Health & Wellbeing Board

AGENDA REPORTS PACK

Thursday, 10th September, 2020 at 4.00 pm

Until further notice, all Council meetings will be held remotely - you can view this meeting by clicking on the following link : https://youtu.be/rJWIFsvJP5o

Contact: Peter Gray
Governance Services
Tel: 020 8356 3326
Email: peter.gray@governance@hackney.gov.uk

Tim Shields
Chief Executive

The press and public are welcome to attend this meeting

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Mayor Philip Glanville (Co-Chair) **Hackney Council**	**Dr Mark Rickets (Co-Chair)** Chair, City and Hackney Clinical Commissioning Group
Councillor Caroline Selman Cabinet Member for Community Safety, Policy and the Voluntary Sector	**Councillor Christopher Kennedy** Cabinet Member for Health, Adult Care and Leisure
Dr Navina Evans Chief Executive, East London Foundation Trust	**Tracey Fletcher** Chief Executive, Homerton University Hospital NHS Foundation Trust
Alistair Wallace Health and Social Care Forum	**Deputy Mayor Anntoinette Bramble** Cabinet Member for Education, Young People and Children's Social Care
Anne Canning Group Director, Children, Adults and Community Health, Hackney Council	**Dr Sandra Husbands** Director of Public Health
David Maher Managing Director, City and Hackney Clinical Commissioning Group	**Laura Sharpe** GP Confederation
Raj Radia Chair, Local Pharmaceutical Committee	

Independent Advisers	
Jim Gamble Chair, City and Hackney Safeguarding Children Board	**Adi Cooper** Chair, City and Hackney Safeguarding Adult Board

Additional Attendees	
Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership	**Jackie Brett** Health and Social Care Forum
Ida Scoullos Community Empowerment Network	

Health & Wellbeing Board

AGENDA
Thursday, 10th September, 2020

ORDER OF BUSINESS

Item No	Title	Page No
1	**Welcome from the Chair (1 minute) (Chair)**	
2	**Apologies for absence (1 minute) (Chair)**	
3	**Minutes of the Previous Meeting (1 minute) (Chair)**	1 - 12
4	**Declarations of Interest - Members to Declare as Appropriate (1 minute) (Chair)**	
5	**Action Tracker 9 (1 minute) (Chair)**	13 - 18
6	**COVID-19 response (5 minutes) (Verbal) (Dr Sandra Husbands)**	
7	**Community Voice (15 Minutes) (Verbal) (Jon Williams)**	
8	**Health in all Policies Forward Plan (10 minutes) (Donna Doherty-Kelly)**	19 - 22
9	**Proposed Health and Wellbeing Board membership, Joint Health and Wellbeing Strategy Plan, wider determinants of Health (15 Minutes) (Donna Doherty-Kelly)**	23 - 26
10	**HiaP Strategy paper - Transport Strategy (25 minutes) (Andrew Cunningham) (To Follow)**	
11	**Pledge to reduce ethnic inequalities in mental services (10 minutes) (Dr Rhiannon England)**	27 - 44
12	**Update on development of partnership-wide Children and Families Plan (5 minutes) (Anne Canning)**	45 - 46
13	**Health and Social Care Complaints Charter Update (10 minutes) (Jon Williams)**	47 - 50
14	**Reflective space on the approach in collaborating and thinking of how the Board can operate more optimally to adopt a HiaP approach (10 Minutes) (Verbal) (Dr Sandra Husbands)**	
15	**Date of next meeting - 11 November 2020**	
16	**Any other business that the Chair considers urgent**	

ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to **all** Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- The Director of Legal
- The Legal Adviser to the committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

1. Do you have a disclosable pecuniary interest in any matter on the agenda or which is being considered at the meeting?

You will have a disclosable pecuniary interest in a matter if it:

i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;

ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or

iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

2. If you have a disclosable pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).

ii. You must leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.

iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the room and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

3. Do you have any other non-pecuniary interest on any matter on

the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

i. It relates to an external body that you have been appointed to as a Member or in another capacity; or

ii. It relates to an organisation or individual which you have actively engaged in supporting.

4. If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the room, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the room unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the room. Once you have finished making your representation, you must leave the room whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the room. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Interim Director of Legal and Governance on 020 8356 6237 or email Dawn Carter-McDonald@hackney.gov.uk

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

Hackney

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY, 8TH JULY, 2020

Present: **Mayor Glanville in the Chair**

Malcolm Alexander (Interim Chair of Hackney Healthwatch)
Deputy Mayor Anntoinette Bramble (Cabinet Member for Education, Young People and Children's Social Care),
Anne Canning (Group Director)
Dr Sandra Husbands (Director of Public Health)
David Maher (Managing Director, C&H CCG)
Cllr Christopher Kennedy (Cabinet Member, Health, Adult Social Care and Leisure)
Cllr Caroline Selman (Community Safety, Policy and the Voluntary Sector)
Dr Mark Rickets (Chair, C&H CCG)
Alistair Wallace (Health and Social Care Forum)
Raj Radia (Chair, Local Pharmaceutical Committee)
Laura Sharpe (Chief Executive, GP Confederation)

Attendance:

Public Health
Kirsty Bell
Christopher Caden
Diana Divajeva
Jayne Taylor
Donna Doherty Kelly
Kate Dun-Campbell

Community Voice
Nina Sauders
Casandra Lovelock

Jake Ferguson (CVS)
Toni Wong (CVS)

1 Welcome from the Chair

The Mayor paid tribute to those lost through COVID19 and the contributions made by all on the HWB to the response to the pandemic. Consideration would be given to wider strategies as moves were made to the next phases of the pandemic, as well as in relation to inequalities. It was considered by all that the Health and Wellbeing Board had a crucial role to play around this agenda and reshaping it was an important priority.

2 Apologies for Absence

2.1 Apologies for absence were submitted on behalf of Tracey Fletcher and Dr Navina Evans.

3 Declarations of Interest - Members to Declare as Appropriate

3.1 Mayor Glanville declared that he was a member of ELFT.

4 Minutes of the Previous Meeting

4.1 The minutes of the previous meeting were agreed as a correct record subject to the correction to Councillor Kennedy's name.

5 Actions Log - There were no actions from the previous meeting

5.1 There were no actions from the previous meeting.

6 New Member of the Health and Wellbeing Board

6.1 The Mayor welcomed Malcolm Alexander to the Board, as the new interim chair of Hackney Healthwatch.

6.2 Malcolm Alexander told the Board of his background, including his involvement with patient participation and as Member of the Board of the Homerton Hospital. The aim was to go forward in a more effective and vigorous way.

6.3 Mayor Glanville thanked Rupert Tyson, the previous chair of Hackney Healthwatch and former member of the Board, referring to his long and distinguished civic life. The Mayor wished him a good recovery from illness. He thanked Hackney Healthwatch for the capture of experiences locally during the pandemic with a survey that would provide welcome additional information at this level.

7 Community Voice

7.1 Jon Williams introduced the item stating that national carers were providing 70% more care since the start of COVID-19, working an extra 10 hour a week, with feelings of being overwhelmed and worried being reported.

7.2 Nina told the Board that she had cared for many years for her daughter who had been diagnosed with paranoid schizophrenia. She read out letters from relatives and friends in relation to her daughter's condition and its effect, to provide the Board with an insight into her life. She told the Board of the difficulties in caring for her daughter and that this was affecting their own health. She concluded that her daughter should be in supported housing. Nina told the Board that she had been assessed as a Carer in December 2016. She said that the Carers Support Group was very helpful but that she required further support to this.

7.3 Cassie Lovelock told the Board that she was new to the Borough of Hackney. She had provided support to her sister for 10 years. Cassie told the Board of the themes that has emerged since COVID-19, such as:

- The changing levels of care
- The closure of day centres
- Not being able to enter people's homes
- The removal of specialised support through schools
- Heightened levels of stress with carers needing more emotional support than previously
- Fatigue
- Those with care needs were at greater risk of contracting COVID-19 and that this in itself could impact on the individual's mental health.
- Not being able to get food from supermarkets and the expectation that carers would be able to fill the gap
- Worry among parents of their children's mental health and return to school
- PPE in assisted living or care homes/ wearing PPE when visiting families and friends
- The view that there was a need for increased testing
- The view that there was a need for better communication between health and
- social services
- GPs and pharmacies having more information for carers

7.4 Cllr Kennedy thanked the speakers for their input. He referred to much work having been carried out on carers work and that the concerns expressed were well recognised, in particular, in relation to PPE, joined up messaging and guidelines for care homes. He said that it was estimated that there were 1 million carers pre-COVID 19. The number of carers was now estimated to be 6 million. He suggested further discussion on the reports and analysis on these issues.

7.5 Deputy Mayor Bramble thanked both carers for all their work. She said that those in need of care looked to carers to resolve issues and felt anxious at the present time. Deputy Mayor Bramble referred the Board to online services for children and young people on mental health and health and wellbeing. The aim was to make such services readily available to allow for effective signposting. She stressed the need to share reports and analysis on these matters.

7.6 Jon Williams told the Board of work the Healthwatch Hackney was carrying out with Carers Centres, on which a report would be produced.

