured funding through the Prime Minister's Challenge on Dementia used the funds to make changes to the ward, including the décor, lighting, flooring and colours. The team also created lots of seating areas around the ward, including one particular alcove transformed from a dull unused area into a bright, inviting area, now used by many service users and their families. The alcove seating blends beautifully with a lovely view overlooking the beautiful gardens.

5.16 Staff on Sally Sherman Ward have undertaken a number of particularly successful interventions with challenging patients **(Appendix 3).**

6. Current, Future Activity and Demand

6.1 The demand capacity forecasting of Dementia diagnosis over the next 10 years has been based upon the baselines and profile

of the ageing population within the Boroughs. All 4 Boroughs are regarded as young in terms of the population age range in comparison to the rest of the country and indeed London.

6.2 The number of people with Dementia in 2013 according to Local Authorities

CITY of LONDON – 86

HACKNEY – 1293

TOWER HAMLETS – 1209

NEWHAM - 1540

6.3 Life expectancy for older people is increasing, older people are most at risk of suffering dementia, the largest increases in the number of people with dementia will occur in those areas with oldest age groups within their population (see Table 4), this risk rises incrementally with increasing age.

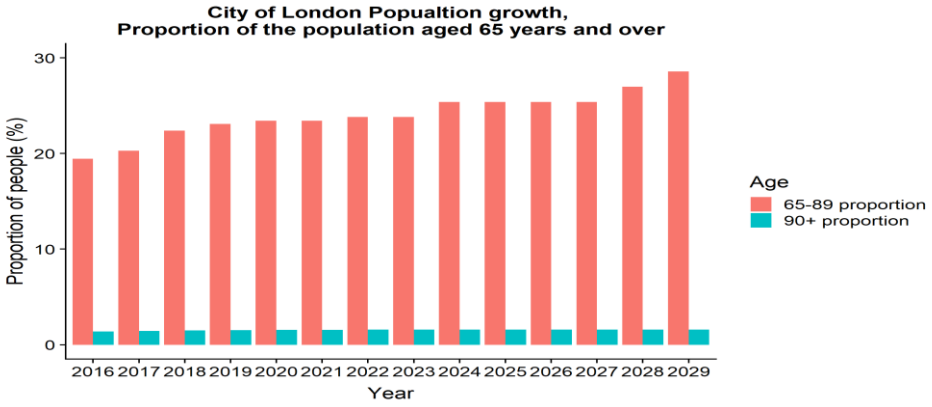
Table A: The consensus estimates of the population prevalence (%) of late-onset dementia

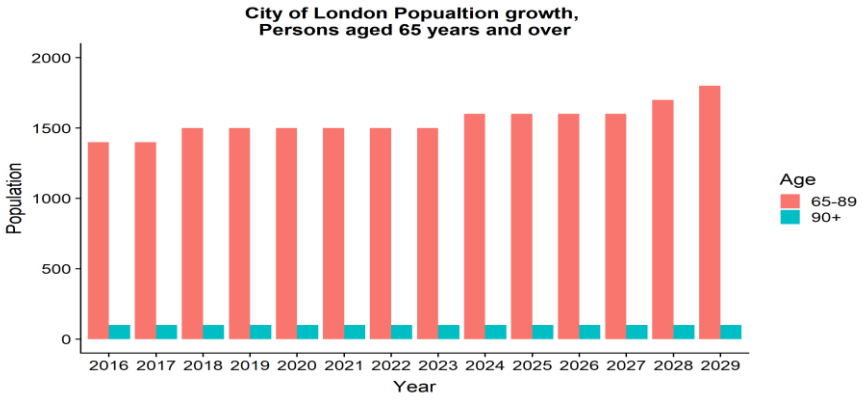
	Previous estimates (Dementia UK 2007)			Current estimates (Dementia UK 2014)		
Age in years	Female	Male	Total	Female	Male	Total
60–64	(0.1)*	(0.2)*	(0.2)*	0.9	0.9	0.9
65–69	1.0	1.5	1.3	1.8	1.5	1.7
70–74	2.4	3.1	2.9	3.0	3.1	3.0
75–79	6.5	5.1	5.9	6.6	5.3	6.0
80–84	13.3	10.2	12.2	11.7	10.3	11.1
85–89	22.2	16.7	20.3	20.2	15.1	18.3
90–94	29.6	27.5	28.6	33.0	22.6	29.9
95+	34.4	30.0	32.5	44.2	28.8	41.1

