

# Overview & Scrutiny

## Health in Hackney Scrutiny Commission

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

**Monday 11 October 2021**

**7.00 pm**

**Until further Notice, all Council meetings will be held remotely**

Contact:

Jarlath O'Connell

☎ 020 8356 3309

✉ [jarlath.oconnell@hackney.gov.uk](mailto:jarlath.oconnell@hackney.gov.uk)

**Tim Shields**

**Chief Executive, London Borough of Hackney**

**Members:** Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Deniz Oguzkanli,  
Cllr Emma Plouviez and Cllr Kam Adams

## Agenda

**ALL MEETINGS ARE OPEN TO THE PUBLIC**

- |          |  |                          |
|----------|--|--------------------------|
| <b>1</b> | <b>AGENDA PACK</b>                       | <b>(Pages 5 - 180)</b>   |
| <b>2</b> | <b>Minutes of meeting on 11 Oct 2021</b> | <b>(Pages 181 - 190)</b> |

## Access and Information

### Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

### Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

### Further Information about the Commission

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

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



### Public Involvement and Recording

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at <http://www.hackney.gov.uk/l-gm-constitution.htm> or by contacting Governance Services (020 8356 3503)

### 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.

This page is intentionally left blank



## Overview & Scrutiny

### Health in Hackney Scrutiny Commission

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

**Monday, 11 October 2021 at 7.00 pm**

**Council Chamber  
Hackney Town Hall, Mare St, E8 1EA**

**The press and public are welcome to join this meeting remotely via this link: <https://youtu.be/ggctSRmpDY8>**

If you wish to attend otherwise, you will need to give notice and to note the guidance below.

Contact: Jarlath O'Connell, Overview & Scrutiny Officer  
☎ 0771 3628561 ✉ [jarlath.oconnell@hackney.gov.uk](mailto:jarlath.oconnell@hackney.gov.uk)

**Ian Williams**  
Acting Chief Executive, London Borough of Hackney

**MEMBERS:** Cllr Ben Hayhurst (Chair)  
Cllr Peter Snell (Vice Chair)  
Cllr Kam Adams  
Cllr Kofo David  
Cllr Michelle Gregory  
Cllr Deniz Oguzkanli  
Cllr Emma Plouviez

**VACANT:** 2 Labour, 1 Opposition

### Agenda

**ALL MEETINGS ARE OPEN TO THE PUBLIC**

- |   |                                 |       |
|---|---------------------------------|-------|
| 1 | Apologies for absence           | 19.00 |
| 2 | Urgent items/ Order of business | 19.01 |

<b>3</b>	<b>Declarations of interest</b>	<b>19.01</b>
<b>4</b>	<b>Relocation of inpatient dementia assessment services to East Ham Care Centre</b>	<b>19.02</b>
<b>5</b>	<b>Maternal mental health disparities</b>	<b>19.25</b>
<b>6</b>	<b>City and Hackney Safeguarding Adults Board Annual Report 2020/21</b>	<b>20.25</b>
<b>7</b>	<b>Covid-19 update from Public Health</b>	<b>20.40</b>
<b>8</b>	<b>Minutes of the previous meeting</b>	<b>20.59</b>
<b>9</b>	<b>Work programme for the Commission for 2021/21</b>	<b>20.59</b>
<b>10</b>	<b>Any other business</b>	<b>21.00</b>

## Guidance on public attendance during Covid-19 pandemic

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at <http://www.hackney.gov.uk/l-gm-constitution.htm> or by contacting Governance Services (020 8356 3503)

**The Town Hall is not presently open to the general public, and there is limited capacity within the meeting rooms.** However, the High Court has ruled that where meetings are required to be 'open to the public' or 'held in public' then members of the public are entitled to have access by way of physical attendance at the meeting. The Council will need to ensure that access by the public is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice.

Those members of the public who wish to observe a meeting are still encouraged to make use of the live-stream facility in the first instance. You can find the link on the agenda front sheet.

Members of the public who would ordinarily attend a meeting to ask a question, make a deputation or present a petition will be able to attend if they wish. They may also let the relevant committee support officer know that they would like the Chair of the meeting to ask the question, make the deputation or present the petition on their behalf (in line with current Constitutional arrangements).

In the case of the Planning Sub-Committee, those wishing to make representations at the meeting should attend in person where possible.

**Regardless of why a member of the public wishes to attend a meeting, they will need to advise the relevant committee support officer of their intention in advance of the meeting date. You can find contact details for the committee support officer on the agenda front page.** This is to support track and trace. The committee support officer will be able to confirm whether the proposed attendance can be accommodated with the room capacities that exist to ensure that the meeting is covid-secure.

**As there will be a maximum capacity in each meeting room, priority will be given to those who are attending to participate in a meeting rather than observe.**

**Members of the public who are attending a meeting for a specific purpose, rather than general observation, are encouraged to leave the meeting at the end of the item for which they are present. This is particularly important in the case of the Planning Sub-Committee, as it may have a number of items on the agenda involving public representation.**

**Before attending the meeting**

The public, staff and councillors are asked to review the information below as this is important in minimising the risk for everyone.

**If you are experiencing covid symptoms, you should follow government guidance. Under no circumstances should you attend a meeting if you are experiencing covid symptoms.**

Anyone experiencing symptoms of Coronavirus is eligible to book a swab test to find out if they have the virus. You can register for a test after checking your symptoms [through the NHS website](#). If you do not have access to the internet, or have difficulty with the digital portals, you are able to call the 119 service to book a test.

If you're an essential worker and you are experiencing Coronavirus symptoms, you can apply for priority testing through GOV.UK by following the [guidance for essential workers](#). You can also get tested through this route if you have symptoms of coronavirus and live with an essential worker.

Availability of home testing in the case of people with symptoms is limited, so please use testing centres where you can.

**Even if you are not experiencing covid symptoms, you are requested to take an asymptomatic test (lateral flow test) in the 24 hours before attending the meeting.**

You can do so by visiting any lateral flow test centre; details of the rapid testing sites in Hackney can be found [here](#). Alternatively, you can obtain home testing kits from pharmacies or order them [here](#).

You must not attend a lateral flow test site if you have Coronavirus symptoms; rather you must book a test appointment at your nearest walk-through or drive-through centre.

Lateral flow tests take around 30 minutes to deliver a result, so please factor the time it will take to administer the test and then wait for the result when deciding when to take the test.

If your lateral flow test returns a positive result then you must follow Government guidance; self-isolate and make arrangements for a PCR test. Under no circumstances should you attend the meeting.

## **Attending the Town Hall for meetings**

To make our buildings Covid-safe, it is very important that you observe the rules and guidance on social distancing, one-way systems, hand washing, and the wearing of masks (unless you are exempt from doing so). You must follow all the signage and measures that have been put in place. They are there to keep you and others safe.

To minimise risk, we ask that Councillors arrive fifteen minutes before the meeting starts and leave the meeting room immediately after the meeting has concluded. The public will be invited into the room five minutes before the meeting starts.

Members of the public will be permitted to enter the building via the front entrance of the Town Hall no earlier than ten minutes before the meeting is scheduled to start.

They will be required to sign in and have their temperature checked as they enter the building. Security will direct them to the Chamber or Committee Room as appropriate.

Seats will be allocated, and people must remain in the seat that has been allocated to them. Refreshments will not be provided, so it is recommended that you bring a bottle of water with you.

## **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.

## Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

## Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

## Further Information about the Commission

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

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



<b>Health in Hackney Scrutiny Commission</b>  11 <sup>th</sup> October 2021  <b>Relocation of inpatient dementia assessment services to East Ham Care Centre</b>	Item No  <b>4</b>
--	-------------------------

### **PURPOSE OF ITEM**

The purpose of this item is to consider an update from ELFT and NELCCG on the move to make permanent the August 2020 relocation of inpatient dementia assessment services from Mile End hospital to East Ham Care Centre.

### **OUTLINE**

On 30 July 2020 the Commission held, at ELFT's request an extraordinary meeting to consider an urgent proposal to develop 'COVID-19 resilient services' at Mile End Hospital which would include the relocation of inpatient dementia assessment services from Mile End to East Ham Care Centre. This involves patients from City and Hackney as well as Tower Hamlets and Newham.

The Commission had previously considered 'Case for Change' proposals relating to dementia and separately for 'Functional Older Adults' and on 29 January 2020 it had endorsed the move to consolidate 'dementia and challenging behaviour in-patient wards' at Mile End Hospital.

Members had gone on a site visit to both sites in January 2020. The Commission had asked ELFT to report back on progress in Jan 2021 however the Covid situation had precipitated the need to act urgently in August 2020.

The Covid-19 crisis had impacted on broader configuration plans and there was a need to create Covid-19 safe or 'Green' areas on the site at Mile End. This meant that consolidating these in-patient beds at East Ham Care Centre was the only viable solution. The Commission endorsed the interim move and ELFT undertook to return with an update should they decide to make that move permanent.

A public consultation is being planned and the service change questions they propose to include are:

1. *To what extent do you think the co-location of Older persons physical and mental health inpatient services at East Ham Care Centre will provide an improvement to care and treatment for patients with Dementia?*

2. *To what extent do you agree or disagree that this proposal will enhance the overall care and support for patients carers and their families?*

This is detailed further in the report.

Attached please find:

4b Slide presentation from ELFT

4c Full report from ELFT

4d Extract from minutes of special HiH on 30 July 2020

4e Note from Jon Williams on site visit by Healthwatch Hackney to East Ham Care Centre

Attending for this item will be:

<b>Provider:</b>	Dr Waleed Fawzi	Consultant Psychiatrist and Clinical Lead for Older Adults Mental Health, ELFT
	Eugene Jones	Director of Strategic Service Transformation, ELFT
<b>Local commissioner:</b>	Dan Burningham	Programme Director - Mental Health for City & Hackney, NEL CCG
<b>Healthwatch Hackney</b>	Jon Williams	Executive Director

## **ACTION**

Members are asked to endorse the proposal.



# A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre

Page 13

Report for the Health in Hackney Scrutiny Commission

11th October 2021

Eugene Jones

Director Service Transformation

# Purpose of the Report

To provide the Health in Hackney Scrutiny Commission with a report on

- Our proposal - to permanently locate the inpatient dementia assessment services at East Ham Care Centre
- The experience of service users and carers over the last 12 months following the interim move of the Dementia Assessment Unit, formerly provided within Columbia Ward, Mile End Hospital (MEH).
- The COVID – 19 ‘green’ zone arrangements within Mile End Hospital
- The future plans and next steps for these sites/services and to receive feedback on these proposals.

During 2020, in response to the Covid -19 pandemic a covid free 'green' zone was created on the MEH site, designed to keep patients, staff and family/carers safe, reducing the risk of cross infection.

Columbia ward, a 21 bed, Organic (Dementia) Assessment unit, located at MEH, had entry and exit routes accessed through the 'green' zone, it was therefore not possible for Columbia ward to remain insitu.

Page 15

ELFT and partners reviewed the options available to relocate Columbia Ward, seeking a suitable ward environment, to provide, safe & effective care for patients with Dementia

Cazaubon, a vacant ward, situated within East Ham Care Centre (EHCC), was identified, it had the capacity and adequate space with an improved environment, it also provided greater clinical adjacencies, as all the wards for Dementia and frail elderly would now be located at EHCC.

# Our proposal

The move of Columbia ward to East Ham Care Centre has provided the opportunity for more effective clinical adjacencies, achieved through the colocation of the dementia and frail elderly inpatients on one site.

This creates a critical mass of expertise, resources and support of the care of the elderly and frail at this location. Patients can transition from the day hospital to the continuing care ward and if required, transition to the end of life ward within the one site at East Ham Care Centre providing a seamless pathway of care for a patient group for whom change can be unsettling.

We are already seeing the benefit this environment has on patients' recovery meaning they are well enough to go home sooner. This is an important opportunity to improve the health and care of older adults to make a positive difference to the mental and physical health of residents.

We now wish to make this a permanent arrangement with all Dementia inpatient admission services to Cazaubon ward, East Ham Care Centre

# About the previous service - Columbia ward, Mile End hospital

Columbia ward design and layout is no longer compliant with modern mental health building expectations. Whilst single rooms were available there was only 1 bedroom with en-suite facilities. Patients who require admission to hospital because of a mental health problem especially Dementia are extremely vulnerable, can be confused and dis-orientated and are typically admitted for several weeks, they need an environment that will offer privacy and dignity to support their recovery.

## Further environmental issues

Page 12

- Poor natural light leading to a very dark environment
- Space and capacity issues for patients and carers/ and families visiting
- No direct access to outdoor space (all patients required to be escorted into the garden area by staff, limiting access as the ward is based on the top floor,
- Exceptionally hot in the summer due to its top floor position with inadequate insulation

# About East Ham Care Centre

East Ham Care Centre is a purpose-built environment, providing a dementia-friendly layout. Cazaubon ward provides an improved environment (a step up from Columbia Ward), with large en-suite bedrooms, throughout, offering natural light. There is a restaurant on site, free visitor parking and therapy space and private secluded gardens.

The vast majority of care we provide takes place in the community, in or near to people's homes. In some cases care needs to be in hospital, this maybe because a thorough assessment is required, or a crisis has occurred.

In terms of the primary care pathway (including G. P, medical cover) this is unaffected by admission, the arrangements previously in place (within the Borough of origin) resume at the point of hospital discharge.

We have two older adult mental health inpatient wards and one physical health inpatient ward located at the East Ham Care Centre, serving residents of City & Hackney, Tower Hamlets and Newham.

- Fothergill Ward – 32 beds, providing physical health and end of life care
- Sally Sherman Ward – beds, providing Dementia and complex/challenging behaviour
- Cazaubon Ward – 21 Beds, providing organic (Dementia) admission and assessment function (replaced Columbia ward)

# The experience of the past 12 months of the Cazaubon ward provision

- Admissions profile
- Pt Length of Stay
- Incidents number and themes
- Friends & Family Test

# Columbia and Cazaubon wards comparative admission data



East London  
NHS Foundation Trust

The need for hospital based care, even for those people with severe mental illness and Dementia has reduced over time, with more care now being delivered in the community. There is still however a requirement for acute and crisis admissions of people with Dementia, especially where the individuals require a period of admission in a safe environment.

