

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, 12th February, 2020

7.00 pm

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

Contact:

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Tim Shields

Chief Executive, London Borough of Hackney

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

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.00)**
- 3 Declarations of Interest (19.01)**
- 4 Minutes of the Previous Meeting (19.01)** (Pages 1 - 14)
- 5 Hackney Local Account of Adult Care Services 2019-20 (19.05)** (Pages 15 - 64)
- 6 An Integrated Care System for North East London (19.30)** (Pages 65 - 98)
- 7 Primary Care Networks service specifications - discussion (20.30)** (Pages 99 - 104)
- 8 Health in Hackney Scrutiny Commission- 2019/20 Work Programme (20.50)** (Pages 105 - 116)

9 Any Other Business (20.51)

Access and Information

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Further Information about the Commission

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

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



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Providing oral commentary during a meeting is not permitted.



<p>Health in Hackney Scrutiny Commission</p> <p>12th February 2020</p> <p>Minutes of the previous meeting and matters arising</p>	<p>Item No</p> <p style="font-size: 48pt; text-align: center;">4</p>
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OUTLINE

Attached please find the draft minutes of the meeting held on 29th January 2020.

MATTERS ARISING

Actions from 4 December meeting

Action at 7.3(b)

ACTION:	<i>(a) Connect Hackney to provide more granular detail on the latest outcomes data from the programme following the statistical analysis due end of Jan.</i>
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This is awaited.

Actions from 29 January meeting

Action at 5.4 (d)

ACTION:	<i>Chief Executive of HUHFT to provide Members with a summary providing more financial detail on the other options considered in the Outline Business Case.</i>
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This is awaited

Action at 5.8

ACTION:	<i>Chief Executive of HUHFT to report back to the Commission in c. 3 months on the response from ISS on the pay and conditions issues raised by them and on the possibility of the Trust making a formal commitment to becoming a London Living Wage employer.</i>
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This has been scheduled provisionally for 8 June.

Action at 8.5 (i)

ACTION:	<i>ELFT is asked to set up an auditable process to ensure that the transport officer to families of friends from Hackney and Tower Hamlets has been clearly imparted and that there is a record of how much the transport offer has been taken up.</i>
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This will be done.

Action at 8.5 (j)

ACTION:	<i>ELFT to invite Healthwatch Hackney after a suitable time to review how the move from Thames House Ward in Mile End to Sally Sherman Ward at East Ham Care Centre for this cohort is operating and for Healthwatch to report back to the Commission.</i>
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ELFT and Healthwatch to confirm the appropriate time to schedule this.

ACTION

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

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Wednesday, 29th January 2020

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	Dr Sandra Husbands (Director of Public Health)
Other People in Attendance	Tracey Fletcher (Chief Executive, Homerton University Hospital NHS Foundation Trust), Nina Griffith (Unplanned Care Workstream Director), Dean Henderson (Borough Director for Hackney, ELFT), Dr Priscilla Kent (Consultant Psychiatrist, ELFT), David Maher (MD City & Hackney CCG), Jon Williams (Executive Director, Healthwatch Hackney), Nichola Gardner (Neighbourhoods Director C&H, ELFT), John Makepeace (Local Pharmaceutical Committee), Nickil Patel (Local Pharmaceutical Committee), Lorna Solomon (HUHFT Unison), Jordan Rivera (HUHFT UNISON), Dan Burningham (Programme Director Mental Health, CCG), Dr Waleed Fawzi (Older Adult Consultant Psychiatrist, ELFT) and Eugene Jones (Director of Strategic Transformation, ELFT)
Members of the Public	7
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 and for lateness from Cllr Plouviez.
- 1.2 Apologies for absence were also received from Anne Canning, Laura Sharpe and Kirit Shah.

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. She also added in relation to item 5 that she and the Mayor had been present for the GMB-initiated “Christmas card” protest in December at HUHFT.
- 3.2 Cllr Snell stated that he was Chair of the Board of Trustees of the disability charity DABD UK.

4 Minutes of the Previous Meeting

- 4.1 Members gave consideration to the draft minutes of the meeting held on 4 December and noted the matters arising. The Chair added that the PIN notice referred to in action 5.3(a) had now been circulated to the Commission members.
- 4.2 Cllr Snell thanked the Chair, the O&S officer and the CE of the GP Confederation for their contributions to the lobbying letter sent to NHSE in relation to 0-5 childhood immunisations as set out on pages 15-17. He also thanked Connect Hackney for providing the list of providers as requested and added that this group now needed to be monitored so that the great range of activity they provide can be built on as part of the Legacy Plan.

RESOLVED:	That the minutes of the meeting held on 4 December be agreed as a correct record and that the matters arising be noted.
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5 Update from Homerton University Hospital NHS FT Chief Executive

- 5.1 The Chair stated that he has asked Tracey Fletcher (TF), Chief Executive of the Homerton University Hospital NHS Foundation Trust (HUHFT) to attend the meeting to answer questions on two recent developments: the new Pathology Partnership and a pay dispute relating to the soft facilities contractor at the hospital.
- 5.2 Members gave consideration to a copy of the presentation *Pathology Partnership Outline Business Case* which had been agreed at the 18 December meeting of the HUHFT Board. The plan was to create a new Pathology Partnership with Barts Health NHS Trust and Lewisham and Greenwich NHS Trust.
- 5.3 TF summarised the key points in the agreed Outline Business Case. HUHFT Board had decided it would not be viable for them to update the service on their own and under the national challenge from NHSE to create pathology networks they looked to securing appropriate partners so as not to be at the whim of

commercial providers in going it alone. The next step was to develop the Full Business Case. No contracts had yet been signed and they would continue to be a working lab on site but the Board was satisfied with this proposal. Central to the partnership agreement was that it would be a legal agreement between three Trusts and there would be a jointly appointed MD. The three would jointly share the benefits and risks and each partner would have equal votes and a veto. Upgrading the Homerton's Pathology facility would require significant investments in IT. The agreement with the other two Trusts would give an added level of resilience to all three organisations and at Greenwich Hospital their lab was already quite new.

5.4 Members asked detailed questions and the following as noted:

- (a) Members asked what consultation there had been with local GPs. TF replied that there had been discussions and there was a local GP also on the Council of Governors. Putting together the Full Business Case would now require getting down into the detail of the clinical model and this would involve further talks with GPs and these would begin the following week.
- (b) A Member questioned the quality of the service up to now with examples of tests getting lost and asked about the interim plan. TF stated that lab services would continue on site. She added that tests already go to Royal London as well. Four years previously the service from Barts had not been very responsive but this had since been turned round and response rates were high. HUHFT closely monitors turnaround times from Royal London, Newham and Whipps Cross already. HUHFT will jointly manage the new model and so will have an opportunity to influence the other two partners and again the new partnership model will provide added resilience between the three Trusts.
- (c) A Member asked whether there would be a full public consultation before the FBC gets agreed in March. TF clarified that the FBC would more likely happen in April, not March. They are now working through the detail of which tests will happen where and the IT changes necessary and they would be seeking detailed feedback from the key stakeholders including the GPs, while this is not a full public consultation it was vital they sought the opinions of the GPs for example because they wanted to set up a service that would work and the Board would take all this feedback into account before formally agreeing the FBC.
- (d) A Member stated that it was unfortunate that this document referred to the other options considered but did not detail them and asked if this could be provided. TM replied that this paper was an overview presentation and behind it lay a very weighty document which went into the finances of each option. The challenge with this document was to put in as much information as possible while still respecting the commercial confidentiality aspects. The Chair asked if Members could see even a summary of the other options. TF undertook to investigate but commented that that level of detail would only be in the private board papers.

ACTION:	Chief Executive of HUHFT to provide Members with a summary providing more financial detail on the other options considered in the Outline Business Case.
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(e) A Member of the public questioned whether the Trust had abided by its statutory duty to engage. TF replied that it would be difficult to establish how you could do this effectively and constructively here. Enabling some public input to the discussion had been done and they had also done more than the other two partners.

5.5 The Chair moved the discussion on to the second item the pay dispute against the contractor ISS. He stated that some of the 300 staff had been paid £10.49 per hr not £10.55 i.e not the London Living Wage (LLW) and 32p per hour below the NHS Agenda for Change recommendation. There was no occupational sick pay and no sick pay for the first three days of illness. This begged the question, he added, about when HUHFT had initiated the contract what requirements they had raised with the contractor ISS and to what extent were they seeking to address these in the new contract.

5.6 TF replied that they had followed up on a number of issues with ISS who had assured them that that they would pay at the uplifted LLW rate and would backdate payments to October for all staff. They had also taken a number of questions back to ISIS re the future contract and were awaiting a reply.

5.7 Members asked detailed questions and the following was noted:

(a) A Member stated that a hospital a like a council had a social responsibility to its local community and was there leeway in the contract renegotiation to insist on comparable pay and conditions and whether this provided an opportunity to perhaps insource these functions and avoid a two tiered workforce. She added that not paying sick pay for 3 days had serious implications in a hospital as staff would be forced to come into work while ill. TF replied that they were trying to ascertain what the processes would be. They would not be able to in-source this service in the time available to them but while it could not be practically achieved in this instance, prior to the end of the current contract, this didn't rule out, in the longer term, looking at insourcing as a possibility for the future. She was asked if other Trusts were looking at insourcing soft services and she replied that they were and Trusts were moving in both directions on this issue.

(b) The Chair stated that as the contract was 5 years with a 3 year extension could HUHFT break this if they were unsatisfied with the answers they received on the sick pay issue for example. TF replied that the timeframe now made this impossible. A tender process for a contract this complex would need perhaps 18 months.

(c) The Chair invited Lorna Solomon (LS) the HUHFT UNISON rep to comment. LS stated that nobody working for ISS currently gets the London Living Wage and staff transferred since 2015 are paid below the rate by ISS. She stated she was pleased that ISS had now stated that they would pay LLW from 4 Nov. In terms of in-sourcing she stated that UNISON had raised this issue with HUHFT management for over a year now and had not received a response. She clarified that the contract was 5+2 but asked whether it could be 5+1 which would be a more realistic timetable. She added that UNISON had asked HUHFT to make a formal commitment to being a London Living Wage Employer, a commitment to which all contractors would need to comply, and

they had not done so and this had therefore made it much harder for the union to challenge the low pay rates being offered by ISS.

- (d) The Chair asked whether there was an obligation to offer back pay and whether the new contract could be 5+1. TF replied that their new Director of Workforce was picking up all these issues with ISS and she would need to get back on the contract term issue. On the in-sourcing issue their Estates Department had been through a period of instability which they had been working to remedy and in this time it would not have been appropriate to consider in-sourcing. She added that she sees the ISS workforce every day and has regular informal contacts with them. She fully understood and appreciated their commitment to the site and their pride in the Homerton as their local hospital.
- (e) LS asked TF if she could clarify on the London Living Wage Commitment issue. TF replied that she would take this issue back.
- (f) A Member expressed a concern that TF could not commit on future contracts. TF replied that this decision needed a collective Board view and she would not be able to decide unilaterally but that ISS had been challenged by them on the issue.

5.8 The thanked TF for her attendance and asked if she could report back in 3 months on progress. He also congratulated the Trust again on its recent excellent A&E performance.

ACTION:	Chief Executive of HUHFT to report back to the Commission in c. 3 months on the response from ISS on the pay and conditions issues raised by them and on the possibility of the Trust making a formal commitment to becoming a London Living Wage employer.
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RESOLVED:	That the report and discussion be noted.
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6 Integrated Commissioning UNPLANNED CARE workstream

- 6.1 The Chair stated that the Commission received a regular rolling programme of updates, in turn, from each of the 4 workstreams in Integrated Commissioning and Members' gave consideration to an update report from the Unplanned Care Workstream.
- 6.2 The Chair welcomed Nina Griffith (**NG**), Workstream Director Unplanned Care to the meeting and Members gave consideration to the update report.
- 6.3 NG took Members through the key points of the report.
- 6.4 Members asked detailed questions and the following points were noted:
 - (a) A Member expressed concern about the ongoing challenges with the GP Out of Hours and NHS 111 service in the new configuration. NG replied that call answering rates were increasing. The local GPs contacted by the CCG had also stated that the new system and that the numbers using it and the overall performance was looking much better.

- (b) A Member asked what was being done to get more people on to the Co-ordinate My Care platform. NG replied that this was a big area of focus as it was not just for end of life care planning but was also being used to support patients who are frail or patients with dementia. A lot of work had to be done on rationalising the IT issues in such a shared system. There's a current focus on ensuring that staff at the Homerton and at St Joseph's are using it appropriately. Dr Victoria Holt (previous head of CHUHSE) was brought in to review the plans and now 80% of the relevant practitioners were reviewing, editing and updating CMC plans.
- (c) A Member asked about use of co-production and in particular participation in decision making within the Neighbourhoods Programme. NG stated that Shirley Murgraff was the public rep and held officers to account. SM added that their job was to communicate with local communities and stated that Neighbourhoods needed to be referred to always with a capital 'N'.
- (d) Jon Williams (JW) added that he chaired the Communications and Engagement Group under the Integrated Commissioning Board. It was important that public reps understood both the system and how to get involved with it. It was quite challenging and exacting but this element has to work well if the whole integrated commissioning process is to succeed. It's also key to driving forward the 'prevention' agenda.
- (e) The Chair asked John Makepeace (JM) member of the Local Pharmaceutical Committee about a reference in the report on p.48 to the creation of 8 Neighbourhood Community Pharmacy Leads and asked how did this squared with the recent decision by NHSE London to cut funding for the 'Pharmacy First' programme in City and Hackney. JM replied that the 8 leads would be meeting the following day to address this and they were working for example on the flu plan for next year. The LPC was very disappointed that the funding for Pharmacy First had finally been withdrawn but was pleased that the CCG had been so supportive in their campaign against this and they were in discussions with the CCG about possible alternative approaches. Nickil Patel (NP) stated that he was one of the Community Pharmacy Leads and was the Vice Chair of the LPC. He stated that under that previous Minor Ailments Scheme (called Pharmacy First locally) that pharmacies got £5.90 per consultation, per patient. The scheme allowed patients to bypass GPs and therefore reduce the pressure on the latter for appointments. Pharmacists would still refer people to GPs if issues were more serious. The scheme also helped divert people from A&E and assisted with Hospice care arrangements.
- (f) Michael Vidal, a member of the public and a Workstream Public Rep, added that the current guidance on Over the Counter Medicines had no clear definition of "socially vulnerable" on which that system depended. Public Health had assisted the CCG Medicines Team in coming up with a local definition. The CCG was devising a communications plan regarding what replaces 'Pharmacy First'. NP added that patients were as disappointed as the LPC with the withdrawal of this scheme.

6.5 The Chair thanked NG for the update and all contributors for their attendance.

RESOLVED: That the report and discussion be noted.

7 Community Mental Health Transformation in City & Hackney

7.1 The Chair stated that the East London Foundation Trust had been awarded funding from NHSE to undertake a radical redesign of community mental health services arising from the national *Community Mental Health Framework for Adults and Older Adults*. Members' gave consideration to a briefing report.

7.2 The Chair welcomed to the meeting

Dr Priscilla Kent (PK), Consultant Psychiatrist, ELFT

Dean Henderson (DH), Borough Director City and Hackney, ELFT

Nichola Gardner (NG), Neighbourhoods Director, City and Hackney, ELFT

7.3 DH took Members through the report. He added that for 20% of the patients whom ELFT supported the delivery happens in Primary Care with 80% in secondary care and the aim of this broad national transformation programme was to shift that around. It represented a huge change in focus to localise and target mental health support into Primary Care. PK added that the focus was to bring services outside of hospitals and Community Mental Health Teams and to better integrate with primary care. She described the pilots in Hackney Marches Neighbourhood effectively extending the 'crisis café' concept and focused around a community centre in the Kingsmead Estate and another project in Clissold Park Neighbourhood.

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

- (a) The Chair asked if this work involved IAPT and DH replied that no, the focus here was SMI (severe mental illness). The Chair asked whether the 5 Mental Health Community Workers per Neighbourhood would be in GP surgeries. PK replied they wouldn't because many GP surgeries are small and there was a need for more space so there is a focus on sites such as community centres.
- (b) Members commented that the move from 20:80 primary to secondary care split to 80:20 was massive and asked what the driver was and what medical evidence was there that it would be an improvement. DH replied that the drivers was better support and long term care. Currently they supported 1500-2000 in the community with outpatient follow up. In addition there would still be 800-1000 that will need some support in secondary care and the other 2000 could be seen in a primary care or community setting, every 1-3 months. The aim was to support them more actively and, for this cohort, the care goes out to them rather than them having to attend outpatient appointments.
- (c) A Member asked that while this model is based around Neighbourhoods how would it cater for BME, LGBT, older people and young people. She added that Young Black Men for example get sectioned more because the services do not meet their needs and how this new model might use co-production approaches to address this. PK replied that their outreach is very much focused on those who don't engage easily. They go into communities such as Kingsmead Estate and run activities which will promote mental health wellbeing such as cycling, running, boxing etc.

- (d) Members asked what evidence ELFT had that they would get clients in via this new approach. Which groups are so far amenable to working with ELFT. PK replied there were a number of examples such as the boxing at Hackney Marshes Neighbourhood, the football programme out of King's Hall as well as work with Turkish-Kurdish and with LGBT groups.
- (e) The Chair stated that Living in Hackney Scrutiny Commission had asked this Commission to ascertain what work was being done in mental health on transition of Young People to adult services. Their review on serious violence raised the issue of knife crime and how young people are being so adversely affected. Was ELFT working with the Gangs Unit and the Met Police in any way to support those who are vulnerable and what outreach would they consider. PK replied that they were going into schools and working on mental health support there. She added that Council officers would be better placed to respond. NG added that she was having a meeting in February with the Met to address these issues.
- (f) The Chair stated that the point of transition from CAMHS to adult mental health services remained a problem and asked what was being done on transition. DH replied that this was a very important area of focus for ELFT and that they worked closely with officers in the CAMHS service and suggested that Sarah Wilson from ELFT's CAMHS team could update the Commission on this. Another Member commented that it is not just about transition of the individual. Boys and girls were being groomed and intimidated and there must be ongoing liaison between all the partners to figure out how best to tackle these problems at root he added. David Maher (CCG MD) replied that the new NHS Long Term Plan clearly set out an expectation for mental health support to be seamless from the ages of 0-25 and this would drive the approach to the work. DH added that ELFT was involved in the Young Black Men programme for a few years now and one of the main challenges was the level of school exclusions. Dan Burningham (Programme Director, Mental Health, CCG) added that the current structures were a consequence of the funding history. This Community Mental Health funding being discussed here did not cover transition or IAPT. However, there was significant levels of investment in CAMHS initiatives taking place separately and there was also separately major investment going into IAPT. He added that each element received different strands of funding. The VCS was included in this community mental health transformation work because they have reach into communities that the Trusts do not and this is the reason for the references in the document to the need for a blended team.

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

RESOLVED: That the report be noted.
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8 Consolidating dementia and challenging behaviours in-patient wards

8.1 The Chair stated that at its meeting on 4 November the Commission considered a proposal from ELFT and the CCG to consolidate all older adult in-patient beds for patients with challenging behaviour and complex psychiatric symptoms of dementia across east London into one site at Sally Sherman Ward at the East Ham Care Centre. This would involve consolidating beds from Thames House Ward at Mile End Hospital into Sally Sherman ward. The

Commission reserved its endorsement of the proposals subject to a site visit and the Chair and the Vice Chair attended a site visit to both sites on 24 January.

- 8.2 The Commission gave consideration to a revised report from ELFT and the Chair welcomed to the meeting:

Eugene Jones (**EJ**), Director of Strategic Service Transformation, ELFT
Dan Burningham (**DB**), Programme Director Mental Health, CCG
Dr Waleed Fawzi (**WF**), Consultant Psychiatrist, ELFT

- 8.3 The Chair stated that following the site visits attended by himself and the Vice Chair his concerns about capacity had been addressed and the Sally Sherman Ward provided far better surroundings than Thames House ward. He was still of the view that it was not correct to say that Thames House had been an improvement from the previous location at Cedar Lodge in Hackney.

- 8.4 The Vice Chair stated that as the Council's Dementia Champion she had been pleased to see the environment in Sally Sherman which was more calming and which had been decorated appropriately and had a gym and Namaste care etc on site. The site at Mile End where 6 patients shared a bathroom was not ideal. She took issue with the framing of this cohort as "displaying challenging behaviour" because that behaviour was often a consequence of their surrounding environment. She had had concerns about the distance of the move but the quality of new venue somewhat made up for this. She stated that staff had mentioned that once patients are discharged to nursing homes they do not return but she had a concern that nursing homes simply do not have the resources or skills to support this small but challenging cohort. There was a danger that in nursing homes the medication levels would be increased to calm patients whereas they had seen the more personalised attention that distressed patients can receive in the ELFT wards.