7.7 The Mayor referred to the synergies that existed and the need to identify where the services were achieving and where they were not.

8 Local COVID-19 Response - Update

8.1 Kate Dun-Campbell presented on the response to COVID-19. The City & Hackney local outbreak control plan and accompanying action log had been drafted. The plan followed the themes set by national government in addressing 7 key areas for our ongoing management of COVID-19:

- Planning for local outbreaks in care homes and schools.
- Identifying and planning how to manage other high-risk places, locations and communities of interest.
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
- Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid.
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook.
- Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing the COVID-19 Health Protection Board and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

8.2 The plan was published on the 1st July, as required by the National Advisory Board on Contact Tracing. Standard operating procedures (SOPs) were a part of the local outbreak control plan, particularly in planning for local outbreaks in care homes, schools and other high risk places. These provide information, advice and guidance for local settings to prevent and respond to a case or outbreak of COVID-19, including contact details for a single point of contact (SPOC) within the Public Health Team. The local SOPs also interface with those from Public Health England London Coronavirus Response Cell (LCRC), to ensure a coordinated and joined up response. For the next phase the focus would be on community clusters, religious spaces and providing more workplace specific SOPs.

8.3 In developing SOPs work was ongoing with colleagues in Hackney Learning Trust and across the council. The SOPs were based on the most up to date national guidance and will be amended and updated as required going forward, so that they are informative and easy to use.

8.4 A City & Hackney COVID-19 Health Protection Board (HPB) had been set up, which meets weekly to develop and oversee the local outbreak control plan and to make any amendments to the plan, going forward, as the situation develops.

8.5 In relation to testing, Bentley Road car park was the current location in Hackney for the Mobile Testing Unit. This was providing 3 days per week of access to testing and there were plans to increase this going forward. Work was ongoing to ensure that all residents had access to testing in a timely manner which was considered key to reducing transmission throughout the community.

8.6 Care homes continued to be supported and could access testing via the national portal.

8.7 Local support for NHS Test & Trace included working closely with the community and voluntary sector, regarding recruiting and training community champions to work with local groups, to build trust in the process and provide accurate information. The VCS was also playing an important role in providing support for vulnerable people.

8.8 The Good Practice Network continued to provide a platform for sharing good practice. It has circulated action cards for a range of local outbreak situations. These cards are similar to the standard operating procedures and are useful tools for ongoing SOP development.

8.9 Mayor Glanville referred to the fact that Hackney was part of the good practice network. He said that there continued to be issues around data and other matters that needed to be resolved.

8.10 Raj Radia referred to the need to involve community pharmacies in multi-agency working and that they could be a good access point for information. They were currently working with the CCG and the voluntary sector on shielding and the delivery of medicines.

8.11 Dr Mark Rickets referred to the challenges that existed in accessing testing when symptomatic and that community champions could assist in improving this access.

8.12 Dr Sandra Husbands stated that community pharmacies could be involved in the development of the plan and in developing SOPS for community pharmacies. She said that the development of community champions was at an early stage. There would be different parts of the system and that connecting would be an important part of this work with the CCG and the GP Confederation.

8.13 Malcolm Alexander asked about the detaining of those at risk causing infection as referred to in the report and asked in what circumstances these measures would be used and whether they would be only exceptional. Dr Sandra Husbands stated that in the context of COVID-19 these measures may never be used and said that any isolation would be appropriate and that this was a public health power. The Mayor stated that there was an ongoing debate as to how the powers in the report would be used.

8.14 Councillor Kennedy thanked staff for the work that had been carried out so quickly. The Mayor said that Bentley Road had worked very well, thanks to the Public Health testing centre.

RESOLVED:

To note the Local COVID-19 response update

9 Health Inequalities and the Impact of COVID-19

9.1 Kirsty Bell and Christopher Caden presented on the impact of COVID-19 on communities, stating that it was likely to be ongoing for some time. National research has begun to show that older people, men, and people from Black and Asian communities have had disproportionately high rates of infection. PHE has also found that these groups have higher mortality rates, even when accounting for social deprivation and other factors. Air pollution was also a contributing factor.

9.2 Hackney was the 6th most diverse London Borough and the 18th most deprived local authority area in England. With this context in mind, it was considered important to understand the impact that COVID-19 has had, and will continue to have, on health inequalities. It was anticipated that the period of lockdown will also have unequal social consequences due to the economic consequences of job losses and redundancies.

9.3 The presentation sought to synthesize the available research and the evidence base on the impact of COVID-19 in the short term and beyond.

9.4 Diana Divajeva told the Board that the current data did not show a significant increase in cases in the Borough and showed no increase among children. One quarter of death certificates were for COVID-19 deaths. Diabetes was one of the pre-existing conditions and Alzheimer's and dementia were at 14%. A more detailed analysis of differences in mortality rates between wards in the Borough had been produced with the main drivers being numbers of care homes, size of population, proportion of households with members born outside the UK, overcrowding and GP diagnosed dementia and diabetes.

9.5 A dashboard was being developed to assist with the timely dissemination of information to policy makers and those involved with the COVID-19 response. Diana Divajeva reported the following figures for the Borough of Hackney:

- 807 deaths
- 11 new cases in the last week
- NHS Test and Trace, 32 completed cases
- 57 completed contacts in total
- No deaths between 1 and 26 June
- 1 death between 27 June and 3 July
- Number of cases had risen somewhat over the past 7 days. (This was higher than predicted)
- 1090 tests had been carried out between 29 June and 5 July

9.6 Mayor Glanville referred to the fact that very few tests from Pillar 2 testing were coming back positive. He asked for clarification on the connection between mortality and occupation.

9.7 Dr Husbands confirmed that the numbers coming back positive were low at only 1 %. In relation to occupation being a determinant in contracting COVID-19 this related to the degree of proximity to others involved while carrying out their occupation.

9.8 Dr Mark Rickets referred to recent work by Julia Hippisley-Cox around risk of contracting COVID-19 and that this data would help in identifying those most at risk. Dr Husbands stated that this information would be useful for clinical practice and also to support work plans

9.9 Deputy Mayor Bramble asked if there were key trends around the drivers perpetuating inequalities and how these could be used. In relation to the NHS she asked about those doctors and consultants who had contracted Covid-19 and how their circumstances differed from their counterparts.

9.10 Malcolm Alexander referred to inequalities arising from overcrowding and with difficulties in getting elective surgery, having to isolate for 14 days.

9.11 Mayor Glanville referred to data on Covid-19 that was being collected by Councillor Hayhurst. Further information could be sought from the Homerton Hospital in relation to patients with Covid-19.

RESOLVED:

1. To agree to the development of a working group to consider how some of these issues can be practically addressed.

2. To note the information provided on health inequalities and COVID-19 in terms of the direct health impacts of the disease and indirect social consequences.

Action: Dr Sandra Husbands

10 COVID-19 VCS Recovery and Resilience

10.1 Jake Ferguson and Toni Wong presented this report, stating that Hackney CVS was keen to work with local VCS organisations, VCS representatives across our networks and the VCSETLG, other infrastructure bodies, the Council and public bodies, to start to think what a recovery and resilience plan could look like, which has the voluntary and community sector at its heart. The briefing was intended to provide an initial starting point for further discussion. The initial outline had been informed by a range of discussions that had been hosted with local VCS organisations through their networks, discussions with the Council and CCG and feedback from the neighbourhood conversations.

Underpinning such a COVID VCS Recovery & Resilience Plan should be five guiding principles:

- Collaborative and Partnership working
- Communication & Information sharing
- Sustainable Funding
- Tackling inequalities
- Building on success and innovation arising from the crisis

10.2 The following questions were posed:

- What are the challenges to achieving true equity across the system?
- What systems change needs to happen for those organisations to compete and thrive?
- Are there key themes which the HWB consider the VCS sector should prioritise due to known limitations of our statutory partners?

10.3 In relation to question 1.Councillor Caroline Selman referred to the fact that there was a need to look at improving and developing, looking at barriers and how to move into the second phase and work with partners, using the more granular information from the survey.

10.4 Jake Fergusson told the Board that many organisations were struggling with reopening and that much training was being provided on this, working with Public Health. He said that there was a need for increased use of the voluntary sector in the future with a resource shift.

10.5 Councillor Bramble asked about what organisations thought about what the challenges and barriers are. She referred to institutional racism and the need for systems changes in relation to disconnect and cultural competency.

10.6 Mayor Glanville referred to the need for analysis of the different sectors, identifying the different types of organisations in the community and discussing sub commissioning markets.

RESOLVED:

1. To consider how the seven themes align with and inform other local COVID-19 health inequalities work streams for which the HWB has oversight.

Action: Dr Sandra Husbands

2. To consider how resources can be more equitably distributed across the system to achieve lasting equality; and to protect the sustainability of VCS sector partners crucial to the recovery from the impacts of COVID-19.

11 Tackling Health Inequalities through a New Joint Health and Wellbeing Strategy

11.1 Jayne Taylor introduced this item on the role of the Board in improving health and tackling inequalities. The report proposed a framework for action in relation to the wider determinants of health, emphasising the need to target and align services, developing solutions with the community. Jayne Taylor told the Board of the proposal to establish a working group to oversee the development of the initiative.