## The respective admissions profile

Page 20

Columbia Ward Admissions	2018	2019	Up to August 2020 closure
CITY AND HACKNEY	20	26	18
NEWHAM	15	16	6
TOWER HAMLETS	19	17	17
Total	54	59	41

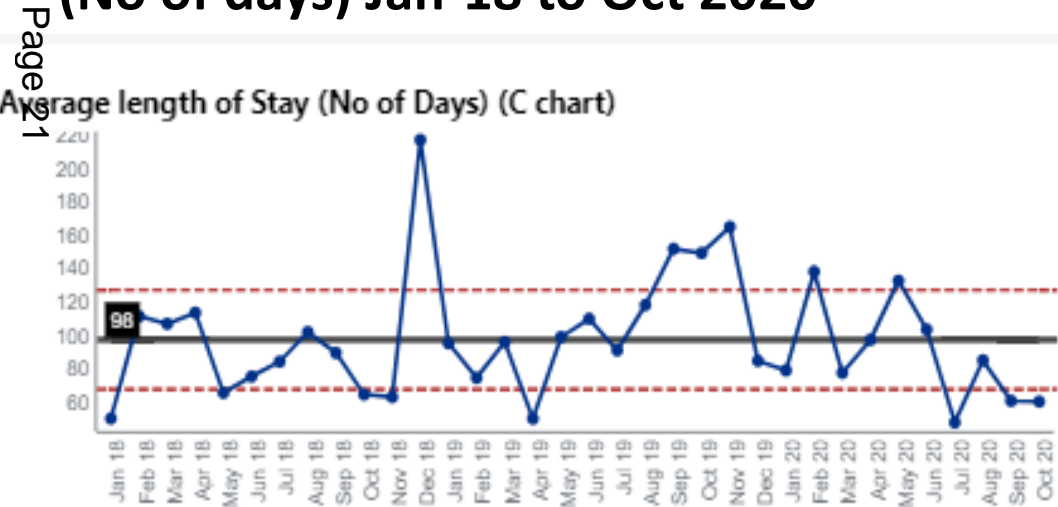
Cazaubon Ward Admissions/Transfers	Transfers following Columbia closure	Admissions August 2020 to date	Total patients cared for since opening
CITY AND HACKNEY	3	7	10
NEWHAM	2	6	8
TOWER HAMLETS	7	7	14
Total	12	20	32



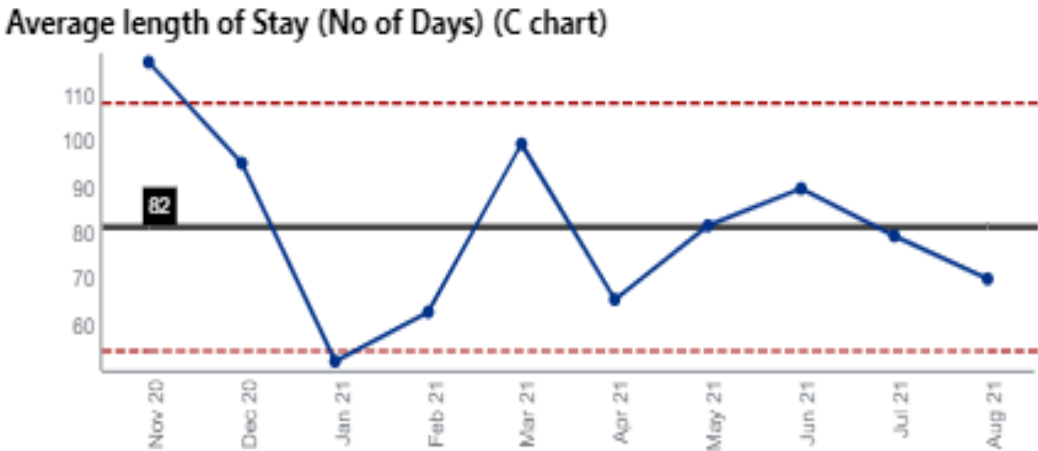
# Columbia and Cazaubon Wards – Length of Stay

Length of Stay (the number of inpatient days spent in hospital) is linked to service function, efficiency and quality. Reducing the length of stay in hospital, aims to provide patients with a better care experience and can reduce risk, especially for those who are frail or elderly. Risks can include; Infection - hospital acquired, and other, Falls - unfamiliar hospital surroundings, furniture and fittings, and Cognitive loss - hospital admission disorientation, sometimes not recoverable.

**Columbia Ward – Average Length of Stay (No of days) Jan-18 to Oct 2020**



**Cazaubon Ward – Average Length of Stay (No of days) from Nov 2020 to Aug 21**

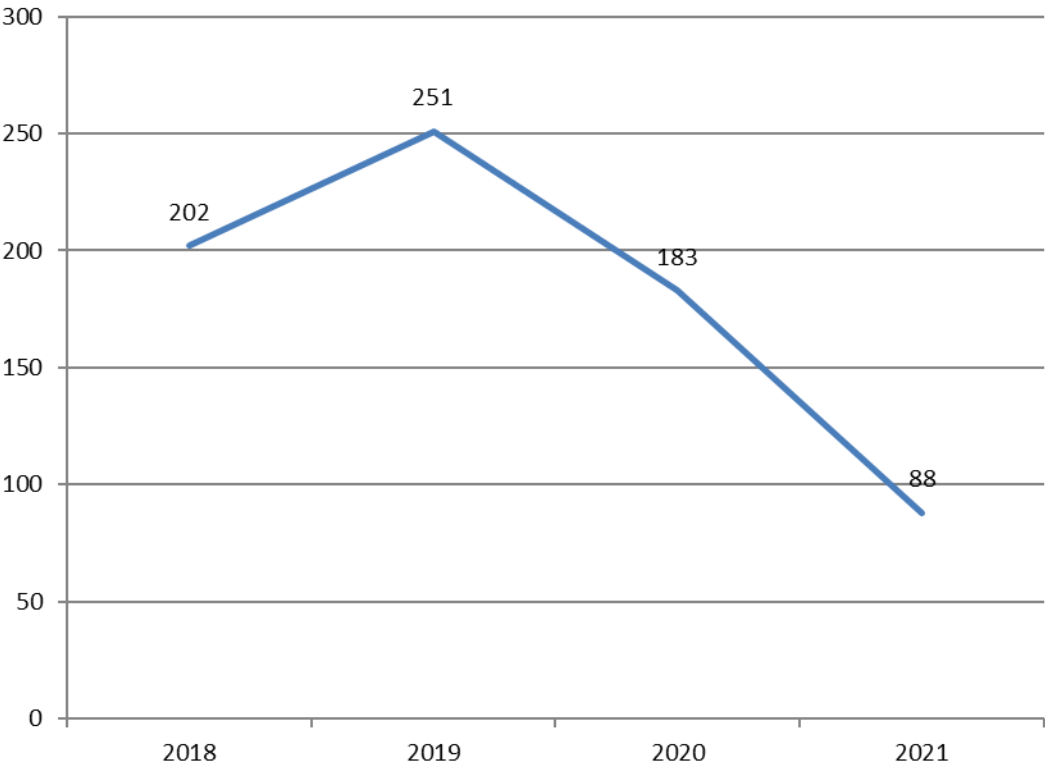


*Cazaubon ward Length of Stay – Average has reduced from 98 to 82 days*

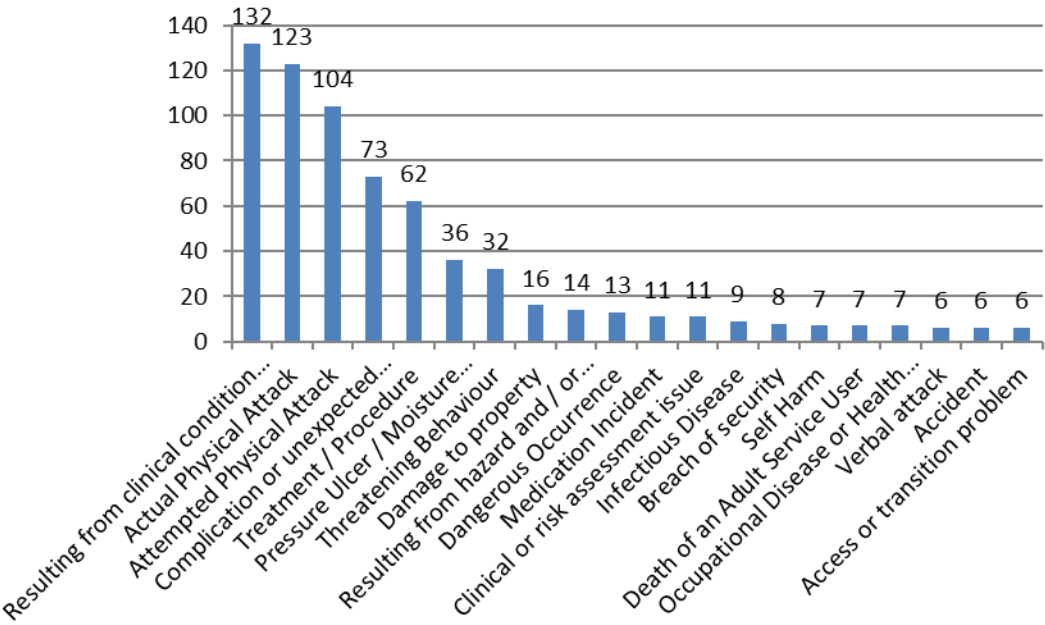
# Columbia and Cazaubon Wards – Incidents and Themes

Page 22

Total Incidents Columbia Ward Jan-2018 to Oct 2020  
Cazaubon Ward Nov 2020 to date



Top 20 Themes Incident Categories Number of Incidents  
Columbia Ward 2018 to Oct 2020  
Cazaubon Ward Nov 2020 to date



Cazaubon ward has seen a reduction incidents 2020/21

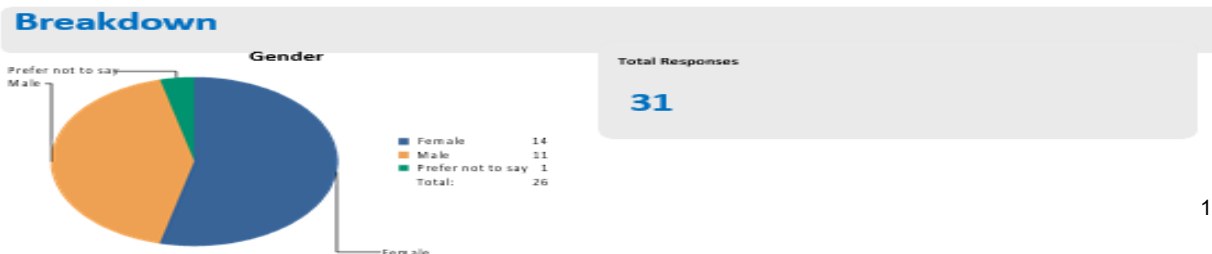
# Friends and Family Test results - Columbia and Cazaubon Wards

The Friends and Family Test (FFT) provides feedback from the people who use our services and their experience. This is used alongside other measures to provide a good overall understanding of what is working well, and what needs improving for service users and their families.

## The Friends and Family Test Service Report: Sep 2019 - Aug 2020

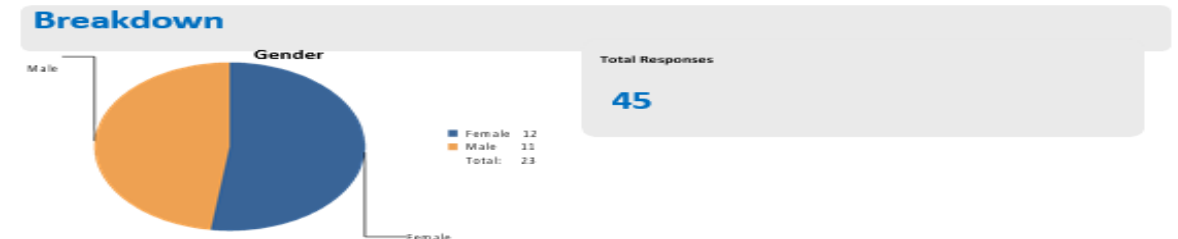
**NHS**  
East London  
NHS Foundation Trust

Page 23



## The Friends and Family Test Service Report: Sept 2020 - Aug 2021

**NHS**  
East London  
NHS Foundation Trust



# Travel & Assistance

We appreciate that for residents and family members of Tower Hamlets and City & Hackney the move of services to EHCC will for some increase the travel distance.

We also understand that Carers and family members may themselves be elderly and/or frail and we wish to reduce the impact of travel for them.

Page 24  
There is free visitor car parking at EHCC, this is not available on the MEH site.

We also have available travel assistance to support carers with the journey to EHCC

The criteria for travel support is assessed against the ability of individuals to use their own or public transport to visit. It is an informal process and based on a discussion with the carer/family member themselves. It is not means tested, there is no additional paper work involved and may include the provision of taxis, payment towards parking or provision of hospital transport.

# Mapping travel and journey times to MEH and to EHCC for residents

*The journey times represent an average (route planner), some journeys will be shorter, others longer, depending on a number of factors including traffic conditions and peak hour travel.*

Tower Hamlets travel to Mile End/ East Ham	Current Travel to Mile End Hospital Driving	Current Travel to Mile End Hospital Public Transport	Future Travel to East Ham C.C Driving	Future Travel to East Ham C.C Public Transport
	13 mins	24 mins	34 mins	41 mins
	16 mins	24 mins	32 mins	38 mins
	15 mins	36 mins	28 mins	56 mins
	13 mins	37 mins	25 mins	52 mins
	14 mins	30 mins	24 mins	36 mins
	12 mins	16 mins	21 mins	25 mins
	10 mins	23 mins	27 mins	37 mins
	12 mins	17 mins	43 mins	33 mins

City & Hackney travel to Mile End/ East Ham Care Centre	Current Travel to Mile End Hospital Driving	Current Travel to Mile End Hospital Public Transport	Future Travel to East Ham C.C Driving	Future Travel to East Ham C.C Public Transport
	25 mins	45 mins	38 mins	60mins
	32 mins	50 mins	45 mins	60mins
	19 mins	40mins	50 mins	55 mins
	25 mins	30 mins	40 mins	52 mins
	12 mins	30 mins	36 mins	48 mins
	23 mins	40 mins	31 mins	60 mins
	15 mins	40 mins	30 mins	49 mins
	31 mins	49 mins	35 mins	64 mins

Newham travel to Mile End/ East Ham	Current Travel to Mile End Hospital Driving	Current Travel to Mile End Hospital Public Transport	Future Travel to East Ham C.C Driving	Future Travel to East Ham C.C Public Transport
	14 mins	25 mins	12 mins	31 mins
	25 mins	51 mins	11 mins	22 mins
	17mins	45 mins	14 mins	38 mins
	23 mins	58 mins	15 mins	40 mins
	17 mins	30 mins	11 mins	30 mins

## Travel Assistance - A carers story

Mrs A was admitted to Cazaubon ward in the summer of 2021, and was a resident from City & Hackney.

Shortly after the admission the ward matron saw Mrs. A with her husband, Mr. A, he appeared frailer and physically less able. He had arranged a taxi to return home that day and whilst waiting at the reception area it was obvious that Mrs. A was worried about him. She was encouraged to wait with him until the taxi arrived.

The following day the ward matron asked Mrs. A if her partner was due to visit. She said that he was only able to use taxi's to visit. A decision was made automatically to fund the cost of future taxi journeys. An agreement was made that Mrs A or her husband would inform the ward administrator when they wished to visit, and a taxi would be booked both ways, paid through the Cazaubon ward account.

They were advised that this service could be provided daily for as long as Mrs A was a patient on the ward. Happily Mrs A has now been discharged home with follow up support from the community health team.

There are no direct staffing financial savings expected as a result of this change, the staff team have moved from Columbia ward to Cazaubon ward, with an equivalent staffing model, which not only provides continuity of care, it has also reduced the need for recruitment and ensures a safe staffing model.

There is however a system benefit in terms of costs

Page 27

- The vacant ward space within East Ham Care Centre placed a considerable revenue cost on the overall Health and Social Care system, who remained liable for the previously vacant (void costs) and unused ward space.

We intend to invest in the environment at Cazaubon ward, East Ham Care Centre to improve this even further with a focus on optimising the ward's full potential, to create the very best of ward environments, the capital cost for this has been estimated at £850,000.