- 8.5 Members asked detailed questions and the following responses were noted:

- (a) Dr Fawzi (WF) stated that 99% of this patient cohort come from the dementia ward pathway. Some people with dementia become aggressive and are difficult to manage and so cannot be catered for either in care homes or at home. He added that as the care pathways improve the Trust will require fewer continuing care beds for example there used to be 60 in Hackney. By the time most of these patients have completed their care journey at East Ham Care Centre they will just require physical care, they won't be able to walk and there will be the physical deterioration associated with late stage dementia. He acknowledged that moves can be very distressing for dementia patients but the priority was to have patients in the setting where they can get the best care at each stage of their pathway. He added that local Care Homes can be proud of the care they provide for non-challenging patients with dementia and they do their best to provide reasonable levels of stimulation.
- (b) A Member asked what support went into Care Homes to help them up-skill. EJ replied that they were in the process of looking at investment in community pathways and upskilling and engaging care home staff was part of this. They would engage with nursing homes and also work on a rapid response service to

support the homes. They would also work on up-skilling on prevention so as to avoid admissions to secondary care.

- (c) A Member asked how they decided on which patients can be in-patient and which could be supported in care homes. WF replied that the focus was always on ensuring the patient was in the correct environment with the appropriately trained staff. He explained that there were a number of reasons as to why this cohort would display challenging behaviours. Some display challenging behaviours because of psychiatric conditions e.g. delusions and this can be treated with medication. Some of this cohort are disorientated and they are oriented by use of special signage in the wards, by speaking slowly, by holding hands and by helping them to eat etc. Some in this cohort might have a history of aggression or violence and when this is high level they might require sedation.
- (d) Michael Vidal, a resident and public rep on the Planned Care Workstream, took issue with the references on p.83 of the report which stated that the proposal had been “endorsed” by the CCG Governing Body and Planned Care Core Leadership Group. He stated that this was not correct. He also asked why the table at 6.7 only focused on those over 65 and asked what the projections were for those under 65. WF replied to the latter by stating that the projections were based on all presenting need but that there were very few presentations with early onset. EJ added that Members would have met a client with early onset on the visit. WF added that the NHS nationally had very few places for early onset dementia and so many end up with older patients or in settings which can be a long way from home. EJ stated that in relation to the two committees they had endorsed it subject to a clarification on travel. David Maher (MD of C&HCCG) commented that this was a technicality. He had been present at the Governing Body meeting and the proposals were supported however it was not a formal decision.
- (e) Jon Williams (JW) (Executive Director Healthwatch Hackney) stated that he had received feedback on the proposals from the Alzheimer’s Society survey of staff. They had expressed concerns about the move. They felt that the move would discourage family and friends from visiting the new ward in East Ham. There were some concerns about the operation of the taxis or travel passes by family and friends and they would prefer a ward in Hackney. He added that ‘Dementia Voice’ had also been asked about the move and had expressed similar views including the comment that “I feel people with dementia are being forgotten about”.
- (f) Carol Ackroyd (Hackney Keep Our NHS Public) echoed the comments from Healthwatch. This group were difficult to support in family homes and asking family and friends to travel long distances out of borough was a problem. She added that plans were being worked up to re-develop the St Leonard’s site and they were not taking any of this mental health bed capacity issue into account. She asked couldn’t such services be better provided in Hackney at the remodelled St Leonard’s.
- (g) Shirley Murgraff (SM) (Hackney Keep Our NHS Public) commented that she agreed with Michael Vidal on the Governing Body decision. She took issue with the reference in the report that the voice of services users/families had been taken into account stating this was small number whilst the City &

Hackney Older People's Reference Group had not been consulted. She added that nursing homes were also moving further away. As the population aged the carers for older people would themselves be old and there was a failure to look at longer term needs and the possibility of using St Leonard's for these services needs to be addressed. EJ replied that the patients' families visited Sally Sherman and were pleased with it. SM dismissed this.

- (h) EJ replied that the reduction in bed capacity has been well evidenced over many years. In the past more were needed and now only 4 or 5 beds were needed in Thames House ward for this cohort making it no longer feasible, hence the consolidation plan. If, for example, a ward such as this could be created at a future St Leonard's site it would of course have to take patients from outside the borough to make it viable. There is no sufficient scope or capacity in the re-designed St Leonard's for a ward such as this, he added. DH added that once capacity goes below certain levels and there is for example no back up it becomes unsuitable for use. A City and Hackney ward on its own had become unviable and was so merged into Thames House and this is now being consolidated in Sally Sherman ward as the situation evolves. The consolidation creates a centre of excellence and centralises expertise it also locates it with other physical health support nearby. ELFTs offer of transport for the few families and friends from Hackney and Tower Hamlets who will be affected will be sufficient to help mitigate the impact of the move.
- (i) The Chair asked if there could be an audit mechanism put in place at East Ham Care Centre to record the transport usage and that a clear auditable process is set up to ensure that information about the transport officer is clearly imparted to the family and friends of each affected patient. EJ replied that there could as travel was already a KPI. WF also pointed out that currently there are some patients in Thames House ward in Mile End from Hackney that get discharged to Mary Seacole Home (at St Leonard's) so there are examples of patients returning to Hackney already.

ACTION:	ELFT is asked to set up an auditable process to ensure that the transport offer to families of friends from Hackney and Tower Hamlets has been clearly imparted and that there is a record of how much the transport offer has been taken up.
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- (j) The Vice Chair asked if Healthwatch could be brought in to review how the move had worked. EJ replied that they could and this would be helpful.

ACTION:	ELFT to invite Healthwatch Hackney after a suitable time to review how the move from Thames House Ward in Mile End to Sally Sherman Ward at East Ham Care Centre for this cohort is operating and for Healthwatch to report back to the Commission.
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- 8.6 The Chair thanked officers for the site visits and for the reports and stated that he was now minded to endorse. Cllr Maxwell stated that she would also endorse but would ideally like to see such a ward in Hackney. Cllr Oguzkanli stated that he could not endorse it. In his view any service could be provided elsewhere. Cllr Pouviez stated that she was not minded to endorse and was agnostic on it. She stated that she continued to have reservations about the

Wednesday, 29th January, 2020

whole care pathway here and wondered if it was a good provision that only a few lucky people can get into. Cllr Snell and Cllr Spence stated that they were minded to endorse.

RESOLVED:	That the proposal be ENDORSED with 4 votes in favour and 2 against.
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9 Health in Hackney Scrutiny Commission- 2019/20 Work Programme

9.1 Members noted the updated work programme.

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

10.1 There was none.

Duration of the meeting: 7.00 - 9.15 pm



<p>Health in Hackney Scrutiny Commission</p> <p>12th February 2020</p> <p>Hackney Local Account of Adult Care Services 2018/19</p>	<p>Item No</p> <p>5</p>
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OUTLINE

Attached please find a copy of the Hackney Local Account of Adult Care Services for 2018/19.

Each year the Commission gives consideration to this report which looks back at the previous year in Adult Services.

The previous edition (2017/18) was considered at the meeting on [12 March 2019](#)

Attending for this item will be:

Anne Canning, Group Director CACH
Simon Galczynski, Director Adult Services

ACTION

The Commission is requested to give consideration to the report.

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Report Title	Hackney Annual Report of Adult Social Care Services 2018/19
Meeting	Health in Hackney Scrutiny Commission
Report Owner	Anne Canning – Group Director, Children, Adults & Community Health Services Simon Galczynski – Director, Adult Services
Report Author	Charlotte Taylor, Strategic Programmes Manager Sophie Jobson, Executive Support Assistant
Date	12th February 2020

1. Summary:

1.1. This report accompanies the London Borough of Hackney's (LBH) Annual Report of Adult Social Care Services for 2018/19. This report was formerly known as the Local Account, however this year we have changed it's title in response to feedback from our Experts by Experience (residents who have used our services, and their carers) who have worked with us to coproduce the document and suggested that this changed title was more accessible for people in Hackney.

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

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

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

1.5. The Health in Hackney Commission is asked to endorse Hackney's Annual Report for 2018/19 and is invited to make suggestions for the further development of the next Annual Report for 2019/20.

2. Background / History:

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

2.2. Co-production with people who use our services has been integral to the design, feel and content of this Annual Report. We sought their feedback on last year's Annual Report and ensured that we acted on what they liked (short service specific sections, vibrant colours, large figures) and didn't like (jargon, some aspects of the presentation, the title of the report). This primarily involved Adult Services hosting a series of focus groups with service users including members of the Making it Real board in July and September 2019 whereby attendees reviewed the last Annual Report and provided feedback and suggestions for improvement. This feedback and suggestions for improvement were then built into the design and structure of this updated Annual Report.

2.3. The Annual Report also includes a dedicated co-production page, which was written by those people who use our services and lists all of the activities that people have been involved in to help shape and transform our services. This page was written by the Making it Real Board; a group of individuals who use services or care for someone who use services, who we refer to as experts by experience. This demonstrates our ongoing commitment to coproduction and shows how coproduction activities have been increasing each year, with aspirations for even more coproduction in 2019/20.

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

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

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

3 Key highlights and Issues:

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

3.2. Demand continues to rise for Adult Services and the people we are supporting have increasingly complex needs. Adult Services is focusing on our approach to providing support to people through our 3 conversations strengths-based approach where we will be working with residents to network them into the rich variety of services and activities across the borough. In addition, the 3 Conversations approach provides highly personalised support to individuals who are experiencing crisis, supporting them to overcome crisis and to remain independent and healthy living within their communities.

3.3. Despite the cuts in government funding, LBH has continued to protect funding for Adult Services as far as possible, in the context of increasing demand. The Council's gross spend on Adult Social Care has increased by £12.959 million from £117.851 million during 2017/18 to £130.81m in 2018/19 and this includes significant levels of non-recurrent funding. Adult

services continues to wait for a long term, sustainable funding settlement for social care from the Government.

3.4. In 2018/19 3,142 people who were directed to other types of help and support including community activities encouraging them to remain healthy and well and encourage them to actively participate in the community.

3.5. During 2018/19 a total of 457 people received support via a direct payment, which remained the same as in 2017/18. There is a constant turnover of people receiving Direct Payments, with new people choosing to arrange their support via a direct payment and other people moving away from Direct Payments but our overall numbers remain largely the same. We have ambitions to increase this in 2019/20 and there will be continued efforts to bring the proportion of residents receiving support via a direct payment or part direct payment, in line with the London average, offering increased choice and control to people who receive care and support.

3.6. In 2018/19 there were 1,136 carers supported by Adult Services. Of these, 1,031 carers were either assessed or reviewed and went on to receive a Direct Payment, respite or information and advice to support them in their caring role. This represents an increase of 40 from 2017/18. As we continue to work with carers to shape our new services, we hope that in 2019/20 the number of carers accessing support in Hackney will continue to increase.

3.7. The Council and its partners will continue to undertake work to improve performance. An area of focus for the Council is our continued work around Delayed Transfers of Care (DToC). Over the past year we have seen a substantial improvement in our performance with DToC, as there was a 28% decrease in the number of Delayed Transfers of Care during 2018/19 (a total of 5750 DToCs) compared to 2017/18 (a total of 8039). Delayed Transfers of Care continues to be a key priority and closely monitored by health and social care commissioners and providers.

3.8 Whilst the inspection of our Housing with Care scheme by the Care Quality Commission (CQC) in 2018-19 was disappointing as we were rated 'Inadequate', there has been a lot of work completed to ensure that improvements were made in the areas highlighted during the inspection. In July 2019 the services were reinspected by CQC and the service was given a rating of 'Requires Improvement' which is an improvement on the 'Inadequate' rating demonstrating that our improvement plan is working but there is still more work to be done.

3.9 Hackney Shared Lives Scheme was inspected by CQC in June 2019 and achieved a 'Good' rating in all domains.

4. Next Steps for the year ahead

4.1. We remain committed to our approach to enable people to remain living independently at home and within their communities. This will be at the heart of everything we do.

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

4.3 We will continue to embed our strengths based approach to practice through the 3 conversations approach, supporting our residents in a personalised way and ensuring that they are able to access the right support at the right time. This approach focuses on how Adult Social Care services can work with service users and their families to collaborate and develop care and support that puts them at the centre and supports them to achieve the outcomes they want from their lives

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

4.5. We will continue to embed coproduction with people who use our services, carers and partners across the work we do in Adult Social Care, recognising the value of involving people from the outset when shaping our services.

4.6. As part of our redesign of the Integrated Learning Disability Service, we will continue to focus on supporting young people through our Preparing for Adulthood work who support young people moving from Children's services into Adult Services.

4.7. We will work closely with our partners to continue to move to a model of Integrated Care to ensure more joined up approaches to health and social care and better outcomes for people. A key priority over the coming year will be our work to align the services we provide with health partners within neighbourhoods across the borough.

5. Recommendations

5.1. It is recommended that the Health in Hackney Scrutiny Commission endorses the Annual Report for 2019/20.

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

Adult Services

Annual Report 2018–19



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Message from Cllr Feryal Clark



I welcome this opportunity to introduce the first Adult Services Annual Report. The report was previously known as the Local Account for Adult Social Care Services – the name has changed

in response to feedback from people who use our services. The Annual Report remains an accessible document which looks at the progress we have made against what we said we would do last year and what we plan to do in 2019–20 and beyond.

These are challenging times for all local authorities, with central government reducing funding and the competing demands on services increasing. Nowhere is this pressure felt more than in Adult Services. People are living on average for longer, with an increasingly complex range of health and social care challenges. Adult Social Care is now the single largest area of budget spend by local authorities.

Council-wide we will need to take challenging decisions while protecting our most vulnerable residents. We will continue to embrace innovative solutions to support people, particularly through preventative measures. This means working with people as early as possible to maintain their independence and improve their wellbeing.

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

Key to this is ensuring that residents continue to be an integral part of co-producing and designing services. On behalf of the Council I would like to offer our thanks to those residents who gave their time to help us to shape our services. This includes the design and content of this Annual Report.

We hope that you find this an interesting and useful insight into how we are delivering the vital services to residents in the Borough.

Councillor Feryal Clark
**Deputy Mayor and Cabinet
 Member for Health, Social
 Care, Leisure and Parks**

Message from Anne Canning



2018–19 has been both an exciting and challenging year for Adult Services. This Annual Report gives an overview of how we have worked to continue to support Hackney

residents with their care and support needs.

We have included information about our services and some of the things that we achieved between April 2018 and March 2019. We have also acknowledged areas where we need to change and improve over the next year.

In the last year, we have made bold decisions to redesign our services, transform our workforce and continue to support our residents to live independently within their homes and communities.

The ‘Three Conversations’ approach is in the process of being rolled out across Adult Social Care. This will offer a stronger relationship between staff and people who use services. The new approach aims to make use of support in the community and focus on how we can support people to live the lives they want to lead.

Work on integration with other support services such as health and community partners continues through the Neighbourhoods programme. The aim of this work is to ensure all services work together to provide the quickest, most efficient and comprehensive support to people who need it.

One of our key successes this year has been our focus on recruitment, which has increased our permanent workforce. This will support the development of our staff and improve the continuity of care for people who use our services.

We are committed to giving our residents and service users a real voice in the design and delivery of our services. I would like to thank those people who have given their time and efforts to help us shape our service, whether that be taking part in service redesign, being part of our recruitment panels or helping create this document.

Thank you for your interest in reading this year’s Annual Report. We appreciate your feedback about this document, and value your opinions on our performance.

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

Message from Jon Williams



Services get better when you involve people from the very start. We are delighted the Council has made considerable progress with involving local people.

During 2018–19, carers helped to design the new carers' service; autistic residents co-wrote the Hackney's autism strategy and 'experts by experience' sat on social worker recruitment panels. And we are pleased this report has been produced working with the Making it Real group of residents.

These examples show Hackney Council takes seriously its commitment to the Hackney Health and Care Coproduction Charter.

A highlight of the year was the opening of Oswald Street, a state-of-the-art day centre for residents with the highest level of social care needs. Healthwatch Hackney recently conducted an 'Enter and View' visit to the centre. We were impressed by what we saw and look forward to sharing our report with you soon.

We also welcome the advent of Housing First in Hackney which will improve care for people with complex mental health and social care needs.

We know the Council is ever vigilant about tackling social care delays that prevent people being discharged from hospital. Despite some improvements, we remain concerned Hackney still lags behind the London average. We fear the problems with delayed discharges may be due in part to the shortage of local care beds.

Healthwatch welcomes action to support people's independence while continuing to ensure people have access to statutory care when they need it.

The 'Three Conversations' approach sounds interesting. We are keen to see how this improves the lives of people with support needs. We would caution the Council against using this approach as a pretext for providing informal, instead of statutory support, to people who need it, including people with learning disabilities.

As the Council sets ambitious targets for moving people with support needs onto direct payments, we urge them to make sure people get a real choice about making this move and taking on the risks and responsibilities direct payments entail.

Housing with Care is a key local care service supporting some 240 vulnerable residents. We are reassured by how quickly the Council moved, to address problems in the service following a critical Care Quality Commission, (CQC), report. Healthwatch Hackney will continue to collect the views of people who use Housing with Care to shape the improvement plan.

We welcome the revival of multi-disciplinary care and health teams based in the community. Joint working works. People want care closer to home. They also want Homerton Hospital to be there to support them, with a full range of services when they need them.

It is impossible to talk about adult social care without mentioning the deep cuts to care funding across the country. The Council has worked hard to protect social care budgets. Despite this, £29million has been lost from Hackney's adult social care budgets since 2010–11. Cuts take their toll. For example, last year residents with visual and hearing impairments lost their specialist 'sensory' service which was subsumed by generic occupational therapy services. The proposed review of the area is therefore welcome.

The challenges in adult social care funding are likely to continue so it is vital the Council continues to be open and transparent about the scale and impact of these cuts. We will continue to work with the Council to ensure local people are involved in the decision-making to tackle this continuing difficult environment.



Jon Williams
Director,
Healthwatch Hackney



What is the Adult Services Annual Report?

The Council produces a report annually to tell people about Hackney’s Adult Social Care services and how they help adults with care and support needs in the borough. In previous years this report has been called the Local Account, but following feedback from people who use our services, the name has been changed so it is more meaningful for people reading the document. The report aims to be balanced and open, providing useful information to describe what we have done in 2018–19 to meet people’s needs and how we plan to build on this in 2019–20.

The Annual Report tells people:

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

What people who use services have told us about this document

We have talked to people who use services to get their views about the Annual Report, such as what should be included and to share ideas to make it clearer and a more interesting read. It is key that people who use our services and residents of Hackney have the opportunity to shape this document and we would like to thank all of those involved in shaping this year’s edition.

How to get a copy of the Adult Services Annual Report

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



Write to:

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

Tel: **020 8356 6262**

Email: access@hackney.gov.uk

A group of people who use our services and their carers, (also known as Experts by Experience), were invited to review the Local Account 2017–18 to make comments and suggestions for the new Adult Services Annual Report.



Your feedback on the Adult Services Annual Report

You said...

You wanted the document to be shorter, in a more compact size and with no repetition of the same information.

The paper used was too thick and difficult to handle.

The index should have numbers against every item and you wanted page numbers visible on every page.

The page on 'co-production' should be jargon free (explaining the terms 'co-production' and 'experts by experience') and better designed so it is easier to read, especially for people with learning disabilities.

You wanted to know how often the document is viewed online.

The document should have a name which means something to people who use our services – the Local Account sounds too much like a finance document.

The document should be better advertised so more people know about it and read it.

More information should be provided on the type of compliments received by Adult Services.

We did...

We spoke to the design team and they said they could not print a smaller sized document. However we have tried to make this year's Annual Report more concise, with fewer blank spots of paper.

We have identified a thinner paper that is also less slippery for this year's printed edition.

We have made sure there are page numbers against each item in this year's index and page numbers are visible.

These changes have been incorporated into the page on 'Working with service users and carers'. We also produce an Easy Read version of the document.

There is a widget, (gadget), that needs to be added to any webpage to count the number of visits to each page. This will be added this year so we can keep track next year.

This year, the document's name is the Adult Services Annual Report, as suggested by our Making it Real Board.

We have been working on a communications strategy for this year's document to ensure people are aware of it.

The compliments received are broken down into categories in the relevant section.