11.2 Mayor Glanville emphasised the economic side of the determinants of health and that there was a role for the Board in relation to children. There would be a need for working with partners in the voluntary sector in improving health outcomes and that these were first steps in improving these outcomes for everyone. He emphasised that the proposed Working Group would develop the strategy on this.

11.3 Anne Canning stated that one of the commitments made by the Council on the back of the Ofsted report was to respond to the report and have a wider partnership policy around what it meant to be a child being brought up in Hackney and what the expectations were of the services provided. She said there was a need to have partnership oversight and that much would be dependent on the wider determinants. This matter had been discussed at the Members Oversight Board and that this could be considered in a broader sense by the Board.

11.4 The Mayor told the Board that the matter would be discussed at the Community Strategy Board focusing on the role of the public sector institutions and how to act collaboratively. There continued to be unanswered questions on how to balance the broader partnership. He welcomed the recommendations and their implementation,

emphasising the need to consider good practice and make the process accessible to the public.

11.5 Mayor Glanville said that there was now a need to increase the frequency of meetings of the Board with two meetings in the winter period.

11.6 Dr Husbands stated that proposals for a wider membership of the Board would be submitted to the next meeting of the Board. In the meantime work would be carried out on the membership of the working group. Councillor Kennedy agreed to Chair the group and approve any membership.

Action: Dr Sandra Husbands

The Board endorsed the report.

RESOLVED TO:

1. review current membership to reflect its wider remit beyond the health and care system, and ensure representation from partners who can make the greatest contribution to reducing health inequalities
2. progress other actions agreed at the March meeting to refocus the Board's agenda on tackling the wider determinants of health and underlying causes of health inequalities, so that it complements (rather than duplicates) the work of the Integrated Commissioning Board
3. use the opportunity of the Joint Health and Wellbeing Strategy refresh to co-create a new strategic (population health) framework for tackling health inequalities through coordinated system-wide action, led by the Board
4. adopt a fully co-produced approach to developing the strategy, building on existing assets and resident engagement/involvement mechanisms establish a working group to oversee the development of the new Joint Health and Wellbeing Strategy - and advise on the membership of this group.

12 Developing the Health and Wellbeing Board Forward Plan in all Policies Approach

12.1 Donna Doherty-Kelly introduced the report on proposals to develop a HWB plan using a Health in All Policies (HiAP) approach, providing a strategic approach to tackle health at local level and in the long term, focusing on joined up decision making. She considered that the Board was well placed to implement a more systematic approach. The plan would provide the Board with greater influence in the reduction of inequalities.

12.3 Mayor Glanville referred to the importance of the inclusive economy strategy and children and young people in the plan and the impact of housing. He stated that this would provide a cultural shift towards challenging the Council and parts of the system, with the inclusion of other outside strategies. The Board would consider only one strategy per meeting.

12.4 Dr Husbands emphasised that the Board would be supporting the implementation of policy in a way that had most impact in improving the population's health and

improving health inequalities. There would be a need to see what the impact on health was, considering the various intersections, including inclusive economy and the housing strategy.

12.5 Dr Rickets stressed that health issues should be incorporated into strategies at the earlier stages of their development.

RESOLVED TO:

1. Use the HWB forward plan as a framework for action to review policy and ensure that social, economic and cultural factors that influence health are systematically considered within all relevant local policy and strategy development - using a Health in All Policies approach.

2. Monitor the implementation of the policies to determine their impact on the health of the local population and vulnerable groups within this.

13 Any other business that the chair considers urgent

13.1 There was no other urgent business.

Duration of the meeting: 4pm – 6.30pm

Report to Hackney Health and Wellbeing Board

Date: 10.09.2020	
Subject:	Actions Tracker
Report From:	Public Health
Summary:	The actions tracker with actions from the previous meeting is attached.
Recommendations:	To consider the action log
Contacts:	Donna Doherty-Kelly

Financial Considerations

Non applicable

Legal Considerations

Non applicable

This page is intentionally left blank

Health and Wellbeing Board Meeting Action Tracker

Ref	Meeting Date	Agenda Item	Action	Responsible Officer	Response	Action to be completed by	Status	Notes
1	8 July 2020	Health Inequalities and the Impact of Covid-19	To agree to the development of a working group to consider how local health inequalities can be practically addressed.	Dr Sandra Husbands	Working group has now been established and will meet for the second time on 3rd September.	September HWB Board Meeting	complete	
2	8 July 2020	Covid- 19 VCS Recovery and Resilience	To consider how the seven themes align with and inform other local COVID-19 health inequalities work streams for which the HWB has oversight.	Jake Ferguson, HCVS	HCVS current plans for the recovery plan are to have completed a first draft by end of September. This will include input from local VCS organisations, and Hackney residents, and will consider how the needs identified overlap/interlink with workstreams being led by statutory partners, for example, LBH's Ageing Well Strategy, and Community Partnerships Network. HCVS will have the first draft consulted on with stakeholders who informed the plan early by mid-October, following which they will start supporting the VCS to develop their own plans and support in building capacity to deliver.	November HWB Board meeting	in action	
3	8 July 2020	Tackling Health Inequalities through a New Joint	Proposals for a wider membership of the Board would be submitted to	Dr Sandra Husbands	Paper attached to be presented at September HWB Board meeting to discuss the nomination of new members.	September HWB Board Meeting	complete	

		Health and Wellbeing Strategy	the next meeting of the board.					
4	8 July 2020	Tackling Health Inequalities through a New Joint Health and Wellbeing Strategy	Membership of the HWB strategy working group developed for approval	Dr Sandra Husbands	Proposal for working group membership to be brought to Sept HWB Board meeting as part of verbal update on health inequalities work/strategy.	September HWB Board Meeting	in action	

Report to Hackney Health and Wellbeing Board

Date: 10.09.2020	
Subject:	Community Voice
Report From:	Hackney Healthwatch
Summary:	Malcolm Alexander to present on patient transport. Associated documents are attached.
Recommendations:	To consider the presentation.
Contacts:	Hackney Healthwatch

Financial Considerations

Non applicable

Legal Considerations

Non applicable

This page is intentionally left blank

PATIENT TRANSPORT SERVICES (PTS)
Proposals to Homerton University Hospital Regarding Commissioning of PTS Contracts

Quality Standards for Patient Transport Services

1) Quality and safety must come first in all contract negotiations for PTS

- **All commissioners of PTS must put quality and safety before price.**
- **The first principles guiding the supply and purchase of PTS must be safety and service quality seen from the patient's perspective.**
- **Provider records should be publicly available to demonstrate that all safety standards have been complied with by the ambulance service.**
- **Service users must be involved and consulted in the drawing up of PTS tender specifications.**
- **Local Healthwatch should be notified each time a PTS contract goes out to tender, so that they can participate in process of selecting a PTS provider. LHW will communicate with all local organisations that might have an interest and wish to participate.**
- **Service users, LHW and community groups with as special interest in PTS, must be present during the process when providers make presentations to commissioners. There should be a minimum of two community representatives at each provider presentation to commissioners, one of whom is service user.**
- **These Quality Standards emphasize that knowledge of the specific medical and social needs of the patient are critical to running effective PTS services and providing appropriate vehicles and staff - PTS is not a taxi service.**
- **A 'code of dignity' for the care and respect of patients should be an overriding component of all PTS contracts.**
- **All PTS staff must be Disclosure and Barring Service checked and pass a health check to make sure that they are fit and able to carry out duties with vulnerable and/or disabled service users.**

Thanks to the Older People's Panel of the Bromley Council on Ageing for their valuable work on this project.
Healthwatch Hackney, The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ
English 020 7923 8358/ Türkçe 020 7923 8185

2) Patient Transport Vehicles

- **PTS vehicles must be designed to ensure the safety and comfort of patients.**
- **PTS vehicles must meet all safety criteria including double-safe mechanisms for door locking.**
- **PTS vehicles must be designed with surfaces that ensure and enable effective cleaning and decontamination.**
- **Cleanliness of PTS vehicles and cars - inside and out is essential. Surfaces must be treated to ensure the highest standards of hygiene and cleanliness and including routine checks of infection safety.**
- **PTS vehicles must be provided for the transport of bariatric patients (30 stone plus) with appropriate and adequate equipment.**

3) Training of staff

- **All PTS staff must be trained in infection prevention and control techniques and must be familiar with DH guidelines for the reuse of linen and prevention of cross-infection from uniforms.**
- **All PTS staff must receive human rights, equality, diversity, cultural, religious and disability inclusion training. Training in relation to disabilities must include awareness of sensory impairment.**
- **All PTS staff must receive training in lifting patients with regular skills/techniques updates.**
- **Staff must be fully trained in the skills of assisting vulnerable patients to and from vehicles, and between vehicles, the patients' home and clinics.**
- **PTS staff must receive training in the care of patients with conditions that are likely to require specific and sensitive care, e.g. people with serious mental health problems, dementia or/and learning disabilities.**
- **Special consideration must be given to the needs of housebound patients and people with agoraphobia.**
- **Sensitivity to personal hygiene needs must be included in the training programme, e.g. for patients who are incontinent.**
- **Contracts must specify the requirement for PTS providers to supply trained staff who are experienced with bariatric patients (30 stone plus) using appropriate and adequate equipment.**