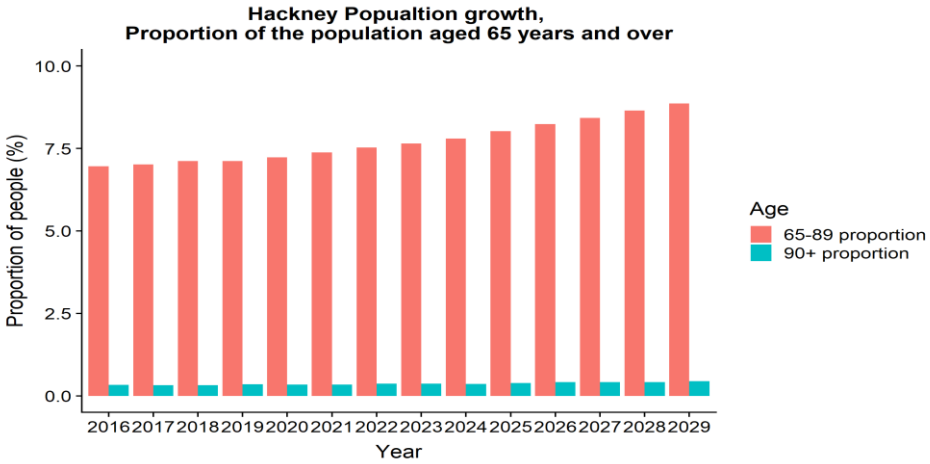
Table 4 – Population prevalence of late onset dementia

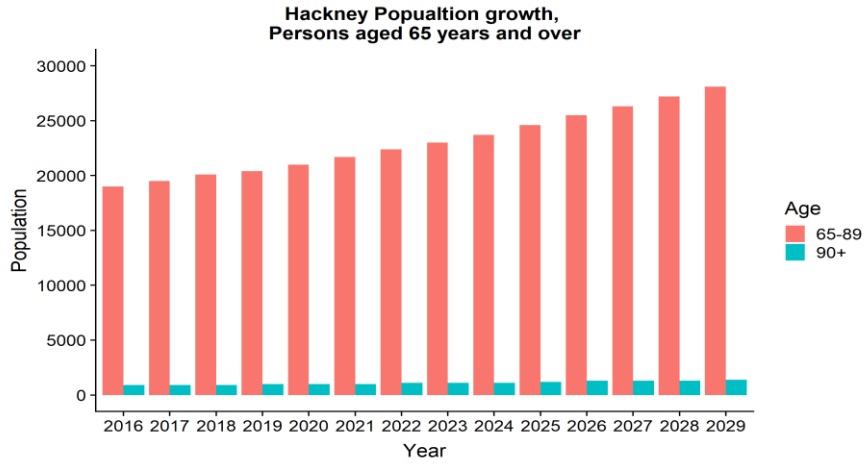
6.4 The tables below provide the forecast in terms of the general population age profile for the 4 Boroughs over the next 10 years.

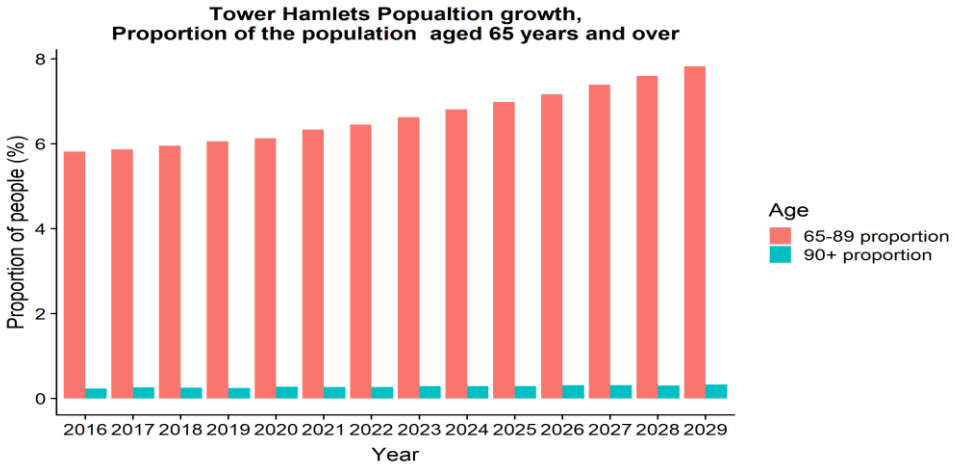
6.5 Using the population profile as a means to assess future demand and capacity requirements for Dementia we can establish that increasing age, increases risk, those people who are in the 90+ age group remains largely static within the Boroughs (life expectancy is lower than UK national average), whereas the 65 – 89 age range increases.
profile increases within each of the Boroughs.