Adult Services in 2018–19

Key Achievements

Improvements in getting people discharged from hospital on time

Over the course of 2018–19, the number of people who had Delayed Transfers of Care, (DToCs) from Homerton Hospital continued to decrease. Delayed Transfers of Care occur when people who are medically fit for discharge have to stay in hospital. This can happen when people are being discharged home, with appropriate support, or to a supported care facility such as a residential or nursing home or a community hospital. Delays can be caused by an incomplete assessment of the person's needs, funding delays, a lack of a suitable placement, housing or care package and disputes about where people can go. These delays can cause considerable distress and unnecessarily long stays in hospital. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other people. Hackney's performance against neighbouring boroughs with similar populations and challenges has improved over the year.

There was a 28 % decrease in the number of delayed transfers of care during 2018–19 (5750) compared to 2017–18 (8039). In addition, Hackney achieved the monthly targets set by NHS England five times in 2018–19, a significant improvement upon the previous year.

We put the success in reducing our Delayed Transfers of Care down to a number of factors including:

- Recruitment of a stable management team and increased management oversight with three new senior practitioner social workers.
- Recruitment of permanent staff members.

- The 'Discharge to Assess' pilot.
- New guidance issued in 2018 by the NHS to support a reduction in delayed transfers of care.
- Increase in beds commissioned for placement at a local care home.
- 'Services without prejudice' which is explained in more detail below.
- Rigorous review of the causes of delay and the application of long term solutions.

The Discharge to Assess pilot started in August 2018 and will run until February 2020. The project allows people who no longer need a hospital bed but do need care after leaving hospital to be discharged home with a high level of short term support. This support remains in place while their longer term care needs are assessed and an appropriate care package decided on. This means people can leave hospital before these assessments are completed but in a way that is safe and meets their needs.

There is a similar scheme called 'Services without prejudice' for people who need to be discharged to a care home. People are discharged to a suitable placement, whether this is a nursing or residential home, with a high level of support before a full social work assessment is completed. The person, along with their family and social worker, complete an assessment in the placement to establish their long term needs. The person's welfare is safeguarded by the support put in place in the short term.

Delays are only part of the picture for our hospital social work team – many Hackney residents are admitted and discharged from local hospitals supported by the local authority without ever being delayed.

However, increases in admissions, and the complexity of some people's situations, can add to the work of the integrated discharge service as they work to find solutions to support people as they leave the acute care setting.

Delayed transfers of care continues to be an issue that is closely monitored by health and social care commissioners and providers.

Recruitment of permanent workforce

In November 2018, we launched our campaign to recruit a permanent social care workforce, by launching a dedicated Adult Services recruitment website and advertising for the best talent locally and nationally. The recruitment of permanent social workers leads to a more stable workforce, more continuity of care for people who use our services and a better team culture within services. It will also allow Hackney to attract and retain talent, supporting our social workers to develop and adopt our strengths-based approach in their work.

The first phase of recruitment successfully recruited a team manager, a senior practitioner and ten social workers across Adult Services – 12 new members of staff in total. For the team manager role, we had co-produced recruitment panels, with Experts by Experience taking part in all interviews.

Progress on working together across health and social care – the Neighbourhoods programme

In 2018 Adult Social Care continued to work with partners on the Neighbourhoods Programme, which will work to deliver joined up care with health and community voluntary partners in City and Hackney. Each of the eight Neighbourhoods will consist of a population of about 30,000 to

50,000, with different groups and services all working together to provide care which is centred around the needs of the person. The programme will integrate physical healthcare, mental healthcare and social care, reducing the amount of time and effort it takes to get people the support they need. This will mean:

- A lead worker for each person who uses services will be identified to coordinate care
- Support needs will be identified earlier and there will be quicker and easier access to services
- Professionals will work together better and communicate more regularly
- Care will be received within the person's Neighbourhood i.e. closer to home
- The views and wishes of the person receiving services will be at the centre of care planning with professionals
- Greater knowledge and use of local assets, such as community spaces and groups, green spaces and religious organisations, by professionals

In 2018–19 the project:

- Trialled the new way of working with a social worker and occupational therapist to establish how well it works in practice
- Planned and developed new ways of working to test out working with different agencies, such as GPs and other health services, within Neighbourhoods
- Started to attend Multi-Disciplinary Team (MDT) meetings within GP practices across the Neighbourhoods

- Completed an in-depth piece of research into better understanding the needs of people with particular vulnerabilities who use our services and how we can improve the way we support them. Evidence suggested a multi agency approach was successful in supporting this group.
- Continued to embed lessons learnt from the Safeguarding Adults Reviews into the practice approach across the Neighbourhoods. This includes a shared sense of responsibility in managing risk and safeguarding to ensure vulnerable people who use our services receive the support they require. For more information about Safeguarding Adults Reviews please see page 13 of this report.

Planning the Three Conversations approach

Three Conversations is the new approach to the way Adult Services works with people. The approach was pioneered by an organisation called ‘Partners4Change’ and used in other local authorities with great results; positive outcomes for residents. The approach has some simple rules to keep our work with residents innovative, highly personalised and focused primarily on people’s strengths and how they want to live their lives. The approach promotes independence, by working more closely with families and engaging people with their community. Three Conversations also prioritises the importance of the interaction between staff and people who use our services to find solutions, and minimise the bureaucracy of forms and processes that can often get in the way. The adoption of this approach has been informed by feedback from people who use our services and members of staff about how they would like us to work.

A group of practitioners in the Information and Assessment Team volunteered to be part of the first group of staff working in this way. This group is called our ‘innovation site’ which is where we test the approach and learn what works and what doesn’t. It was agreed that the approach would be trialled in specific locality areas, in keeping with the Neighbourhoods approach. London Fields and Hackney Marshes were chosen to be the first areas and we hope to start this work in May 2019. We have a team of staff who work to support the innovation site by communicating with voluntary organisations and other parts of the Council so care and support is joined up for people as much as possible. We have a group of Experts by Experience who will feed into key developments and areas including branding the new approach for the borough and feeding back on how helpful people are finding the new approach.

Throughout this planning stage we have been communicating with other local authorities who have successfully applied the approach, learning from them to ensure a smooth transition for Hackney as we move to this model in 2019–20.

Co-production

Hackney continues to involve people who use our services and their carers in all aspects of planning and delivery of projects. There is further information about the work that happened in this area last year on page 25.

Areas for improvement

Housing with Care

Housing with Care supports up to 280 people in 14 schemes across Hackney. These schemes provide care and support to people in ‘supported living,’ so they can live in their own homes as independently as possible. The service is designed for people mostly aged 55 plus, who have both housing and support and care needs.

The Care Quality Commission, (CQC), came to inspect the Housing with Care service in November 2018. The scheme had previously been rated ‘Good’. The latest inspection identified a number of concerns and gave the scheme an ‘Inadequate’ rating. The quality of care observed by the inspectors was positive but there were concerns around quality assurance and administration.

An improvement plan was implemented in response to the inspection report.

The plan achieved the following:

- Better personalised care plans completed with all service users, in partnership with their relatives
- More risk assessments completed with people to keep them safe
- More training for staff and closer checking of attendance
- Better systems for checking and improving the quality of the service, responding to issues or complaints, and overseeing actions
- Better communication with service users and relatives, such as letters and new Housing with Care forums for service users, relatives and friends
- More permanent staff have been recruited to improve the consistency of care by reducing the number of agency staff

Our annual report for 2019–20 will provide further updates about the work completed to improve our CQC rating. In July 2019 the Housing with Care service was reinspected by CQC and the service was given a rating of ‘Requires Improvement’ – an improvement on the ‘Inadequate’ rating. It demonstrates that the improvement plan is working but there is still more work to do.

Increasing uptake of Direct Payments

Direct Payments are about giving people choice and control in how their care is delivered and how their needs are met. It is Hackney’s intention to explore every opportunity to increase the number of people who make use of direct payments. This is in line with our new approach ‘Three Conversations’ where we expect to see more creative support plans developed with people who use our services, putting them in control of the care and support they receive.

Over the last 12 months, high staff turnover has made it difficult for us to increase the number of people on direct payments. Now that a recent recruitment drive for permanent staff has been successfully completed, we are in a better position to increase direct payment numbers in Adults Services, across social care and health.

We will be initiating a wide ranging training and information programme for all staff, to raise awareness of the different ways in which direct payments can be used to meet social care and health needs for people in the community. We will also be raising awareness amongst people who already use our services who may currently use other methods to receive services, but who may want to consider moving some or all of their services to a direct payment. We recognise that direct payments are not for everyone but they are an important part of a more personalised approach.

Working to promote independence and making use of preventative services

Our programme to transform Adult Social Care in Hackney is informed by the idea of ensuring people live healthy, independent lives in the community for as long as possible. This includes projects which aim to prevent the need for long term services, including supporting people to be part of their community and making use of the resources available to them without a need for our services where appropriate. Our interventions will continue to have this as their focus in 19/20.

Learning from SARs

In 2018–19 we completed two Safeguarding Adults Reviews (SARs). The primary aim of SARs is to ensure that the quality of care is improved in response to occasions where we think we could have done better. They are complex documents which are compiled by an independent reviewer who brings together information from all agencies involved in caring for the person who was receiving services.

Following the completion of a SAR, the Safeguarding Adults Board in Hackney formulates and oversees an action plan in response to the recommendations of the review. We will aim to complete the action plans for these two SARs in the next year where possible. For more detailed information on the safeguarding reviews from 2018–19 and the response to them, please go to

 hackney.gov.uk/chsab-sars

Future Plans for 2019–20

Continuing our approach to recruitment

We will continue to grow our permanent workforce. Phase two of the recruitment campaign is planned for June 2019 and will be for all levels of social care staff.

To support our new workers, we will be planning a new Adult Services induction programme. This will induct all new starters into Adult Services into Hackney's ethos. This includes understanding our strengths-based approach which recognises the strengths of individuals, and seeks to support people to make best use of their existing resources, to ensure they can live as independently as possible, for as long as possible.

We will gather feedback and learning from the induction of our phase one new starters into further long term induction plans for the department. This will include consulting people who use services to get their views on the induction for our permanent workforce.

Moving to the Three Conversations approach across the borough

This year we will be launching our first innovation site, with a team of eight practitioners ranging from social workers to occupational therapists. The practitioners themselves have been key in the initial stages of shaping processes and understanding ways of working linked to the approach.

Throughout the duration of innovation site, which will initially be 12 weeks, we will be learning about what works and what doesn't. We will then be using this learning to roll out this approach to other teams across Adult Services.

We will:

- continue to work with Experts by Experience, involving them to support us in shaping this new way of working and keeping them informed on progress.
- build on partnerships with our health and voluntary and community sector colleagues, creating further understanding of Three Conversations and how we can work together to support the approach.
- focus on methods to upskill staff by promoting a more collaborative way of working within the whole of adult services, including exploring how service users and carers can be involved in these developments, for example through learning and development delivered by service users and carers directly.

Progress on working together better across health and social care – the Neighbourhoods Programme

In the next year, the Adult Social Care Neighbourhoods project will:

- Plan and develop more joined up working with other organisations that are involved in providing care and support for people who have complex needs such as GPs, mental health teams and the voluntary and community sector.
- Co-produce with Experts by Experience multi-agency approaches to case management in a personalised way.
- Work with the multi-disciplinary team to understand how people can access our services more easily and quickly.
- Test working with different professionals to improve quality of life outcomes for people where there are safeguarding concerns.
- Embed lessons learnt of new ways of working within the Neighbourhoods back into the wider Adult Services teams.

Housing with Care

Although a lot of improvements have been made to Housing with Care, we recognise there is more to do. Next year we will:

- Continue to run the Housing with Care forums every 3 months, with Healthwatch Hackney, to gather feedback from people using the service, their carers and relatives and use that feedback to improve the service.
- Set up a co-production group so people using the service and relatives can plan service improvements in partnership with staff.
- Quality check all updated service user records.
- Continue careful quality checks of the whole service, and make sure it keeps improving based on findings and feedback.
- Improve our tracking of relatives' contact preferences to make sure they receive all communications.
- Embed all of the improvements, including continuing to support staff with training and events.
- Recruit more permanent staff.

Improving services for people with learning disabilities

Over the past year, the Strategy for Learning Disabled People has been developed by the Learning Disability Partnership Forum. The Learning Disability Partnership Forum is a group of learning disabled people who use our services, families and carers and relevant partners. The group is co-chaired by a person who uses services and the Head of Commissioning for Adult Social Care.

The strategy focuses on four themes that are important to local learning disabled people:

- My community
- My health
- Independence
- Where I live

The strategy will be launched this year and aims to ensure learning disabled people are active and valued in a community which is accessible and enabling, with the same opportunities as anyone else in the community. If the strategy is realised, learning disabled people will lead full, healthy and happy lives, achieving their potential.

In addition to this piece of work, we will aim to strengthen our commissioning strategy for people with learning disabilities including for those transitioning from young people's services. This will include:

- formalised, fair processes in place which will increase the quality of the options available and the amount of control and choice service users have
- reducing the use of urgent, unplanned purchases to ensure care packages are personalised, integrated and cost less

Assistive Technology

Assistive Technology is defined as software applications and technological hardware that can better enable individuals to live independently, healthily and confidently. It is an area where we are exploring innovative approaches with people who use our services. Hackney has been gathering information to inform our approach. In October 2018 a marketplace event was held, with a number of manufacturers demonstrating their products to the public and Council staff. Following this, the Council began comparing our technology

offer against neighbouring boroughs, and researching the opportunities that technology can bring to help people live more independently.

In the next year, the project will:

- focus on the needs of people who use our services that technology may be able to address
- pilot a number of new products responding to these needs
- involve people who could benefit from assistive technology in designing our approach
- evaluate the new products according to how helpful they are to the people that use them

Housing Related Support

This project is seeking to procure innovative and evidence based housing related support services for vulnerable people across Hackney. The project includes an integrated floating support service covering both support provided to people in their existing homes and support attached to particular types of accommodation.

The service covers:

- people with mental health needs
- people with a learning disability
- older age adults
- young people in transition to Adult Services
- young adults
- priority parents
- those placed in temporary accommodation awaiting permanent housing by the Council
- those moving on from homeless hostel provision, who have multiple complex needs

The new service will be efficient and fit for the future, improving quality of life and helping people re-engage in their local communities. All services will provide practice that supports people to develop their independent living skills and work towards fulfilling personal goals, aspirations and wellbeing. This year we carried out an independent consultation of people who use floating support services to inform the new model. We will continue to work with people who use these services to ensure they are contributing to this development.

The project introduces the Housing First model, a new, innovative approach which addresses the health and housing needs of those that need support from lots of different services, whilst adding value and delivering potential savings across the local health and care system. By supporting people into stable accommodation and enabling them to address their health issues, this service will reduce levels of need across a marginalised and vulnerable group.

Autism Strategy

Over the last year the Autism Alliance Board, co-chaired by the Director of Adult Services and an autistic resident, has been working on co-producing a City and Hackney Autism Strategy.

Hackney believes that all autistic people living or working in City and Hackney should be able to live fulfilling and rewarding lives within a society that accepts and understands them.

They should be able to:

- get a diagnosis
- get access to appropriate support if needed
- depend on mainstream public service functions to treat them fairly, whilst identifying and responding to their diverse needs
- be able to contribute to society through improved education and employment opportunities.

Individuals, their families, carers and professionals should be informed, supported and equipped to enable this to be achieved.

This strategy has been co-produced, and we have worked with, heard and listened to many autistic residents and their families and carers over the last two years of the development of this document.

The strategy is due to be presented to the Autism Alliance Board later this year, and will then progress through the Hackney and City governance arrangements in order to be adopted. Following this an annual action plan will be developed and progress monitored by the Autism Alliance Board.

Overview of Hackney

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

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

Population estimates produced June 2017



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



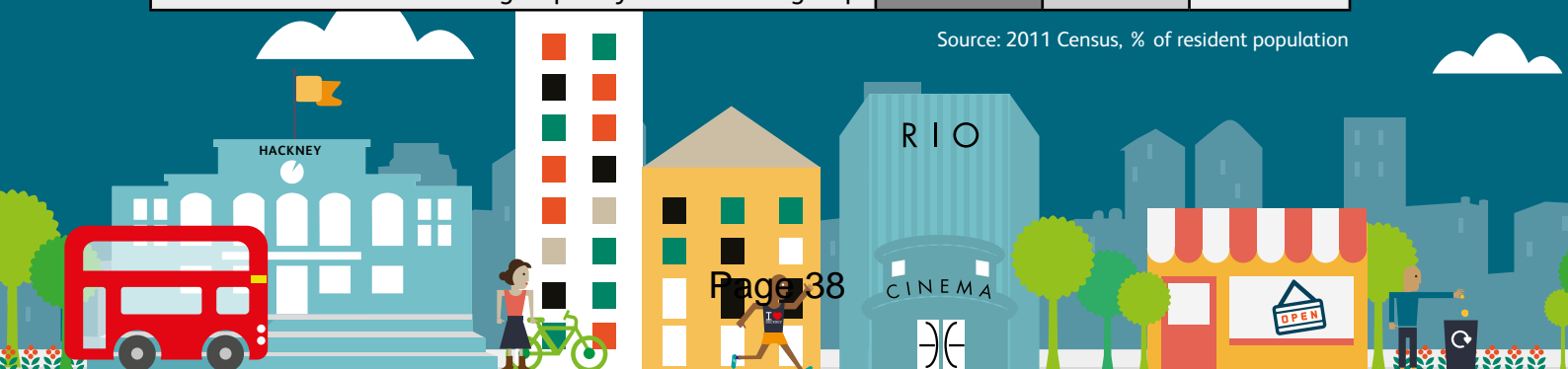
Ethnicity

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

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

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

Source: 2011 Census, % of resident population



Adult Social Care in Numbers

Despite reduced resources, in 2018–19 we received 6975 requests for support. These were for a wide range of services, including:

1,606

people received one off or ongoing low level support (e.g. occupational therapy, (OT), compared to **1,648** in 2017–18

3,142

people were directed to other types of help and support compared with **3,338** in 2017–18

77% 

of referrals came through the community

18%

came from the hospital

3%

were a diversion from people being admitted to hospital



709

people started to receive an ongoing service including community activities compared with **795** in 2017–18:

669 community based services compared to **760** in 2017–18

16 in Residential Care compared to **9** in 2017–18

24 in Nursing Care compared to **6** in 2017–18



322

people used reablement services to help them regain independence compared to **406** in 2017–18

87%

of people who use services say the services they use make them feel safe and secure

72%

of people who use services say they have control over their life

1,092

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

- declining the service
- moving out of Hackney
- service no longer required
- service was paid for
- they were not eligible

compared to **1,280** in 2017–18

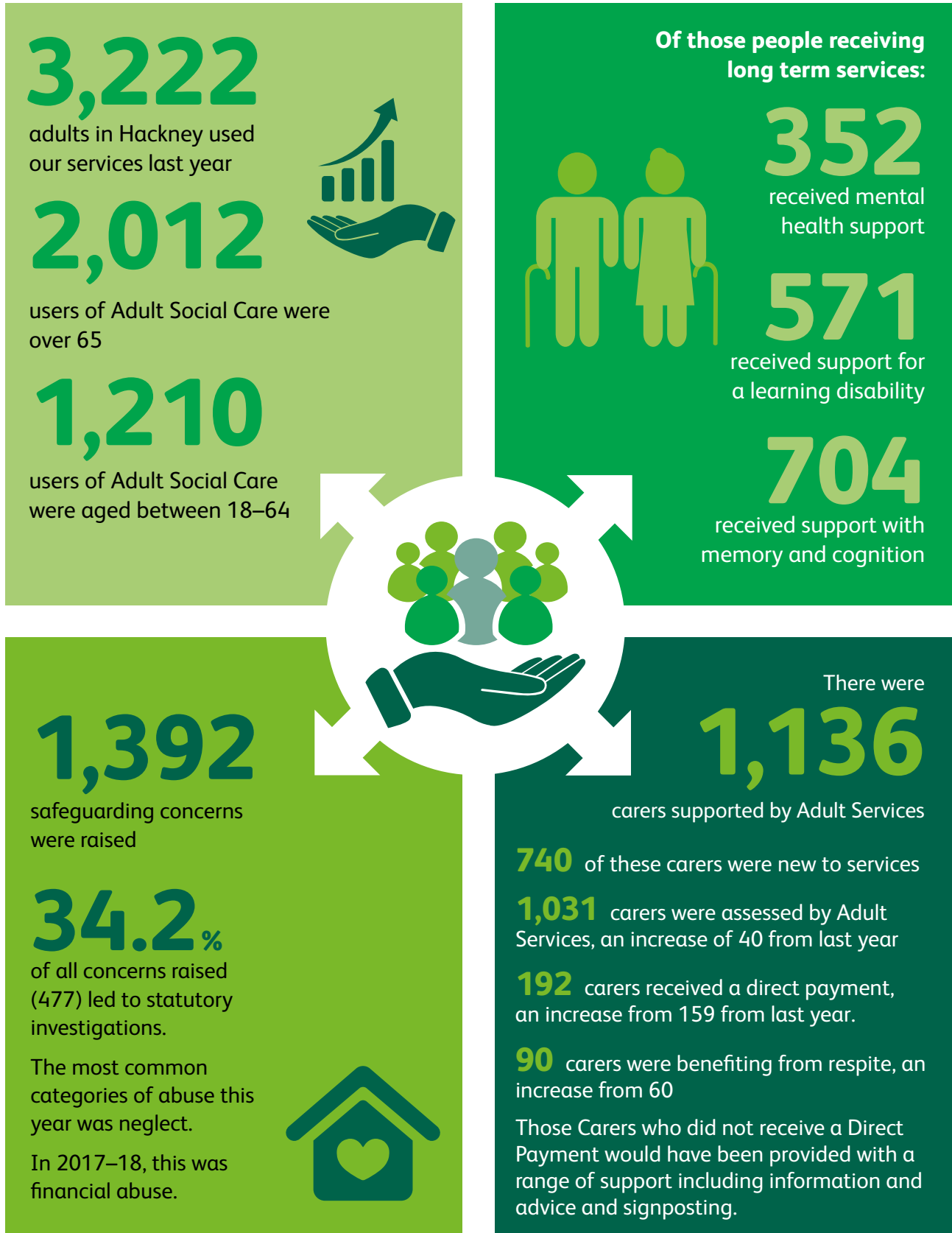


457

decided to take their personal budget as a direct payment, either in full or in part