Thanks to the Older People's Panel of the Bromley Council on Ageing for their valuable work on this project.
Healthwatch Hackney, The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ
English 020 7923 8358/ Türkçe 020 7923 8185

- **Staff responsibility for determining the eligibility of patients for PTS must have adequate and appropriate training for this role, and evidence must be available that they have the skills and training required.**

- **All staff training must be recorded, records kept updated and accessible for public scrutiny.**

4) Eligibility criteria for use of PTS services

- **Eligibility criteria must be clear and transparent.**

- **Staff who allocate PTS for patients must have the skills and training required to determine the eligibility of patients for PTS.**

- **Service users must be involved and consulted in the drawing up of the eligibility criteria.**

- **Eligibility criteria must be published in a format that is accessible to patients, carers, GPs and acute sector provider staff, i.e. Easy Read, Large Print, Braille, on yellow paper, on DVD/cassette, different languages and proactively made available to them.**

- **There must be an easily available appeals procedure which can be used by patients if the provider refuses to provide a PTS vehicle.**

- **Patients must not be refused PTS because they have their own transport, e.g. an adapted vehicle. A professional assessment must be carried out on each individual case.**

- **Providers must not refuse patients PTS because they have a 'taxi-card'.**

5) Vulnerable patients with people with disabilities

- **All PTS vehicles must be fit for purpose in relation to the needs of patients with disabilities.**

- **PTS providers must ask patients or carers questions about patients' impairments or special needs, i.e. wheelchair, guide dog, hearing dog or other less obvious conditions, e.g. speech - stroke patients may understand clearly but need time and assistance to respond.**

- **A wheelchair accessible ambulance must be sent when required and this provision must include access for powered wheelchairs if necessary.**

- **PTS providers must enquire whether patients have 'patient specific protocols' which describe specific care in relation to the person's clinical or impairment needs.**

Thanks to the Older People's Panel of the Bromley Council on Ageing for their valuable work on this project.

Healthwatch Hackney, The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ
English 020 7923 8358/ Türkçe 020 7923 8185

- **PTS staff must be trained in dealing with vulnerable patients and provided in sufficient number to meet the needs of the patient/patients being carried.**

- **PTS staff must be responsive to patients' personal hygiene needs during journeys.**

- **Commissioners must take account of the particular needs of patients with disabilities during any waits in hospital waiting areas.**

- **Where appropriate patients must be taken into their home by PTS staff to ensure their safety - not left at the entrance.**

6) Carers

- **In line with the Equality Act 2010, carers or care workers must be enabled to travel with patients in PTS vehicles whenever this will better meet the needs of patients, continuity of care and effective discharge.**

- **Carers must be recognised as having a key role in improving the quality and effectiveness of PTS.**

- **Carer's needs might also need to be taken into account.**

7) Access to the service

- **A PTS specific telephone number for PTS control should be available to all PTS users for booking transport, inquiring about the location of a PTS vehicle, and other access enquiries.**

- **The PTS specific telephone number must be answered within a fixed number of rings by a person not a machine.**

- **The PTS specific telephone number response standard must be widely distributed with the telephone number and a text-phone number.**

8) Communications

- **Patients must be given a specific time for arrival for the PTS vehicle and immediately informed of any delays by the PTS crew, e.g. due to vehicle breakdown/traffic delays/incorrect form of transport allocated or other reasons.**

- **Information about any delay in collecting a patient must immediately be transmitted to the service provider, so that clinic staff can make arrangements to see the patient on arrival.**

- **The practice of asking patients to be ready several hours before their appointment**

Thanks to the Older People's Panel of the Bromley Council on Ageing for their valuable work on this project.

Healthwatch Hackney, The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ
English 020 7923 8358/ Türkçe 020 7923 8185

must stop.

- **PTS crew must phone, text or email (as agreed in advance) the next patient to be collected after they have collected the previous patient, to inform the patient of the actual time of arrival.**

- **PTS providers must provide British Sign Language interpreters for service users whenever this is required.**

- **PTS services must be able to provide interpreters where necessary for patients who do not speak English.**

9) Hospital Discharge

- **PTS providers should be provided with the name and contact details of the discharge- coordinator for each discharged person they have been allocated to return to their home.**

- **Any delays due to poor discharge planning should be reported to the discharge coordinator.**

- **PTS providers should have the contact details of the person who is meeting the patient when they arrive home (some patients have been known to be discharged with no one to meet them at the other end?**

10) Post-clinic collection/return to home address

- **Patients must be collected for their return journey within one hour of the end of their clinic/investigation appointment.**

- **Patients must be returned to their home within two hours from the end of their clinic/investigation appointment.**

- **Patients must have access to staff and a telephone (at a suitable height for patients using wheelchairs) so they can confirm the time they will be collected after their appointment.**

- **Special account should be taken of the needs of patients with diabetes and other conditions that might be affected by delays causing serious health problems.**

- **PTS providers must give an undertaking that vulnerable patients will be returned home as quickly as possible and not be subject to long, circulation journeys designed to reduce PTS costs.**

Thanks to the Older People's Panel of the Bromley Council on Ageing for their valuable work on this project.
Healthwatch Hackney, The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ
English 020 7923 8358/ Türkçe 020 7923 8185

11) Service monitoring by service users and Healthwatch

- **A system of patient feedback on access, quality and safety should be agreed with the Patients' Forum, Healthwatch and other patient groups and carried out continuously across London to ensure that services meet the requirements of these Quality Standards.**

- **Small lay teams should be trained and developed to carry out monitoring of PTS vehicles and to talk to PTS users about their experiences of services.**

12) Complaints procedure

- **All PTS providers must ensure that there is a complaints procedure that is well advertised and effective.**

- **All users of PTS services must be assured that complaints and comments are welcomed and valued by PTS providers and commissioners.**

- **Responses to complaints must be robust and address the actual complaint within a specified time.**

- **PTS providers must use data from complaints investigations to improve services. Details of improvements must be communicated to patients.**

- **Details of PTS complaints, recommendations from complaints and remedial action must be provided to local Healthwatch and the Patients Forum and commissioners of PTS as part of monitoring process**

13) Transfers between hospitals

- **Carers/care workers must be notified immediately when a hospital: hospital transfer has been agreed.**

- **PTS providers must notify the patient and carer/care worker of the actual time that the patient will leave the first hospital and arrive at the second.**

- **PTS crew must make sure that the patient is appropriately dressed during their transfer.**

August 3rd 2019

Thanks to the Older People's Panel of the Bromley Council on Ageing for their valuable work on this project.

Healthwatch Hackney, The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ
English 020 7923 8358/ Türkçe 020 7923 8185

Proposed New Eligibility Criteria (HUHFT)

Scoring Key	
1 - 3 Point(s)	**Fail (All can be reviewed by Clinical team for appropriateness)**
4 Points	**Pass**

"To comply with Department of Health guidelines we now check the eligibility of everyone applying for Hospital Transport. This will ensure fairness for those who rely on it. I therefore need to ask you some questions regarding your eligibility."

TARGET POINT SCORE: 4

Questions	**Answers**	**Outcomes**
Are you / is [patient's name] travelling to/from NHS funded medical care? Medical care or health care???	**YES** →	Go to Q2
Note – paid for by NHS regardless of whether provider is NHS or Independent sector or an independent provider	**NO** →	Not eligible
2		
Automatic Eligibility		
Do any of the following apply to you / [patient's name]?	**YES** →	Eligible
	NO →	Go to Q3
Dropdown menu (if any of these criteria are checked, eligibility is automatic)		
· HDU support required What is HDU? High dependency Unit ???	1 Family or Medical Escort permitted only	
· Immobile (requires stretcher only)		
· Requires home oxygen usage		
· Diagnosed with Dementia and or Servre confusion severe confusion or serious mental health problems.		
· OT Home Visit Requirement		
3		
High Need (housebound with medical needs)		
Who has visited you / [patient's name] at home in the past fortnight to provide your with care or treatment? (tick all that apply)	**YES** (4-point threshold reached →	Eligible
Dropdown menu		
why was two weeks chosen as the cut off point? Seems like quite a short time frame to me.	**YES** (4-point threshold reached →	Go to Q4
· GP (3 points)		
· Medical Consultant (3 points)		
· Paramedics in response to 999 (3 points)		
· Approved Social Worker (2 points)	**NO** →	Go to Q4
· Community Rapid Response / Supported Discharge Team (2 points)		
· Specialist Multi-Disciplinary Rehab Team(s) e.g. neuro / intermediate care / respiratory (2 points)		
· Specialist Nurse(s) (2 points)		
· District Nurse (1 point)		
· Dietician (1 point)		
· Occupational Therapist (1 point)		
· Physiotherapist (1 point)		
· Community Therapies / Rehabilitation Assistant (1 point)		
· Community Psychiatric Nurse (1 point)		
· Community Psychologist (1 point)		
· Carers to assist with medication management or personal care (washing, dressing, toileting) (1 point) a person in this category could		
None of the above(0 points)		
4		
High Need (mobility impairment)		
Do you / does [patient's name] rely on any of the following to get **from pick-up point** (chair or bed) to vehicle **and from vehicle to destination** (chair or bed) safely? (Check all that apply)	**YES** (4-point threshold reached →	Eligible
Dropdown menu	**YES** (4-point threshold NOT reached) →	Go to Q5
· Dependent (long-term) upon hoisting equipment at home (bedbound/immobile) (4 points)	**NO** →	Go to Q5
· Dependent (long-term) upon specialist electric wheelchair AND dependent on assistance - non transferable (4 points)	What does non- transferable mean?	
· Dependent (long-term) upon standard self-propelled wheelchair AND dependent on assistance - non transferable(2 points)		
· Temporarily dependent on wheelchair due to plaster cast / recent surgery / hospital admission (2 points)		
· Mobile with specialist electric wheelchair or standard self-propelled (minimal assistance required) (1 point)		
· Mobile with electric mobility scooter (1 point)		
· Mobile with walking frame (1 point)		
· Mobile with walking Stick(s) (1 point) sticks		
· Mobile with crutch(es) (1 point)		
· None of the above (0 points)		
5		