# Potential Impact of our proposals - we believe that the proposal has many more advantages than disadvantages.

**Fantastic built environment** - *The ward has been designed with the care of older persons and frailty in mind and is light, airy and spacious, the circular design provides opportunity to explore and wander safely without creating feelings of frustration.*

- Every patient that requires admission will have their own individual bedroom, single bedrooms, designed specially around care needs, providing privacy and dignity and allowing for mixed sex accommodation in line with national standards and priorities for mental health care
- Therapeutic and rehabilitation areas (to practice daily living activities such as using a kitchen safely) and dedicated space for visitors.
- Ground floor, single storey accommodation with attractive, easily accessible garden areas designed to provide patients with places for relaxation, socialising and activities
- En-suite bathrooms as well as larger assisted bathroom areas for patients
- Dedicated indoor and outdoor space for visitors, and a restaurant that visitors and patients can use, serving cooked food for patients, family and carers.
- Designed to ensure optimal lines of sight for staff, reduce blind spots, and have anti-ligature (ligature light) features to help keep patients safe.



# Potential Impact of our proposals - we believe that the proposal has many more advantages than disadvantages.

## Advantages

**Improved clinical care - *to help people recover faster and get home sooner. The length of stay has reduced already in Cazaubon ward by 16 days with the aim to reduce the average length of stay even further.***

- Co-located wards and staff (not separate from other specialist older adult and frailty services) providing a critical mass of Cognitive Impairment, Specialist Dementia and Frailty inpatient care and treatment, supported by clinical experts, medical, psychological, therapeutic, and nursing professions on one site.
- Opportunities to consolidate shared learning, quality improvements and reduce variation leading to better patient outcomes and higher quality care
- Develop further research and innovation in this specialist area
- Improved Care and Treatment pathways (a holistic approach to Mental Health and Physical Health) within the comprehensive East Ham Care Centre model
- Increased range of services- that can flex and are responsive to need, delivering a sustainable, high quality, cost effective model going forward
- Therapies - Providing high quality therapies, including arts, physio, speech and language and occupational therapies across depts.

# Potential Impact of our proposals - we believe that the proposal has many more advantages than disadvantages.

**Staffing, Retention and Recruitment - *Staff working in unison to provide the best care possible, with skills and expertise that are of the highest standards.***

- Flexible rotas, that are able to respond to cover during busy times
- A working environment that makes it a pleasure to work in (poor environments are harder to attract and retain staff) with high job satisfaction, opportunities to train and develop and increase staff morale
- Enabling staff to do their best and provide the care to patients of a standard we know they strive for.

Page 30

## **A Centre of Excellence - Making best use of Buildings and NHS estate**

***This model has already been adopted in relation to physical health services, with the acceptance that not every borough needs its own renal unit, or cardiac unit. The NHS Long Term Plan has called on all NHS trusts to make better use of clinical space and where possible consolidate services to gain benefits***

- A focus of expertise in one place, a bespoke centre of excellence model for the dementia assessment function, within the overall service model for frail elderly and dementia services located at East Ham Care Centre, that can offer a better therapeutic experience

# Potential Impact of our proposals - we believe that the proposal has many more advantages than disadvantages.

## COVID 19 – Green Zone

Continued safe service delivery at Mile End Hospital to support those who are clinically extremely vulnerable to COVID- 19 infection across the North East London CCG.

The cohort of patients at risk 'clinically extremely vulnerable' is described by NHS England as:

- Those undergoing active treatment for specific cancers
- Those with an underlying haematological malignancy or inherited blood disorder
- Those living with a solid organ transplant
- Those on current immunosuppression at a level thought to engender risk
- Pregnant women with associated cardiac disease

# Potential Impact of our proposals - we believe that the proposal has many more advantages than disadvantages.

Our proposal would mean longer journeys for some visitors, although for others, it will mean shorter journey times.

## Actions in place to reduce impact of disadvantages

- ✓ Continue to improve care in a way that reduces the need for hospital admissions in the first place, enhancing care capacity in existing community mental health services.
- ✓ Provide information about transport and travel options for carers and family visitors and the financial support and assistance that is available
- ✓ Continue to support the use of technology and 'virtual visiting' in addition to face-to-face visits

Page 32

# Public Engagement – December 2021 for 12 weeks

We are intending to launch a public consultation to receive feedback, on our proposals to make permanent the move of the Dementia inpatient admission services to East Ham Care Centre, following the interim move from Mile End Hospital in August 2020.

We are developing our case for change describing the proposed model and have developed a communications plan in support of this. We will also conduct an **Equality Impact Assessment** as part of our case for change to understand how these proposals impact- positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect these groups.

The service change questions we are proposing to include within the public consultation are summarised below

**1. To what extent do you think the co-location of older persons physical and mental health inpatient services at East Ham Care Centre will provide an improvement to care and treatment for patients with Dementia?**

Agree fully

Agree partly

Disagree partly

Disagree fully

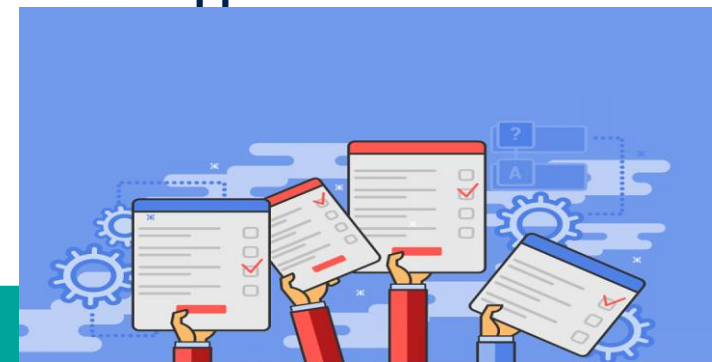
**2. To what extent do you agree or disagree that this proposal will enhance the overall care and support for patient's carers and their families?**

Agree fully

Agree partly

Disagree partly

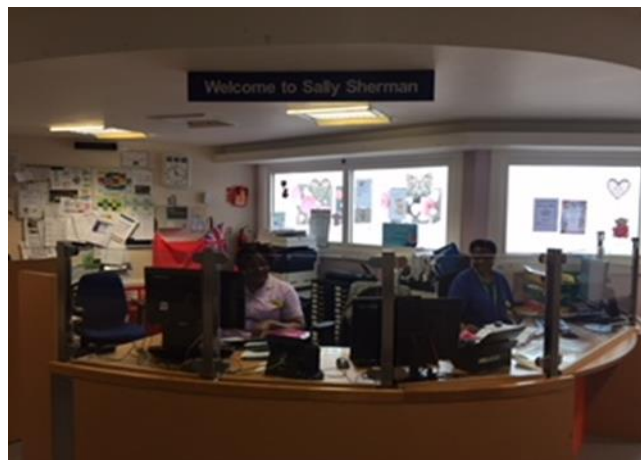
Disagree fully



# Activity Room and access to outside space EHCC







# EHCC Images



# Conclusion

The Green Zone area, within the MEH hospital provides a continued response to the threat of COVID- 19 infection and the opportunity to reduce the likelihood of cross infection and contamination, and for care to be provided safely for local residents.

East Ham Care Centre provides a modern, purpose built facility specifically designed to support people with Dementia and the Frail Elderly, we have utilised this space to good effect over the past 12 months.

The feedback from patients and families has been positive, with improvements noted in friends and family test results, reduction of harm, with a decrease in reported incidents, length of hospital (LOS) stay reduced and a flattened peak in LOS.

We are investing in further improvements, estimated costs £850,000 to the ward environment during 2021.

The vacant ward space and accommodation at EHCC has enabled our ambition and journey to create a Centre of Excellence to be realised, we wish to make this a permanent arrangement with all Dementia and Frailty inpatient services located at EHCC.



**We would value your feedback and  
specifically on**

**The 2 questions we are proposing for the  
public consultation**

**Further opportunity to feedback on our  
proposals, via email please forward to  
[Eugene.jones2@nhs.net](mailto:Eugene.jones2@nhs.net).**

# **A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre**

## **Report for the Health in Hackney Scrutiny Commission**

**11th October 2021**

## **Contents**

- 1. Introduction**
- 2. About the previous service, Columbia Ward**
- 3. About the new service (Cazaubon Ward) East Ham Care Centre**
- 4. Cazaubon ward and Columbia comparative data over the last 12 months**
- 5. Listening to patients, carers and our staff - What people have said**
- 6. Financial impact and considerations**
- 7. Our proposal: Continuing to provide effective care within Cazaubon Ward**
- 8. Potential impact of our proposals - advantages/disadvantages**
- 9. Evaluation - Service Monitoring and Governance**
- 10. Public Consultation – Process, Feedback and Sharing views**
- 11. Next steps**
- 12. Appendices**
  - i Draft Communication and Engagement Plan**
  - ii Travel analysis – City & Hackney, Newham and Tower Hamlets**
  - iii Images of East Ham Care Centre and Cazaubon Ward**

## 1. Introduction

The response to Covid-19, has created the need for emergency transformation of Healthcare services to protect patients and the public.

In response to the Covid -19 pandemic a covid-free, 'green' zone was created on the Mile End Hospital site. The Green Zone ensures that those people in the clinically extremely vulnerable groups (see below) can continue to access and receive treatment from the NHS services at Mile End Hospital. It has been designed to keep patients, staff and family/carers safe, reducing the risk of cross infection.

The cohort of patients at risk 'clinically extremely vulnerable' is described by NHS England as:

- Those undergoing active treatment for specific cancers
- Those with an underlying haematological malignancy or inherited blood disorder
- Those living with a solid organ transplant
- Those on current immunosuppression at a level thought to engender risk
- Pregnant women with associated cardiac disease

Columbia ward, a 21 bed, Organic (Dementia) Assessment unit, located at Mile End Hospital, had entry and exit routes accessed through the 'green' zone, it was therefore not possible for Columbia ward to remain in situ.

East London NHS Foundation Trust and partners reviewed the options available to relocate Columbia Ward, seeking a suitable ward environment, to provide, safe and effective care for patients with complex Dementia.

Cazaubon, a vacant ward, situated within East Ham Care Centre, was identified, it had the capacity and adequate space with an improved environment, it also provided greater clinical adjacencies, as all the wards for Dementia and frail elderly would now be located at East Ham Care Centre.

The emergency transformation and urgent service change of location of Columbia ward was approved on an interim basis in June 2020.

Columbia ward moved from Mile End Hospital to Cazaubon ward at East Ham Care Centre in August 2020 on an interim basis.

We are now wishing to progress the interim move of Columbia ward to Cazaubon ward and make this a permanent move.

## 2. Columbia Ward at Mile End

Columbia ward design and layout is no longer compliant with modern mental health building expectations. Whilst single rooms were available there was only 1 bedroom with en-suite facilities. Patients who require admission to hospital because of a mental health problem especially Dementia are extremely vulnerable, can be confused and dis-orientated and are typically admitted for several weeks, they need an environment that will offer privacy and dignity to support their recovery.

### Further environmental issues

- Poor natural light leading to a very dark environment
- Space and capacity issues for patients and carers/ and families visiting
- No direct access to outdoor space (all patients required to be escorted into the garden area by staff, limiting access as the ward is based on the top floor,
- Exceptionally hot in the summer due to its top floor position with inadequate insulation

## 3. East Ham Care Centre

The vast majority of care we provide takes place in the community, in or near to people's homes, our aim is for care as much as possible to be delivered in these community settings by community and mental health teams. In some cases care cannot be provided in the community, this maybe because a thorough assessment needs to be undertaken, a crisis has occurred or a relapse of an illness.

In terms of the primary care pathway (including General Practitioner medical cover) provided within Cazaubon ward, this is unaffected by admission, the arrangements that were previously in place prior to admission resume at the point of hospital discharge within the host Borough of origin. We have two older adult mental health inpatient wards and one physical health inpatient ward located at the East Ham Care Centre, serving a population across North East London CCG, serving residents of City & Hackney, Tower Hamlets and Newham.

- Fothergill Ward – 32 beds, providing physical health and end of life care
- Sally Sherman Ward – beds, providing Dementia and complex/challenging behaviour
- Cazaubon Ward – 21 Beds, providing organic (Dementia) admission and assessment function (replaced Columbia ward)

East Ham Care Centre has extensive gardens and unlike the Mile End Hospital site, the gardens are private and for the sole use of East Ham Care Centre residents and their carers, the gardens are well maintained with adequate private and seating space and are used frequently.

There is an activity centre at East Ham Care Centre which runs from Monday to Friday every week and includes weekly music therapy and dance therapy sessions. Patients also have access to faith and fellowship services, including multi-faith prayer meetings each week, and a sensory room.

## 4. Columbia and Cazaubon wards comparative data over the last year

### Admission Profile

The community services have developed over recent years to provide a fully functioning offer for people who would have previously been admitted to hospital, the charts below identify the reducing trend in admission profile across all areas from 2018. The need for hospital based care, even for those people with severe mental illness and Dementia has reduced over time, with more care now being delivered in the community. There is still however a requirement for acute and crisis admissions of people with Dementia, especially where the individuals are, for example, a danger to themselves and require a period of admission in a safe environment.

Columbia Ward Admissions	2018	2019	Up to August 2020 closure
CITY AND HACKNEY	20	26	18
NEWHAM	15	16	6
TOWER HAMLETS	19	17	17
<b>Total</b>	<b>54</b>	<b>59</b>	<b>41</b>

Admissions to Columbia ward up to its closure in August 2020

Cazaubon Ward Admissions/Transfers	Transfers following Columbia closure	Admissions August 2020 to date	Total patients cared for since opening
CITY AND HACKNEY	3	7	10
NEWHAM	2	6	8
TOWER HAMLETS	7	7	14
<b>Total</b>	<b>12</b>	<b>20</b>	<b>32</b>

Admissions to Cazaubon ward from August 2020 to date.

### Length of Stay

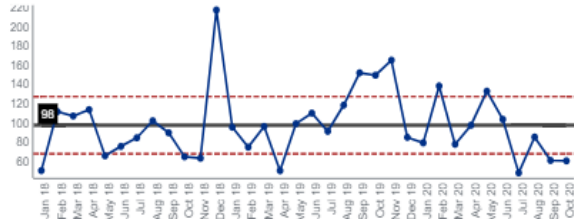
Length of Stay (the number of inpatient days spent in hospital) is an important indicator, linked to service function, efficiency and quality. Optimising the period of care provided in hospital by reducing the length of stay, aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay.

Spending a long time in hospital can lead to increased risk, especially for those who are frail or elderly. These risks can include; Infection - hospital acquired, and other, Falls - unfamiliar hospital surroundings, furniture and fittings, Poor sleep patterns – that can impact on overall health and well being and Cognitive loss - hospital admission creates disorientation, sometimes this is not recoverable.

By ensuring patients return to their usual place of residence, or another care setting, as soon as it's safe to do so following hospital admission we reduce these potential risks.