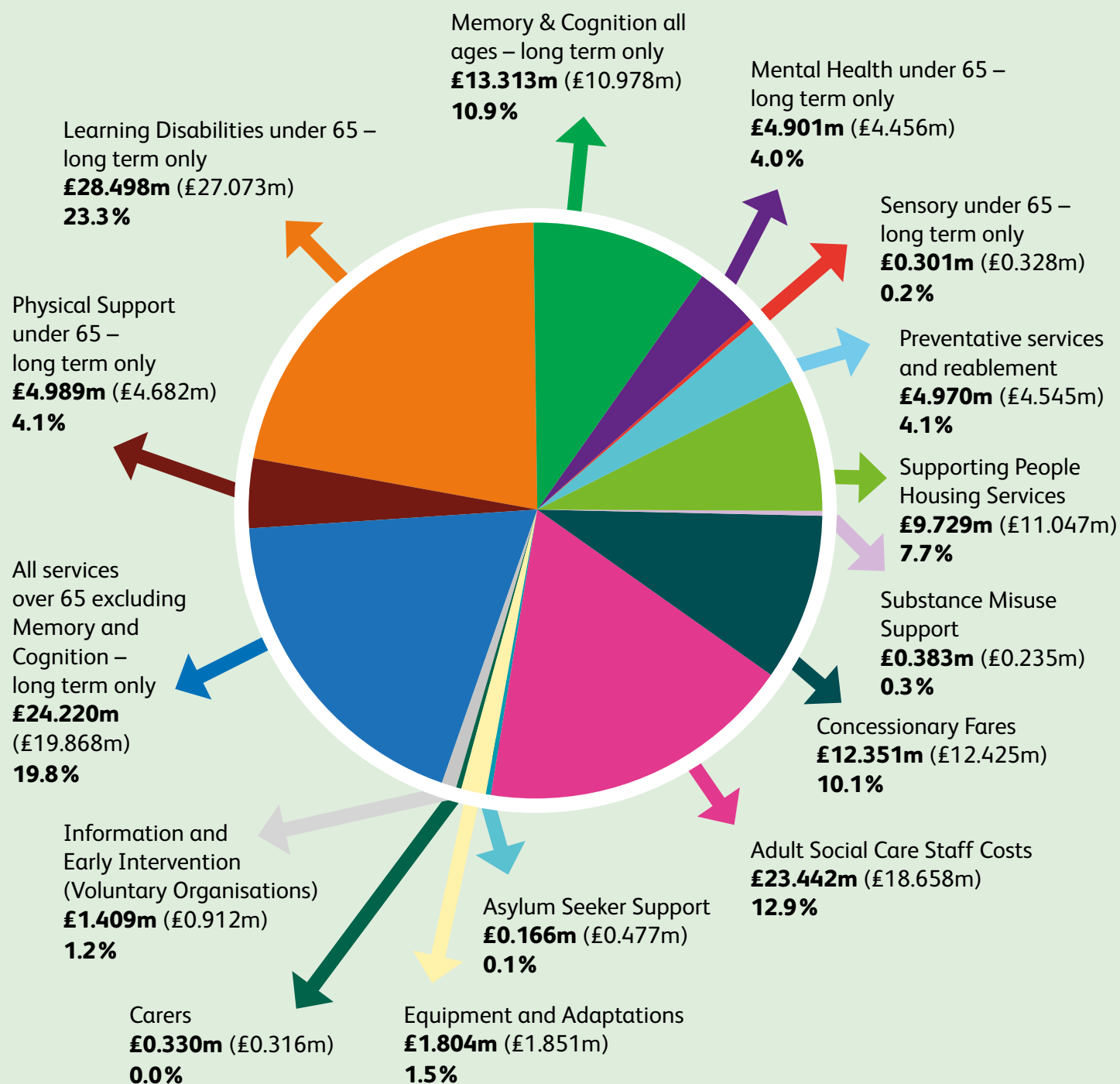
Adult Social Care in Numbers



What we spent in 2018–19

Our 2018–19 gross spend was **£130.81m** (2017–18 gross spend was **£117.851m**)
 The amount spent per service area is shown in the pie chart below:

Figures in brackets = 2017–18 figures
 Percentages = amount spent per service area



Making the most of your money

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

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



Savings

As with all areas of the Council, Adult Social Care is expected to contribute towards the Council's required savings targets. Since 2010–11 we have been working to achieve approximately £29m in savings.



We continue to spend around a third of Hackney Council's General Fund on adult social care. The Council continues to have to make savings, and we have tried to minimise the impact of these savings on Adult Social Care services. The Council's commitment to these services is reflected in the fact that the £2.3m saved in 2018–19 takes the total savings delivered by Adult Social Care to £29m, (21 %) of the overall Council savings achieved to date of £140m. The savings have primarily been achieved by commissioners working with providers of social care services to realise efficiencies in current ways of working. This includes negotiating with suppliers to reduce contract costs through more efficient ways of delivering services.

Compliments and complaints

Complaints

In 2018–19, the London Borough of Hackney received 84 complaints about Adult Social Care services, a decrease of 12 %, following a decrease of 25 % in 2017–18.

68 of these complaints were concluded during the year and seven remain outstanding. Nine complaints received were not investigated for one of the following reasons:

- consent had not been provided
- the complaint was a duplicate
- the complaint needed to be investigated by Legal Services
- there was not enough information to proceed



Of the 68 complaints investigated, 25 (37 %) were considered to be well founded. Three complaints were progressed to the Local Government and Social Care Ombudsman (LGSCO) in 2018–19 and two of these were upheld.

For further information on the LGSCO please go to

 lgo.org.uk/

We review all complaints and ensure that we learn from them. Some of our learning points from these complaints included:

- Reflecting with our staff about the experiences of those who had made complaints.
- Reviewing the information and the way in which we provide information regarding financial contributions.

There is no specified time limit for responding to complaints and it is expected that timeframes for a response are agreed with the individual making the complaint. The average time taken to respond has increased from 28 working days to 55 working days. This may be because new procedures aim to resolve issues at first point of contact, i.e. before they turn into a complaint. The complaints brought through the formal process have been the more complex cases, often involving multiple teams. The time it takes to respond to complaints is monitored carefully.

Types of complaints



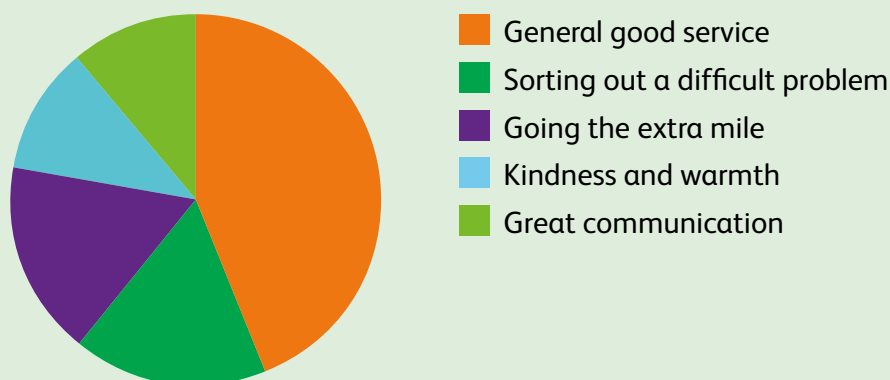
Adult services are working closely with Experts by Experience on our complaints process, and next year (2019–20) we will be working together to produce an accessible complaints leaflet, providing an overview of our complaints process.

In the coming months we will be signing up to the ‘Hackney Health and Social Care Complaints Charter’ which aims to improve our handling of complaints.

Compliments

There were 18 formal compliments received about our services or individual members of staff in 2018–19.

Our staff work directly with people who use our services and we recognise that we do not always hear about the informal ‘thank yous’ that they receive. We have put the compliments in some categories to give a flavour of the things people appreciate.



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

How to give a compliment or make a complaint

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



Online at: hackney.gov.uk/complaints
By email: adult.complaints@hackney.gov.uk

In writing:
Adult Social Care Complaints
Hackney Service Centre,
1 Hillman Street E8 1DY
Telephone: 020 8356 1702

Working with people who use our services and carers (co-production)

Hackney continues to involve people who use our services, and their carers, (Experts by Experience) in the design and management of our services as much as possible. People who use our services, and carers, are represented on our boards and recruitment and procurement panels. Their feedback is also gained through focus groups, user engagement panels and surveys. We have also set up a local 'Making it Real' initiative.

Making it Real is an opportunity for people who use services, their carers and community groups to work with health and care partners;

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

Some feedback from Making it Real Board members:

“Co-production is being treated as an equal, being listened to and involved from the beginning.”



“Money’s tight so you need to speak to people using the services to see what is working and what isn’t.”

“It is satisfying to know that your input and contribution is valued and used by the Council to shape services and policy.”





Feedback

We said...

Experts by Experience would be on the recruitment panel for key roles in the department.

We would increase resident and carer involvement in the Making it Real Board and across the department, including increasing support, training and accessibility to remove barriers to participation.

We would finalise and roll out a remuneration policy for those participating in co-production.

We did...

Experts by Experience are now on panels for key roles in the department. In the future we hope this will be for all roles.

We have developed a Working Together strategy which sets out our aim of embedding co-production as a way of working across the department. We are holding sessions with staff and people who use our services to ensure we work together in a more meaningful way.

We have now established a reward and recognition policy which has been co-produced with people who use our services – this is currently being rolled out across the department.

Working together in partnership in the last year we have co-produced...

- A campaign to raise awareness of financial abuse and keep people safe
- Direct Payments and Care Charging Guidance Booklets
- Hackney Website pages for Autism and Safeguarding
- Participating in the review of the Information and Assessment Service
- Involvement in redesign of the Carer's Service
- Testing of the iCare website
- Improvements to the accessibility of Abney Park
- City and Hackney Safeguarding Adults Board – Annual priorities

And we're still working on more...

- City and Hackney Autism Strategy
- Working better together across Health and Social Care
- Learning Disability Strategy and redesign of the service
- Supporting the Housing with Care improvement plan
- Supporting people to leave hospital on time – improving the process and information available
- Evaluating the new Carer's Service
- Leading staff sessions on co-production
- Reviewing training offer for staff in the department
- Involvement in recruitment panels and inductions for staff
- Involvement in commissioning and procurement of services

In the next year we also want to:

- Continue to promote a more person-centred approach to care and support through supporting the development of the Three Conversations approach.
- Look to encourage more co-production across health and social care to ensure we are working in a more joined up and collaborative way.
- Engage with diverse groups in the community that are representative of the population of Hackney.
- Work more to include people who have multiple, complex needs and varying communication abilities.
- Continue to offer different levels of involvement including options for those who may be unable to attend meetings.

How to get involved in working with us:

To make sure that our services are person-centred and to help us improve the way we do things, we have a number of opportunities to get involved in working with us.



If you are interested and want to find out more, please contact:
userengagement@hackney.gov.uk

We offer:

- training and support to ensure people are able to become involved
- a reward and recognition scheme
- flexible and accessible options to participate
- opportunities to learn more about how the Council works and to help us shape services
- various ways for the Council to hear your views

Support for older people



Feedback

We said...

We would launch a new lunch club service for people aged 55 and over in Autumn 2018. This was to include health and wellbeing related activities and clear pathways into other services which may be helpful.

We did...

We have launched the new lunch club service successfully and it is a well utilised and liked service.

We would review the meals provision in the borough and ensure that we are providing the best offer in relation to residents' needs and circumstances.

We established that the previous service was not personalised enough and did not meet users' needs. We have reviewed all people who were in receipt of this service and implemented provision of their choice of service to meet their nutritional and cultural needs.

We would develop a comprehensive older people strategy in consultation with other departments of the Council to ensure we are an older people friendly borough.

The Chief Executive's Directorate is developing the Ageing Well strategy in consultation with older residents. Adult Services contributes significantly to this work. The strategy will aim to ensure that Hackney is an older people friendly borough.

We would create a joint dementia strategy with partners on the Dementia Alliance Board to identify gaps in current service provision and what future services need to look like.

We are working in partnership with the Dementia Alliance Board and we have developed a pathway for all individuals diagnosed with dementia to ensure they have the support they need from the various health and social care agencies. This includes a navigator from the Alzheimer's Society being assigned to each individual to support them.

Key Achievements in 2018–19

- A project team has looked at a faster, more efficient response for people coming out of hospital to ensure they get personalised packages of care that promote their independence.
- We have worked closely with our housing providers to ensure there is a wide range of accommodation available which is accessible and able to meet a variety of needs.
- We opened Oswald Street, a state-of-the-art day centre. This new building brings together all existing day centre services under one roof and will be used by people with a range of complex needs including dementia, learning disabilities, physical disabilities and autism. The centre was co-designed with people who use the service, their families and partner organisations such as Healthwatch Hackney.
- We continue to increase the number of people we support in the community in their own homes and avoid their entry into institutional care.
- We have worked closely with the London Fire Brigade to support households where there are vulnerable adults and potential fire risks to ensure those homes are as safe as possible.

In 2019–20:

- We will continue to work to improve our Housing with Care service to ensure it meets the needs of people who use the service.
- We will work with doctors, community nurses and voluntary and community organisations to get people the support they need without having to approach lots of different services.
- We will continue to improve our use of community resources to support people who use our services.
- We will improve how we use technology, coming up with creative ways to make services easier to access and making services easier to use with people's own devices.



PIONEERING – we will always look for new and better ways of doing things. We value working with service users to make sure we identify what is important to you and make sure you are part of shaping services.

Support for people with a learning disability, including those transitioning from young people’s services to adult services



Feedback

We said...

We would deliver the new pathways as recommended by the Integrated Learning Disability Service review, to improve access and intervention with service users on an increased multi-disciplinary basis.

We did...

We now have four multi-disciplinary pathways in place:

- Preparing for Adulthood
- Intensive Support Team
- Referral & Review
- Ongoing Support

All pathways include psychiatry, psychology, occupational therapy, physiotherapy, speech and language, mental health, nursing, social work and dietitian support. We are continuing to recruit to these pathways to improve the experience of service users.

We would recruit permanent staff to the team to bring stability and expertise.

We have recruited to some posts but not all – progress has been made but there is still more to do.

We would take forward the Shared Lives offer.

We improved our CQC rating to ‘Good’ in July 2019 and can now start our recruitment campaign for new carers.

We would have an embedded employment support service.

We have workers from Hackney Supported Employment Service who sit with our team every week to take referrals and discuss their support needs. We have had a number of successes in getting people into work.

We would introduce a new multi-disciplinary transitions team by April 2019.

We did this on schedule, although there is still some recruitment to be completed.

There would be an allocated transitions worker for all 17-year-olds by April 2019.

We have increased the number of young people with a transitions worker and are still working to make sure everyone has someone by their 18th birthday.

There would be a transitions worker present at all year 9 reviews where it has been identified that a young person may have adult social care needs.

Although we have attended many year 9 reviews, we need to ensure we are invited to and attend all reviews.

The transitions team would be present at all open days and parents evenings at special schools and colleges post 16.

We have attended all those events we have been invited to and made lots of useful connections with parents, young people and education professionals.

We would increase the number of personal budgets and direct payments for young people transitioning from Children’s to Adult’s Services.

We are still working on this – we are seeking to make sure the direct payment card that young people use as children can stay with them when they move to Adult Services.

Achievements:

- Our Shared Lives service is now rated as ‘Good’ by the CQC which will enhance our ability to recruit carers.
- Our recruitment of new permanent staff has stabilised the service. Along with the new team structure, this has also improved the quality of our offer.
- We have a senior psychologist supporting the whole service who can provide support and advice to all staff as and when they need it.
- All of our recruitment involves service users with learning disabilities on the interview panels, ensuring our recruitment is approved by those who make use of our services.
- Our new Transitions logo and communications material was designed with young people with profound and multiple learning disabilities from Ickburgh School.
- Our Shared Lives event was an opportunity, for people who use the service and their carers, to celebrate the scheme and the positive outcomes it has had. Catering for the event was provided by Haggerston Perk cafe, which is staffed by people with learning disabilities.
- We commissioned Hive, a local social enterprise focused on promoting better understanding of disability issues, to do some work with Shared Lives service users and carers to improve this service – their recommendations are now being implemented.

In 2019–20:

- We will be an innovation site for the Three Conversations model – we will be one of the first multi-disciplinary teams in the country to use the model.
- We want to use this new approach to reduce waiting times for service users, especially those waiting for assessments.
- We have a programme of work relating to assistive technology and we are hoping to come up with solutions for young people to be more independent as they transition.
- Now we are a multi-disciplinary team, including health and social care professionals, we are going to be inspected as a service by CQC. This is both a challenge for the year ahead and will provide useful feedback for our new ways of working.



AMBITIOUS – we want an excellent service, and a lot of the changes we have made in the past year support this, but we have much more to do.

Support for carers in Hackney



Feedback

We said...

We would redesign the carers service, using a co-production approach to ensure service users and carers are at the centre of the new service.

We did...

We have been meeting with carers over the course of the redesign process to help co-produce key parts of the service. The new service is due to launch in October 2019. This new service will prioritise simplifying the process of getting an assessment, reaching more carers, and ensuring support is both high quality and delivered as quickly as possible.

We would continue to improve timescales and carers' experiences of assessments.

We set up a team in Hackney to improve the quality of carers' assessments and reduce waiting times. Despite this we recognise there is more to be done to improve carers' experiences and we hope our new service will do that.

We would develop a clearer pathway so carers know where to go for information, advice, support and other services.

We continued to work with our community providers to promote the carers' services available and this was at the heart of the design of the new carers service.

Achievements

- We held a number of events for carers across the borough for Carers Rights Day in November and Carers Week in June.
- Carers report their satisfaction with the assessment process has improved over the year.
- We have been proud of our record of involving a group of carers in the redesign process and ensuring that carers' needs are at the heart of the new service.
- We also carried out a significant consultation with carers who could not be fully involved in the redesign due to their other commitments.
- Our bi-annual Carers Survey demonstrated improvements in all but one area.

Areas for improvement

- We know we need to make sure carers hear about the outcomes of their assessments more quickly – we think the new service will assist with this but it needs to be tested.
- We know carers have found that communication between organisations has not been as streamlined as they wanted - we think the way the new service has been designed will prevent this in future.
- Whilst our bi-annual Carers survey demonstrated improvements, we still have more work to do, to bring our performance in line with other comparative Local Authorities.

In 2019–20 we will:

- Launch the redesigned service for carers in October 2019.
- Deliver much more proactive outreach in the community for carers, increasing the accessibility of support for carers, especially for those who have not approached us in the past.
- Our group of carers who were involved in the redesign will continue to support and advise carers services.
- We are aiming to make carers assessments more personalised and strengths-based.



PROACTIVE – and positive in the way we approach problems and challenges and take up opportunities which come our way.

Support for people affected by substance misuse



Feedback

We said...

We would increase distribution of anti-overdose medication to prevent drug related deaths.

We did...

We now offer anti-overdose medication to people who are at high risk of needing it and their families and carers through specially trained agencies.

We would increase support available for people with both substance misuse and mental health needs.