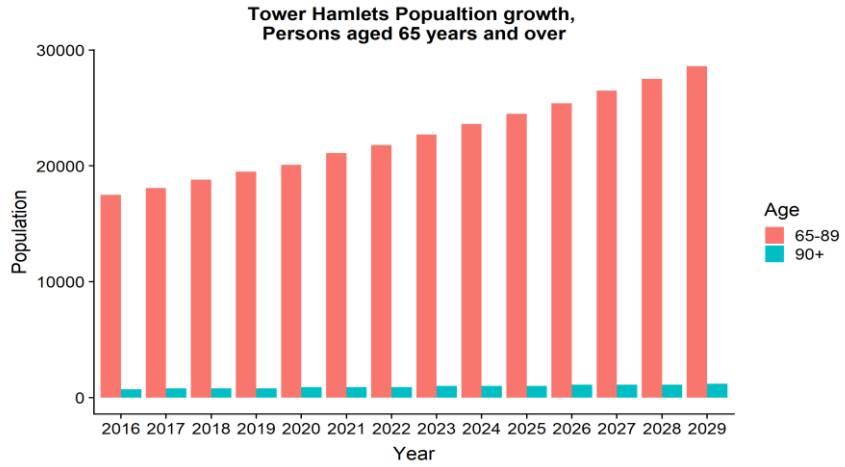


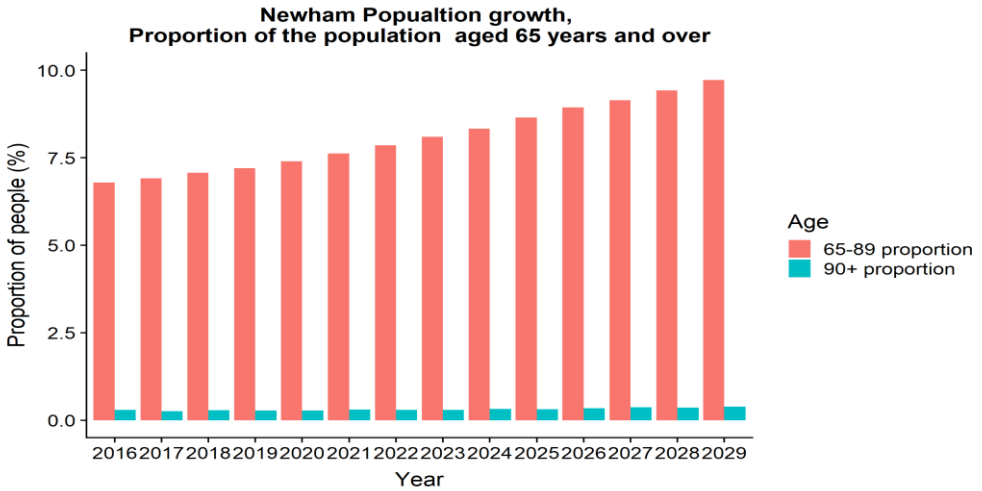


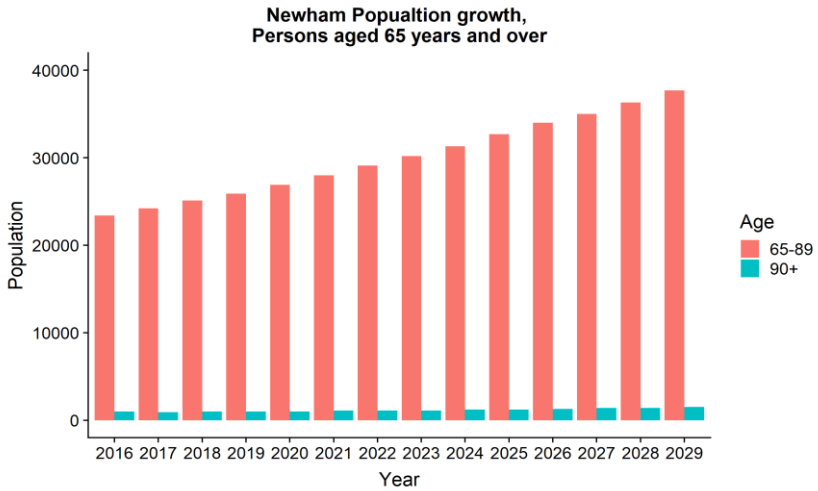

Hackney Popualtion growth,
Proportion of the population aged 65 years and over
Proportion of people (%)
10.0
7.5
5.0
2.5
0.0
2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029
Year
Age
65-89 proportion
90+ proportion


Hackney Popualtion growth,
Persons aged 65 years and over
Population
30000
25000
20000
15000
10000
5000
0
2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029
Year
Age
65-89
90+


Tower Hamlets Popualtion growth,
Proportion of the population aged 65 years and over
Proportion of people (%)
8
6
4
2
0
2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029
Year
Age
65-89 proportion
90+ proportion


Tower Hamlets Popualtion growth,
Persons aged 65 years and over
Population
30000
20000
10000
0
2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029
Year
Age
65-89
90+





6.6 In terms of inpatient bed requirements for those with complex care and/or challenging behaviour the following growth assumptions have been made using the formula, current population and age profile 65 – 89 and 90+, compared with current usage of Inpatients beds as an % of that population segment. Projecting forward the forecast straight-line Inpatient need based on current usage factoring the increased growth of those aged 65 and over within the Boroughs. (Table 5 below). The straight-line projections indicate that by 2024 demand will begin to outstrip bed availability. **The bed usage for Newham has been calculated to be 1095 OBD's over what is required, the usage has been skewed by long stayers within Sally Sherman.** Some of whom had been resident since 2013, the modified projections take this into account and are presented in Table 6 below.