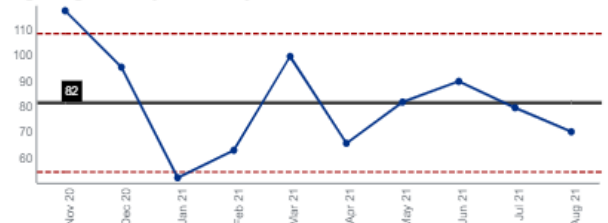
### Columbia Ward – Average Length of Stay (No of days) Jan-18 to Oct 2020

Average length of Stay (No of Days) (C chart)



### Cazaubon Ward – Average Length of Stay (No from Nov 2020 to date)

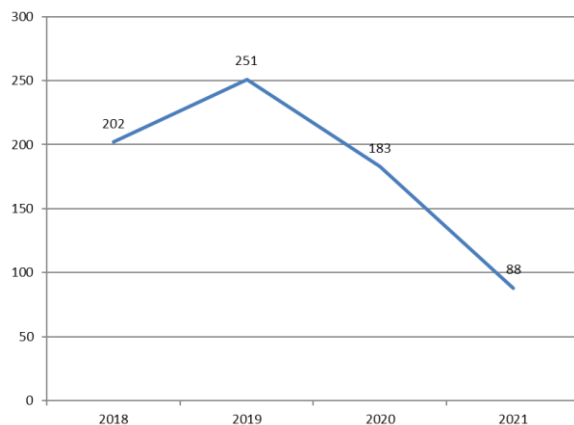
Average length of Stay (No of Days) (C chart)



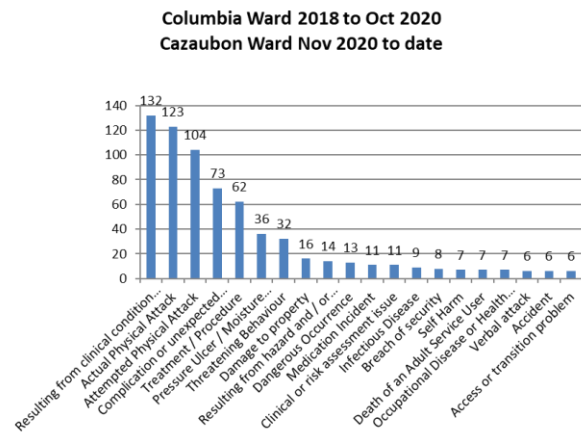
*Cazaubon ward Length of Stay (LOS) – Average LOS has reduced from 98 to 82 days, patients being discharged from hospital returning home or into other community support settings **16 days earlier** on average.*

## Incidents from 2018 to date – Columbia and Cazaubon wards

Total Incidents Columbia Ward Jan-2018 to Oct 2020  
Cazaubon Ward Nov 2020 to date



Top 20 Themes Incident Categories Number of Incidents



*Cazaubon ward has seen a reduction of incidents since opening in 2020/21*

## 5. Listening to patients, carers and our staff - What people have said

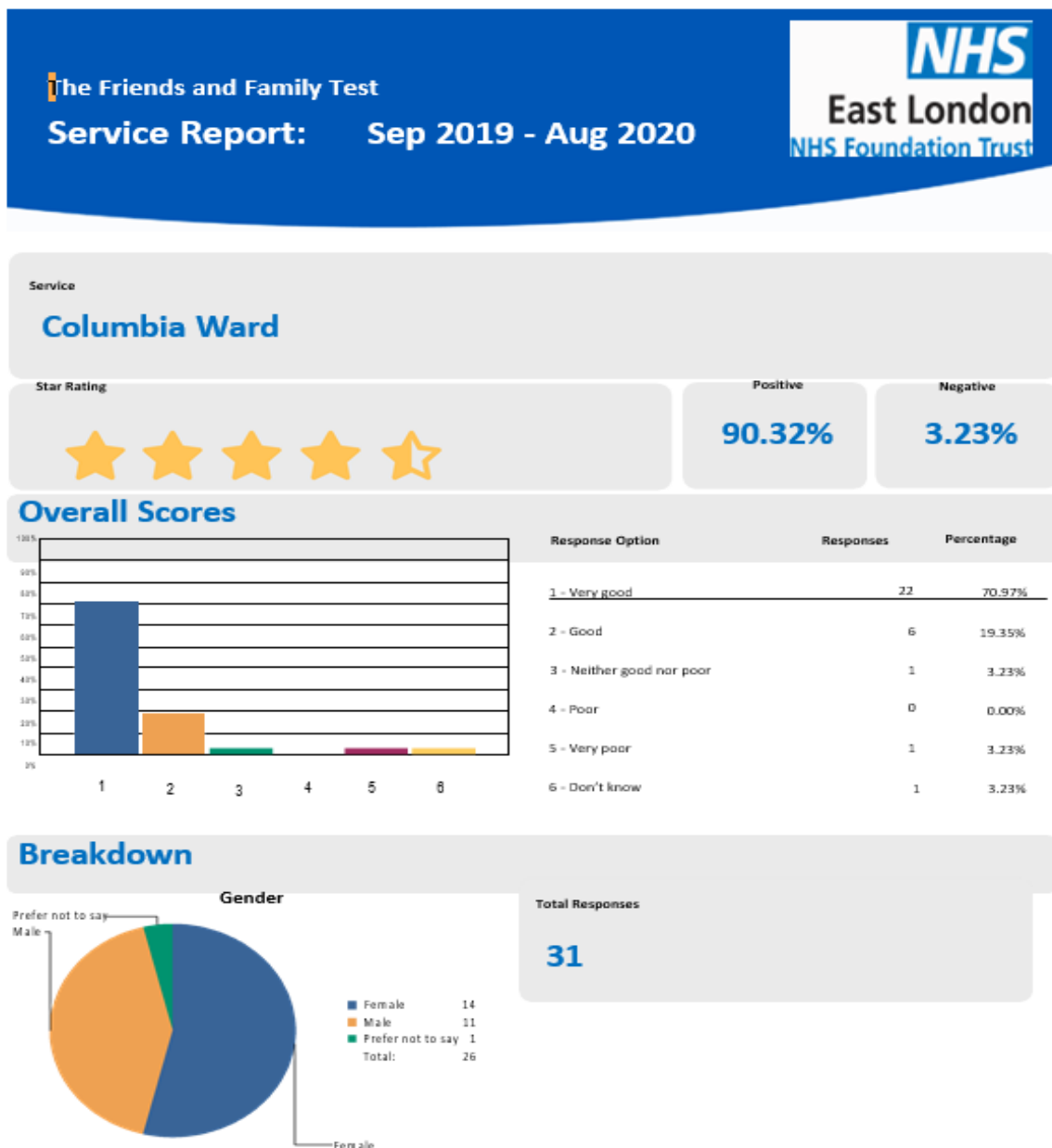
What is the Friends and Family Test (FFT) and comparative data Columbia and Cazaubon wards

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

We use it alongside other experience measures to give us a good overall understanding of what is working well, and what needs improving for service users and their families.

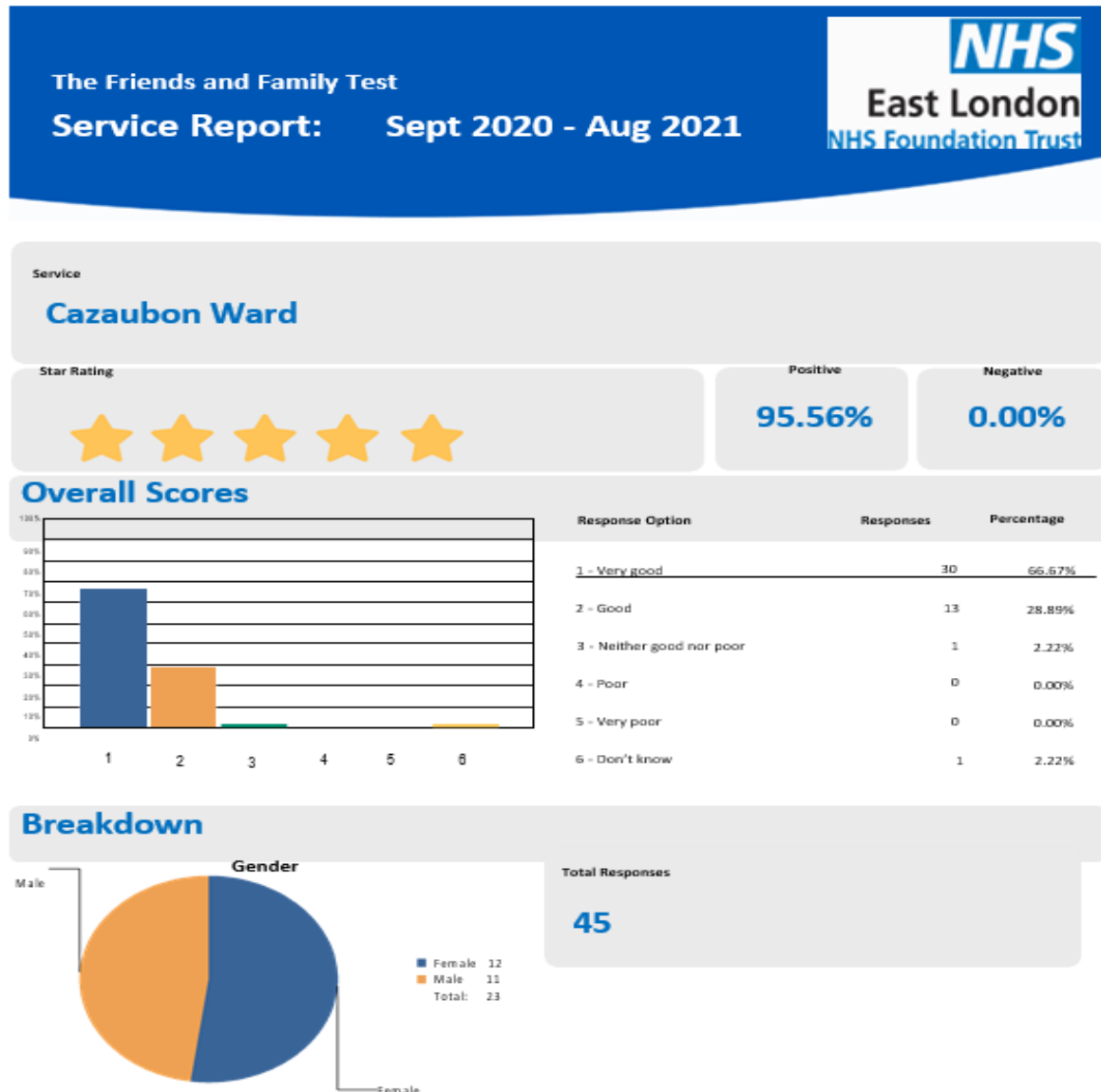
Service users and carers have helped design the questions.

## Friends and Family Test overall results - Columbia Ward 2019- 20





## Friends and Family Test overall results – Cazaubon Ward 2020- 21



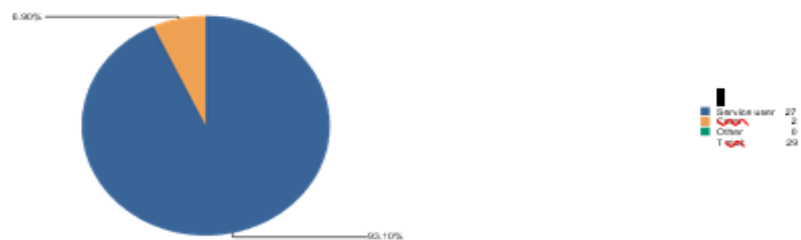
The friends and family results whilst very positive within Columbia ward in 2019-20 have increased by a further 5% in 2020-21 based on the experience of patients and in some cases their carers of Cazaubon ward over the last 12 months.

## Patient Reported Experience Measures (PREMS) of Cazaubon ward 2020-21

The PREMS process gathers feedback directly from patients and also carers/families seeking their views of the experience of care in Cazaubon ward on behalf of their loved one.

## Local Survey Response Report

### Are you?

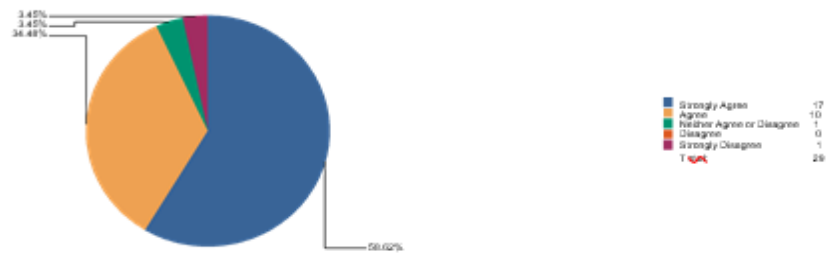


Answer	Percentage	Number
Service user	93.10%	27
Other	6.90%	2
Total	0.00%	0
Total number of responses		29

Department: Tower Hamlets  
Location: Tower Hamlets > Cazaubon Ward  
01-Nov-2020 31-Aug-2021

## Local Survey Response Report

### I feel listened to by the team

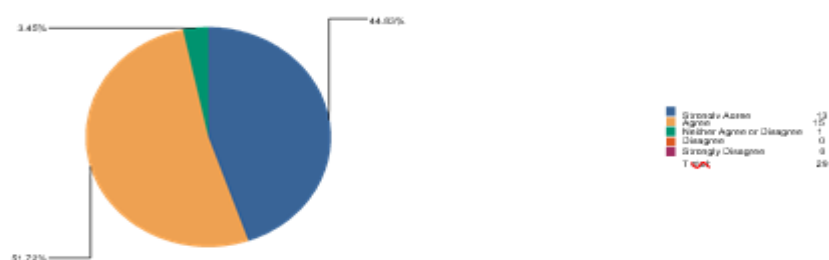


Answer	Percentage	Number
Strongly Agree	58.62%	17
Agree	34.48%	10
Neither Agree or Disagree	3.45%	1
Disagree	0.00%	0
Strongly Disagree	3.45%	1

Department: Tower Hamlets  
Location: Tower Hamlets > Cazaubon Ward  
01-Nov-2020 31-Aug-2021

## Local Survey Response Report

### I feel I have been given enough information regarding my care?

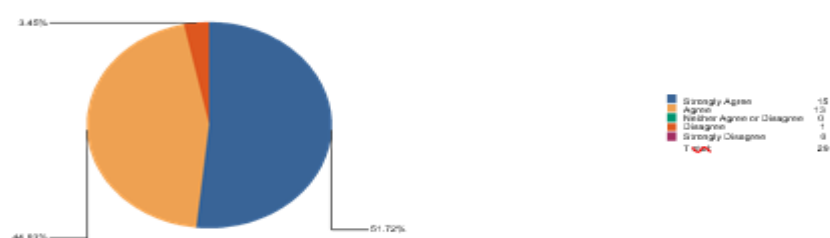


Answer	Percentage	Number
Strongly Agree	44.83%	13
Agree	51.72%	15
Neither Agree or Disagree	3.45%	1
Disagree	0.00%	0
Strongly Disagree	0.00%	0

Department: Tower Hamlets  
Location: Tower Hamlets > Cazaubon Ward  
01-Nov-2020 31-Aug-2021

## Local Survey Response Report

### I feel involved in decisions about my care?

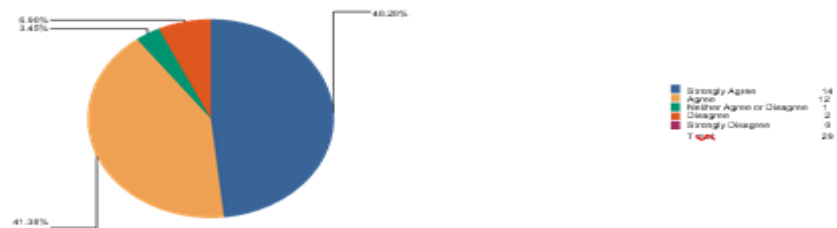


Answer	Percentage	Number
Strongly Agree	51.72%	15
Agree	44.83%	13
Neither Agree or Disagree	0.00%	0
Disagree	3.45%	1
Strongly Disagree	0.00%	0

Department: Tower Hamlets  
Location: Tower Hamlets > Cazaubon Ward  
01-Nov-2020 31-Aug-2021

Local Survey  
**Response Report**

**The professionals involved with my care talk to each other. We all work as a team?**



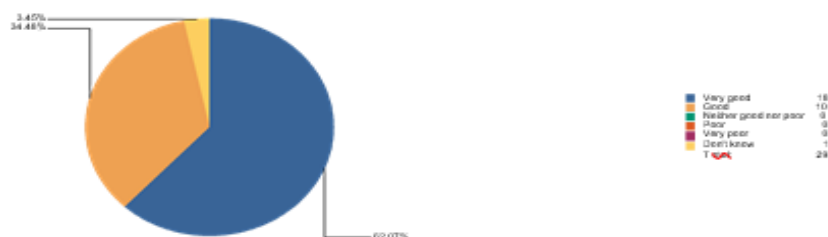
Answer	Percentage	Number
Strongly Agree	48.28%	14
Agree	41.38%	12
Neither Agree or Disagree	3.45%	1
Disagree	6.90%	2
Strongly Disagree	0.00%	0

Department: Tower Hamlets  
Location: Tower Hamlets > Cazaubon Ward  
01-Nov-2020 31-Aug-2021

Local Survey

Response Report

Overall, how was your experience of our service?