Following a successful application, we received additional funding from the City and Hackney Clinical Commissioning Group (CCG) to run a 1 year pilot that aims to increase accessibility to mental health treatment and support for vulnerable people, including those dependant on substances and/or that are homeless.

We would implement a digital intervention to improve support and information for alcohol users.

We have designed and developed a website to support people in understanding their alcohol consumption and the support available to them.

We would implement lessons learned from our two year service pilot supporting clients with multiple needs.

Following the evaluation of the pilot, the Supporting Transitions and Empowering People (STEPs) team have supported Hackney Recovery Service to effectively support service users with multiple and complex health and social care needs to engage successfully with treatment via regular communication and partnership working.

We would increase the accessibility of support services for alcohol users in Hackney.

We implemented Healthy Living Clinics in four GP surgeries across Hackney to ensure there was easy to access support in the community for people concerned about their alcohol use.

Achievements

- We received funding from the CCG to improve access to mental health services for drug and alcohol users engaged with Hackney Recovery Service. This will be delivered in partnership with the Green House GP surgery.
- We are in the top quartile range for comparator boroughs for the number of opiate users who successfully complete treatment.
- We have developed a hepatitis C clinic within the Hackney Recovery Service, so those with the disease can receive treatment directly at the clinic.

Areas for improvement

- We recognise that we need to provide an attractive and accessible service which meets the needs of all sections of the community – this is a key focus of our new service which has the following vision:

‘Improving the quality of life for people affected by substance misuse by providing an excellent drug and alcohol treatment service that promotes recovery, reduces harm and is accessible and attractive to those who need support across the City of London and Hackney.’

In 2019–20 we will:

- Complete and evaluate the pilot that will increase accessibility to mental health services for drug and alcohol users engaged with Hackney Recovery Service.
- Recommission the service for drug and alcohol users in Hackney. The new service will focus on some of the following areas:
 - Increasing the amount of outreach delivered by the service, providing an increased assertive response to local drug and alcohol users to receive the support and treatment they need.
 - Widening the accessibility of treatment provision, increasing the operating hours of the service to at least 6 days a week, with ‘out of hours’ provision in the evenings and the weekends. Treatment will be delivered in various locations across the City of London and Hackney (including a treatment hub, health and social care locations and other community settings) using the Neighbourhood Model.
 - Enhance treatment delivery and outcomes by adopting a ‘whole person’ approach to support health and social care needs and improve the general health and wellbeing of those who use the service. This will include enhancing the mental health offer within the service.
 - Aim to have a role in the prevention of drug and alcohol misuse via national and local campaigns and providing training to universal services and front line staff who are likely to have direct contact with individuals at risk of developing problems with drugs and alcohol.



INCLUSIVE – our service users come from all walks of life, we work to ensure that our services reflect those varying needs.

Support for people with a physical or sensory impairment



Feedback

We said...

We would review what provision is out there in the community to identify gaps and ensure that sensory resources are maximised rather than duplicated.

We would trial joint health and social care budgets.

We would procure a new contract to provide equipment to keep people safe and independent in their homes.

We did...

We have been working in partnership with third sector stakeholders to provide a comprehensive service for people with sensory impairments.

Where appropriate we work with health colleagues in identifying people's needs and implement joint health and social care budgets to ensure their needs are being met.

We procured a new contract with a new equipment provider and subsequently have been able to achieve our aim of providing equipment to help keep people safe and independent in their home, thus reducing and delaying care needs, and preventing hospital admissions, where possible.

Achievements

- We have maintained good performance in waiting times for assessments.
- We have maintained a consistent staff team which improves the experience of service users.
- We have been part of a project which has reviewed complex care packages to produce more personalised provision of services.
- We have received positive feedback on our delivery of aids and adaptations for people with physical disabilities, living in Hackney Council properties.

Areas for improvement

- Working closely with public sector housing to improve the provision and experience of Hackney residents applying for Disabled Facilities Grants (DFG). These grants are available from Local Authorities to pay for essential housing adaptations to help disabled people stay in their own homes. The application process is currently taking too long and we are seeking to improve this.
- We recognise that there have been some initial problems with the new equipment provider. We have worked hard and been successful in working with the new provider to achieve a resolution.

In 2019–20 we will:

- Continue to put our service users at the centre of our service delivery.
- Work closely with private sector housing to improve the DFG grant process.
- Review the occupational therapy service to ensure there is sufficient skills and capacity to deliver strengths-based practice and maintain the independence of people who use our services.



AMBITIOUS – for Hackney, and for ourselves, always seeking to be the best at what we do, and to get the best for the people of Hackney.

Support for people with mental health needs



Feedback

We said...

We would ensure our staff are meeting their mandatory training needs.

We would reduce the time people wait to access health services such as psychological therapies.

We would ensure we are supporting our LGBTQ+ patients and staff.

We would trial the new Housing First project and come up with other strategies to support the housing needs of people with complex and mental health needs.

We would continue to ensure we meet all our statutory responsibilities and deliver high quality support to all residents with mental health needs.

We did...

We have seen a greatly increased uptake of mandatory training but we still have some staff to engage.

Last year 85 % of patients were assessed within 11 weeks of referral. This is now regularly 95 %. Last year under 40 % were starting treatment within 18 weeks. This is now over 75 %.

The East London Foundation Trust now has an LGBTQ+ staff forum and is rolling out training around LGBTQ+ issues to all staff. In addition, the City and Hackney Recovery College runs an LGBTQ+ course for staff and patients.

We have attended workshops and panels for the Housing First service which will launch in early 2020. We're working closely with the Shared Lives scheme to look at how we can increase places for people with mental health problems.

We strive to provide outstanding mental health services for residents in partnership with those who use our services – from times of crisis to recovery. Quality improvement is embedded in the way we work and we actively facilitate service user participation in the design, development, tendering and monitoring of the services we deliver.

Achievements

- Further developed our crisis services to provide more alternatives to Accident and Emergency – our crisis cafe and service user network groups are examples of this. We are continuing to invest in and develop these services.
- We have received funding to set up a street homeless unit – East London Foundation Trust will be providing clinical input into this.
- We continue to pioneer several quality improvement projects which involve service users – for example all our classes at the Recovery College, which offers courses that empower people to become experts in their own self-care and wellbeing, are designed and taught by service users.

Areas for improvement

- Making better use of our NHS and local authority computer systems to ensure people who use our services receive seamless care.
- Improving our processes to make sure we have an accurate picture of our safeguarding concerns.
- Making sure mental health social workers have a closer relationship with their local authority counterparts.

In 2019–20 we will:

- Transform the way we provide community mental health care by integrating care into smaller local neighbourhoods. This will take a more holistic approach to mental health and living good lives. This is an 18 month project starting this year with service users involved in design and development.
- Further extend provision for people in mental health crisis.
- Focus on meeting the health and social care needs of people with a serious mental illness who may not be open to our community mental health team.
- Launch new supported housing services that will better meet the needs of local people.
- Increase opportunities to work with service users in assessing the quality of our supported housing services.
- Continue work on our new street homeless service.



AMBITIOUS – for our service users to lead the best lives possible.

Support for adults who maybe at risk



Feedback

We said...

We would communicate with residents about what the City and Hackney Safeguarding Board is doing to keep adults safe.

We did...

We have released three newsletters to the public this year and we aim to do this quarterly next year.

We would provide simple safeguarding information in order for service users and carers to be informal ambassadors in the community for safeguarding.

We now have 11 safeguarding champions, mainly people working in the private and voluntary sectors but also some service users. They have delivered 11 safeguarding workshops in the community to 225 residents. There is further training planned for new champions in 2019–20.

We would have safeguarding information advertised across the boroughs.

We completed a financial abuse awareness campaign which was co-produced with service users and advertised across the boroughs. This included leaflets and posters on how to keep safe, an article in Hackney Today and a social media campaign. This had good feedback from residents.

We would have an effective service user group to be critical friends to the Board.

We do have a service user engagement group but the number of service users involved is not where we would like it to be. We will continue advertising and recruiting service users to achieve this aim.

We would help partners to have a better understanding of advocacy to ensure as many service users have access to this service when needed as possible.

We continue to promote the importance of advocacy – in 97% of cases where people lacked capacity in 2018–19, they were represented by an advocate or friend/family member. We will be continuing to look at how we can ensure advocates are fully utilised in the coming year.

Achievements:

- Continued to improve the information we collect about safeguarding activity so that we can ensure that the work we do reflects the needs of the community.
- Held a staff forum to help us understand where staff have improved their safeguarding and what further actions they need.
- Asked our partners to review their performance internally in relation to safeguarding activity and used the findings to help the City and Hackney Safeguarding Adults Board develop priorities for 2019–20.
- Worked with other Boards to make sure that where we have joint responsibilities and we are committed to working well together.
- Published two Safeguarding Adult Reviews (SARs) that have told us what we need to do better to support adults at risk of abuse and neglect in the community.
- Ensured that relevant actions from SARs are included in the health and social care transformation agenda and neighbourhood model.
- Set the terms of reference for a task and finish group on Homelessness and Safeguarding.

Key areas for improvement

- Despite efforts to hear directly from people who have experienced safeguarding services, we have not been as successful as we would like.
- We have had to carry over some work to 2019–20 such as agreeing the Modern Slavery Protocol and recording guidelines.
- Continue to ensure learning from SARs and recommendations for change are embedded in local practice.

In 2019–20 we will:

- Work around providing assurance to the Board that processes are in place to safeguard people who have care and support needs and are homeless.
- Ensure safeguarding is included within other parts of the Council's priorities and strategies.
- Finalise the Modern Day Slavery strategy which is being produced with the Community Safety Partnership and Children's Safeguarding Partnership.



INCLUSIVE – ensuring service users have a voice in safeguarding.

How to contact us

Here is all the information you need if you want to get in touch with us.

We value your comments, compliments and suggestions to help us provide better services:

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

Tel: **020 8356 6262**

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



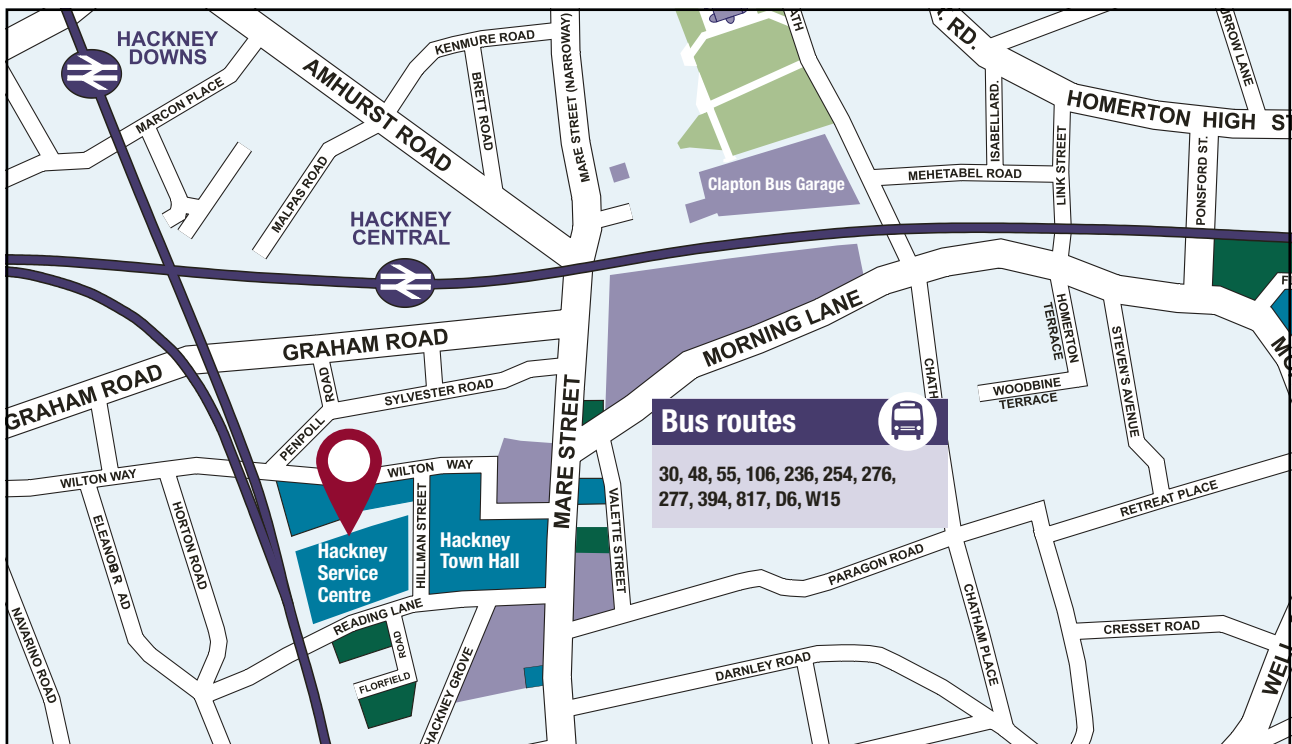
Hackney iCare

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



hackneyicare.org.uk

How to find us





Health in Hackney Scrutiny Commission 12 th February 2020 An Integrated Care System for North East London	Item No 6
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OUTLINE

The Commission has asked C&HCCG to update it on the moves towards a new Integrated Care System which will cover the 8 north east London boroughs. This is a requirement under the NHS Long Term Plan.

Attached please find:

- NEL ICS Cover Sheet
- NEL ICS Briefing Paper
- Presentation to HiH on NEL ICS 12 Feb
- C&H LTP response summary version

Attending for this item will be:

Dr Mark Ricketts, Chair, NHS City and Hackney CCG
David Maher, Managing Director, NHS City & Hackney CCG
Sunil Thakker, Finance Director, NHS City & Hackney CCG

ACTION

The Commission is requested to give consideration to the report.

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Health in Hackney Scrutiny Commission	Item No
Title: An Integrated Care System (ICS) for North East London (NEL)	

OUTLINE

This briefing paper provides an overview of our plans to develop an Integrated Care System for North East London by April 2021, which will help us deliver our Long Term Plan aspirations to improve the health and wellbeing of our local people.

It also includes two key supporting documents:

- Slide pack on developing an Integrated Care System and single CCG
- City and Hackney Long Term Plan Summary

Attending for this item will be:

Name	Title	Organisation
David Maher	Managing Director	City and Hackney CCG
Mark Rickets	Clinical Chair	City and Hackney CCG
Sunil Thakker	Director of Finance	City and Hackney CCG

ACTION

This paper is provided for information and discussion. As plans are still developing for the ICS and single CCG, there will be ongoing, wider engagement and further opportunities for raising questions and ideas as we continue to work with all of our partners.

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Health in Hackney Scrutiny Commission

An Integrated Care System (ICS) for North East London (NEL)

Date: 31st January 2020

Authors: Paul Thomas (Senior Communications and Engagement Manager for NEL) and Alice Beard (City and Hackney CCG Communications Manager)

1. The Long Term Plan

As you are aware, the NHS Long Term Plan (LTP) was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.

In City and Hackney, we have been working hard to develop our own local strategic delivery plan to achieve the LTP, setting out what we'll do locally to deliver health and care improvements. In City and Hackney, this includes:

- Transforming out-of-hospital care and fully integrating community care
- Reducing pressure on emergency hospital services
- Giving people more personalised care and control over their own health
- Health and wellbeing services for rough sleepers
- Local Neighbourhoods / Primary Care Networks based mental health models

This requires us to change how we work, both locally in City and Hackney and across North East London.

We have already been doing a lot of work in City and Hackney to develop more joined up working across our providers, clinical leaders, GP members, local authorities, partners and voluntary organisations to best meet the needs of local people.

However, we cannot do this alone as we are facing some common challenges across North East London, which we can only resolve by working together, such as population growth and homelessness.

Legislation to implement the Long Term Plan

- We do not require changes in legislation to implement our proposals. Our timeline is seek to become a single CCG by April 2021, with our application to NHSE in the autumn of 2020 and a members' vote in the summer of 2020.
- The Long Term Plan does set out expectation that Integrated Care Systems will involve stronger partnerships and typically be covered by one CCG and legislation is planned to support this.

2. Developing an Integrated Care System (ICS) for North East London

We are developing an Integrated Care System (ICS) for North East London, which is driven by our Long Term Plan aspirations to improve the health and wellbeing of our local people. Everything we are working on is focussed on achieving this. Our top priorities set out in our LTP are:

- Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an Integrated Care System that will improve the quality of care they receive and make it much more joined up and person-centred
- Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it
- Population health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact
- Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence)
- Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21st century health and care provision

If the LTP is the ‘what’, the ICS is the ‘how’. To deliver the LTP, we need to change the way commissioners, providers, clinical leaders, GP members, local authorities, partners and voluntary organisations work together to meet the needs of local people. The ICS will help us do this through:

- Driving forward more partnership working in a truly integrated way, encouraging greater collaboration (a significant cultural change)
- Enabling commissioners and providers to share responsibility for the way finances are managed and contracts delivered, as well as manage population health for the benefit of local people
- Reducing the statutory burden to free up resources at a local level to support challenges across the whole of North East London, such as population growth and homelessness

Our vision is to ‘Create a new way of working together in North East London across all health and care provision, which gives local people more options, better support and properly joined-up care at the right time, in the best care setting. This will improve the long term health and wellbeing of the local population.’

We are developing a ‘Vision’ document, which sets out what we are aiming to achieve, how it will work and what it means for our stakeholders. It is our intention to engage widely on this document throughout the next couple of months.

We can then work through the feedback we receive to revise and improve this. We will then undertake another round of engagement during May and June on the updated version of our vision.

4. Creating a single CCG by April 2021: greater local focus, stronger support and more integrated working

As part of developing the ICS, our plans are to move to a single CCG by April 2021. The single CCG will interface with NHS England and there will be a single governing body.

However, it is important to note that **our local systems (City and Hackney, BHR and WEL) will remain in place**, as will our **place-based partnerships with our local authorities** across North East London, to ensure we meet the needs of **local people**.

By maintaining our local systems and place-based partnerships, **we will keep our focus at a local level and retain people with a passion for making a difference to local people**. This means that our local staff will continue to support the people of City and Hackney, working more closely with our local partners. We will continue to develop our **City and Hackney Integrated Care Board and will continue to work with our local local Health and Wellbeing Boards and Overview & Scrutiny Commissions**.

Why a single CCG?

There are a number of reasons why a move to a single CCG is the right thing to do. These include:

- The statutory and governance burdens can be undertaken at a single CCG level, rather than replicated seven times which will free up resources to meet the needs of local people and front line services
- Removes the barriers to true integration through the opportunity of changing and improving governance structures, so that key decisions can be made at a local level by local partners
- It will speed up decision-making in key areas. For example improvements to the neuro rehab service (which is a NEL/LTP piece of work), which needed all 7 CCGs to sign off
- Opportunity for savings through more efficient use of back-office and administrative resources, freeing up budgets for frontline services, locally
- More opportunities for staff as well as a better learning and development offer and fully embracing diversity through better supporting BAME networks

4. Finance, performance, governance and risk sharing

Finances Overview

- Budgets will continue to be devolved to a local level – tracking what is currently forecast for each of the seven local CCG areas. Allocations were published by NHS England two years ago for the next five years. This means that City and Hackney will continue to receive the same proportion of resources compared to the other boroughs as the current CCG allocation profile, so no CCG will be worse off by coming together.
- Contracts will still be held between the CCG and providers, but there will be less focus on contractual discussions and more on transformation and collective processes to improve services. This will free up precious resources at a local level to really focus on delivering what is best for local people.
- With a more integrated approach, budgets will be used more effectively. The governance to enable delegation and provide assurance across the system is to be devised through engagement with CCG leads and GP members.
- Savings through more efficient use of back-office and administrative resources will free up budgets for frontline services, locally.
- The LTP signals a shift in how finances are operated throughout the system. Previously, providers and commissioners were operating on different sides with different goals. The key difference is that in our future way of working across North East London, providers and commissioners (including health and local authority) will work together and share responsibility for the way finances are managed and contracts delivered. This is something we have already been doing successfully in City and Hackney and we will continue to benefit from this at a local level.

Financial balance across an STP

- We do not expect the NHS Contract consultation document, which states that financial balances across an STP must be achieved will hinder existing CCGs. It is already national policy to deliver this and has been the case for the last two years.
- In North East London, we have a history of working collaboratively and managing risk through existing governance, which means we are already working in this way to achieve balance across our area, without being to the detriment of any individual CCG.

- It is a requirement for all CCGs to hit their financial duties and we have a strong track record of good financial management across North East London.
- We do have joint commissioning arrangements through the North East London Commissioning Alliance (the Joint Commissioning Committee was established in 2018 and consists of representatives from each of the seven North East London CCGs) and we will continue to work together to balance our resources across the NHS locally.