Area	Measure	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
City of London	OBD 65 years and over	164.1	164.1	164.1	164.1	164.1	174.3	174.3	174.3	174.3	184.6	194.8
Hackney	OBD 65 years and over	2194.4	2255.9	2327.7	2409.7	2471.2	2543.0	2645.5	2748.1	2830.1	2922.4	3024.9
Newham	OBD 65 years and over	2758.3	2860.9	2983.9	3096.7	3209.5	3332.6	3476.1	3619.7	3732.5	3865.8	4019.6
Tower Hamlets	OBD 65 years and over	2081.6	2153.3	2255.9	2327.7	2430.2	2522.5	2614.8	2717.3	2830.1	2932.7	3055.7

Table 5 – Straight line projection of bed requirements forecast over next 10 years based on current utilisation and Length of Stay

6.7 The remodelled forecasting is based on usage excluding those long stayers who are no longer resident the forecasting and capacity bed modelling identifies that the provision of beds within Sally Sherman ward will meet future demand with a bed base that can flex to 23 beds until at least 2029. The model of Mental Health provision has been focused upon community pathways and care closer (in a Persons own home) and we will continue to provide more community orientated support and more intensive input in future developments to reduce further the need for hospital admission.

Area	Measure	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
City of London	OBD 65 years and over	164.1	164.1	164.1	164.1	164.1	174.3	174.3	174.3	174.3	184.6	194.8
Hackney	OBD 65 years and over	2194.4	2255.9	2327.7	2409.7	2471.2	2543.0	2645.5	2748.1	2830.1	2922.4	3024.9
Newham	OBD 65 years and over	2758.3	2860.9	1888.9	1999.7	2112.5	2235.6	2379.1	2522.7	2635.5	2768.8	2922.6
Tower Hamlets	OBD 65 years and over	2081.6	2153.3	2255.9	2327.7	2430.2	2522.5	2614.8	2717.3	2830.1	2932.7	3055.7

Table 6 –Modified projections of bed requirements forecast over next 10 years based on expected utilisation and Length of Stay

6.8 In order to effectively plan for future growth and our forecasting and mitigate demand pressures we will be investing as phase 2 of this development in community orientated, upstream interventions to support more effective support and upskill the sector, developing increased expertise within nursing homes to help manage greater degrees of complexity, educational and supportive in reach for carers.

7.0 Staffing

7.1 A staff consultation has now concluded with the Thames Ward staff and redeployment plans have been agreed and put into place in advance of patient transfer and ward closure.

7.2 Suitable Trust-wide vacancies have now been frozen and will be used to redeploy Thames House.

Medical Cover Current

7.3 Thames House is currently allocated 3 PAs of older adult consultant psychiatry input per week, Junior doctor cover to supplement the medical care is currently provided as required.

7.4 G.P input is provided by a local practice, to which all the patients would be temporarily registered whilst they are an inpatient

7.5 Sally Sherman ward is currently allocated 2 PAs of older adult consultant psychiatry input per week; only one of these is funded, the unfunded PA to be supported through this consolidation.

7.6 There is nominal duty doctor cover

7.7 G.P cover is one session per week; however, it is limited in its scope.

Medical Cover New Model

7.8 Sally Sherman Ward consultant psychiatry sessions would be increased to 4 PAs per week. The current Sally Sherman consultant has the capacity to accommodate this increase and a new job description will be developed for this role. In addition, a middle grade doctor will provide cover for the Sally Sherman consultant's leave and other absence, providing much needed continuity of care and senior medical oversight.

7.9 The GP model (Thames Ward) will be replicated at Sally Sherman Ward to address current limitations of medical cover.

8.0 Impact of Changes for City & Hackney and Tower Hamlets Service Users

8.1 It is recognised that that the move to Sally Sherman ward will be unsettling for the individual patients, who would transfer from Thames Ward, Mile End Hospital, and for their families. In each of these cases the Consultant Psychiatrist and nursing staff, who know and are currently caring for the patients, will work closely with them and their family to re-assess their specific needs, agree individualised transfer plans and prepare them for the move. Family and carers will also be given the opportunity to visit Sally Sherman prior to change taking place.

8.2 The Trust recognises the importance in providing accessible services for Family & Carers to continue contact and care and support of their loved ones whilst in hospital. Additional travel assistance will be offered to support carers with the journey to East Ham which we recognise for some will be a more complex and/or longer journey than would have been to the Thames Ward.

8.3 The criteria for travel support will be 'self assessed' by the carer themselves, it will not be means tested or subject to any other criteria, where a carer wishes to avail themselves of transportation support this will be provided, the care co-coordinator will determine

with the carer how the support to the individual will manifest to maintain their visiting arrangements to Sally Sherman ward. This might include the provision of taxis, payment towards parking costs or provision of hospital transport.