Environmental Factors

Do you / does [patient's name] have step free access at their property (including lifts & ramps)? Yes/No	**YES** (4-point threshold NOT reached) →	Not eligible

I find this section rather arbitary

Dropdown menu	**NO** →	Review Dropdown Menu
· Stairs (up to 8 steps - 1 flight) (1 points)		
· Stairs (8-16 steps - 2 flight) (2 points)		
· Lifts not availible (2 point)		
	YES (4-point threshold NOT reached) →	Not eligible

Would like clarity about accompanying persons. Confusing and unclear who qualifies and who doesn't.

This page is intentionally left blank

Report to Hackney Health and Wellbeing Board

Date: 25.09.2020	
Subject:	Health in All Policies Forward Plan 20/21
Report From:	Donna Doherty-Kelly, Principal Public Health Specialist
Summary:	This paper outlines the forward plan and key lines of enquiry for the board's adoption of a 'Health in all Policies' approach for 202/21. The forward plan is designed to provide timely input into strategies and plans as they come up for review, giving the Board greater influence on reducing inequalities and improving population health through positive action on the 'wider determinants'.
Recommendations:	The board is asked to: 1. endorse the forward plan. 2. agree to consider key lines of enquiry in advance of Health and Wellbeing board meetings to prepare for policy review within the meeting. 3. review and update the forward plan on an annual basis.
Contacts:	Donna.Doherty-Kelly@hackney.gov.uk

1. Introduction and context

At the July meeting, the Board agreed to use the Health and Wellbeing Board forward plan as a framework for action to review wider partner policies and strategies. This is to ensure that social, economic and cultural factors that influence health are systematically considered within all relevant policy and strategy development. This would involve taking a systematic approach to using each meeting to review a key local strategy/policy, selected on the basis of its expected significant contribution to population health.

The forward plan and Health in all Policies (HiaP) key lines of enquiry outlined in this paper will offer a structured process for the assessment of the potential health impacts of such policies and strategies. Inviting a wider board membership and those involved in the strategy development will also ensure an opportunity for the Board to collaborate with officers and agencies across Hackney to consider the potential health and wellbeing implications of policies as they are developed and implemented.

2. Proposed forward plan for 2020/21

There are different points within the policy cycle when a HiaP review could be applied. Where possible, the forward plan will focus on policy work at the beginning of the policy cycle, or when policies are being renewed, although this may not always be possible.

Table 1: Proposed HiaP forward plan

Theme	Rationale	HWB board date	Example Strategy/Policy to review
Education and skills	Education provides knowledge and capabilities that contribute to mental, physical, and social wellbeing. Educational qualifications are also a determinant of an individual's labour market position, which in turn influences income, housing and other material resources associated with health. Better-educated individuals are less likely to suffer from long term diseases, to report themselves in poor health, or to suffer from mental conditions such as depression or anxiety. People with the lowest healthy life expectancy are three times more likely to have no qualifications compared with those with the highest life expectancy. Hackney has the highest rate of working-age adults who have no qualifications (12.1% compared to 6.6% for London overall).	11 November 2020	Child poverty and family wellbeing action plan 2016-18 or Good to great schools policy (Updated October 2017)
Built and natural environment	The quality of the built and natural environment such as air quality, the quality of green spaces and housing quality affects health. There is evidence to suggest that access to green spaces has a beneficial effect on physical and mental wellbeing through both physical access and use. Access to green space is unequally distributed, with poorer communities generally having less access. Children in deprived areas are nine times less likely to have access to green space and places to play.	28 January 2021	Parks Strategy (in development)
Good work	Income and health are strongly associated. Good work provides opportunities to afford basic living standards; participate in community and social life; support lifelong healthy habits; and feel a sense of identity, self-esteem, purpose and reward. It offers protection against the harmful effects of unemployment and insecure jobs, which can damage long-term health and wellbeing. In-work poverty has increased nationally. Access to employment, and the benefits this can bring is much lower for people with certain limiting health conditions.	24 March 2021	Inclusive Economy Strategy (2019 - 2025)

	Young adults who are unemployed are more than twice as likely to suffer from mental ill health than those in work. 10% of Hackney's working age population claim out-of-work benefit, the highest rate of any London borough.		
Housing	Many aspects of housing can affect a person's health. Evidence shows that damp, cold, overcrowded and noisy homes have a negative impact on respiratory, cardiovascular, and mental health. People with pre-existing health conditions,older people and children are particularly vulnerable to the effects of poor housing conditions. Restricted access to housing can contribute to health inequalities and increase the risk of homelessness. Hackney ranks 4th most deprived borough nationally out of 317 in terms of average score for barriers to housing with affordability being the main barrier. Currently around 3,000 homeless households live in temporary accommodation and further 12,800 are on a waiting list for a council home. Family homelessness rates in Hackney are significantly higher compared to London and national averages and are the second highest in London after Newham.	June 2021	Housing Strategy (2018-2023) Homelessness strategy (2015-18) Draft Older People Strategy (2019-22)
Communities and social connection	High-quality close relationships and feeling socially connected to the people in your life is associated with decreased risk for all-cause mortality as well as a range of disease morbidities. Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.	September 2021	Draft Older People Strategy (2019-22)

3. Proposed key lines of enquiry framework for strategy/policy review

The Health and Wellbeing Board are asked to consider the key lines of enquiry framework below to assess upcoming policies and strategies.These questions are designed to help Board members form their assessment of the health impacts of the strategy that is being reviewed. These can be shaped and modified according to the needs and requirements of the Board members to effectively review strategies through a 'Health in all Policies' lens.

The questions are outlined below:

1. What are the core objectives of the policy/strategy?

2. How do these align with HWB objectives - what are the actual/potential health impacts (positive/negative)?
3. What are the intentional and unintentional health impacts of the strategy?
4. How do these impacts differ for different people/communities - how does the policy contribute (positively/negatively) to health inequalities?
5. What mitigating actions should/could be taken to prevent negative health impacts of the policy/strategy, while achieving its stated objectives? Who is responsible for these actions?
6. What could/should be done to maximise the positive health impacts of the policy/strategy? Who is responsible for these actions?
7. What is the role of partners on this board in preventing negative health impacts/maximising positive health impacts?
8. What collective action can we take as a board to ensure the policy/strategy is successful in reducing health inequalities in Hackney?

4. Anticipated outcomes and evaluation of approach

It is anticipated that there will be benefits to adopting a 'Health in all Policies' approach to policy development within HWB Board meetings. These could include:

- Increased understanding by policy makers of the impact of their work on population health and health inequalities.
- Changes in policy direction as a result of the HWB review.
- Greater understanding and stronger partnerships between council, health and partner agencies.
- Broader council and health strategic policies maintain and improve the health and wellbeing of residents, encouraging healthy lives by tackling the root causes of ill health and inequalities in society.

5. Financial Considerations

Non applicable

6. Legal Considerations

Non applicable

Report to Hackney Health and Wellbeing Board

Date:	10.09.2020
Subject:	Proposed membership of the Health and Wellbeing Board
Report From:	Donna Doherty-Kelly, Principal Public Health Specialist
Summary:	The Health and Wellbeing Board agreed to update the Board's current membership in July 2020, to ensure representation from partners who can make the greatest contribution to reducing health inequalities. This paper outlines a proposal for the extended membership of the Health and Wellbeing Board.
Recommendations:	• The Board is asked to nominate new members that provide expertise and strategic influence over the wider determinants of health • The Mayor is asked to invite the nominees onto the Board.
Contacts:	Donna.Doherty-Kelly@hackney.gov.uk

1. Introduction and context

The Health and Wellbeing Board (HWB) is well positioned and could have the membership to tackle wider determinants of health and health inequalities effectively, since these determinants contribute most to improving health and reducing inequalities, as highlighted in previous HWB Board meetings in March and July this year.

Wider determinants are a diverse range of social, economic and environmental factors which impact on people's health.The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes[1].