Governance Overview

- There will be more effective decision-making at a local level as we are removing the barriers that exist due to conflicts of interest. This local focus will be protected through new governance arrangements. To do this, we are developing the City and Hackney Integrated Care Board, which will provide a voice for local people.
- There will also be increased accountability in our new way of working. At a local level, this accountability will be through the local system leaders, who are already in place.
- What's new is that there will be increasing accountability through our provider colleagues (in addition to accountability at a North East London level)
- We are putting in place stronger partnership governance at a system and local level. We want this to be more creative to really make integrated care work. This will be tailored to a local level.
- While there are leads and teams working on governance across the single system at a NEL level, which includes a City and Hackney governance lead, the local system governance will be developed by local leads with stakeholders.
- Legal advisers are also working with us, including for City and Hackney, to support our aim of decision-making at the most local level possible whilst ensuring statutory requirements are met.
- These plans will develop in the coming weeks and months, through engagement with our key stakeholders, including from across City and Hackney.

Risk Sharing

- In terms of risk sharing, there is clear benefit for sustainability across NEL to manage risk collectively. We already use the risk-share through existing governance where there is a clinical commissioning and

business rationale to do so under current arrangements, so this will not be a change.

- Working across seven local CCG areas will not only provide a risk-share but also enable resource and opportunities to be shared or mobilised where they are most needed, for example in areas around workforce or sharing expertise.

Ensuring we continue to improve on performance

- CCGs in NEL have overall improved performance over the past two years. This includes those CCGs in financial recovery previously - most recently rated green for leadership. Our aim is to secure improvement across the NEL patch without any adverse impacts on any single area, and aiming to further improve those, which have traditionally performed well.
- Working at both a local level and across North East London we are aiming for best practice, learning from other areas and tailoring it to the local population. For example, aligning commissioning documents has already improved access to health services for City and Hackney.
- We want to ensure motivation to do best for our own boroughs and systems, and for the wider NEL patch given, our patients use services across a wider footprint than their own boroughs.
- We are aiming to drive up performance at both a local level through the place-based partnerships and across the whole of North East London to remove inequalities and reduce the postcode lottery. This is what our residents and patients expect from public services.
- By maintaining our local systems and place-based partnerships, we will keep our focus at a local level and retain people with a passion for making a difference to local people. We are developing our learning and development offer for all of our staff across North East London.

Statutory Responsibilities

- If there is a new NEL-wide CCG, the current statutory responsibilities of the seven CCGs will transfer to this new CCG, which will cover the same population as the existing seven CCGs. The single CCG can, through agreement with local systems (City and Hackney, BHR and WEL), delegate to or share aspects of these with local systems, where it makes sense to do so.
- This means that the CCG will be able to administer some of the statutory functions in a more efficient way. This will free up local systems to work in a more integrated way, free up some of the statutory constraints and be able to focus resources to the benefit of local people in City and Hackney.

- Through developing the City and Hackney Integrated Care Board, Primary Care Networks and local City and Hackney system, the bulk of delivery will continue to take place at a local level. As mentioned, we are developing the appropriate governance arrangements to support this.

Topic	You told us you are concerned that...	What we are doing...
Money	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
Decision-making	We may lose influence on key decisions at a local level	Putting in place new governance arrangement to ensure that local decisions are made at a local level by local partners
Clinical Leadership	This may weaken as a result of moving to a single CCG	As the new landscape develops we are looking at more opportunities and influence for clinical leadership through PCNs, emerging borough partnerships as well as new roles across larger geographical areas to support health care planning at larger population levels
Impact on services	A single CCG may also mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily
Impact on jobs	There may be impact on CCG staff as a result of the merger.	We are aiming to minimise the impact on staff and maximise opportunities for career progression and training, making the most of our diversity and local population assets. We are assuming that requirements to reduce or restructure posts will be minimal

5. Addressing concerns

We recognise that there will be some specific question, concerns, ideas and opportunities for different stakeholders across City and Hackney. We are undertaking ongoing engagement with our stakeholders and we are listening to their feedback. A summary of key points is outlined below:

6. Supporting documents

There are two key documents to support this paper, which are as follows:

- City and Hackney Long Term Plan
- Slide pack on developing an Integrated Care System and single CCG

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An Integrated Care System (ICS) for North East London (NEL)

Health in Hackney Scrutiny Commission

12 February 2020

Introduction

- We are developing an Integrated Care System (ICS) for North East London so that we can deliver all that is set out in the Long Term Plan to benefit local people in City and Hackney.
- It is intended that by April 2021, the ICS will be supported by a single CCG, three local systems and seven place-based partnerships, including our Integrated Care Board in City and Hackney.
- Our vision is to:

‘Create **a new way of working together** in North East London, across all health and care provision, which gives **local people more options, better support** and properly **joined-up care** at the right time, in the **best care setting**. This will help improve the long term health and wellbeing of the local population.’

Why change? The Long Term Plan



- The NHS Long Term Plan (LTP) was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond. In City and Hackney, we have developed our own local strategic delivery plan to achieve the LTP, setting out what we'll do locally to deliver health and care improvements. This includes:
 - Transforming out-of-hospital care and fully integrating community care
 - Reducing pressure on emergency hospital services
 - Giving people more personalised care and control over their own health
 - Health and wellbeing services for rough sleepers
 - Local Neighbourhoods / Primary Care Networks based mental health models

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If the LTP is the 'what', the ICS is the 'how'. To deliver our plan, we need to change the way commissioners, providers, clinical leaders, GP members, local authorities, partners and voluntary organisations work together across North East London, as well as locally. The ICS will help us do this through:

- driving forward more partnership working in a truly integrated way
- enabling commissioners and providers to share responsibility for the way finances are managed and contracts delivered, as well as manage population health for the benefit of local people
- reducing the statutory burden to free up resources at a local level
- providing the resources to support challenges across the whole of North East London, such as population growth and homelessness

Addressing local changes



Our priority, through implementing new ways of working both locally, and across the North East London system, is to focus on our local population to improve their health and wellbeing.

In City and Hackney, we have a number of local challenges which include:

- Hackney still has some deeply deprived areas and high levels of child poverty, which varies widely between wards
- Hackney has high mortality rates from preventable diseases. The factors behind these include smoking, obesity, poor diet, inactivity and high levels of deprivation
- We also have a high number of local people with mental health conditions including severe and or enduring mental illness
- Homelessness is a challenge across our local area, as well as across North East London

The approach of the City and Hackney system, since its successful inclusion as a devolution pilot site in 2015, has been to focus on shared solutions, an integrated whole-system approach, and supporting local communities to meet their own needs. We will continue this good work.

What is our plan for the ICS?

We want to make some changes to how we are organised to provide better and more joined-up services as an **Integrated Care System (ICS)**. This will include:

- all GP practices working together in **Primary Care Networks**
- seven **place-based partnerships** drawing together all the NHS organisations in a given area and working more closely with local authorities
- Three **local systems** looking more strategically at what makes sense to be provided across a wider geographical area
- a **single commissioning group** for North East London, led by local health professionals, to take a bird's eye view and look at where we can tackle shared challenges together, such as cancer and mental health



These changes support the commitments set out in the NHS Long Term plan.

Our key principles



- To develop a place-based and local system model that is **owned and driven locally**, but is coherent as a whole across NEL
- To **work effectively with key partners** (providers, clinical leaders, GPs, local authorities and partners) so that arrangements are developed as a system
- To **co-design** services and pathways with **patients**
- To **prioritise engagement and communication** with wider partners and staff so they are involved and informed and their views taken into account as the proposals develop
- To ensure good **governance and decision-making is strengthened** locally and across NEL
- To **focus on culture, leadership** and wider development to support the changes
- To ensure **local accountability** remains by maintaining local system based budgets

Why a single CCG?

- ✓ Removes the barriers to true integration through the opportunity of changing and improving governance structures so that key decisions can be made at a local level by local partners
- ✓ The statutory and governance burdens can be undertaken at a single CCG level, rather than replicated seven times which will free up resources to meet the needs of local people and front line services
- ✓ It will speed up decision-making in key areas. For example improvements to the neuro rehab service (which is a NEL/LTP piece of work), which needed all 7 CCGs to sign off
- ✓ Opportunity for savings through more efficient use of back-office and administrative resources, freeing up budgets for frontline services, locally
- ✓ More opportunities for staff as well as an improved learning and development offer and fully embracing diversity through better supporting BAME networks

What will it mean for our stakeholders?

Local people will have access to **more services locally** (for example, blood tests undertaken at your local GP), **access to better records and patient data**, ability to take **more control over their health and care management** and **consistency of service**, removing health inequalities and the post code lottery. The result is a high quality of care no matter who you are or where you live.

GPs will have the ability to provide **more services locally**, **closer working relationships** with other GPs and community partners and continued involvement in **clinical decisions in their local area**.

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Providers and local authority partners will get much **more involved in local decision-making**, have a **greater say** in allocation of funding, measuring success and contribute more directly to maintaining and **improving the health of the local population**.

CCG staff will have **greater opportunities for career progression and training**, a **better work life balance** through agile working practices, and **improved support** from being part of a larger organisation while at the same time working even more closely on **achieving local goals**.

Understanding your concerns

We are undertaking on going engagement with our stakeholders and we are listening to their feedback.

Topic	You told us you are concerned that...	What we are doing...
Money	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
Decision-making	We may lose influence on key decisions at a local level	Putting in place new governance arrangement to ensure that local decisions are made at a local level by local partners
Clinical Leadership	This may weaken as a result of moving to a single CCG	As the new landscape develops we are looking at more opportunities and influence for clinical leadership through PCNs, emerging borough partnerships as well as new roles across larger geographical areas to support health care planning at larger population levels
Impact on services	A single CCG may also mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily
Impact on jobs	There may be impact on CCG staff as a result of the merger.	We are aiming to minimise the impact on staff and maximise opportunities for career progression and training, making the most of our diversity and local population assets. We are assuming that requirements to reduce or restructure posts will be minimal

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Keeping people well in City and Hackney

Our local strategic delivery plan
and NHS Long Term Plan response

Summary version

Version 1.5

Our local strategic delivery plan and NHS Long Term Plan response

This document summarises how the City and Hackney system (one of three place-based systems within the East London Health and Care Partnership STP) will meet the health and wellbeing needs of local people by delivering the NHS Long Term Plan, and focusing in particular on our local vision and priorities for the necessary large-scale transformation of services over the next ten years.

This plan has been drafted in collaboration with local partners through the City and Hackney system's integrated commissioning programme. It reflects the principles set out in the Long Term Plan implementation framework:

- **It is clinically led** through the integrated commissioning programme in City and Hackney which includes senior clinical leadership on all care workstreams and transformation programmes. The City and Hackney system is characterised by a strong history of primary care leadership in relation to quality improvement, admissions avoidance and our neighbourhoods programme, and the new clinical directors of our primary care networks will lead implementation of integrated care.
- From our Outcomes Framework to our ambitious Neighbourhoods Programme, City and Hackney's system **ambitions are locally owned** and have been co-designed and co-produced with local residents and service users. In considering our response to the NHS Long Term Plan we have held 23 events, 3 surveys, 2 focus groups, and a small number of 1-to-1 interviews across City and Hackney, enabling more than 1,200 residents to have their say on what they'd like local health and care services to look like in the future.
- Whilst City and Hackney is one of three subsystems within the East London STP area, the local system is **financially balanced** and transformation programmes are focused on ensuring that services and systems remain financially sustainable in the context of future patterns of population change and increasing demand. Whilst a national funding settlement has been agreed in relation to the NHS Long Term Plan, our system continues to face challenges in how social care is resourced and we expect further clarity in planning once the social care Green Paper is published.
- Whilst many elements of the Long Term Plan will be delivered at integrated care system (ICS) level (i.e. across the whole of North East London), this document summarises how the City and Hackney system will locally **deliver the commitments in the LTP and national access standards**. Our local system is high-performing against national access targets for cancer treatment, mental health and A&E, and we are continuing to improve access such as with our successful bid to develop new community care models in mental health. The CCG was recently rated 'Outstanding' against the Improvement and Assessment Framework.
- We have been clear about locally identified priorities in relation to known **local needs**, and the plan will be developed to show the **phased approaches** in our transformation programmes to delivering these local priorities over time.
- The City and Hackney system welcomes the focus in the NHS Long Term Plan on **reducing local health inequalities and unwarranted variation** as this underpins our local transformation work, particularly our whole-system focus on targeting local areas of continued deprivation such as work in Hackney Wick to address the wider determinants of health. The NHS Long Term Plan provides a road map for improving care quality and outcomes by delivering a strong start in life for children and young people and better care for major health conditions.
- Well-established integrated commissioning structures in City and Hackney have ensured that **prevention** has been made central to all our programmes of work, from Making Every Contact Count, to our mature and ongoing delivery of social prescribing in every GP practice.
- The City and Hackney system is governed by our integrated commissioning boards which reflect **our close integration with the two local authorities**. This includes system appointments to key roles from local authority staff, integrated commissioning and pooled budgets in many areas, such as the Integrated Independence Team for reablement, and combined work programmes which reflect a focus on health and wellbeing throughout our community strategies.
- Our local system plans include many examples of our commitment to **improve quality and harness innovation**, and we aim to be innovative too in the way we foster collaboration and integrated working amongst clinicians and partners from different organisations through our Neighbourhoods Programme.
- Our plans build on past successes and outline our future ambition to improve the quality of care and harness the skills and talents of our staff and residents to deliver this work. This system-wide approach will ensure we become an exemplar for high quality, safe and reliable care.

There will be one response to the NHS Long Term Plan for North East London, which is being drafted by East London Health and Care Partnership. This summary describes the City and Hackney contribution, but **it is the ELHCP document which will be formally submitted to NHS England on September 28th 2019.**

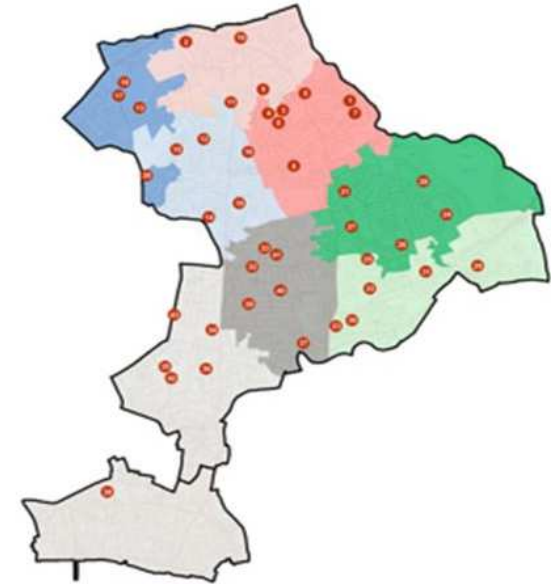
The challenges in City and Hackney in relation to peoples' health

We cover an area of North East London made up of the City of London and the London Borough of Hackney. Our total population is 283,600. Hackney has 275,900 residents, the City has 7,700. We have 322,616 people currently registered with a local GP practice. Our population has been growing faster in recent years than in other parts of England. While the City has a low permanent-resident population compared to other areas, more than 400,000 people travel to work here every weekday. Our area is one of the most diverse in the country, with nearly 90 languages spoken as a main language.

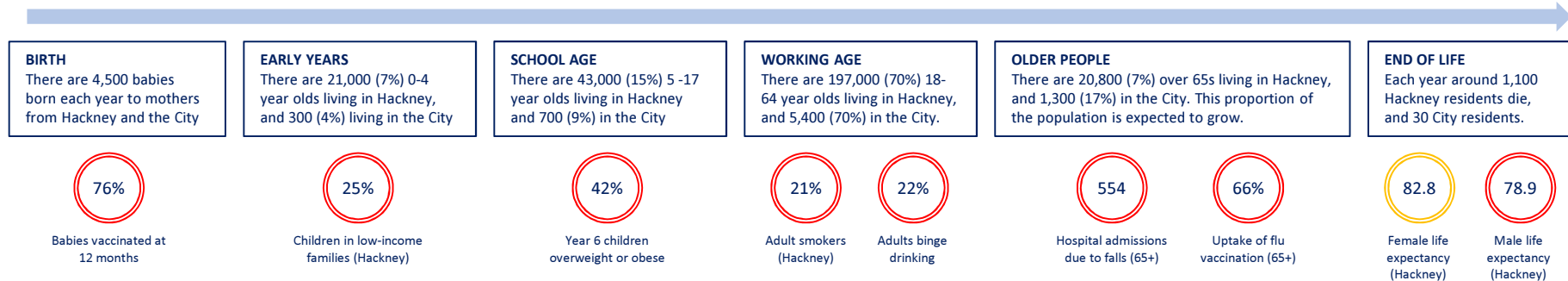
City and Hackney faces significant health and wellbeing challenges. Despite economic growth and regeneration in recent years, Hackney still has some deeply deprived areas and high levels of child poverty, which varies widely between wards. The City has low rates of child poverty except for some pockets, such as Portsoken Ward in the east of the City.

Hackney has high mortality rates from preventable diseases. The factors behind these include smoking, obesity, poor diet, inactivity and high levels of deprivation. Deaths from cardiovascular disease are higher than elsewhere in the country. Hackney has more smokers than in most parts of London. Many adults and children are obese - including more than 40% of school pupils in Year 6. Our residents are more likely to be living with a long-term condition, such as diabetes, lung conditions, heart problems or diabetes and more likely to find it difficult to manage these. We also have a high number of local people with mental health conditions including severe and or enduring mental illness.

With our growing local population there will continue to be increasing demand for healthcare and we rely on an ageing estate in the health and care sector and a number of challenges around the recruitment and retention of staff. We also know that we cannot address the health needs of a population by looking at health and care provision alone. The Marmot Review emphasised just how much health is influenced by the wider determinants of health, and the community strategies of both the London Borough of Hackney and the City of London Corporation reflect this. The approach of the City and Hackney system, since its successful inclusion as a devolution pilot site in 2015, has been to focus on shared solutions, an integrated whole-system approach, and supporting local communities to meet their own needs.



A City and Hackney life course



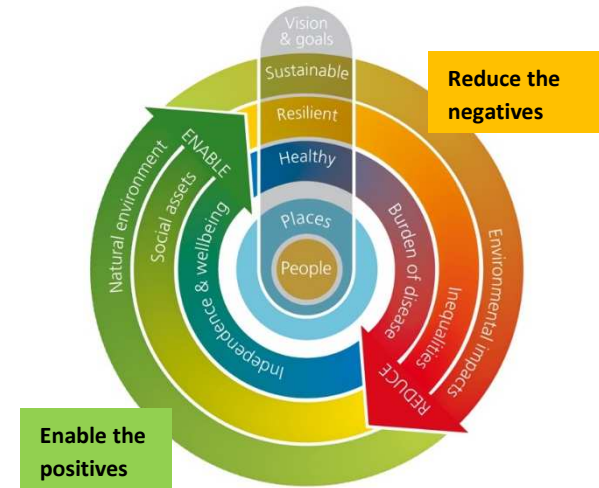
N.B. Red, amber or green circles reflect how City & Hackney figures compare with national averages

Our Integrated Commissioning and Care Programme: a local partnership to address the health and wellbeing needs of local people

In City and Hackney we believe that all our residents deserve to live the healthiest and most fulfilled lives possible. Local people and their families want to feel connected to their neighbourhoods, to access high quality care near their homes and in hospital when they need to. Since 2016, we have been working with other organisations who deliver and commission care in City and Hackney to provide better and more joined up services for City and Hackney’s residents through our Integrated Commissioning and Care Programme. The programme is designed to deliver better healthcare for patients in a system which functions more efficiently through:

- **Sharing learning and resources between organisations:** the programme unites organisations who have historically delivered or commissioned similar services for patients and considers the best way we can collectively use our system resources, including data, buildings and staff, and manage and reduce risk together, in order to provide the highest quality care possible for patients,
- **Joining up financial resource:** we understand that by joining up our financial resource we can make best use of the City and Hackney pound,
- **Changing how we deliver our services:** our services can be more efficient and effective if we make them more personal, local and if we constantly seek to improve their quality. By taking joint accountability for change, we make this happen.

Our **care workstreams** are how we have arranged our services; each of our workstreams are responsible for delivering a programme of work across a specific portfolio area. Our four workstream areas include **Unplanned Care, Planned Care, Children Young People Maternity and Families** and **Prevention**. Each care workstream is managed by a Board or Leadership Group.



The following organisations are involved in the programme:

- The London Borough of Hackney
- Corporation of the City of London
- City and Hackney NHS Clinical Commissioning Group
- East London NHS Foundation Trust
- City and Hackney GP Confederation
- Homerton University Hospital NHS Foundation Trust
- City and Hackney Local Pharmaceutical Committee
- Schools and Children’s Centres
- Hackney Centre for the Voluntary Sector
- A range of local voluntary and community organisations
- Healthwatch City of London
- Healthwatch Hackney

Our vision

Working together across City and Hackney to support people and their families to live the healthiest lives possible and receive the right care when they need it.