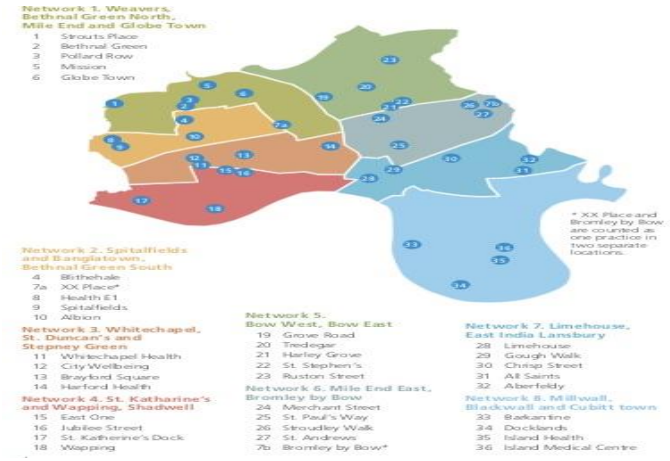


Table 6 Tower Hamlets travel to Mile End/ East Ham Care Centre

Tower Hamlets	Current Travel to Mile End Hospital **Driving**	Current Travel to Mile End Hospital **Public Transport**	Future Travel to East Ham C.C **Driving**	Future Travel to East Ham C.C **Public Transport**
Stouts Place	13 mins	24 mins	34 mins	41 mins
St. Katherines Dock	16 mins	24 mins	32 mins	38 mins
Docklands	15 mins	36 mins	28 mins	56 mins
Island	13 mins	37 mins	25 mins	52 mins
Aberfeldy	14 mins	30 mins	24 mins	36 mins
Strudley Walk	12 mins	16 mins	21 mins	25 mins
Ruston Street	10 mins	23 mins	27 mins	37 mins
Spitalfields	12 mins	17 mins	43 mins	33 mins

8.4 Appraisals of travel times (Table 6) for Tower Hamlets and (Table 7) City & Hackney residents to East Ham Care Centre have shown that the potential impact on patient and carer travel time would not be excessive as there are a number of public transport routes. There are specific locations where the journey time is in excess of 45 minutes marked in red. An analysis

undertaken shows the following differences in travel times for Tower Hamlets and Hackney residents.

Hackney	Current Travel to Mile End Hospital **Driving**	Current Travel to Mile End Hospital **Public Transport**	Future Travel to East Ham C.C **Driving**	Future Travel to East Ham C.C **Public Transport**
Abney House	25 mins	45 mins	38 mins	60mins
Green Lanes	32 mins	50 mins	45 mins	60mins
Southgate Road	19 mins	40mins	50 mins	55 mins
Half Moon Court	25 mins	30 mins	40 mins	52 mins
Broadway Market	12 mins	30 mins	36 mins	48 mins
Lower Clapton Road	23 mins	40 mins	31 mins	60 mins
Wick Road	15 mins	40 mins	30 mins	49 mins
Mandeville Street	31 mins	49 mins	35 mins	64 mins
Egerton Road	30 mins	45 mins	43 mins	57 mins

Table 7 Hackney travel to Mile End/ East Ham Care Centre

9.0 Financial costs and Value for Money

9.1 It is not financially viable to run wards with such significant bed vacancies over a long period of time. The staffing costs remain disproportionate to the ratio of patients, the consolidation of the 2 wards will address these financial imbalances whilst providing

the opportunity to achieve organisational savings a requirement of all NHS providers, enhancing the current inpatient service through a remodelled and costed multi-disciplinary team and supporting reinvestment and further expansion of the community pathway for Older Persons.

9.2 The staff remodelling led by senior clinicians identifies an additional £522k of investment to provide a full multi-disciplinary team on Sally Sherman Ward this will provide optimised care through a full range of multi-disciplinary staff, including the key therapy, (Psychology, Occupational and Music therapy) provision something which is currently not available or funded within both units. The staffing model for the consolidated ward is supported by the clinical team.

10. New Service Monitoring and Governance

10.1 In order to understand the impact of the change and mitigate/respond to any unintended consequences we propose to use the following measures to understand over time

- Length of Stay (Trend)
- Staff turnover (monthly – 12 month rolling)
- Staff absence rate (monthly)
- Incidents number and themes (trend)
- Patient experience & F&F responses
- Staff experience
- Travel assistance monitoring/provided

11. Conclusion & Recommendations

- Sally Sherman is a modern, purpose built Older Person's ward located within East Ham Care Centre with sufficient capacity to meet the future requirements (for at least the next 10 years) of complex and challenging behaviour for Older People from Tower Hamlets, City & Hackney and Newham.

- Family and carers of City and Hackney and Tower Hamlets residents in Thames Ward will be able to access assistance where travel time is an issue to enable them to regularly visit the ward in East Ham.

- The Health in Hackney and Scrutiny Committee are therefore asked to support this proposal to merge Thames Ward with Sally Sherman, and in so doing deliver more cost effective, higher quality inpatient care, and improve the overall utilisation of the estate at both East Ham Care Centre and Mile End Hospital enabling further exploration of various options to repurpose the future use of Thames Ward.

12. Horizon scanning and future plans

12.1 We are about to embark on a review of the Older Persons Organic Inpatient Assessment service (Columbia Ward 21 beds) which is currently located at Mile End Hospital, Columbia provides a function on behalf of all 3 CCG's. There is opportunity to utilise further the available space and accommodation at East Ham Care Centre to greater effect, as there is a vacant ward (Cazaboun 23 beds) which would provide sufficient bed mass for the relocation of Columbia ward.

12.2 Discussions are at a very early stage, but we feel it important to signal the thinking around this exciting opportunity to bring together all of the frail elderly and Dementia wards on one site to provide a Centre of Excellence for this care group.