Answer	Percentage	Number
Very good	62.07%	18
Good	34.48%	10
Neither good nor poor	0.00%	0
Poor	0.00%	0
Very poor	0.00%	0
Don't know	3.45%	1

Department: Tower Hamlets  
Location: Tower Hamlets > Cazaubon Ward  
01-Nov-2020 31-Aug-2021

## Carers and family

East London NHS Foundation Trust recognises the importance of providing accessible services for patients and the continued contact of family and carers. Support from loved ones whilst someone is an inpatient is a key component in their journey of recovery.

We appreciate that for residents and family members of Tower Hamlets and City & Hackney the move of services to East Ham care Centre will for some increase the travel distance and for others the journey will decrease. We also understand that Carers and family members may themselves be elderly and/or frail and we wish to

reduce the impact of travel for them. There is free visitor car parking at East Ham Care Centre, this is not available on the Mile End Hospital site. We also have available travel assistance to support carers with the journey to East Ham Care Centre.

The criteria for travel support is assessed against the ability of individuals to use their own or public transport to visit. It is an informal process and based on a discussion with the carer/family member themselves. It is not means tested, there is no additional paper work involved and may include the provision of taxis, payment towards parking or provision of hospital transport.

## A Carers story

Mrs A was admitted to Cazaubon ward in the summer of 2021, and was a resident from City & Hackney.

Shortly after the admission the ward matron saw Mrs. A with her husband, Mr. A, he appeared frailer and physically less able. He had arranged a taxi to return home that day and whilst waiting at the reception area it was obvious that Mrs. A was worried about him. She was encouraged to wait with him until the taxi arrived.

The following day the ward matron asked Mrs. A if her partner was due to visit. She said that he was only able to use taxi's to visit. A decision was made automatically to fund the cost of future taxi journeys. An agreement was made that Mrs A or her husband would inform the ward administrator when they wished to visit, and a taxi would be booked both ways, paid through the Cazaubon ward account.

They were advised that this service could be provided daily for as long as Mrs A was a patient on the ward.

Happily Mrs A has now been discharged home with follow up support from the community health team.

For the Charadi and Hasidic Jewish communities who cannot use public transport during Shabbat, we are looking into the possibility of overnight accommodation to enable them to visit family members on Fridays and Saturdays on foot.

We have been talking with families seeking their views on behalf of their loved one and we have established a **carer's questionnaire**, this will be provided during September to receive feedback directly from family and carers, in addition to any individual discussions.

We have also reached out and engaged with **Health watch Hackney** to create a further channel to receive feedback on behalf of patients, carers and families on their experience. Health watch Hackney have visited the East Ham Care Centre and wards during September 2021 and have provided a report of their recent visit.



## Our Staff

The staff team transferred from Columbia ward to Cazaubon ward to maintain care continuity, we have engaged staff and their representatives regarding this proposal, these discussions have provided an open and honest dialogue, this has been received positively by staff, who are receptive and understanding of the need to agree a permanent arrangement.

Clinical staff have been fully engaged in a series of discussions to enhance the environment within Cazaubon ward and the quality of patient care provided.

There has been no material change in either staff absence or staff turnover.

We intend to engage staff formally through a consultation process to understand their needs, wishes and future aspirations in terms of clinical settings and workplace.

## 6. Financial

There are no direct staffing financial savings expected as a result of this change, the staff team have moved from Columbia ward to Cazaubon ward, with an equivalent staffing model, which not only provides continuity of care, it has also reduced the need for recruitment and ensures a safe staffing model.

There is however a system benefit in terms of costs

- The vacant ward space within East Ham Care Centre placed a considerable revenue cost on the overall Health and Social Care system, who remained liable for the previously vacant (void costs) and unused ward space.

We intend to invest in the environment at Cazaubon ward, East Ham Care Centre to improve this even further with a focus on optimising the ward's full potential, to create the very best of ward environments, the capital cost for this has been estimated at £850,000.

## 7. Our proposal

**To make permanent the move of Dementia inpatient admission services to Cazaubon ward, East Ham Care Centre; the services moved on an interim basis from Mile End Hospital in August 2020.**

We are not proposing any significant changes to the way care is provided on Cazaubon Ward but we expect that we will continue to develop further quality improvement in the new unit to enhance care with more therapeutic activities available in a fit for purpose unit.

East Ham Care Centre is a purpose-built environment, providing a dementia-friendly layout. Cazaubon ward provides an improved environment (a step up from Columbia Ward), with large en-suite bedrooms, throughout, offering natural light. It is dementia friendly, there is a restaurant on site, there is therapy space and private secluded

gardens and activity areas, the environment uses effective colour and design with dementia patients in mind.

The move of Columbia ward to East Ham Care Centre has provided the opportunity to maximise the benefit and consolidate the different clinical and care streams of the older adult inpatient pathway. These new clinical adjacencies, achieved through the colocation of the dementia and frail elderly inpatients on one site, allow for smooth transition between settings for a patient group for whom change can be unsettling.

This proposal also creates a critical mass of expertise, resources and support of the care of the elderly and frail at this location. Patients can transition from the day hospital to the continuing care ward and if required, transition to the end of life ward within the one site at East Ham Care Centre providing a seamless pathway of care.

The interim move of services to Cazaubon ward from Mile End Hospital has already seen improvements that need to be sustained and made permanent to fulfil our ambition to create a centre of excellence. We are already seeing the benefit this environment has on patients' recovery meaning they are well enough to go home sooner.

This is an important opportunity to improve the health and care of older adults who may require admission into hospital and live in City, Hackney, Newham and Tower Hamlets, to make a difference to the mental and physical health of residents.

## 8. Potential impact of our proposals

Overall, we believe that the proposal have many more advantages than disadvantages.

### Advantages of the permanent location of services at Cazaubon ward

#### Fantastic built environment

*The ward has been designed with the care of older persons and frailty in mind and is light, airy and spacious, the circular design provides opportunity to explore and wander safely without creating feelings of frustration.*

- Every patient that requires admission will have their own individual bedroom, single bedrooms, designed specially around care needs, providing privacy and dignity and allowing for mixed sex accommodation in line with national standards and priorities for mental health care
- Therapeutic and rehabilitation areas (to practice daily living activities such as using a kitchen safely) and dedicated space for visitors.

- Ground floor, single storey accommodation with attractive, easily accessible garden areas designed to provide patients with places for relaxation, socialising and activities
- En-suite bathrooms as well as larger assisted bathroom areas for patients with additional needs or disabilities
- Dedicated indoor and outdoor space for visitors, and a restaurant that visitors and patients can use, serving cooked food for patients, family and carers.
- Designed to ensure optimal lines of sight for staff, reduce blind spots, and have anti-ligature (ligature light) features to help keep patients safe.
- Designed to put in place infection control measures with ease

### **Improved clinical care delivered co-located in one place**

***Expected to help people recover faster and get home sooner. The length of stay has reduced already in Cazaubon ward by 16 days with the aim to reduce the average length of stay even further.***

- Co-located wards and staff (not separate from other specialist older adult and frailty services) providing a critical mass of Cognitive Impairment, Specialist Dementia and Frailty inpatient care and treatment with support from clinical experts, medical, psychological, therapeutic, and nursing professions on one site.
- Opportunities to consolidate shared learning, quality improvements and reduce variation leading to better patient outcomes and higher quality care
- Develop further research and innovation in this specialist area
- Improved Care and Treatment pathways (a holistic approach to Mental Health and Physical Health) within the comprehensive East Ham Care Centre model
- Increased range of services- that can flex and are responsive to need, delivering a sustainable, high quality, cost effective model going forward
- Therapies - Providing high quality therapies, including arts, physio, speech and language and occupational therapies across depts.
- Joined up and integrated services, working in harmony (Mental & Physical Health services) complementing community care across our area.
- Providing a range of therapeutic activities (such as counselling; art and music therapy; and help with relearning everyday living skills) without which it can take longer for patients to recover and return home.

## **Staffing, Retention and Recruitment**

*Staff working in unison to provide the best care possible, with skills and expertise that are of the highest standards.*

- Flexible rotas, that are able to respond to cover during busy times
- A working environment that makes it a pleasure to work in (poor environments are harder to attract and retain staff) with high job satisfaction, opportunities to train and develop and increase staff morale
- Enabling staff to do their best and provide the care to patients of a standard we know they strive for.

## **A Centre of Excellence - Making best use of Buildings and NHS estate**

*This model has already been adopted in relation to physical health services, with the acceptance that not every borough needs its own renal unit, or cardiac unit. The NHS Long Term Plan has called on all NHS trusts to make better use of clinical space and where possible consolidate services to gain benefits through having one set of running costs.*

- To create a focus of expertise in one place to develop a bespoke centre of excellence model for the dementia assessment function, within the overall service model for frail elderly and dementia services located at East Ham Care Centre, that can offer a better therapeutic experience for local people.

## **COVID 19 – Green Zone**

- Continued safe service delivery at Mile End Hospital to support those who are clinically extremely vulnerable to COVID- 19 infection across the North East London CCG

## **Disadvantages of the permanent location of services at Cazaubon ward**

- Our proposal would mean longer journeys for some visitors, although for others, it will mean shorter journey times. (Travel Analysis in Appendix 2).

## **Actions in place to reduce impact of disadvantages**

- Continue to improve care in a way that reduces the need for hospital admissions in the first place, enhancing care capacity in existing community mental health services.

- Provide information about transport and travel options for carers and family visitors and the financial support and assistance that is available
- Continue to support the use of technology and 'virtual visiting' in addition to face-to-face visits

## 9. Evaluation - Service Monitoring and Governance

We will continue to work together with service users and carers to ensure that our proposals, as they develop, are in line with their ambitions and hopes.

In order to understand the impact of the change and mitigate/respond to any unintended consequences we intend to continually review and consider the views of patients and their families, feedback from health and social care partners including adult social care over the coming months. We intend to continue working with partners, local healthwatch's, service users and carers to review this change to evaluate the following measures to understand over time.

- Length of Stay (Trend)
- Staff turnover (monthly – 12 month rolling)
- Staff absence rate (monthly)
- Incidents number and themes (trend)
- Patient experience and Friends & Family responses
- Staff experience
- Travel assistance monitoring/provided
- Reviewing any delays in discharge and identifying causation

## 10. Public Consultation – Feedback and Sharing views

We are intending to launch a public consultation to receive feedback, on our proposals to make permanent the move of the Dementia inpatient admission services to East Ham Care Centre, following the interim move from Mile End Hospital in August 2020.

We are developing our case for change describing the proposed model and have developed a draft communications plan (See Appendix 1) in support of this. We will also conduct an **Equality Impact Assessment** as part of our case for change to understand how these proposals impact- positive or negative on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

The service change questions we are proposing to include within the public consultation are summarised below

1. **To what extent do you think the co-location of older persons physical and mental health inpatient services at East Ham Care Centre will provide an improvement to care and treatment for patients with Dementia?**

**Agree fully      Agree partly      Disagree partly      Disagree fully**

**2. To what extent do you agree or disagree that this proposal will enhance the overall care and support for patient's carers and their families?**

**Agree fully      Agree partly      Disagree partly      Disagree fully**

We intend to begin the public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude.

## **11. Next steps**

After the consultation closes, we will provide a report for the health and scrutiny committees, to formally review our plans and the feedback we have received from the public consultation.

We expect that the timeframe to provide this feedback will be from March 2022.

# Communication and Engagement Plan

## DRAFT

### Proposal to Permanently Locate the East London Inpatient Dementia Assessment Unit at East Ham Care Centre, Newham

The Cazaubon Unit has been the temporary home of the Inpatient Dementia Assessment Unit formerly based at Columbia Ward, Tower Hamlets. This is a short-stay unit for people who cannot be fully assessed in a community setting.

#### **Audience**

This change will specifically affect older people in The City of London, and the London boroughs of Tower Hamlets and Hackney, and their families so information about the change needs to reach older people interest and voluntary groups, the wider public who may need this service in the future, and health and social care staff who will need to liaise with the unit at the point of discharge.

This cohort of the population may not be high users of digital platforms but this should not be assumed so the communication channels employed should be broad and varied. It is also hard to predict if face-to-face engagement will be the safest option towards the end of the year so any meetings envisaged will need to take this into account.

#### **Content/Key Messages**

- Explanation of the reason for the move and location
- Explanation of what the unit offers and the benefits and synergies of being co-located with other services for older people
- Highlight that support for carers and families is a strength of the Centre as demonstrated in feedback
- Strong emphasis on the social needs of patients, stimulation and activities
- Culturally sensitive care provided supporting religious and cultural needs
- Steps that the centre can take to support travel, parking and continuous contact between the patient and their family and friends
- Emphasis on rehabilitation and aftercare to ensure patients feel safe and confident when they return home to where they live

#### **Channels**

### **Online**

ELFT website – intro, context, Q&As, online questionnaire, contact us information  
Social media – highlight consultation is underway and how to have your say  
Stakeholder bulletins  
Council platforms  
ICS website

### **Printed Information**

Consultation document  
Summary of consultation document - easy read, Turkish, Somali, Bengali  
Questionnaire – printed version and online  
ELFT's quarterly magazine, Trusttalk  
City Resident Newsletter  
Hackney Gazette – press release and information about how to participate  
Hackney Citizen – press release and information about how to participate  
East London Advertiser  
Tower Hamlets Residents News channels  
Newham Recorder  
Newham Voices

### **Face to Face Communication – if COVID appropriate**

Be guided by Healthwatch and Age UK. Provide a speaker and join existing meetings to discuss

- > Hackney Older People's Reference Group
- > Tower Hamlets Older People's Reference Group
- > Newham Older People's Reference Group
- > Age UK
- > Mind in Hackney, and Tower Hamlets and Newham
- > Connect Hackney
- > CVS – Lunch Clubs
- > Carers Groups
- > Alzheimers Association
- > ELFT older peoples patient and carers groups

### **Public Meeting/Drop-in – if COVID appropriate**

Day time as will be dark in the evenings  
Central accessible borough locations

### **ELFT Community Mental Health staff**

Encourage conversations with existing patients and carers  
Staff to share summary document and questionnaire



*These channels are not exhaustive but an outline of the ways ELFT will engage with older people and their representatives. We would value the input of partners to assist us in reaching the broadest audience.*

*Our current engagement activities planned to date*

### Engagement

- Dementia Alliance
- ORP – on line feedback
- PPI -City and Hackney People and Place Group.