- **More support** for patients and their families to get healthy, stay well and be as independent as possible
- **Neighbourhoods** where people and communities are actively supported to help themselves and each other
- **Joined up support** that meets the physical, mental and other needs of patients and their families
- **High quality** GP practices, pharmacies and community services that offer patients more support closer to home
- **Thriving local hospitals** for patients when they need them

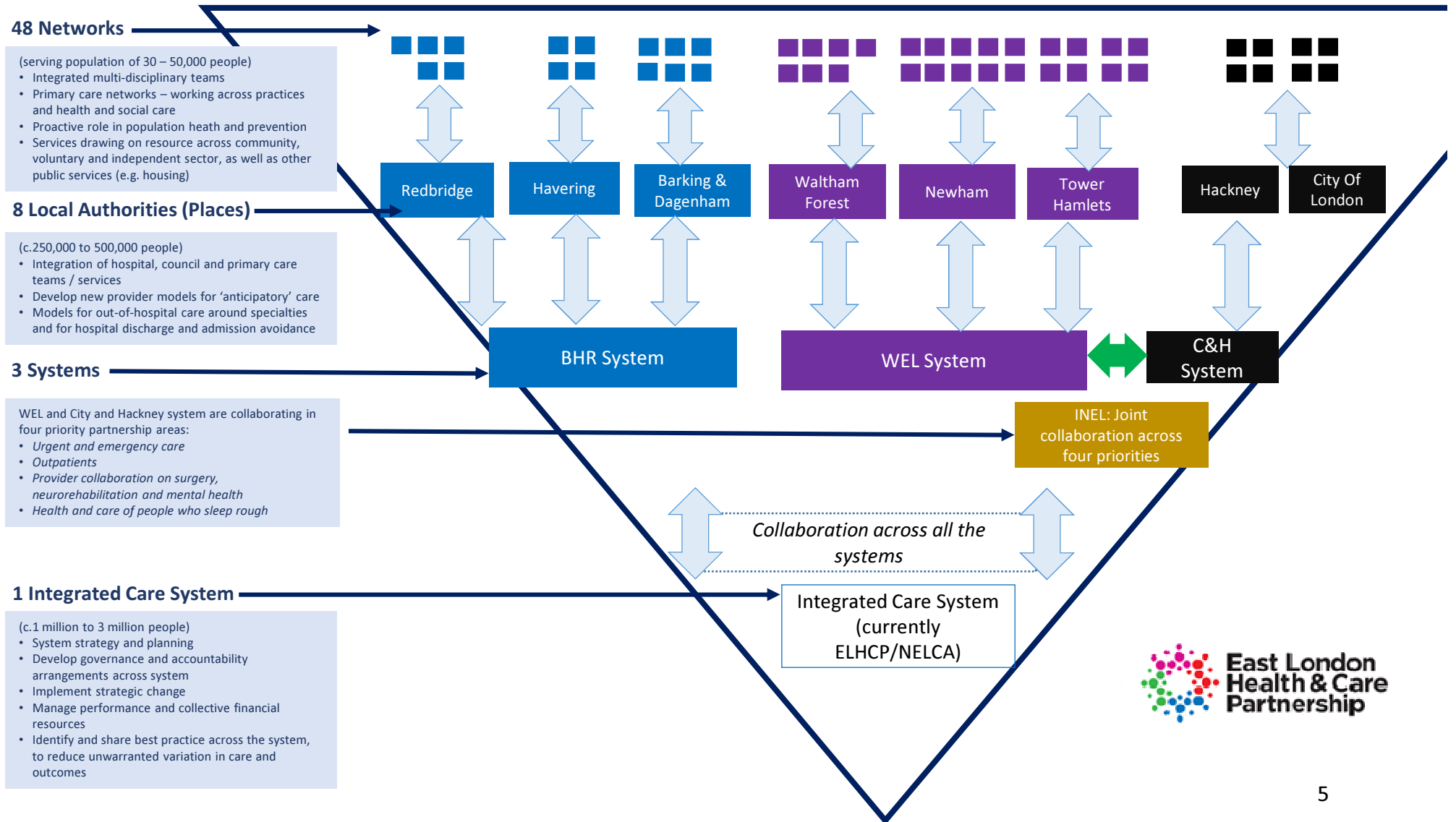
Our strategic objectives

We have developed five strategic objectives for the programme:

- **Deliver a shift in resource and focus on prevention** to improve the long term health and wellbeing of local people and address health inequalities
- **Deliver proactive community based care** closer to home and outside of institutional settings where appropriate
- **Ensure we maintain financial balance as a system** and achieve our financial plans
- **Deliver integrated care** which meets the physical, mental health and social needs of our diverse communities
- **Empower patients and residents**

The wider context: City and Hackney as part of the integrated, collaborative health and care system in North East London

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Improving the context within which services are delivered

Our Outcomes Framework

To ensure that everyone understands how the strategic objectives of the programme are aligned to outcomes that matter to residents and patients, we have co-produced an outcomes framework which is co-owned by residents and system partners.

Priority area	Programme-level outcomes
1 Making sure all children and young people (CYP) have a good start in life	<ul style="list-style-type: none"> CYP are supported to aspire and achieve optimal levels of development for their age CYP feel and are safe in their local environment and home CYP's physical and mental health is optimised in order to support / enable them to realise their potential children and families experience safe and positive births and are supported to optimise health, wellbeing and development during the first 1,000 days
2 Achieving a reduction in the present inequity in health and wellbeing (as well as contributing towards reducing inequity in other areas outside the remit of the Integrated Commissioning Programme). This includes closing the health and wellbeing gap for people with long term conditions and co-morbidities.	<ul style="list-style-type: none"> Inequalities in healthy life expectancy are reduced Rates of infant mortality, stillbirths, neonatal and maternal deaths are reduced Patients feel supported to manage their own conditions and care for as long as possible The wellbeing of people with long-term conditions is improved
3 Increasing the length of a healthy life, so that local people have both longer lives and more years spent free of ill-health and disability.	Quality of life for people in City & Hackney is improved
4 Tackling the causes of poor health and wellbeing at an earlier stage and putting in place measures to ensure better prevention.	<ul style="list-style-type: none"> Smoking prevalence is reduced Obesity is reduced for children and adults Increased breastfeeding prevalence Perinatal mental health is improved Reduced prevalence of causes of ill health Prevalence of problematic alcohol use is reduced
5 Creating 'services that work for me', or services that are more joined up and person centred.	The local health and care workforce are empowered to have conversations with patients and the public about their health and wellbeing
6 Improving the mental health and wellbeing of the local population, including ensuring better access to mental health care.	<ul style="list-style-type: none"> People with mental health conditions are better able to manage their conditions Improved mental health and wellbeing among children and young people
7 Helping local people to become resilient and empowered, increasing people's sense of control, autonomy and self-efficacy. This includes encouraging people to become involved in their own care and to understand and manage their own health better.	People feel more empowered to manage their own health better
8 Reducing social isolation	
9 Increasing employment	
10 Creating a safe environment for everyone to live in, for example by linking in with housing services.	Still to be decided

Our major programmes of work

In City and Hackney, our strategic programmes integrate and personalise patient care, empower patients to manage their own health, and provide care which is close to where patients live and work - some of the key initiatives of the Long Term Plan.

Hosted by the Unplanned Care Workstream, City and Hackney's **Neighbourhoods Programme** is redesigning how care is delivered to patients at a primary and community care level. The Neighbourhoods Programme has developed 8 Neighbourhoods across the two local authorities, supported by multi-disciplinary teams who will use population-data to tailor care to the needs of local people, deliver care closer to patients' homes, and 'wrap around' the individual to improve the patient's experiences and outcomes. Each neighbourhood is working to develop broader links with other services that impact on the health of residents, such as housing, leisure and green spaces and employment support. The Neighbourhood footprints are well established and we are rolling out different services and models of care through 2019/20. Neighbourhoods are coterminous with Primary Care Networks.

The **Outpatients Transformation Programme**, hosted by the Planned Care workstream, brings together system partners to modernise and improve outpatient care on a pathway basis involving a specialty by specialty review. The programme seeks to improve advice and guidance to GPs and patients, promote self-care and self-management, and to avoid unnecessary follow-up activity, looking for ways of providing appointments in a variety of non-face-to-face methods (virtual, telephone, video) or transferring work to the community/primary care where appropriate. It will closely integrate with both the Prevention workstream and the Neighbourhood Health and Care Services programme.

The **Neighbourhoods Health and Care Services Programme**, hosted by the Planned Care Workstream, has set out to transform City and Hackney out-of-hospital community services, including social care, mental health, whole-population primary care, and services based in the community. The programme has brought together providers to develop a delivery model, and after initially running in close partnership with the Neighbourhoods Programme, these programmes are now merging.

We are in the process of developing **Primary Care Networks (PCNs)**; groups of between 3 and 7 GP Practices working to deliver improved outcomes for local patient populations. Each PCN will have a Clinical Director who will lead service transformation and quality improvement, and will provide a link back to the IC programme. By 2024 PCNs across City and Hackney will be staffed with pharmacists, social prescribers, first contact physiotherapists and physician associates.

The **Making Every Contact Count (MECC) Programme** is being hosted by the Prevention workstream. MECC will support and empower City and Hackney health and care staff to maximise every contact they have with patients and the public to promote positive wellbeing and signpost them to local preventative services and other sources of support. Over the coming years, training will be rolled out to staff across the system to develop their skill sets and build capacity. The programme is being co-designed with residents and staff.

Transforming out-of-hospital care and fully integrating community care

Our Neighbourhoods Programme began in April 2018 and is in the process of re-designing primary and community care in order to deliver locally integrated health and care services that are responsive to local residents, and support them to stay well. The programme is focused on **meeting the health and wellbeing needs of local communities whilst addressing the wider social and economic determinants of health for the whole population**. Early intervention and prevention are prioritised and the programme operates across the local system with the inclusion of commissioners, providers of health and social care services and a wide range of community and voluntary sector partners. The programme has been designed through engagement and co-production with local people.

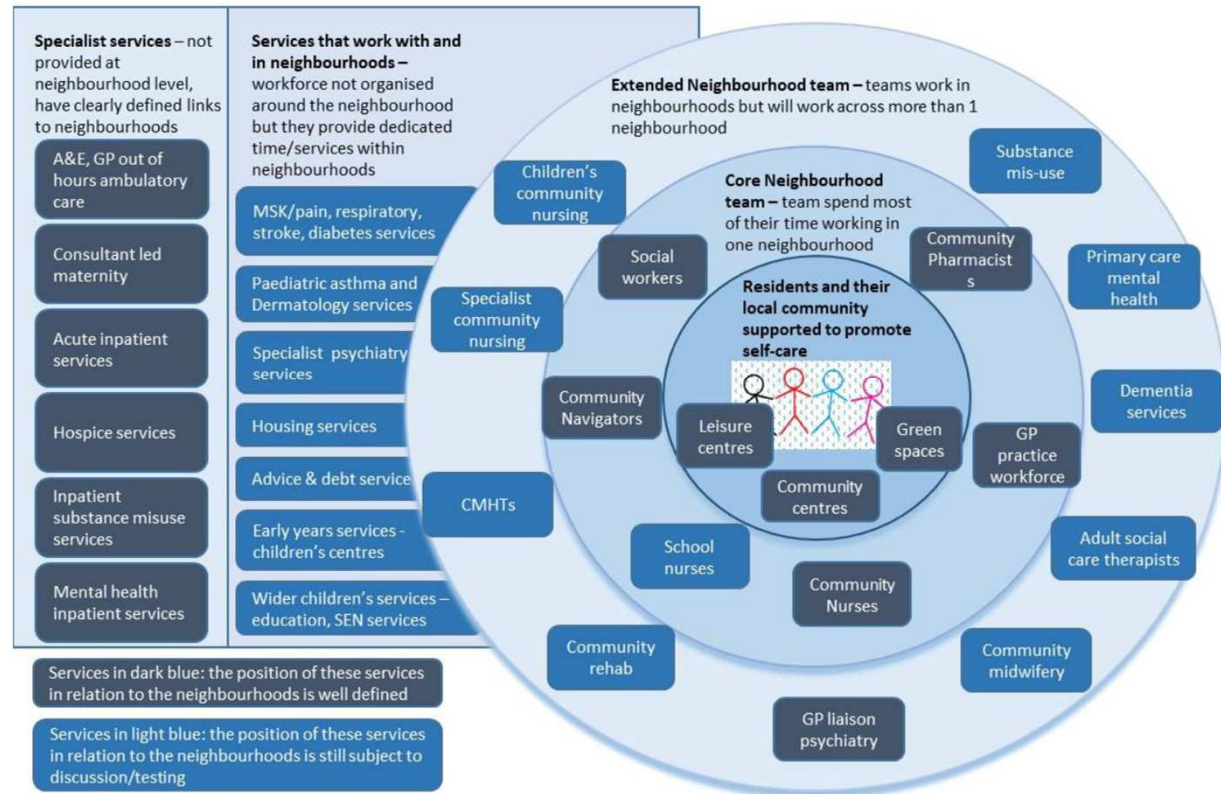
Through the Neighbourhood Health and Care Services Programme we aim to **transform and integrate the provision of out-of-hospital services**, informed by whole system workshops held in January 2019.

We want to redesign our community services to provide **increased support within a multidisciplinary context for people with long term conditions**. This model will combine psychosocial and medical approaches as well as ensuring links to access community and voluntary sector services. These services will be **an alternative to traditional models of outpatient care**; will focus on delivering a proactive and preventative service to people with long-term conditions and be delivered closer to people at the neighbourhood/network level.

From our **engagement with residents, patients and service users** so far, the following themes have emerged:

- People want us to 'bring services back' to City and Hackney (e.g. placements for children in care, elderly residents based out of the local authority)

Proposed model of how services and teams could be organised around neighbourhoods



A **Community Services Development Board** has been working with the local **Provider Alliance** of the Homerton University Hospital FT (as provider of community health services), East London Foundation Trust (ELFT, our provider of community mental health services) and the City and Hackney GP Confederation, collaborating with local authority provider partners. They will establish a joint framework for integrating and transforming out-of-hospital services in partnership, based around the Neighbourhoods delivery model.

The new GP contract nationally specifies seven key services for **Primary Care Networks**. Most of these nationally mandated services map onto existing project or pilots within our integrated commissioning programme, for example anticipatory care will build upon the 'residents with complex and diverse needs' project within the Neighbourhoods Programme as well as care navigation work within the Prevention Care Workstream.

Reducing pressure on emergency hospital services

A really joined-up and integrated local urgent care system: Commissioner and provider system partners in City and Hackney are working together to deliver an integrated urgent care pathway. This will meet people's urgent care needs, triage and navigate them to the most appropriate place at every entry point into the system, and support people away from the hospital wherever it is appropriate to do so. We have developed a wide range of appropriate care pathways with a rapid response element to keep people out of hospital, including step up care within the reablement team (IIT) the Paradoc service (described below), and Duty Doctor (where a practice-based doctor is always available to see or speak to patients urgently to avoid hospital). Over the next 10 years we will further strengthen this system and look at ways in which we can reduce duplication and improve quality of care. We will also talk to our residents about their health-seeking behaviours and design a system which makes sense to them without unnecessary burden on the hospital. This would not be possible without the strong partnerships links we have already.

End of Life care: The City and Hackney system is already high-performing in this area, with very good primary care for End of Life and high uptake and use of care plans through Co-ordinate My Care (by all partners as well as primary care). This has been achieved through the End of Life Care Programme Board and an extensive programme of training. Previous reviews having identified a specific issue around homeless people and their experience of end of life care and this is a priority area for us. We are considering the Pathways model for homeless people, and this is an area where we are contributing to a multi-local authority approach through the INEL System Transformation Board. We are also introducing an urgent end of life care service (based on a hospice at home model) that will support people that want to die at home.

Dementia: Our new City & Hackney dementia service has significantly more capacity to support people with dementia and their carers. Depending on the complexity of their case and needs, every patient now gets an allocated navigator or specialist nurse to support them as well as resource packs for family and friends and access to a digital carer's support tool. All system partners are using Co-ordinate My Care to provide a shared care plan. We are looking to integrate the dementia team into each neighbourhood to provide better wrap around care for people in the community.

Preventing falls: Taking a whole-systems approach we have worked collaboratively with partners including LAS and Paradoc. Paradoc is a locally commissioned team made up of a GP and a paramedic who work as an alternative to LAS and respond to a large number of falls and focus on working in the patient's home when a fall occurs rather than bringing them to A&E. We have launched a primary care falls pathway – and are including systematising this in EMIS. We are in the process of reviewing our exercise services and we are looking to develop tools to better identify people at risk of falling. Work is also taking place to reduce falls in hospital.

From our **engagement with residents, patients and service users** so far, the following themes have emerged:

- People want well-co-ordinated and safe out of hours services
- Across the board attendees are expressing a need for 'bridging or transitioning' services that can support people in the community after they are discharged from hospital or specialist care and the role of community and voluntary sector in providing this support
- Support is wanted to help people overcome barriers around finance and transport

Digitally enabling primary care and outpatient care

The City and Hackney system makes considerable use of Co-ordinate My Care (CMC) beyond its primary use for end-of-life care planning, to co-ordinate shared urgent care for patients with dementia, patients on the Proactive Care Registers, and nursing home patients. Due to our local system expertise, City and Hackney represents North East London in the development of CMC at a London level.

The City and Hackney Directory of Services project will provide a key resource to support more integrated health and wellbeing services in the local system and ensure that care navigation, social prescribing and other interventions are better co-ordinated and supported locally.

Work is underway in a number of priority specialties to make use of telehealth and virtual appointments within the Outpatients Transformation Programme. Priority specialties where projects are already underway include diabetes and dermatology.

From our **engagement with residents, patients and service users:**

- There is a willingness to embrace new technologies, but not at the expense of face-to-face appointments with their GP. People on one hand want health services to be able to share information to help wrap care around the patient, but on the other are worried about data protection issues.

Giving people more personalised care and control over their own health

Across services which meet the health, care and wellbeing needs of patients, we have been working to champion strengths-based, person-centred models of care. In our Prevention Workstream we are working closely with colleagues in the London Borough of Hackney to integrate the Three Conversations model in health and care services. Through a number of programmes we are implementing training for front line staff in motivational interviewing and other interventions to support and increase patient activation, self-management and choice. For example:

- Our social prescribing service which operates in every GP practice in City and Hackney and is working with PCNs to integrate new provision;
- Peer support and group consultation pilots have been started or completed and we are exploring options to mainstream findings
- The Neighbourhoods community navigation model is being developed with PCNs, the Provider Alliance and local stakeholders

Our local integrated urgent care system aims to provide patients with more options and advice at the right time, for example non-clinical navigators in A&E work with residents to signpost them to other services if A&E is not appropriate for their care

Personal health budgets (PHBs) are a lever for giving people more control of their health and as well as the mental health recovery pilot mentioned below, we have plans in place to more systematically link personal health budgets with social prescribing and to extend PHBs to new areas, starting with the CAMHS service.

Personalised care in mental health

We are piloting the use of mental health personal health budgets as part of the secondary care discharge pathway. Currently patients can access IAPT services online including online therapies. We are also piloting the use of digital therapies beyond IAPT services. At present dementia patients can access online care plans and we plan to expand online Recovery Care Plans and online referrals and booking to other service areas.

From our **engagement with residents, patients and service users** so far, the following themes have emerged:

- Access to community based, non-clinical services with a more holistic approach is important
- Young people want more tailored health and wellbeing services that acknowledge the pressures and concerns in their life such as social media, the pressure to look in a certain way, mental health, crime and violence and relationships & sex

An increasing focus on population health and moving to an ICS approach

In September 2019 the Neighbourhoods Programme will take a decision on our approach to population health management tools, including risk stratification and case finding, based on an options appraisal of existing tools and their likely readiness to support integrated care in Neighbourhoods. We continue to work with STP partners on the development of system-wide approaches.

As mentioned above, the Neighbourhoods Programme and the Community Services Development Board are working with social care and PCN partners to propose a combined approach to integrated care in out of hospital services to the Integrated Commissioning Board in September 2019.

Our aim as part of this programme is to update the original Neighbourhoods blueprint to reflect developments around PCNs and out-of-hospital care services, resulting in a the first phase of a Target Operating Model being agreed in January 2019 and implementation of an integration programme beginning in April 2020.