APPENDIX 1

No	Option Description	Positive Impact	Negative Impact
1	Do nothing; Trust provides two separate Continuing Care Wards: Thames House and Sally Sherman Ward	Service users do not have to be moved	Service users will not benefit from being located in the best possible environment and what this enhancement will mean to their daily lives
		Staff do not have to be redeployed	The Trust is not offering good value for money in operating two wards which are underutilised.
		Families and carers who are residents of the City of London, Hackney and Tower Hamlets will not need to source alternative travel to visit loved ones.	Thames House is not a fully dementia-friendly ward and does not offer the same level of environment as Sally Sherman Ward, e.g. large ensuite bedrooms, colour, light and space
2	Consolidate the location of all older adult inpatients with behavioural and complex psychiatric symptoms of dementia into one site, Sally Sherman Ward, East Ham Care Centre.	Service users will benefit from being located in the best possible environment. This will enhance their daily lives, as highlighted above.	Service users will need to be moved; continuing care service users sometimes find change difficult
		Sally Sherman Ward has led on many exciting projects, including violence reduction, involving families and carers and implementing innovative ways of working with service users	Families and carers who are residents of the City of London, Hackney and Tower Hamlets will need to travel further to visit loved ones. However, Trust can provide free transport for this where required
		The Trust will provide a high quality service to <u>all</u> Continuing Care residents of the East London boroughs it serves. There is currently inequity in the service provided for people with behavioural and complex psychiatric symptoms of dementia	Staff will need to be redeployed. However, the Trust has identified a number of suitable vacancies and Sally Sherman Ward will also need to be enhanced when operating at full capacity
		The Trust will be able to provide therapy (psychology/occupational therapy) by reinvesting savings from Thames ward as a result creating a true MDT team within the consolidated unit and will therefore offer better quality care and value for	

		money	
No	**Option Description**	**Positive Impact**	**Negative Impact**
3	Close Thames House and replace with an enhanced community Continuing Care Service	Service users can be managed in their own home or in alternative community settings	Service users will need to be moved; service users sometimes find change difficult
		Care closer to home where possible is considered to be best practice	Staff will need to be redeployed
			This service user group, patients with behavioural and complex psychiatric symptoms of dementia are not deemed suitable to be managed in the community; most display challenging behaviour and many require 1:1 care

APPENDIX 2

Sally Sherman Environment

APPENDIX 3

Sally Sherman Patient Stories

A service user was placed in eight different care homes but did not settle; staff were unable to manage her care and she was subsequently readmitted to Columbia Ward at Mile End Hospital. She exhibited challenging and often aggressive behaviour. She was then transferred to Sally Sherman and the team used their person-centred care model to great effect, getting to know her over the long-term. She did not have any family visiting her and so ward staff set up a befriending system. They also arranged for her to leave the ward a couple of times a week and this opportunity enhanced her experience and reduced her aggressive behaviour.

Another challenging man had refused to leave the ward for many years, even refusing to go downstairs to the garden. Sally Sherman's Housekeeper developed a relationship with him and managed to get him out of the ward, into a taxi and took him shopping. This significantly reduced his aggression. This led to staff considering every service user on the ward, why they were aggressive and what we could do for them and was developed into a very successful QI Project.

Hackney

Health in Hackney Scrutiny Commission 29th January 2020 **Work programme**	Item No **9**

OUTLINE

Attached is the latest iteration of the work programme for the Commission for 2019-20. Please note this is a working document which is regularly updated.

ACTION

The Commission is requested to note the updated work programme and made any amendments as necessary.

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Health in Hackney Scrutiny Commission

Future Work Programme: June 2019 – April 2020 (as at 21 Jan 2020)

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
Thu 13 June 2019 Papers deadline: 3 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.
	St Joseph's Hospice	Tony Mclean Jane Naismith	**Response to Quality Account for St Joseph's Hospice**	To comment on the draft Quality Accounts for 2018/19 from the local NHS Services who request them.
	HUHFT	Catherine Pelley	**Response to Quality Account for HUHFT**	Discussion with Chief Nurse of HUH issues raised in the Commission's annual Quality Account letter to the Trust.
	HUHFT Hackney Migrant Centre	Catherine Pelley Rayah Feldman/ Mamie Joyce	**Overseas Visitors Charging Regulations**	To consider response received from Baroness Blackwood (Health Minister) to Commission's letter.
	NELCA CCG	Alison Glynn, NELCA Siobhan Harper, Workstream Director Planned Care Dr Nikhil Katyiar (C&HCCG GB) David Maher, CCG	**Consultation on 'Aligning Commissioning Policies' across NE London**	NELCA is consulting on 'Aligning Commissioning Policies' across the NEL patch. It closes on 5 July. INEL will take this forward but the Chair has invited the CCG and NELCA to brief the Commission on these changes to eligibility for certain procedures which will no longer be routinely offered by NHS.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	All Members		**Work Programme for 2019/20**	To consider work programme suggestions received from stakeholders, Cabinet, Corporate Directors and others and to AGREE an outline work programme for the year to be sent to Scrutiny Panel's 18 July meeting for comment
Wed 10 July 2019 Papers deadline: 1 July	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
	Unplanned Care Workstream GP Confederation	Nina Griffith Laura Sharpe	**City & Hackney Neighbourhoods Development Programme**	Update requested at July 2018 meeting.
	Healthwatch Hackney	Jon Williams Rupert Tyson	**Healthwatch Hackney Annual Report**	To consider the annual report of Healthwatch Hackney
		Jarlath O'Connell	**REVIEW on 'Digital first primary care….'**	Recommendations discussion
Thu 12 Sept 2019 Papers deadline: 2 Sept		Jarlath O'Connell	**REVIEW on Digital first primary care and implications for GP Practices**	Consider draft report.
	C&H CCG	David Maher Nina Griffith Dr Mark Rickets	**The NHS Long Term Plan – draft C&H submission**	To consider a draft of the C&HCCG's formal response to NHSE on The NHS Long Term plan to be submitted by 27 Sept. This is a key consultation on the future shape of the NHS.
	C&H CCG	Dr Mark Rickets David Maher	**Future of NEL CCGs**	Update from CCG on suggestions that there needs to be a public consultation on plans to merge CCGs as part of the