- 8th Sept
- 22<sup>nd</sup> Sept
- 6th October

### Governance

- TNW Area Committee
- SOC meeting Hackney weekly -
- NEL Quality Committee –
- ICPB –
- Neighbourhood and Care Board (NHCB)

- 7<sup>th</sup> October
- Sept/Oct
- 10<sup>th</sup> Nov
- 14<sup>th</sup> October
- 28th Sept

### Scrutiny

- Health in Hackney
- City
- Tower Hamlets

- 11<sup>th</sup> October
- 10<sup>th</sup> November
- 26<sup>th</sup> October

## Travel Analysis – Tower Hamlets Residents

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

## Travel Analysis - City & Hackney Residents

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

## Travel Analysis – Newham Residents

<b>Newham travel to Mile End/ East Ham</b>	<b>Current Travel to Mile End Hospital Driving</b>	<b>Current Travel to Mile End Hospital Public Transport</b>	<b>Future Travel to East Ham C.C Driving</b>	<b>Future Travel to East Ham C.C Public Transport</b>
Stratford & New Town	14 mins	25 mins	12 mins	31 mins
Little Ilford	25 mins	51 mins	11 mins	22 mins
Royal Docks	17mins	45 mins	14 mins	38 mins
Beckton	23 mins	58 mins	15 mins	40 mins
Canning Town North	17 mins	30 mins	11 mins	30 mins

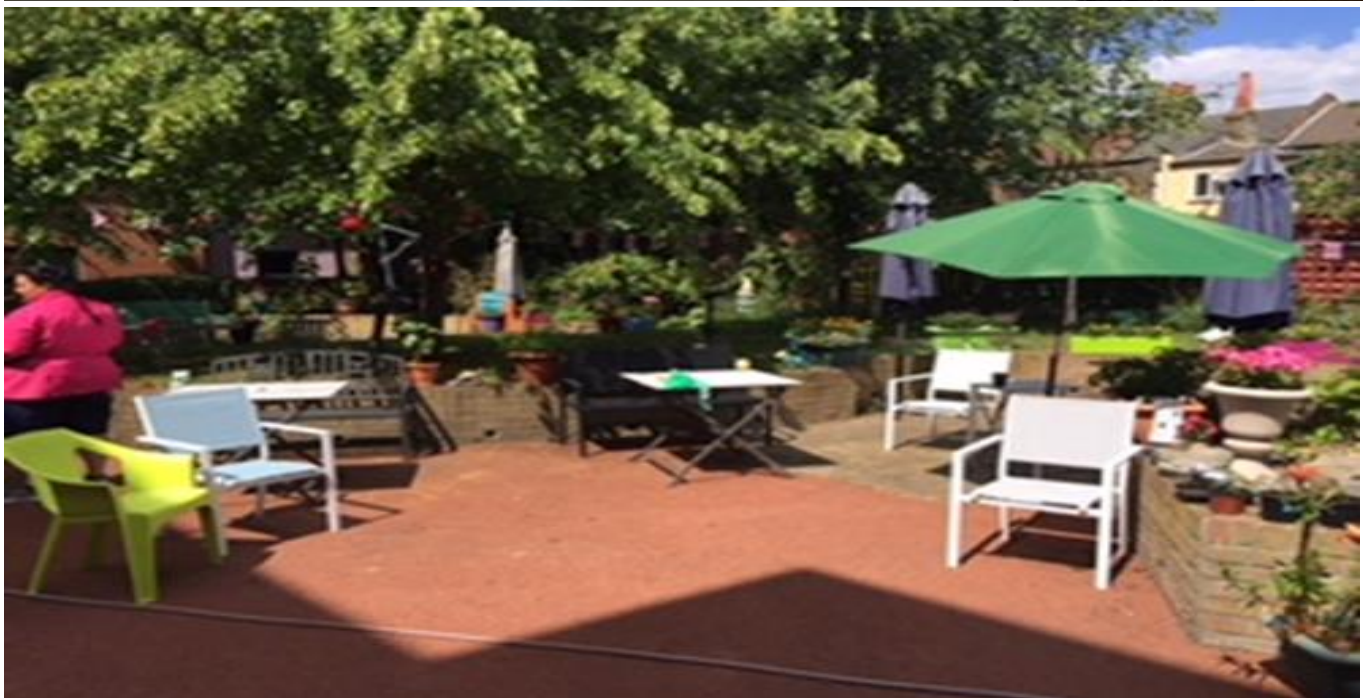
## **Images of East Ham Care Centre**

### **Main Entrance**





Activity Room and access to outside space East Ham Care Centre



## Sensory Room and ward layout East Ham Care Centre



*Extract from minutes of special meeting of Health in Hackney Scrutiny  
Commission on 30 July 2020*

**4 Developing COVID-19 resilient services at Mile End Hospital, including relocation of inpatient dementia assessment services to East Ham Care Centre**

- 4.1 The Chair stated that this special meeting had been called at short notice to consider a proposal from East London NHS Foundation Trust, Barts Health NHS Trust and City and Hackney CCG concerning the urgent plans to develop COVID-19 resilient services at Mile End Hospital, including relocation of the inpatient dementia assessment services to East Ham Care Centre.
- 4.2 Members' gave consideration to a report from Eugene Jones (Director of Service Transformation, ELFT) which had been published in a Supplementary Agenda.
- 4.3 The Chair stated that both Eugene Jones and also Richard Fradgley (Director of Integrated Care) from ELFT had had to give apologies as they were on annual leave but he welcomed to the meeting the following:  
 Dr Waleed Fawzi (**WF**), Consultant Psychiatrist and Clinical Lead for Older People Mental Health at ELFT  
 Edwin Ndlovu (**EN**), Director of Operations, ELFT  
 Neil Ashman (**NA**), Chair of the Medicine Board and Outpatient Transformation, Barts Health NHS Trust  
 Dan Burningham (**DB**), Programme Director Mental Health, City & Hackney CCG  
 David Maher (**DM**), MD, City & Hackney CCG  
 He added that Commission Members were well aware of the sites and he had visited Mile End in particular on 3 occasions on site visits although the Commission does now have some new members who would not be familiar with them.
- 4.4 EN thanked the Commission for the opportunity to present this proposal at short notice noting that the Columbia Ward move had come to the Commission previously. The plan was to relocate 21 older adult mental health beds to East Ham Care Centre as part of system wide Covid-19 mitigation plans. This would be an interim move and would ensure the clinic at Mile End for treating those shielding for some time could be set up as coded 'Green' or Covid-safe. The users of those out -patient services would be people identified as high risk or clinically vulnerable. The older adult mental health inpatients at issue here would be going to Cazubon Ward at East Ham Care Centre which is currently empty but has 23 beds. Currently there were only 13 on Columbia Ward and 3 of those were from City and Hackney. It had been necessary to speak to patients, family and staff/carers at a rapid pace and to forego the usual consultation processes because of urgency of the move. They have again gone through the transport implications for the patients, families and carers. One of the key advantages of the move would be that there would now be a critical mass of patients at EHCC with both physical and mental health care issues so they would be able to receive a more holistic offer. In terms of triage the main adult ward for this, Leadenhall, would remain at Mile End. This ward does pre-assessment. Once they've identified that patients have organic mental health conditions they would be



moved to Columbia. By having all of these moved from Columbia and co-located at EHCC they can offer a more holistic care package. In addition, Columbia Ward was on the 1<sup>st</sup> floor but Cazubon (at EHCC) was on the ground floor and it opened up to an adjacent garden for the patients.

- 4.5 WF described the current pathway for Dementia care in east London. Most of the patient cohort come into the service via A&E or the various Dementia Teams. Most display challenging behaviours and are difficult to manage in community or care home settings. Sometimes they will go directly to Columbia if they are pre identified with a diagnosis of Dementia. Assessment at Mile End lasts 3 months on average. Then many may go into 24 hr care either in supported living or nursing home and some go into Continued Care in the NHS. They discussed this last year when the move was made from Thames Ward at Mile End to Sally Sherman ward at EHCC. Columbia was therefore the pathway leading to Sally Sherman. It was very rare for anyone to be admitted to Sally Sherman without them having first been at Columbia. So, the broader cohort here was treated in a range of care homes or supported living and the most challenging and difficult patients, would end up in Sally Sherman and now also in Cazubon. These patients would spend up to a maximum of 2 years there and by end, because of the levels of physical and mental progression of their disease, they would be less challenging and therefore can move elsewhere, perhaps into the community setting or perhaps to receive EOLC care, thus completing the pathway.

He explained that EHCC has another ward, Fothergill, which provided End of Life Care for those with multiple conditions and coming from Newham. Some of the patients in EHCC will have End of Life Care needs so these can then be cared for there without moving them to a care home or another hospital and this would give clinicians more room for manouvre with their treatment.

The aim here was to ensure there was a more therapeutic approach in these wards by adding other elements of care such as physiotherapy or Occupational Therapy etc. Being in EHCC would mean they would have synergies with Community Health Newham which was also based there and provided a very therapeutic environment. They were aiming to make EHCC a centre for excellence in care of older patients with mental health conditions.

- 4.6 The Chair stated that he found EHCC a much better setting than Mile End overall and he had always found the latter unsatisfactory and EHCC now seemed to provide an opportunity for more wraparound care. He stated that on the last visit he thought he had heard of plans to move both Leadenhall and Columbia to EHCC. He also expressed concern about the move being temporary because of the disruption that would cause and he asked why this wasn't just accepted as a permanent move.
- 4.7 EN replied that they would come back to the Commission with the more permanent plans. They appreciated the need for more extensive and thorough consultation and accepted to do this in the next 12 months. This interim move might make a solid case for a permanent move but they would use the next 12 months in creating a safe 'Green' designated site at Mile End and EHCC but also demonstrate that the move to EHCC worked and they wanted to be able to demonstrate this in an open and transparent way. EN undertook to bring the proposal for making the move permanent back to the Commission.

4.8 The Chair asked NA to explain why Leadenhall would stay behind but Columbia needed to be moved.

4.9 NA explained that Barts Health needed to move quickly on this. The aim was to provide a safe environment for those patients who are shielded in the community but still requiring important out-patient services. At all Barts' sites the plan would be to test staff regularly and work quickly to have them designated as Green as quickly as possible. The outpatients affected typically have chronic diseases that leave them vulnerable. They are people living with cancer, sickle-cell anaemia, have had transplants or are pregnant women with cardiac issues. The Trust identified 18k people in this situation and c. 25% are from City and Hackney. The aim was to provide a site with the highest infection standards so as not to expose this vulnerable cohort to infection. To make the Mile End site Covid-safe they needed to proceed block by block. Bancroft and Grove wings at Mile End were purely for this mental health cohort and they needed to be able to control entry, to test temperatures, to check symptoms and run admission processes to ensure everyone coming in was negative. The out-patients that need to be separately treated were receiving transfusions, or infusions or immunosuppressants which used to be done in a general outpatient setting. Barts Health therefore had to ask ELFT to relocate the older adult mental health wards, which are in the midst of these spaces, so that the site overall can be made Covid-19 resilient for the wide variety of uses it currently has.

4.10 Members asked detailed questions and in the responses the following was noted:

(a) Members asked: for details on the Travel Plan; how the rate of Covid related deaths at EHCC compared with other similar sites; were patients being put in a higher risk setting at EHCC. EN replied that as Hackney was furthest away there would need to be a more detailed Travel Plan including provision of taxis for families and carers. They would also provide full details on the public transport options timetables and timings.

(b) Members asked for a pledge that the same level of transport support as had been offered previously would be provided including giving families a full induction, a number to call and a commitment that this would not be removed after a year. EN replied that Covid had meant that they had had to provide an even more extensive Travel offer and this would be extended to this cohort for the period they're in EHCC.

(c) Members asked how use of transport would be audited. They also asked how many visitors the Hackney patients had been receiving on site and if there was any evidence that the numbers had dropped because of the more distant location. EN replied that they do monitor friends and family visitor numbers and these had held up. Visiting habits had changed because of Covid however, because not as many were confident to visit and of course there had been restrictions. To mitigate this, they had also provided iPads and digital equipment to enable families to have online video calls with patients.

On the issue of infections WF stated that they had had fatalities across both sites, but it was difficult to compare because the patients at EHCC were more seriously ill and many were on an End of Life Care pathway. There had

been a higher incidence of death at EHCC not because of the care but because of the frailty of the patients involved. Initially testing capacity also had been limited, like everywhere, but now there was weekly testing of all patients on the ward and that early spike should not be repeated.

(d) Members commented that this plan appeared to be in the pipeline prior to the pandemic and the pandemic had just expedited the plan. They asked if the intention was to make it permanent and not just for 12 months. EN replied that their ambition was that it should be a permanent move but because of the Covid crisis urgent interim arrangements were needed. They must now however work up the case for the permanent move and they would be happy to return with an updated proposal in 12 months on why the move should be permanent.

(e) Members asked if Leadenhall ward would also move. EN replied that it was not involved as it was not in Bancroft wing and there were advantages to being adjacent to some of the other wards at Mile End. Sometimes the patients at Leadenhall were very disturbed and more nursing staff needed to be deployed to provide support. Once Leadenhall patients were diagnosed with an organic mental health condition they would be moved to Columbia, and now to EHCC.

(f) Healthwatch Hackney Director stated that they had worked with ELFT on the previous move to EHCC and would like to do so again. He added that often relatives will be elderly themselves and so travel will be a big challenge. The main concern Healthwatch had related to what appeared to be a rapid regionalisation of services. Historically, temporary moves usually become permanent he added and there was a need for greater involvement of families and the community on these moves and issues needed to be picked up early when there was still time to effect some change. EN replied that they would welcome Healthwatch Hackney's involvement over the next year as they work up the plan.

Chair commented that Healthwatch's contribution was insightful and that in the past the Commission had been presented with more cost-oriented cases for change but acknowledged this was driven by the Covid situation. He stated that the Commission would welcome some auditing on the impact on visitor numbers and if Healthwatch can provide assurance on this this would be most helpful.

(g) Michael Vidal (Public rep on Planned Care Workstream) asked for clarification on the order of the moves and who was left behind, wondering whether the Functional Older Adult (FOA) cohort had in effect been left stranded at Mile End while other cohorts around them had been moved to EHCC. He also asked why the Engagement Manager at City and Hackney CCG had been contacted, even if this was urgent, to have it at their PPI committee and asked if this could be adopted as best practice in future urgent situations.

WF replied that the FOA cohort had not been stranded and were in the ward where he worked at Mile End. The challenge with these cohorts was about whether their physical needs or their mental health needs outweighed one another. For most in Leadenhall the mental health issues outweigh the physical but with dementia patients it was often the other way around. On Leadenhall the mental health support was greater and they needed support

from surrounding services.

DB from CCG replied that the reason this proposal hadn't gone to the PPI or Older People's Reference Group was because it was a Covid-19 emergency measure, therefore full consultation was not possible in the timeframe available. If this became permanent it would go to full consultation and they would look at the overall configuration of all the beds and the various plans involved. The CCG had raised this issue but it was something they were living with since the pandemic started. DM added that the pace necessitated a streamlining of the process but that he was happy to take on board the issues raised. The Chair commented that while there were different scales of response required here but it was still an important principle to notify the PPI group at the CCGs.

(h) Members asked if because of the higher number of fatalities they had reviewed their risk assessments of EHCC and were they assured that the patients moved there were at no higher risk. They also asked if the costs were different at EHCC compared to Mile End and if there was a financial incentive involved.

WF replied that Covid was a special situation and they had many assurances in place, patients were tested on arrival and on the unit. There had been no visitors for 4 months and this would continue at EHCC as long as necessary. PPE was used currently across all units in EHCC for example and the same standard of heightened risk assessments applied across all sites. EN replied that there were no financial benefits to the move. The major gain from this would be on clinical outcomes and better patient experience at EHCC than at Mile End. NA added that from Barts Health perspective they wouldn't gain at all and were in fact losing a good tenant in these wards.