In July 2020 the HWB endorsed the recommendation to update the Board's current membership to reflect its wider remit beyond the health and care system and ensure representation from partners who can make the greatest contribution to reducing health inequalities. Widening the Board's membership has also been discussed as a Board vision in a recent Health and Wellbeing Board development session. The rationale for widening the existing Board membership would be to ensure that the appropriate level of expertise and strategic influence exists within the Board's membership to help meet its objectives, which include addressing local health inequalities and improving health through the wider determinants of health. In practice, this will mean that the expanded membership would include organisations and sectors with responsibility for key determinants of health, such as

[1] 2010, Fair Society Healthy Lives (The Marmot Review)

housing and education, and a wider role for the community and voluntary sector.

This paper sets out a proposal for the expanded membership, including examples of proposed members and identification of the areas/determinants of health that the proposed members would represent. It is proposed that each of the wider determinants of health, including education, the built environment, income and employment, community safety and housing have a nominated member to represent this determinant. Proposed services and departments have been identified through consideration of their contribution to the work within the identified wider determinant theme.

The proposed example membership list below is included for Board discussion.

Table 1: Example of proposed Board membership

Wider determinant of health	**Services/ organisations to represent wider determinant of health**	**Proposed representative**
Education	Children and Families Department Education and Schools Department	Director of Education
Environment	Planning Department Transport Department Primary Care Network Representative	Director for Neighbourhoods and Housing London Fire Brigade
Income and employment	Economic Development Department	Cllr representative for Employment, skills and human resources Director of Strategy,Policy & Economic Development Representative that has poverty included in their portfolio
Community safety	Police	Borough Commander representative who has violence reduction in their portfolio
Housing	Housing Department	Director of Neighbourhoods and Housing

2. **Financial Considerations**

   None.

3. **Legal Considerations**
   None - membership will need to be ratified at Full Council

Attachments
None.

This page is intentionally left blank

Report to Hackney Health and Wellbeing Board

Date: 10th September 2020	
Subject:	A national pledge to reduce inequality in mental health services for people from BAME backgrounds
Report From:	Rhiannon England Fawsia Bakht Solomon Rose Saqib Deshmukh
Summary:	The Synergi national collaborative is working to reduce inequality in mental health provision for people from BAME backgrounds. Locally we are committed to do this and are well placed to pledge to some measurable outcomes in access and recovery. We feel that signing as a system is a powerful supportive measure for national action and will push us to focus on achieving our goals
Recommendations:	We recommend that the HWB agree to endorse our Synergi pledge. (Slide 8) Actions arising from the pledge requirements will be the responsibility of the CCG mental health team and the Local authority's Young Black Men's work.
Contacts:	Rhiannon.england@nhs.net Fawsia.bakht@nhs.net Solomon.rose@hackney.gov.uk saqib@hcvs.org.uk

Financial Considerations

Non applicable

Legal Considerations

Non applicable

This page is intentionally left blank

City & Hackney: commitment to reducing BAME health inequalities in mental health

Hackney Health & Wellbeing Board

Thursday 10 September

#FairerHackney hackney cvs

Hackney

CITY OF LONDON

NHS City and Hackney Clinical Commissioning Group

The Synergi Collaborative

The Synergi Collaborative Centre is a five year national initiative, funded by Lankelly Chase, to frame, rethink and transform the realities of BAME inequalities in severe mental illness and multiple disadvantage.

The centre works closely with commissioners, policy makers and politicians as well as public service providers and services users.

The collaborative aims to create and deliver a vision to help eradicate BAME inequalities in severe mental health illness and their fundamental causes.

https://synergicollaborativecentre.co.uk/

Synergi National Statement of Intent

Against the backdrop of George Floyd's killing, the Black Lives Matter anti-racist protests worldwide, and the systemic inequalities highlighted by Covid-19, CEOs, medical and nursing directors of NHS Mental Health Trusts, commissioners and public bodies are being asked to become pledge signatories and commit to:

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
3. Work in partnership with local BAME communities, service users and relevant community agencies.
4. Provide national leadership on this critical issue.
5. Ensure inclusive and sustainable change in our localities and communities.
6. Support timely and progressive research and policy development.
7. Contribute to a biannual progress update as part of this Statement of Intent.

City and Hackney: current projects

Hackney Improving Outcomes for Young Black Men: Mental Health strand

The system wide mental health strand aims to improve the emotional and mental health and wellbeing of Young Black Men and their families with a marked improvement in access to and trust of mental health services.

Objective 1

Young people access early help and support more quickly.

Objective 2

Black families and young people are less suspicious of mental and emotional health and wellbeing services / less fearful of being labelled as someone with mental health needs.

Objective 3

Wider policy decisions take account of mental wellbeing impacts.

Hackney Improving Outcomes for Young Black Men: Mental Health strand strategy

The Mental Health Strand of the programme is trying to prioritise real long-term systems and culture change:

- Putting Young People, Families and Communities in the lead: prioritising lived-experience and facilitating authentic community leadership in decision-making
- Acknowledging the context: understanding the causes and drivers of systemic inequality and the role of services in exacerbating this
- Provision, Practice & Response: Developing non-traditional working, building trust and confidence, emphasising prevention, challenging expectations & tackling structural racism and bias within systems
- Developing Partnerships: influencing and taking action across statutory, voluntary and private sectors
- Improving communications and transparency

COVID-19's Impact on Inequalities in Hackney

An inequalities toolkit has been produced for use in incorporating inequalities considerations into planning in City and Hackney. The toolkit includes:

- Inequalities matrix Equalities Impact Assessment (EIA) checklist
- Summary of inequalities evidence and impact in City and Hackney

Next steps: to support City & Hackney's integrated system to review and develop their restoration plans with the aid of the toolkit.

System wide Equality & Diversity group

City and Hackney's system wide Equality & Diversity group are working to embed equality based decision making within system working, including:

- Working with system partners to Co-produce an EIA tool and guidance for larger system initiatives, strategies and schemes and to ensure EIA reporting in a meaningful way
- Identify a senior level champion to help embed equality-based thinking and analysis into system working
- Report back to SOCCG,ICB, AOG, and ICCEEG to emphasise their role/responsibility in helping to embed routine use of EIAs
- Promote the EIA checklist
- Develop and deliver training on what an EIA is, its benefits, and how to undertake them.

Ask to Hackney Heath & Wellbeing Board

Agree to sign up to the Synergi National Statement of Intent

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
3. Work in partnership with local BAME communities, service users and relevant community agencies.
4. Provide national leadership on this critical issue.
5. Ensure inclusive and sustainable change in our localities and communities.
6. Support timely and progressive research and policy development.
7. Contribute to a biannual progress update as part of this Statement of Intent.

synergi COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

EMBARGOED UNTIL:
00.01AM ON WEDNESDAY 5TH AUGUST 2020

NATIONAL STATEMENT OF INTENT

PLEDGE TO REDUCE ETHNIC INEQUALITIES IN MENTAL HEALTH SYSTEMS

Black, Asian and minority ethnic (BAME) communities are facing disproportionate risks in mental health services that require urgent action, intent, shared vision and collaboration.

The context is stark. Ethnic inequalities in mental health care are longstanding and exceptionally large, disadvantaging BAME people in access, care, treatment and outcomes.

BAME people have a higher risk of experiencing 'symptoms' of psychoses, an even higher risk for a diagnosis of a psychotic condition, are more likely to experience adverse pathways to and through care, are subject to coercion and restrictive care, compulsory admissions and treatments, and poorer outcomes and follow-up.

Undeniably, the cost of coercive care is great, financially, but also in terms of trust and confidence in mental health and social care systems.

The Black Lives Matter movement, and the world-wide protests in response to the killing of George Floyd, have resulted in renewed calls to address institutional racism. This makes it even more urgent to achieve a fair and equitable mental health system. This is why it is now time for action.

We believe it is unacceptable that despite 30 years of research, inquiries and reviews into this issue, a staggering 80% of recommendations made to address this problem have not been implemented fully.

It is unacceptable that despite longstanding and pervasive ethnic inequalities, there are no plans for meaningful and sustainable change.

This 'Statement of Intent' is a call for commitment from CEOs and medical and nursing directors of NHS mental health trusts, commissioners and public bodies.

synergi

COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

As senior leaders of mental health services and commissioners of mental health care, we will:

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
3. Work in partnership with local BAME communities, service users and relevant community agencies.
4. Provide national leadership on this critical issue.
5. Ensure inclusive and sustainable change in our localities and communities.
6. Support timely and progressive research and policy development.
7. Contribute to a biannual progress update as part of this Statement of Intent.

Some of this work is already underway in different parts of the country. For example, South West London and St George's Mental Health NHS Trust, in collaboration with Wandsworth Community Empowerment Network, is implementing an Ethnicity and Mental Health Improvement Project, in a co-produced partnership with local stake-holders, including a range of diverse and multicul-tural community and faith networks.

Leeds City Council, NHS Leeds Clinical Commissioning Group, Leeds and York Partnership NHS Foundation Trust and a local stakeholder group of NGOs, BAME voluntary and community organisations and activists, are collaborating with Synergi's Creative Spaces model, to tackle ethnic inequalities in the risk and consequences of severe mental illnesses among the city's BAME population.