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	Hackney KONP	Dr Nick Mann Nick Bailey		national development of ICSs and implementation of the NHS Long Term Plan.
	Chair of CHSAB Adult Services	Anne Canning Simon Galczynski John Binding	**Annual Report of City & Hackney Safeguarding Adults Board**	Annual review of SAB work. Annual item. Apologies from Dr Adi Cooper (CHSAB Chair) so presented by Anne Canning
	ASC Unplanned Care Workstream	Simon Galczynski Nina Griffith	**Intermediate Care Beds**	Follow up from suggestion at March 2019.
INEL JHOSC Thu 19 Sept 2019 at 19.00 hrs at Old Town Hall Stratford	*ELHCP/NELCA*	*Various*	***Moorfields Eye Hospital Relocation NHS LTP – NEL response Waltham Forest joining INEL Redbridge observer status Revised ToR and Protocols***	Update from AO of ELHCP Early Diagnostic Centre for Cancer at Mile End Hospital Update on implementation of new Non- Emergency Patient Transport system (to Barts Health sites) Work of the new **INEL System Transformation Board** Aligning Commissioning Priorities summary of response to the consultation
Mon 4 Nov 2019 Papers deadline: Thu 23 Oct	Public Health LMC	Dr Sandra Husbands Dr Andy Liggins Shivanghi Mehdi Dr Fiona Sanders (LMC Chair) Dr Nick Mann	**Sexual and Reproductive Health Services in GP Practices**	Request from LMC to examine the impact of this on primary care.
Joint with Members of CYP Scrutiny Commission	LBH/CoL/CCG CYP&M Care Workstream	Amy Wilkinson Workstream Director Anne Canning, SRO	**Update on Integrated Commissioning – CYPM Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	ELFT CCG	Eugene Jones Dan Burningham	**Consolidating dementia and challenging behaviour in-patient wards – proposal from ELFT**	A proposal involving 2 inpatient wards within East London NHS Foundation Trust by consolidating Thames Ward (Mile End Hospital) within Sally Sherman Ward (East Ham Care Centre).

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	Adult Services Healthwatch Hackney	Simon Galczynski Ilona Sarulakis Jon Williams	**'Housing with Care' Improvement Plan – update**	Updates from both Adult Services and Healthwatch Hackney 8 months on about implementing the Action Plan from CQC inspection of the Housing with Care service. Re-inspection by CQC took place in July. This moved from Sept.
		Jarlath O'Connell	**REVIEW on Digital first primary care…**	Agree FINAL report. Also considered at Sept mtg.
6 Nov 2019 at 19.00 hrs At East Ham Town Hall	***JOINT WITH Members of the Outer North East London (ONEL) JHOSC***	*ELHCP Moorfields Eye Hospital*	***Relocation of Moorfields Hospital issues from consultation***	Annual joint meeting with the Outer North East London JHOSC (Barking & Dagenham, Havering Redbridge) covering items relevant to both JHOSCs. Item on NHS Long Term Plan – the NEL response pulled by ELHCP because of purdah rules.
Wed 4 Dec 2019 Papers deadline: 22 Nov	Integrated Commissioning Planned Care Workstream	Siobhan Harper Jonathan McShane	**Neighbourhood Health and Care - redesigning Community Services**	Suggestions from Cabinet Member and from CCG Outline briefing. Will require more detailed follow up items.
	Policy Team	Sonia Khan Soraya Zahid	**Development of Hackney's Ageing Well Strategy**	Input to the development of this key new strategy being developed by the Council
	Connect Hackney	Tony Wong	**Legacy plan for Connect Hackney**	Briefing and discussion on how the legacy of Connect Hackney, which ends in |March 2021 could be taken forward.
	Adult Services	Gareth Wall	**Assistive Technology in social care**	Suggested by Adult Services To explore potential demand and hear about the small pilots taking place and the plans to recommission telecare service.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
INEL JHOSC Mon 27 Jan 2020 at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Various*	• ELHCP update from CE • Cancer Diagnostic Hub • Overseas Patients and charging	*Postponed from 29 November because of purdah.*
Wed 29 Jan 2020 Papers deadline: 17 Jan	ELFT CCG	Eugene Jones Dan Burningham	**Consolidating dementia and challenging behaviour in-patient wards**	Follow on from Nov meeting. Revised proposals involving two inpatient wards within East London NHS Foundation Trust by consolidating Thames Ward (Mile End Hospital) within Sally Sherman Ward (East Ham Care Centre). Members going on site visits on 24 Jan.
	ELFT	Dr Priscilla Kent Nichola Gardner Dean Henderson	**Community Mental Health Transformation Pilot**	NHSE has awarded ELFT funding to undertake a radical redesign of community mental health services arising from the national Community Mental Health Framework for Adults and Older Adults
	LBH/CoL/CCG Unplanned Care Workstream	Nina Griffith Workstream Director Tracey Fletcher, SRO	**Integrated commissioning – UNPLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
		Tracey Fletcher, CE	**Update from Homerton University Hospital NHS Foundation Trust**	Updates requested from CE on the announcement about the new Pathology Partnership and on the outcome of the recent wage dispute.
Joint INEL and ONEL JHOSCs Tue 11 Feb 2020 at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Various*	• NHS Long Term Plan • Pathology Services update across NEL • Barts Surgery transformation plan	