Enabling our strategic programmes

The local system includes enabler groups which support the work of the integrated care workstreams. These groups establish strategies and roadmaps for delivery and prioritise investment of delegated funding towards specific enabling projects in the areas of IT, workforce, primary care and estates. They manage risk around delivery of these projects, and work to address gaps or new priority areas as they arise.

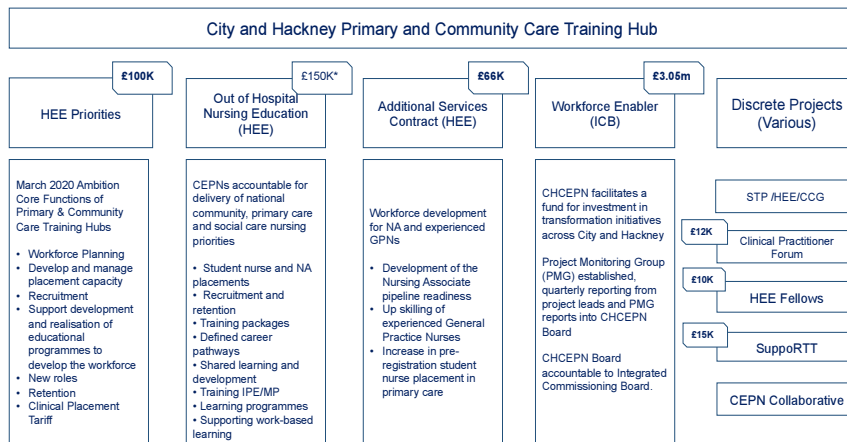
Estates

City and Hackney has an ageing primary and community health estate. Since 2015, when City and Hackney was successful as a devolution pilot site, health and local authority partners have recognised the significant opportunities to enable greater social and community value for residents from the current estate through greater integration and joined-up planning across health, social care and community partners.

Our estates strategy is focused on improving the productivity and efficiency of estates usage, transforming the estate so that it supports our Neighbourhood model of service delivery, and working with partners to find flexible ways to prioritise and fund infrastructure changes. This joint approach is leading to targeted regeneration work aiming to address pockets of significant deprivation.

Workforce

The Long Term Plan describes how workforce growth has lagged behind need, partly due to increasing demands on the NHS and also due to inflexible employment practices. Our Community Education Provider Network (CEPN) now operates as the local system Training Hub, with a remit to support key local, regional and national workforce transformation programmes:



Communications and Engagement

The Comms and Engagement Group recognises the importance of patient and public involvement, engagement and co-production in the development of new service models. The Group will support our aims for a Co-Production Council to be a central part of any new local health and wellbeing partnership.

Primary Care

The City and Hackney system is proud of the achievements delivered by its local GP practices. Through investment in whole population contracts, our GP workforce has topped national comparative tables on quality and achieved some of the lowest referral rates into secondary care, making use of clinically appropriate alternative pathways outside of hospital.

Like the rest of North East London, City and Hackney faces an increasing population whilst having a reducing GP workforce and rising demand for GP appointments. However, unlike the rest of our wider system, City and Hackney has better GP coverage (6.5 GPs per 10K population compared to 4.5 in Redbridge, for example).

As part of work across NEL we will ensure the following quality aspirations are delivered by 2021:

- We will aim to achieve a CQC rating of good or outstanding for 95% of practices
- We will aim to have at least one QI expert per network
- We will ensure workflow optimisation in each practice across NEL
- We will develop a NEL wide QI methodology to ensure a consistent approach and shared learning across the STP
- We will aim to implement best practice key principles for at least 5 care pathways across NEL within the available local resources to deliver consistent access and quality of services

Digital

The Digital Enabler Group oversees a number of vital projects across the key workstream priorities, governed by a set of digital objectives (below). Whilst only one part of its work, electronic patient records are a foundational element. Full interoperability (not just shared access) in relation to electronic patient records and care plans is fundamental to our vision of integrated care and we are working with STP partners to continue to develop and expand the functionality of HIE (Health Information Exchange) as well as increasing the number of systems within it.

The Digital Enabler Group has the following digital objectives across the local system:

- Information sharing between partners to enable integrated care
- Better join up between systems to support patient pathways
- Supporting and empowering patients and carers to self-care and to navigate our complex health and care services
- Embedding the prevention agenda across our system
- Closer working with a wider range of non-statutory partners
- Digital solutions to save clinical and administrative time
- Digital solutions to support patient access to services

Examples of innovation in our local approach

Our full local strategic plan includes a detailed breakdown of the many targets and ambitions set out in the NHS Long Term Plan, and sets out our local system response and how our plans will be delivered.

We have set out here some examples of the local priority work which demonstrates the spirit of innovation and high quality in the City and Hackney system:

Health and wellbeing services for rough sleepers

The City of London has one of the highest numbers of rough sleepers in the country. As a result, services for rough sleepers are a particular priority locally where Public Health commission a multiple needs service, and we are sharing learning across the multi-local authority area. The London Borough of Hackney also has a homeless strategy (piloting a 'Housing First' approach with system partners for patients with complex health needs) and we have successfully been awarded funding as part of the new models of care proposals for community mental health via ELFT to specifically address the mental health needs of rough sleepers (see below).

Previous reviews have identified a specific issue around homeless people and their experience of end of life care and this is a priority area for us and we are considering the Pathway model for homeless people.

Neighbourhoods Mental Health Transformation

Through ELFT, City and Hackney, Newham and Tower Hamlets have been successful in securing transformation funding to develop local neighbourhood / primary care network based mental health models.

City and Hackney has comparatively well-developed primary care mental health services which integrate secondary care, primary care and VCME providers through an alliance contract. The services are focused on patients with severe and enduring mental health problems and include Mental Health Enhanced Primary Care (EPC), Primary Care Liaison (PCL) and SMI physical health checks. City and Hackney came top in national performance comparisons for its coverage of SMI physical health checks and its multi-agency model.

The new funding will enable this foundation to be built on and for services to be fully aligned with the vision for SMI in the Long Term plan. EPC will be expanded to provide a mental health team in each neighbourhood, which is capable of offering assessment, step down, step up and on-going support, recovery care planning, therapy and wellbeing services. Furthermore, the EPC team will be blended with community connectors from VCSMEs. The main focus will continue to be severe and enduring mental health problems including SMI, Personality Disorder and trauma. The Transformation Funding will reduce the number of people needing to be seen in secondary care and will create place-based services, personalised around people's needs and embedded in the communities people are part of.

Prevention Investment Standard

Investing in prevention is a system priority for City and Hackney as exemplified by the Integrated Commissioning Board strategic objectives (both to "deliver a shift in resources and focus to prevention" and to "ensure we maintain financial balance"), and the NHS Long Term Plan.

The City and Hackney system is making a commitment to grow investment in prevention activities year on year at a faster rate than growth in general health budgets. This Prevention Investment Standard (PINS) will support a shift in investment and focus towards health as an asset to be protected through prevention activities. Alongside the PINS we will create a Prevention Investment Fund (PIF) which will be the funding vehicle to pilot prevention activities non-recurrently.

The Prevention Investment Standard will allow the City and Hackney system to:

- understand its level of investment on prevention activities;
- ensure, as a minimum, the level of investment is protected;
- ideally increase the allocation of funding towards prevention activity while delivering current priorities and required outcomes;
- change the culture of local organisations to prioritise prevention and promote understanding of the role that all local partners can play in delivering prevention initiatives;
- increase the capacity and capability of system partners to deliver prevention activities; and
- monitor and deliver a financial return on investment in prevention, improving system financial sustainability.

Better services for people to help them age well

City and Hackney's urgent care system makes effective use of rapid response services to prevent avoidable emergency admissions and treat patients closer to home. We are establishing better care in people's homes, particular for conditions such as dementia.

We have a very small number of local care homes (only four) and the home care market faces some workforce pressures, which we are expecting to increase as a result of Brexit. In the longer term, as part of our commitment to providing community-based care, we are scoping for more nursing home provision in both local authority areas.

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<p>Health in Hackney Scrutiny Commission</p> <p>12th February 2020</p> <p>PCN's service specifications - discussion</p>	<p>Item No</p> <p>7</p>
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OUTLINE

This issue was drawn to our attention by Hackney Keep Our NHS Public. Here is the request from Shirley Murgraff on 14 Jan:

Dear Members of Health in Hackney

Further to my previous email about NHSE's draft service specifications for PCNs, I am sending herewith for your information a copy of the email sent to NHSE by Hackney Keep Our NHS Public which includes, as you will see below, some of the information I received from some of Hackney's health professionals. Other organisations are considering sending their own versions of this and other information. I hope HiH Scrutiny will find it possible to make its voice heard on this really important matter.

All best

Shirley M.

Dear NHS England

We have had sight of your draft service specifications for the implementation of the Primary Care Networks (PCNs).

*We are writing to express our deep concern and dismay that the "consultation" on these highly significant and important changes to the delivery of Primary Care was scheduled to begin on December 23rd, two days before Christmas, and end on January 15th. This provides **a realistic total of only 11.5 working days** to consider, arrange meetings about, and reach and collate conclusions on an extremely important 35-page document; and at very best that total could only add a further - albeit unlikely - three working days to 14.5. In our opinion, by no stretch of the imagination can either total remotely meet NHSE's own guidelines which state : **"Allow adequate time for the public to consider and respond before a final decision is made."***

*The specifications make several references to several millions of pounds of "funding entitlements" which "come(s) on top of increases to the core practice contract", but tucked away in one sentence only is the very clear statement **"Funding is not allocated directly for delivery of the service specifications" (my emphasis)** - and that is the crucial point isn't it?. After decades of acknowledged underfunding for the NHS in general, and several years of annually decreasing funding for Primary Care, it is not just unfair but unrealistic and entirely inappropriate and unacceptable - and not necessary either! - to require General Practitioners to source new expenditures from existing budgets. This is even more the case when, while you are claiming the PCNs*

will be reducing the GP workload, the specifications clearly add to an already significantly overloaded workforce suffering additionally from serious staffing shortages along with recruitment and retention problems. This is regrettably yet another example of NHS staff being expected and required to do more for less.

Moreover, the very small number of new PCN workers you suggest acquiring (eg clinical pharmacists, social prescribers etc,) are obviously not immediately available but the additional work is expected to happen during their possibly-some-months-long recruitment time - and again the additional work falls on hard-pressed and stressed staff.

We therefore demand that these ill-thought-through specifications are either withdrawn or put on hold forthwith while (a) all objections are fully taken into account, (b) the full cost is guaranteed and made available up-front, and (c) all necessary additional staff are in place.

We look forward to hearing from you, and thank you for your favourable consideration of these matters.

Yours truly

Shirley Murgraff

*pp Keep Our NHS Public Hackney
(KONPH)*

Attached is the letter from HAPIA to Sir Simon Stevens objecting to the consultation timeframe etc.

ACTION

The Commission is requested to give consideration to the discussion.

Patient and Public Involvement in Health and Social Care



HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

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

January 27th 2020

Dear Mr Stevens,

Engagement Process - Draft Service Specifications for the Implementation of the Primary Care Networks (PCNs)

We are writing to formally complain about your engagement process regarding the development of local primary care services.

The consultation started on December 23rd 2019 and finished on January 15th at 1pm, allowing 14.5 working days of public consultation and engagement. You have shown total disregard for your statutory duties, the NHS Constitution, Cabinet Office guidance and case law, which require you to provide adequate time for patients and the public to respond to this “engagement exercise”.

You have a statutory duty to involve the community in any transition and transformation of services, and in relation to determining local needs, by listening to service users and acting to ensure that their needs are met.

Patient and Public Involvement in Health and Social Care

You are required to show due regard to the following best practice guidelines:

- 1) To engage and consult for a genuine purpose 'not for the sake of it'.
Allowing only 14.5 working days in the middle of the Christmas and New Year holiday period, when many people were on leave, demonstrates that this was not a genuine engagement process and that you had no real interest in gathering the views of stakeholders.
- 2) The short period for engagement demonstrates, we believe, that you had already determined your final view on the issues raised in the document and were not genuinely interested in the view of patients or the public.
- 3) You made no attempt to involve patients and the public using public meeting and events, new digital tools and open, collaborative approaches. There was no ongoing process, only a short so-called engagement process on a complex document which is 35 pages long. There appears to be a deliberate attempt to exclude the public.
- 4) Engagement and consultation should last for a proportionate amount of time. This engagement process did not give enough time for consideration and reduced and negated the quantity and quality of responses.
- 5) Engagement and consultations should be targeted and consider the full range of people, communities and voluntary bodies affected by the policy, and whether representative groups exist who can be important sources of advice and experience. In this case PPGs, Healthwatch, Keep Our NHS Public and many voluntary sector bodies should have been consulted. You should have ensured these bodies were aware of the engagement process and could assess the key issues raised in the document. The document should have been tailored to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.
- 6) The engagement process should have taken account of the groups being consulted and stakeholders should have been engaged in a way that suited them, e.g. some charities would have needed more time to respond.
- 7) When an engagement process spans all or part of a holiday period, you should have considered how this affected the engagement process and taken appropriate mitigating action, such as prior discussion with key interested parties or extension of the consultation deadline well beyond the holiday period.

Patient and Public Involvement in Health and Social Care

You also have a duty to promote the NHS Constitution (1b Health and Social Care Act): “The NHS pledges to provide the public with the information and support needed to influence and scrutinise the planning and delivery of NHS services”.

We would like to remind you of the Secretary of State’s 4 tests for service reconfiguration (in the Operating Framework) which include requirements for:

- Strengthened public and patient engagement
- Consistency with current and prospective patient choice

You should also have shown regard to your Public Sector Equality Duty (PSED), which requires, when you are proposing changes that will affect people with protected characteristics, to have regard to the PSED (s149 (1) of the Equality Act 2010)

The needs of those with protected characteristics must be met before or at the time any policy is being considered. Courts refer to it as being an “essential preliminary” and not a “rear-guard action”. Therefore, you must:

- Remove or minimise any disadvantage that might be suffered by persons with protected characteristics.
- Take steps to meet the needs of those with protected characteristics.
- Undertake equality impact analyses in order to demonstrate compliance with the PSED, and evidence that people with protected characteristics have influenced the decision-making process of CCGs.

You are required to comply with NHS England’s Mandate, which includes the following priorities in relation to significant service changes:

- a) Carry out a strategic sense check by exploring the case for change and level of consensus for change and ensuring a full range of options are considered and risks identified.
- b) No decision to proceed with a particular option until the proposals have been **fully** consulted on.

Lastly you are required to show due regard to case law in relation to consulting and engaging patients and the public. We believe that *Gunning v Brent Borough Council* (1985) is significant in this case, where it was agreed the decision-maker’s discretion is not unbounded and cannot consult on a decision already made, because the outcome of the consultation is pre-determined and the process is therefore pointless.

Patient and Public Involvement in Health and Social Care

The way in which this engagement process was carried out suggests that a decision had already been made, and your process was 'for the sake of it'.

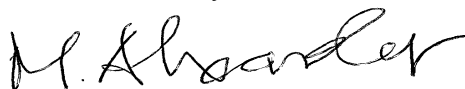
The following 'Gunning principles' must be adhered to in all matters in the NHS concerning significant changes in the provision of services:

- (i) consultation must take place when the proposal is at a formative stage;
- (ii) sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- (iii) adequate time must be given for consideration and response;
- (iv) outcome of consultation must be conscientiously taken into account.

We believe that the information provided above strongly suggests that you have a duty in law to genuinely engage the public in your PCN plans.

We therefore formally request that you initiate a new, full, adequate and appropriate consultation exercise on the Draft Service Specifications for the Implementation of the Primary Care Networks (PCNs), which properly involves patients and the public and follows Cabinet Office best practice guidelines.

Yours sincerely



Malcolm Alexander

Chair

Healthwatch and Public Involvement Association (HAPIA)

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Health in Hackney Scrutiny Commission 12 th February 2020 Work programme 2019/20	Item No 8
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OUTLINE

Attached please find the updated work programme for the Commission.

ACTION

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

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Health in Hackney Scrutiny Commission

Future Work Programme: June 2019 – April 2020 (as at 4 Feb 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 Katyar (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 Ricketts	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 Ricketts 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 ICSSs 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	<i>ELHCP/NELCA</i>	<i>Various</i>	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	<i>East London Health and Care Partnership and North East London Commissioning Alliance</i>	<i>Various</i>	<ul style="list-style-type: none"> • Cancer Diagnostic Hub • Overseas Patients and charging (withdrawn) 	<i>Postponed from 29 November because of purdah.</i>
Wed 29 Jan 2020 Papers deadline: 17 Jan	ELFT CCG	Eugene Jones Dr Waleed Fawzi 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	<i>East London Health and Care Partnership and North East London Commissioning Alliance</i>	<i>Various</i>	<ul style="list-style-type: none"> • NHS Long Term Plan • Pathology Services across NEI 	

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Wed 12 Feb 2020 Papers deadline: 31 Jan	CCG LBH	David Maher, CCG Sunil Thakker, CCG Ian Williams	An Integrated Care System for North East London	Update from C&H CCG focusing on Hackney impacts.
	Adult Services	Simon Galczynski Sophie Jobson	Hackney Local Account of Adult Care Services 2019/20	Annual item on publication of the Local Account of Adult Services
	GP Confederation CCG LMC Keep Our NHS Public	Laura Sharpe David Maher Dr Fiona Sanders Shirley Murgraff	Primary Care Networks – national service specifications: discussion	Concerns regarding rushed consultation over Christmas period by NHSE on the service specification for the Primary Care Networks – known in Hackney as the Neighbourhoods Programme – and the implications for Hackney.
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. To also include an update on the Housing First pilot.
	Helath academic	Tbc	Air Quality – health impacts: briefing from expert.	Briefing from external expert on health impacts of poor Air Quality
	Public Health	Dr Sandra Husbands Damani Goldstein	Air Quality – health impacts: update on Hackney’s Air Quality Action Plan	Briefing from Public Health on the implementation of the Actions to reduce the health impacts of air quality in Hackney’s own <i>Air Quality Action Plan 2015-2019</i>
	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.
	LBH CCG	Mayor and or new Cabinet Member	Executive Response to	To note the Executive Response – if available...

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	GP Confed ELHCP		REVIEW on ‘Digital first primary care and the implications for GP Practices’	
Scrutiny in a Day on ‘<u>Health inequalities</u>’ April or May 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

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.

Items held over from last year but not scheduled

June 2020		All Members	Election of Chair and Vice Chair for 202/21 and appointments to INEL JHOSC	To Elect the Chair and Vice Chair for 2020/21 To appoint 3 Members to the INEL JHOSC Cttee for 2020/21
June 2020	HUHFT	Tracey Fletcher, CE	Industrial dispute at HUHFT re soft facilities contractor ISIS	Update on pay dispute at HUHFT relating to ISIS the soft facilities contractor. Three month follow up requested at the meeting on 29 Jan.
June 2020	HUHFT	Catherine Pelley, Chief Nurse and Dir of Governance	HUHFT Draft Quality Account 2019/20	Trust’s Quality Account has to be submitted to local scrutiny cttee before submission to NHSE/NHSI

June 2020	St Joseph's	Tony Mclean Jane Naismith	St Joseph's Hospice draft Quality Account	Trust's Quality Account has to be submitted to local scrutiny cttee before submission to NHSE/NHSI
June 2020		All Members	2020/21 Work Programme	To agree the main items for the 2020/21 Work Programme
Possible separate engagement event hosted by the Commission	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.
July 2020	GP Confed Integrated Commissioning	Laura Sharpe Nina Griffith	Neighbourhoods Development Programme	Follow up on item at July 2019
November 2020			REVIEW: Digital first primary care....	12 month update on implementation of the recommendations of the Commission's review, agreed in Nov 2019
December 2020	Eugene Jones Dan Burningham Jon Williams	ELFT CCG Helathwatch	Update on impact of consolidation of dementia and challenging behaviour in-patient wards at East Ham Care Centre	Follow up from meeting on 29 Jan including focus on the uptake of the transport offer to families and friends of the patients moved from Thames House Ward at Mile End Hospital..
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.
To be scheduled	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.
To be scheduled			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.
To be scheduled			Implications for families of genetic testing	Suggestion from Cllr Snell. Briefing on impact on families of new technologies such as genetic testing.
To be scheduled			Accessible transport issues for elderly residents	Suggestion from Cllr Snell after Dec mtg.
To be scheduled			What does governance look like at the Neighbourhood level?	Suggestion from Jonathan McShane at Dec mtg

CCG suggestions for 2019/20 to continue..

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**
6. **Estates** (being covered as part of proposed scrutiny engagement event. INEL also covering it).

Dates for INEL JHOSC in 2020/21 already scheduled: 24 June 2020; 30 Sept 2020; 25 Nov 2020