Greater Manchester Health & Social Care Partnership (made up of all NHS organisations and councils, emergency services, the voluntary sector, Health-watch and others, including the Mayor of Greater Manchester) has been working to reduce the ethnic inequalities gap.

As part of their Covid-19 response, the Partnership has collaborated with local BAME organisations and provided significant funding for critical mental health services for ethnic minority communities in the county.

We note that making the necessary changes will be complex and will take time. However, the scale of the task should not deter us from making a start in true partnership with communities across the health care systems.

This 'Statement of Intent' is an opportunity to pursue systems change as part of a constructive, bold, transparent and collective voice.

synergi

COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

SIGNATORIES

Tim Ryley
Chief Executive
NHS Leeds Clinical Commissioning Group

Dr Sara Munro
Chief Executive, Leeds and York Partnership NHS Foundation Trust, and *CEO Lead* for the West Yorkshire and Harrogate Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative

Cllr Rebecca Charlwood
Chair
Leeds Health and Wellbeing Board
Leeds City Council

Victoria Eaton
Director of Public Health
Leeds City Council

Tom Riordan
CEO
Leeds City Council

Jim Barwick
CEO
Leeds GP Confederation

Dr Hilary Grant
Medical Director
Birmingham and Solihull Mental Health NHS Foundation Trust

Roisin Fallon-Williams
CEO
Birmingham and Solihull Mental Health NHS Foundation Trust

Dr Navina Evans
CEO
East London NHS Foundation Trust

Dan Barrett
Director
Thrive LDN

Sarah Blow
Accountable Officer
South West London Clinical Commissioning Group

Vanessa Ford
Acting Chief Executive
South West London and St George's Mental Health NHS Trust

David Bradley
CEO
South London and Maudsley NHS Foundation Trust

Sir Richard Leese
Chair
Greater Manchester Health & Social Care Partnership

Evelyn Asante-Mensah
Chair
Pennine Care NHS Foundation Trust

Clare Parker
Executive Director of Nursing Healthcare Professionals and Quality Governance
Pennine Care NHS Foundation Trust

Dr Nihal Fernando
Medical Director
Pennine Care NHS Foundation Trust

Claire Molloy
Chief Executive
Pennine Care NHS Foundation Trust

Dr Tom Tasker
Chair
Salford Clinical Commissioning Group

Dr Sandeep Ranote
Medical Director
North West Boroughs Healthcare NHS Foundation Trust

Helen Bellairs
Chairman
North West Boroughs Healthcare NHS Foundation Trust

Simon Barber
CEO
North West Boroughs Healthcare NHS Foundation Trust

Joanne Hiley
Executive Director of Nursing and Quality
North West Boroughs Healthcare NHS Foundation Trust

Joanne McDonnell
Executive Director of Nursing and Governance
North West Boroughs Healthcare NHS Foundation Trust

Neil Thwaite
CEO
Greater Manchester Mental Health NHS Foundation Trust

Dr Alice Seabourne
Medical Director
Greater Manchester Mental Health NHS Foundation Trust

Gill Green
Director of Nursing and Governance
Greater Manchester Mental Health NHS Foundation Trust

Andrew Maloney
Director of Human Resources and Deputy Chief Executive
Greater Manchester Mental Health NHS Foundation Trust

Rupert Nichols
Chairman
Greater Manchester Mental Health NHS Foundation Trust

Warren Heppolette
Executive Lead Strategy and System Development
Greater Manchester Health & Social Care Partnership

This page is intentionally left blank

synergi COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

PRESS RELEASE

STRICTLY EMBARGOED UNTIL: 00.01am on Wednesday 5th August 2020

The UK's first national pledge for senior leaders in NHS mental health trusts, public bodies and commissioning to reduce ethnic inequalities in mental health care is launched today

30 inaugural signatories have declared their commitment to take action

The UK's first national pledge calling on senior leaders in NHS mental health trusts, public bodies and commissioning to declare their commitment to reduce ethnic inequalities in mental health care launches today (**Wednesday 5th August 2020**) with 30 inaugural signatories.

A 'Statement of Intent', the pledge is spearheaded by the Synergi Collaborative Centre in response to the lack of progress made over the past 30 years to tackle ethnic inequalities for those diagnosed with a severe mental illness, and the disproportionate risks Black, Asian and minority ethnic (BAME) communities face in mental health services.

Against the backdrop of George Floyd's killing, the Black Lives Matter anti-racist protests worldwide, and the systemic inequalities highlighted by Covid-19, CEOs, medical and nursing directors of NHS Mental Health Trusts, commissioners and public bodies (as pledge signatories) will take action to:

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
3. Work in partnership with local BAME communities, service users and relevant community agencies.
4. Provide national leadership on this critical issue.
5. Ensure inclusive and sustainable change in our localities and communities.
6. Support timely and progressive research and policy development.
7. Contribute to a biannual progress update as part of this Statement of Intent.

Kamaldeep Bhui, Synergi's Director and Professor of Psychiatry, University of Oxford, said:
"I'm delighted as Director of the Synergi Collaborative Centre to launch this powerful alliance between the NHS, local government, charity providers and BAME community groups in a national movement to transform mental health systems to be less institutionally racist, more enabling, thoughtful and inclusive; one that respects the workforce and acknowledges that all people need health care in the NHS."

Supported by Consultant Psychiatrist Professor Sashi Sashidharan, Malik Gul, Director of Wandsworth Community Empowerment Network, and a range of NGOs, BAME community and service user-led organisations, including the National Survivor User Network (NSUN), the pledge is facilitated by Synergi's Creative Spaces Network, which champions a systems approach to reduce ethnic inequalities in severe mental illness and improve experiences and outcomes.

Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust, and CEO Lead for the West Yorkshire and Harrogate Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative, said: "Now, more than ever, we must tackle ethnic inequalities in healthcare. I'm grateful to the Synergi Collaborative Centre for facilitating system-wide efforts to reduce mental health inequalities experienced by BAME groups, and I am proud to add my signature to this national statement of intent. I know that, together, we can make a meaningful difference to the lives of people from BAME communities who are experiencing mental health issues, and I join my health and care partners in pledging my commitment and support."

David Bradley, CEO, South London and Maudsley NHS Foundation Trust, said: "Having been involved in the work across south west London for many years, and seen at first hand the experience that BAME communities have in getting equal access to mental health services, I think that the seven commitments are what all leaders should be following. It is especially relevant at this time as Covid-19 has really shown that such communities are impacted harder, and we know that good mental health is a key factor in recovery."

Warren Heppolette, Executive Lead, Strategy and System Development, Greater Manchester Health & Social Care Partnership, said: "Greater Manchester Health & Social Care Partnership wish to send out an unequivocal message, through this pledge, that we fully commit to supporting the elimination of ethnic inequalities in our mental health system. It is important that everyone understands the importance of striving to deliver ethnic equality and how they can personally support the pledge."

Roisin Fallon-Williams, Chief Executive, and Dr Hilary Grant, Medical Director, Birmingham and Solihull Mental Health NHS Foundation Trust, said: "We already have plenty of information to evidence that discrimination and inequalities exist. We know our BAME colleagues are less likely to gain promotions, and our BAME service users are more likely to be subject to Mental Health Act detentions, restraint and seclusions. Discrimination is complex and multi-faceted, but this is not a reason not to act now to address it. We cannot be silent on this. Our silence is complicity. It's time for us to truly live up to our values, to act and make a change."

Professor Bhui added: "This is a moment in which the defensiveness and disguises for racism have fallen away. Yet this moment will pass, if we are not mindful, meaning that the usual practices will re-establish themselves to further compound and sustain racial disparities in health."

CEOs, medical and nursing directors of NHS mental health trusts, commissioners and public bodies who are interested in signing up to the pledge, will be expected to indicate how they plan to meet the seven pledge objectives, be willing to be part of a collaborative national network, and share good practice, challenges and progress every six months.

More signatories and pledge supporters will be announced in the coming months.

Ends

Media contact

If you would like to arrange media interviews with any of the Synergi team, signatories or pledge supporters, contact Joy Francis, Words of Colour Productions.

Email: joy@wordsofcolour.co.uk **Mobile**: 0771 382 7372

Official hashtag: #ethnicinequalitiespledge **Twitter handle:** @SynergiCC

Press Folder: You can download the embargoed press release, the pledge and the supporting statements (*in full*) **here**. (*Full link*: https://bit.ly/PledgePressFolder)

The pledge's official web page: synergicollaborativecentre.co.uk/ethnic-inequalities-pledge is under embargo and will go live, at midday, on **Wednesday 5th August 2020**.

Notes to the Editor

The **National Statement of Intent: Pledge to reduce ethnic inequalities in mental health systems**, the first of its kind in the UK, has been launched by the Synergi Collaborative Centre in response to Black, Asian and minority ethnic (BAME) communities facing disproportionate risks in mental health services that require urgent action, intent, shared vision and collaboration. BAME people have a higher risk of experiencing 'symptoms' of psychoses, an even higher risk for a diagnosis of a psychotic condition, are more likely to experience adverse pathways to and through care, are subject to coercion and restrictive care, compulsory admissions and treatments, and poorer outcomes and follow-up. Signatories will be part of a national network to improve outcomes and experiences in partnership with local BAME communities, service users and relevant community agencies to inspire whole systems change.