(i) Members asked whether the transport arrangement would really be sustainable in the long run if this becomes a permanent move and was there any similar move that they could learn from. EN replied that ELFT was committed to the transport plans being permanent and this would form one of the foundations of the proposal for making the arrangement permanent. They were pleased that patients could be consolidated in a site which could then become an exemplar or centre of excellence.

(j) Cllr Maxwell (Mayoral Adviser for Older People and the Dementia Champion and former member of the Commission) stated that she had been on the last site visit and acknowledged that EHCC was a much better site. It would be great to have it in Hackney however the patient numbers involved would not merit that. She stated that her concerns remained as per the last discussion which was that she wanted Healthwatch Hackney involved in reviewing the permanent move and in talking to stakeholders. She also wanted travel for carers monitored to ensure there would be no obstacles to this. She also called for a full consultation in the next year, hopefully moving beyond the Covid issue. Healthwatch Hackney Director concurred adding that this would help deepen their own relationship with ELFT. Cllr Maxwell asked to be kept in the loop on these arrangements.

4.11 The Chair thanked ELFT for bringing this proposal and everyone for their

attendance.

<b>ACTION:</b>	<p>a) ELFT to provide a copy of the Transport Plan for families and carers affected by the various moves of this cohort from Mile End to East Ham Care Centre</p> <p>b) ELFT to engage with Healthwatch Hackney on monitoring the impacts and to agree a process for engaging 'patient voice' on such service changes especially if urgent.</p> <p>c) ELFT to provide a commitment to a fuller and more widespread stakeholder and public consultation if this becomes a permanent move.</p>
----------------	--

<b>RESOLVED:</b>	That the report and discussion be noted.
------------------	--

## **Healthwatch Hackney briefing on the visit to the Eastham Care Centre**

**3rd September 2021**

### **Summary**

1. Dementia Wards in north-east London are being regionalised into the Eastham Centre, based in Newham. This has caused concern for families/carers of the people with Dementia and the Health in Hackney Scrutiny Commission. The concerns centre on loss of Hackney based services (including the initial move to Mile End Hospital in Tower Hamlets) and the distance relatives and carers of patients with Dementia must travel for visits. Since the move first to Mile End then to Eastham the East London Foundation Trust (ELFT), who run the wards, have provided families and carers with taxi transport to and from the sites. The Centre has public car parking spaces and a bus route close by.
2. The visit was arranged by Eugene Jones, ELFT Director of Strategic Service Transformation and Alan Clarke, Matron for the Older Adults In-patient Ward and Tracy Connellan, Modern Matron facilitated this visit. Healthwatch Hackney would like to thank them all for their help with this visit.

### **Visit**

#### **Sally Sherman Ward - Continuing and Respite Care**

3. Each patient has an on-suite room. There is a communal area where patients can meet and have meals. The ward areas were generally bright with a range of pictures throughout. There is a sensory room and a dance therapist had recently been appointed. Pre-COVID the ward was able to offer meetings with families and carers. Currently, this is not possible, under COVID restrictions, however there was a small space for a family member/carer to spend time with the patient. Staff were friendly and demonstrated good interaction with patients. There were younger patients on the ward with Dementia. It was explained that young people are increasingly being seen with Dementia.

#### **Cazaubon Unit - Dementia Assessment (formerly Columbia Ward)**

4. This is an Inpatient Dementia Assessment Unit for older people. Each patient has an on-suite room. Some rooms were still being refurbished to ensure they were safeguarding compliant. As with the Sally Sherman Ward wards, areas were generally bright with a range of pictures throughout. Staff were friendly and demonstrated good interaction with patients.
5. It was explained to Healthwatch Hackney that locating the wards in the Eastham Centre allowed for better support for patients, as this gave ELFT better capacity to assess, support and treat patients with Dementia.

## **Patient Information**

6. There was patient information on a number of display boards and on reception desks, which included the independent advocacy service for Newham and Tower Hamlets. At the reception entrance to the wards there was a small poster on the wall offering taxi travel to the site. This A4 poster was stuck on the wall, unlike other patient information, which were in display boards. Staff were unable to confirm if this information was sent to families and carers.
7. Patient information needed updating to ensure patients, families and carers have accurate up to date information on support available.

## **General points**

8. The wards have very good staff retention, with many staff working there for several years, some longer than that. Bank staff are not currently used on the wards. Only one member of staff has not been vaccinated against COVID and there have been no cases of COVID on the wards for 17 months.

## **Recommendations**

9. ELFT work with the Healthwatches of the City of London, Hackney, Tower Hamlets and Newham to ensure information on support (i.e. taxi transport for families/carers), complaints and compliments, advocacy services is up to date and accurate.
10. ELFT ensure both wards have a patient/families/carer display board for each borough and as part of an induction for patients/families/carers these display board are shown as part of the tour of the ward.
11. ELFT contact the 4 Healthwatches on an annual basis to ensure information in the display boards is accurate.
12. The Hackney display board should include the Hackney Complaints Charter, to which ELFT are a signatory.
13. ELFT send the patient information pack to Healthwatch Hackney for review.

<b>Health in Hackney Scrutiny Commission</b>  11 <sup>th</sup> October 2021  <b>Maternal mental health disparities</b>	Item No  <b>5</b>
--	-------------------------

## PURPOSE

This item has been requested by both the Chair and Cllr Conway (Chair of CYP Scrutiny Commission). The purpose is to explore disparities and inequalities seen relating to the diagnosis and treatment of maternal mental health within City & Hackney.

## OUTLINE

City & Hackney serves a diverse population within which there is much variation and therefore services available need to meet varying needs. In addition, the recently completed City & Hackney Emotional Health and Wellbeing Strategy recognises the importance of the early years and places an emphasis on supporting the mental health and wellbeing of parents and carers and, in turn, babies and children.

This paper will cover:

- An outline of the existing provision available in relation to maternal mental health during both the antenatal and postnatal periods
- Overview of data relating to women accessing the following services:
  - Perinatal mental health service, provided by East London Foundation Trust (ELFT)
  - Improving Access to Psychological Therapies (IAPT), provided by Homerton University Hospital (HUH)
- Summary of current work / projects relating to health inequalities.

The Commission has invited commissioners, providers and representatives from the key local maternity patient voice organisation (Maternity Voices Partnership, MVP).

Attached please find a discussion report from the Children, Young People, Maternity and Families (CYPMF) work stream of the City and Hackney Integrated Care Partnership. There will also be verbal briefings from ELFT, Family Nurse Partnership and the Maternity Voices Partnership. Attending will be:



<b>Role</b>	<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Commissioner	Amy Wilkinson	Workstream Director Children, Young People, Maternity and Families	City & Hackney Integrated Care Partnership
Commissioner	Ellie Duncan	Programme Manager Children, Maternity and CAMHS	City and Hackney Integrated Care Partnership
Provider	TBC	TBC	Family Nurse Partnership
Provider	Justine Cawley	Trust wide Lead for Perinatal Mental Health	ELFT
Patient Voice	Mikhaela Erysthee Rachael Buabeng	Co-chairs of Black and Black-Mixed Heritage Group	Maternity Voices Partnership

Also invited to join the Members for this item are:

**Cllr Sophie Conway**, Chair of Children and Young People Scrutiny  
Commission

**Cllr Margaret Gordon**, Vice Chair Children and Young People Scrutiny  
Commission

The item will run from 7.30-8.30 and be structured as follows:

- Context, background and overview of existing provision - Amy Wilkinson, Ellie Duncan
- Perinatal mental health service perspective - Justine Cawley
- Patient voice BME Sub-Group – Rachael Buabeng and Mikhaela Erysthee
- Q&A led by the Councillors

## **ACTION**

The Commission is requested to give consideration to the briefings and to make any comments or recommendations as necessary.

# Maternal mental health disparities

**Paper for Health in Hackney Scrutiny Commission**  
**11th October 2021**

**Amy Wilkinson, Integrated Commissioning Workstream Director, Children, Young People, Maternity and Families, City and Hackney Integrated Care Partnership**

**Ellie Duncan, Programme Manager (Children's, Maternity and CAMHS), North-East London Clinical Commissioning Group, City and Hackney Integrated Care Partnership**

## 1. National Context

At a national level it is recognised that the following groups of women are more likely to be impacted by health inequalities relating to perinatal mental health:

- Women living in deprivation
  - Women living in deprived areas are more likely to face multiple disadvantage such as experiencing homelessness, substance misuse, contact with criminal justice system or digital exclusion which in turn impacts on their mental health
- Ethnic minorities
  - Black African, Asian and White Other women tend to have lower access rates within community mental health services compared to White British women (Jankovic *et al.* 2020)
- Young mothers (16-24)
  - Data suggests young mothers (aged 16-24) are more likely to experience postnatal depression and/or a relationship breakdown as well as poorer mental health overall in the 3 years post-birth (PHE 2017).

NHS England outlines their commitment to address inequalities in the following:

[Equity and equality: Guidance for local maternity systems](#)

The guidance is for Local Maternity Systems and reflects five health inequalities priorities with the aim of helping Local Maternity Systems (LMS') align their Equality & Equality Action Plans with the health inequalities work of Integrated Care Systems (ICS').

- Priority 1: Restore NHS services inclusively
- Priority 2: Mitigate against digital exclusion
- Priority 3: Ensure datasets are complete and timely
- Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes
- Priority 5: Strengthen leadership and accountability.

Accompanying the guidance are [NHS pledges to improve equity for mothers and babies and race equality for staff](#). Four pledges help create a shared understanding of why work on equity and equality is needed, and the aims and outcomes of this work. The four pledges are intended to be used locally in co-production work where women and their families and NHS staff work in partnership to design, improve and evaluate services.

The [NHS Long-term plan](#) sets out the following objectives for community perinatal mental health teams:

- Increasing the availability of specialist PMH community care for women who need ongoing support from 12 months after birth to 24 months
- Improving access to evidence-based psychological therapies for women and their partners
- Mental health checks for partners of those accessing specialist perinatal mental health community services and signposting to support as required.

## 2. Existing provision within City & Hackney

Women within City & Hackney are able to access mental health and wellbeing support as per the perinatal mental health pathway - shown below - in both the antenatal and postnatal periods (subject to service eligibility criteria). A brief description is provided of the services in bold.

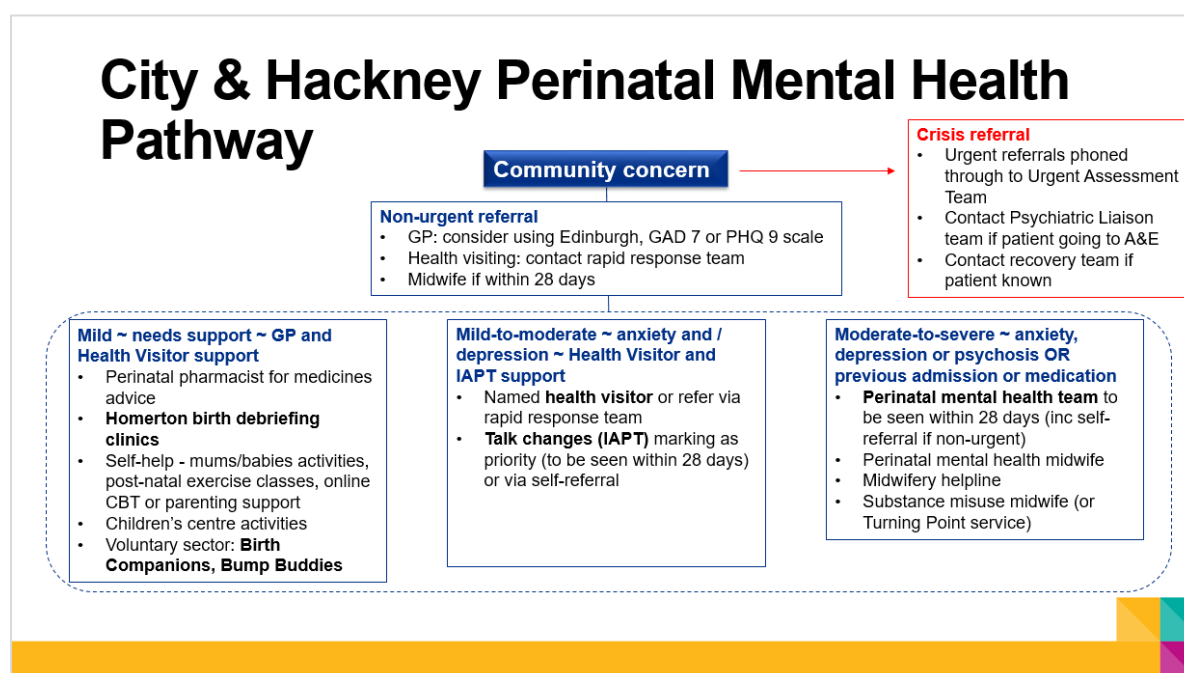


Figure 1: City & Hackney perinatal mental health pathway

### [Homerton birth debriefing clinics](#)

Homerton run 3 clinics providing support for birth trauma, debrief and reflection. These are available to any woman who has delivered at Homerton, with no set time period to access, and can also be attended by partners.

- Listening clinic run by a Professional Midwifery Advocate

For women and families who want to reflect and debrief over their birth with hospital notes. It offers the opportunity to answer questions, fill in the blank spaces and take feedback back into the service.

- **Birth Reflections** run by a Consultant Obstetrician  
For women who have had complex care in the intrapartum or postnatal period who would benefit from discussion with a consultant obstetrician.
- **Reframing Birth Clinic** Run by: Specialist Midwife and Perinatal Mental Health Nurse  
For women and partners who are traumatised by a previous birth to the level that their daily living or future birth choices are affected. The focus is on the woman/partner's feelings about and experience of the events, rather than explaining or questioning the clinical care. Further referrals to Mental Health Services and signposting to other organisations is considered.

### **Birth companions**

Birth Companions works to improve the lives of women and babies who experience inequality and disadvantage. They are a voluntary sector organisation who are commissioned locally to provide services for women and babies with additional vulnerabilities through involvement in criminal justice, social services and immigration systems.

### **Bump Buddies**

Provided by Shoreditch Trust, Bump Buddies offers information, signposting and peer support throughout pregnancy and up to 3 months postnatally, aimed at Hackney women who are socially isolated during pregnancy and early parenthood who may also be coping with a range of health and social issues.

### **Health Visiting**

The service offers universal support up to the age of five years, with health and developmental appointments in pregnancy (after 28 weeks), 10 to 14 days after birth, 6 to 8 weeks, 8 to 12 months and 27 months as part of the Healthy Child Programme. During the pandemic a rapid response team was set up to provide daily triaging of urgent referrals and ensure rapid support for vulnerable families.

They play a crucial role in the community and are unique in providing a universal home visiting service to all families ensuring early identification of family needs and enabling access to support at the earliest opportunity. They work in close partnership with midwives and community services such as children's centres, children's social care and voluntary agencies.

### **Talk Changes (Improving Access to Psychological Therapies; IAPT)**

Talk Changes provides short interventions of talking therapies for adults with mild to moderate mental health needs and offers prioritised access for parents with children aged under 2 years. This can be accessed via self or professional referral and referrals that are not suitable for the perinatal service will be passed to IAPT if appropriate. The service has 2 perinatal mental health leads who have close links with the perinatal mental health service to receive regular supervision. These leads also co-deliver the *My First Year and You* parenting group with First Steps. This group is for parents of babies aged 0-12 months who are experiencing mild to moderate low mood or anxiety, and / or challenges in their relationship with their baby. It is a psychology led group which focuses on how it feels to be a parent of a new born, how to manage difficult feelings and the challenges that parenthood

brings as well as developing a positive relationship with their baby and different aspects of development, including communication, sleep and feeding.