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Wed 12 Feb 2020 Papers deadline: 31 Jan		David Maher, CCG Sunil Thakker, CCG	**Impact of move to a single CCG for north east London Borough of Hackney**	Update from C&H CCG focusing on Hackney impacts.
	Adult Services	Simon Galczynski	**Adult Services Local Account**	Annual item on publication of the Local Account of Adult Services
			tbc	
Scrutiny in a Day on "Health inequalities' April daytime date tbc	Public Health Housing Housing Needs Employment Support CCG ELFT	TBC	**Health inequalities**	Intensive day of evidence gathering following site visits for mini review
Mon 30 Mar 2020 Papers deadline: 18 Mar	LBH/CoL/CCG Planned Care Workstream	Siobhan Harper, Workstream Director Andrew Carter, SRO	**ICB - PLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	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.
	Public Health External academic		**Air Quality – health impacts**	Briefing from external expert on health impacts of poor Air Quality and from Public Health on the implementation of the Actions to reduce the health impacts of air quality in the Air Quality Action Plan 2015-2019
	Public Health (Sport England Project) Public Realm	Lola Akindoyin Aled Richards	**Sport England project in King's Park ward**	Briefing on the programme of the Sport England funded project.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
			Discussion on Work Programme items for 2020/21	
Possible separate engagement event hosted by the Commission in Spring/Summer 2019	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 host 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.
To be scheduled	Adult Services	Ann McGale Penny Heron Tessa Cole Anne Canning	**Integrated Learning Disabilities Service**	Update on development of the new model
To be scheduled		New Cabinet Member	**Cabinet Member Question Time**	Postponed from December
To be scheduled		Sonia Khan Soraya Zahid	**Implementation of Ageing Well Strategy (focus on community transport for elderly)**	To focus on "You Said, We Did". Follow up from Dec mtg. Specific update on community transport for elderly requested.
To be scheduled	Public Health Adult Commissioning Network providers	Anne Canning Dr Nicole Klynman Gareth Wall	**City & Hackney Wellbeing Network**	To receive update on the revised model for the Wellbeing Network being put in place following an evaluation report.

Please note the Mayor of London and London Assembly elections take place on **Thu 7 May 2020** and the election purdah during which no meetings can take place will run from c. 1 April.

CCG suggestions

1. **CAMHS Transformation** (N.B. this is being done by CYP SC)
2. **Mental Health** (this links to ELFT's suggestions for Jan meeting).
3. **Immunisations** (follow up on item from Nov 2018)
4. **Using Neighbourhoods to address wider determinants**. (this follows on from July item on Neighbourhoods; ongoing)
5. **Tackling increasing A&E attendances including CYP** (can be covered as part of January mental health item)
6. **Estates** (being covered as part of proposed Jan/Feb scrutiny engagement event. INEL meeting on 27 Nov also covering it).

Items held over from last year but not scheduled

June 2020			**REVIEW: Digital first primary care….**	6 month update on implementation of the recommendations of the Commission's review, agreed in Nov 2019
July 2020	GP Confed Integrated Commissioning	Laura Sharpe Nina Griffith	**Neighbourhoods Development Programme**	Follow up on item at July 2019
	LMC CCG	Kirit Shah Rozalia Enti	**Pharmacy First (Minor Ailments) Scheme and Medicines Optimisation Service**	Follow-up on previous concerns about the withdrawal of these services. Awaiting NHSEL decision on commissioning.
	Adult Services Oxford Brookes University researcher Camden Council rep	Gareth Wall and Simon Galczynski	**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.
			How health and care transformation plans consider transport impacts?	Suggestion from Cllr Snell. Possible review/item to understand how much Transformation Programmes take transport impacts for patients and families into consideration and whether these can be improved.
			Implications for families of genetic testing	Suggestion from Cllr Snell. Briefing on impact on families of new technologies such as genetic testing.

			Accessible transport issues for elderly residents	Suggestion from Cllr Snell after Dec mtg.
			What does governance look like at the Neighbourhood level?	Suggestion from Jonathan McShane at Dec mtg

Dates for INEL JHOSC in 2020/21 already scheduled:

24 June 2020
30 Sept 2020
25 Nov 2020

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