The inaugural pledge signatories are:

Leeds

- Tom Riordan, CEO, Leeds City Council
- Tim Ryley, Chief Executive, NHS Leeds Clinical Commissioning Group
- Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust, and CEO Lead for the West Yorkshire and Harrogate Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative
- Cllr Rebecca Charlwood, Chair, Leeds Health and Wellbeing Board
- Victoria Eaton, Director of Public Health, Leeds City Council
- Jim Barwick, CEO, Leeds GP Confederation

Birmingham

- Roisin Fallon-Williams, CEO, Birmingham and Solihull Mental Health NHS Foundation Trust
- Dr Hilary Grant, Medical Director, Birmingham and Solihull Mental Health NHS Foundation Trust

London

- Dr Navina Evans, CEO, East London NHS Foundation Trust
- Dan Barrett, Director, Thrive LDN
- Sarah Blow, Accountable Officer, South West London Clinical Commissioning Group
- Vanessa Ford, Acting Chief Executive, South West London and St George's Mental Health NHS Trust
- David Bradley, CEO, South London and Maudsley NHS Foundation Trust

Greater Manchester

- Sir Richard Leese, Chair, Greater Manchester Health & Social Care Partnership
- Evelyn Asante-Mensah, Chair, Pennine Care NHS Foundation Trust
- Clare Parker, Executive Director of Nursing, Healthcare Professionals and Quality Governance, Pennine Care NHS Foundation Trust
- Dr Nihal Fernando, Medical Director, Pennine Care NHS Foundation Trust
- Claire Molloy, Chief Executive, Pennine Care NHS Foundation Trust
- Dr Tom Tasker, Chair, Salford Clinical Commissioning Group
- Dr Sandeep Ranote, Medical Director, North West Boroughs Healthcare NHS Foundation Trust
- Helen Bellairs, Chairman, North West Boroughs Healthcare NHS Foundation Trust
- Simon Barber, CEO, North West Boroughs Healthcare NHS Foundation Trust
- Dr Alice Seabourne, Medical Director, Greater Manchester Mental Health NHS Foundation Trust

- Joanne Hiley, Executive Director of Nursing and Quality, North West Boroughs Healthcare NHS Foundation Trust
- Joanne McDonnell, Executive Director of Nursing and Governance, North West Boroughs Healthcare NHS Foundation Trust
- Neil Thwaite, CEO, Greater Manchester Mental Health NHS Foundation Trust
- Gill Green, Director of Nursing and Governance, Greater Manchester Mental Health NHS Foundation Trust
- Andrew Maloney, Director of Human Resources and Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust
- Rupert Nichols, Chairman, Greater Manchester Mental Health NHS Foundation Trust
- Warren Heppolette, Executive Lead, Strategy and System Development, Greater Manchester Health & Social Care Partnership

About the Synergi Collaborative Centre

The **Synergi Collaborative Centre** (synergicollaborativecentre.co.uk) is a national five year initiative focused on eradicating ethnic inequalities in severe mental illness through championing systems change, new science, creative inclusion, collaborative leadership and co-production/co-creation, while forging solutions with those experiencing mental distress, carers, commissioners, policymakers and politicians. Launched in 2017, the centre is funded by Lankelly Chase and is a partnership between the University of Manchester, University of Oxford and Words of Colour Productions.

About Creative Spaces

Synergi's **Creative Spaces** is a systems approach to reduce ethnic inequalities in severe mental illness and improve experiences and outcomes. It facilitates solution-focused dialogue, collaborations, and co-designed approaches, to enable health systems interventions to prevent or reduce ethnic inequalities and multiple disadvantages experienced by people with severe mental illnesses. This approach enables organisations to respond to longstanding concerns and issues in new ways by placing lived experience narratives at the heart of discussions, policies and strategies, using inclusive creative methods.

This page is intentionally left blank

Report to Hackney Health and Wellbeing Board

Date: 10.09.2020	
Subject:	Update on development of partnership-wide Children and Families Plan
Report From:	Anne Canning, Group Director Children, Adults and Community Health
Summary:	As part of our work following Hackney's Ofsted inspection at the end of last year, we have focused on developing a clear vision for the Council's Children and Families Service, alongside other areas for development. However we understand that improving the lives and opportunities for Hackney's children and young people is very much a shared responsibility across all of our agencies, and during this work we have developed a strong view that there would be real collective value in having a shared vision and priorities that sit across all agencies that work with children, young people and families in Hackney. Therefore it is proposed that we as a partnership develop a wider Children and Families Plan for Hackney that includes a shared vision and priorities for children and young people across all relevant agencies in the borough. The partnership plan and shared vision for children in Hackney would sit above each agency's key strategies and plans to ensure that our priorities are all aligned and we have a shared approach to improving the lives of children in Hackney. We believe that the development of a partnership-wide plan for children in Hackney would strengthen our joint working at both a strategic and operational level.
Recommendations:	It is proposed that a multi-agency sub-group is established under the Health and Wellbeing Board to oversee the development of a partnership Children and Families Plan for Hackney and to provide a governance structure for the partnership plan once this has been launched. We are anticipating that the final partnership plan would be launched in April 2021.
Contacts:	anne.canning@hackney.gov.uk

Financial Considerations

Non applicable

Legal Considerations

Non applicable

Report to Hackney Health and Wellbeing Board

Date:	10 September 2020
Subject:	**Hackney Health and Care Complaints Charter – Extension and Review (for noting)**
Report From:	Healthwatch Hackney
Summary:	The Hackney Health and Care Complaints Charter was launched by the Health and Wellbeing Board in April 2019. It was developed following a public meeting reviewing the effectiveness of complaints systems in 2017. This report proposes the extension of the Charter to other local health care providers: General Practitioners, Dentists and Opticians for consideration at the next meeting of this board. Current signatories are asked to review their implementation of the Charter in their organisation and report back to the next meeting of this board.
Recommendations:	The Board is asked to note: ● The Healthwatch Hackney Board member will write to current signatories after this meeting asking them to review they use and promotion of the charter for reporting at the November Board ● The Healthwatch Hackney Board member will write to local leads for GPs, Dentists and Opticians after this meeting explaining the November Board will consider the extension of the Charter in Hackney
Contacts:	Jon Williams, Executive Director, Healthwatch Hackney email: jon@healthwatchhackney.co.uk Tel: 020 3960 7455

Introduction

The Complaints Charter was signed by five key health and care organisations who pledged to improve people's experience of making a complaint when they are unhappy with their treatment or care. Each signatory would promote the Charter across their services and automatically issue a copy to anyone who makes a complaint about their treatment or care. Importantly, the signatories committed to making sure people's complaints are used to make services better.

The Charter signatories are:

- Homerton University Hospital
- London Borough of Hackney
- East London Foundation Trust
- City and Hackney Clinical Commissioning Group

- City and Hackney Local Pharmaceutical Committee

These organisations committed to greater openness and transparency during the complaints handling process by making sure people are fully informed on the progress of their complaint. Charter signatories pledged to investigate all complaints thoroughly and quickly and treat complainants with courtesy, respect and sensitivity.

The Charter does not replace the organisations' own complaints handling policies but sets out a common Hackney-wide commitment and standards local people can expect to be met when they complain.

Extending the Charter

Healthwatch Hackney have been investigating extending the charter. In particular to GPs who are not currently covered by the Charter's commitments. A proposed Charter was shared with the Local Medical Committee (LMC) GP Confederation, and we await their views on the proposal.

Healthwatch Hackney is of the view that to ensure continued public confidence in local public services that all health and care services should commit publicly to the Charter. A Healthwatch Hackney survey recently showed a lack of public confidence in public information. It is therefore important health and care bodies send a strong message out that they want to hear complaints from the public and can demonstrate learning from them.

To see how this extension can be taken forward Healthwatch Hackney would like the Health and Wellbeing Board to consider, for example, calling on GPs, dentists and opticians to commit to the Charter, or advise of other approaches to extend the Charter.

Reviewing the Charter

The Charter has been in place since April 2019. Current signatories committed to promoting the Charter and providing every complainant with an electronic or paper copy of the Charter.

Healthwatch Hackney would like all signatories (including itself) to report back to the next meeting on:

- How the Charter has been promoted within their organisation and externally.
- Confirmation that all complainants are sent the Charter (including how many Charters were issued).
- Evidence of commitment in the Charter.
- Examples of where the organisation has learnt from complaints and improved services for patients as a result.

Financial Considerations

Costs of the design and printing of the original charter poster and booklet were equally shared between the 6 signatories. There are no financial implications in this report, however if the charter is developed and extended a further report will propose how this will be managed.

Legal Considerations

The Charter operates in-line with signatories' statutory responsibilities.

Attachments

Download Hackney's Health & Social Care Complaints Charter here.

This page is intentionally left blank