### **Perinatal service**

The perinatal service, provided by ELFT, supports women who are experiencing moderate to severe mental health needs during pregnancy and up to 2 years after birth. Professional and self-referrals are accepted.

As part of the [NHS Long-Term Plan](#) the City & Service is part way through an expansion that will double the access rate to 10% of the birth rate by 2023/24 (the service has already achieved this access rate). This service expansion will also deliver:

- Increased availability of specialist community care for women who need ongoing support from 12 months after birth to 24 months
- Increased psychiatry provision
- Increased psychology to meet emerging local need of women with personality disorders exacerbated by onset of / during perinatal period
- Addition of group work
- Increased modalities of therapies available
- Addition of psychotherapy provision to meet need of women with developmental trauma and/or attachment difficulties who require treatment within a perinatal MDT and therefore would not be suitable for onward referral to other adult psychotherapy services
- A shared post with CAMHS to provide systemic therapy to couples
- Offer informal advice and signposting to partners of women accessing the service
- Continue perinatal pharmacist post
- Build peer support offer and people participation (ELFT has a peer support training programme with a specific perinatal training)
- Increase admin support and create service manager post to reflect overall increase in size of service and staffing numbers.

A new [co-designed website](#) has been launched where referrers can refer straight to any of the teams via a form on the website. In addition, women can refer themselves directly to their local perinatal team via a form on the website which was co-designed and produced by women who have used the services.

Other key services not captured in the pathway include:

### **Targeted antenatal classes**

In addition to the universally available antenatal classes a programme of targeted antenatal groups is offered. This is available for women and partners who may benefit from additional support, such as (but not limited to):

- BME (Turkish and African communities) and faith groups (Muslim and Orthodox Jewish)
- Those with social vulnerabilities, mental health needs, young parents, limited English or involvement with the Criminal Justice system.

### **Maternity Mental Health Service (MMHS)**

North-East London, including City & Hackney, were successful in a bid to NHS England for transformation funds to be a 'fast follower' for a pilot phase of the rollout of MMHS. This is an integrated maternity and mental health service spanning across City & Hackney, Tower Hamlets and Newham provided by the East London NHS Foundation Trust (ELFT), Barts Health NHS Trust and Homerton University Hospital Foundation Trust and will provide support for those affected by birth loss or birth trauma. This will extend to women who may

not previously have met criteria for specialist community perinatal services, such as those experiencing miscarriage, removal of a child or mild to moderate mental health needs. Within City & Hackney the service has partially launched from September 2021 with a full launch expected from November.

This service is called OCEAN – *Offering Compassionate Emotional Support for those Living Through Birth Trauma & Birth Loss*.

It aims to offer:

- Specialist psychological treatment, care and support to those who have experienced a birth trauma and/or loss
- Targeted assessment/intervention for individuals identified with moderate and/or complex mental health needs arising from, or related to their maternity experience.
- Therapeutic care that integrates psychological support, specialist midwifery support, and support around reproductive health.

This will provide support for individuals experiencing psychological distress:

- Related to miscarriage, medical termination, neonatal death and stillbirth
- After news of foetal abnormality during pregnancy, and after foeticide or medical termination
- Directly related to and following traumatic birth experience
- Stemming from their perinatal experience. This may include assisted pregnancy, IVF, or LGBTQ+
- Arising from significant fear or phobia related specifically to pregnancy and childbirth, for example fear of giving birth, undergoing examinations
- Related to parent infant separation following birth due to children's social care involvement within the first year.

The aim is to provide joined-up care across mental health, maternity and reproductive health to fill the gap where there is no other suitable existing service. We are offering help to individuals who are ready, willing and able to engage in psychologically based support. This service will provide planned care and is not able to provide crisis support.

This service has been co-produced by service users, voluntary sector organisations, maternity voices partnership and other NHS partners. This has been key to how the service has been shaped based on real life experiences.

Following this pilot phase all national areas will be required to implement MMHS from 2023/24.

### **Parenting programmes**

A range of targeted parenting programmes are available via the [City & Hackney parenting directory](#).

A pilot session is being developed to test a Universal Parenting Programme. This would be delivered by local practitioners as a broad health and wellbeing offer available to all parents and carers to access.

### **Family Nurse Partnership (FNP)**

Family nurse support for young mothers up to the aged of 19, or up to age 25 if meeting additional vulnerability criteria. Provides practical, intense support up until the child is 2 years old. This may include support during pregnancy, advice around child health and development or support with identifying life goals such as entering employment or education.

### Vulnerable women's pathway

Homerton operates a vulnerable women's pathway to provide antenatal care for women with social vulnerabilities. This is delivered by Public Health midwives and provides an enhanced level of care during the antenatal period, delivery and up to 28 days postnatally in partnership with other community teams (e.g. health visiting).

In addition, Homerton has dedicated midwife support for teenage / young mothers.

## 3. Data overview

To put into context the service-level data the number of deliveries to City & Hackney women are shown in the table below.

<b>Table 1: Deliveries by Provider - C&amp;H Women (NEL CSU data)</b>				
<b>Provider</b>	<b>2017/ 18</b>	<b>2018/ 19</b>	<b>2019/ 20</b>	<b>2020/ 21</b>
Homerton University Hospital NHS Foundation Trust	3,266	3,384	3,025	3,078
University College London Hospitals NHS Foundation Trust	668	624	68	487
Whittington Health NHS Trust	247	235	228	226
Barts Health NHS Trust	77	91	116	91
Guy's and St Thomas' NHS Foundation Trust	39	63	50	44
North Middlesex University Hospital NHS Trust	30	17	29	36
Royal Free London NHS Foundation Trust	23	26	22	19
Imperial College Healthcare NHS Trust	12	15	19	19
Chelsea and Westminster Hospital NHS Foundation Trust	19	17	7	13
Barking, Havering and Redbridge University Hospitals NHS Trust	7	6	6	10
King's College Hospital NHS Foundation Trust	4	12	9	4
Other	35	37	32	61
<b>Total</b>	<b>4,427</b>	<b>4,527</b>	<b>3,611</b>	<b>4,088</b>

Ethnicity information is not currently available for the same dataset but an alternative source (Public Health England Fingertips) indicates that in 2019/20 37.5% of deliveries were to mothers of Black and Minority Ethnic groups.

### Talk Changes – IAPT

<b>Year</b>	<b>Month</b>	<b>Male</b>	<b>Female</b>	<b>Prefer not to say</b>	<b>Unspecified</b>	<b>Grand Total</b>
2020	Apr	6	19			<b>25</b>
	May	5	33			<b>38</b>
	Jun	7	33			<b>40</b>
	Jul	9	51	1	1	<b>62</b>
	Aug	5	39			<b>44</b>
	Sep	8	44			<b>52</b>
	Oct	5	54			<b>59</b>
	Nov	8	71		1	<b>80</b>



	Dec	6	43		1	50
2021	Jan	4	48			52
	Feb	6	47			53
	Mar	9	54			63
<b>Grand Total</b>		<b>78</b>	<b>536</b>	<b>1</b>	<b>3</b>	<b>618</b>

Table 2: Number of IAPT referrals with children under 2 years of age

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
306	601	688	797	778	889	915	1046	753	860	846	1028

Table 3: Total number of IAPT referrals for the same period

### Perinatal mental health service

Below is a table outlining the increasing access target for the service in line with the NHS Long-Term plan. Note that these targets will cover access for both the main perinatal service and MMHS combined (the MMHS has not yet launched fully and therefore has not contributed towards the access figures to date).

The perinatal service has already exceeded the 10% access target by seeing 459 women in 2019/20 and is projected to see 500 women this year (2021/22), with this rising to be in the region of 580 women by 2023/24.

Additional data are available providing a further breakdown of the demographic accessing the service and those diagnosed with depression and psychosis. It should be noted that Orthodox Jewish women are not separately represented within ethnicity data and account for a large proportion of the birth rate within Hackney. This will also apply to other communities, such as Turkish or Eastern European, that will be captured under 'White British'.

Ethnicity	2020												2021							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Asian or Asian British - Any other background	1.8%	2.5%	1.9%	2.0%	1.7%	4.0%	2.6%	2.5%	1.7%	2.2%	2.5%	2.4%	1.7%	1.1%	1.0%	1.3%	1.2%	1.9%	1.7%	1.7%
Asian or Asian British - Bangladeshi	2.8%	1.6%	1.0%	1.0%	0.9%	0.8%	0.9%	1.6%	1.7%	2.2%	1.9%	2.4%	1.7%	1.6%	1.9%	1.8%	1.6%	1.5%	1.4%	1.3%
Asian or Asian British - Indian	2.8%	4.1%	2.9%	2.0%	3.4%	2.4%	2.6%	2.5%	1.7%	1.4%	1.9%	1.8%	1.7%	1.6%	1.9%	2.2%	2.5%	1.9%	1.7%	1.7%
Asian or Asian British - Pakistani	0.9%	0.8%	1.0%	2.0%	1.7%	1.6%	1.8%	0.8%	0.8%	1.4%	1.3%	1.8%	1.7%	1.6%	1.4%	0.9%	1.2%	1.2%	1.4%	1.0%
Black or Black British - African	11.0%	7.4%	6.7%	7.8%	6.9%	6.4%	7.9%	9.8%	10.7%	7.2%	8.1%	7.3%	6.9%	7.5%	6.2%	6.3%	7.0%	8.1%	7.0%	6.0%
Black or Black British - Any other background	6.4%	6.6%	7.7%	7.8%	7.8%	8.8%	7.9%	6.6%	5.0%	6.5%	5.6%	6.1%	7.5%	8.0%	7.2%	6.3%	6.6%	6.6%	6.3%	6.0%
Black or Black British - Caribbean	7.3%	6.6%	4.8%	5.9%	6.9%	4.8%	4.4%	4.9%	3.3%	3.6%	4.4%	3.0%	3.4%	5.3%	5.3%	5.8%	5.7%	5.8%	5.9%	6.0%
Mixed - Any other mixed background	3.7%	2.5%	4.8%	2.9%	2.6%	3.2%	2.6%	2.5%	1.7%	2.2%	2.5%	2.4%	2.3%	1.6%	1.4%	1.8%	2.5%	3.1%	4.2%	4.4%
Mixed - White & Asian	0.9%	1.6%	0.0%	0.0%	0.0%	0.0%	0.9%	0.8%	0.8%	0.7%	0.6%	0.0%	0.0%	0.5%	0.4%	0.4%	0.4%	0.4%	0.3%	0.3%
Mixed - White & Black African	2.8%	1.6%	1.0%	1.0%	0.9%	0.8%	0.9%	0.8%	0.8%	0.7%	0.6%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mixed - White & Black Caribbean	2.8%	3.3%	1.0%	2.9%	2.6%	2.4%	2.6%	2.5%	3.3%	3.6%	3.1%	3.6%	3.4%	3.7%	3.3%	3.6%	4.1%	3.9%	3.5%	3.7%
Not Known	0.9%	1.6%	1.9%	0.0%	2.6%	3.2%	4.4%	5.7%	9.1%	9.4%	10.6%	11.5%	9.8%	9.6%	9.6%	9.4%	7.8%	6.2%	6.3%	7.0%
Not Stated (Not Requested)	2.8%	1.6%	3.8%	2.9%	3.4%	3.2%	4.4%	4.1%	4.1%	5.1%	6.9%	4.8%	6.9%	5.9%	5.7%	6.7%	5.7%	6.2%	6.3%	7.0%
Other Ethnic Groups - Any other Ethnic Group	5.5%	5.7%	6.7%	7.8%	9.5%	12.8%	11.4%	15.6%	16.5%	18.1%	16.3%	18.2%	18.4%	19.3%	22.0%	20.1%	20.1%	18.9%	19.5%	20.1%
Other Ethnic Groups - Chinese	0.0%	0.0%	0.0%	1.0%	0.9%	0.8%	0.9%	0.8%	0.8%	1.4%	1.3%	1.2%	1.1%	1.1%	1.0%	1.3%	1.2%	1.2%	1.0%	1.0%
White - Any other background	15.6%	16.4%	18.3%	16.7%	13.8%	12.0%	10.5%	9.8%	12.4%	10.9%	10.0%	10.3%	11.5%	9.1%	8.6%	10.3%	9.4%	10.0%	9.8%	10.4%
White - British	29.4%	32.8%	34.6%	33.3%	31.9%	30.4%	30.7%	26.2%	24.0%	21.0%	20.6%	20.0%	19.5%	20.9%	20.6%	19.2%	20.9%	21.2%	21.6%	20.1%
White - Irish	2.8%	3.3%	1.9%	2.9%	2.6%	2.4%	2.6%	2.5%	1.7%	2.2%	1.9%	2.4%	2.3%	2.1%	2.4%	2.7%	2.0%	1.9%	2.1%	2.0%

Table 4: Ethnicity of women accessing the perinatal service, as a percentage

2020												2021							
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
52.3%	47.5%	45.2%	47.1%	51.7%	55.2%	56.1%	61.5%	62.0%	65.9%	67.5%	67.3%	66.7%	67.9%	68.4%	67.9%	67.6%	66.8%	66.6%	67.4%

Table 5: Total percentage of women accessing the perinatal service whose ethnicity is recorded as non-white or unrecorded ~ given that PHE data indicates that 37.5% of deliveries were to mothers of Black and Minority Ethnic groups these data would suggest women may be over-represented in the service but it should be noted that the different datasets will capture different ethnicities and therefore are not directly comparable.



	2020												2021							
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Percentage	13.8%	13.1%	12.5%	11.8%	10.3%	8.0%	7.9%	6.6%	5.0%	3.6%	3.1%	3.6%	2.3%	2.1%	2.4%	2.7%	2.5%	3.1%	3.1%	4.4%

Table 6: Total percentage of women accessing the service diagnosed with depression

	2020												2021							
Ethnicity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Asian or Asian British - Pakistani	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	12.5%	11.1%	7.7%
Black or Black British - African	6.7%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Black or Black British - Any other background	6.7%	6.3%	7.7%	8.3%	8.3%	10.0%	11.1%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Black or Black British - Caribbean	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	16.7%	16.7%	12.5%	7.7%
Mixed - Any other mixed background	6.7%	6.3%	7.7%	8.3%	8.3%	10.0%	11.1%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	20.0%	16.7%	0.0%	0.0%	0.0%
Mixed - White & Black Caribbean	6.7%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%
Not Stated (Not Requested)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	11.1%	7.7%
Other Ethnic Groups - Any other Ethnic Group	6.7%	6.3%	15.4%	16.7%	16.7%	20.0%	22.2%	25.0%	33.3%	20.0%	20.0%	33.3%	25.0%	20.0%	25.0%	20.0%	16.7%	33.3%	25.0%	33.3%
White - Any other background	13.3%	18.8%	23.1%	16.7%	16.7%	20.0%	22.2%	25.0%	33.3%	40.0%	40.0%	33.3%	50.0%	25.0%	20.0%	16.7%	16.7%	12.5%	11.1%	7.7%
White - British	53.3%	50.0%	46.2%	50.0%	50.0%	40.0%	33.3%	25.0%	33.3%	40.0%	40.0%	33.3%	25.0%	25.0%	20.0%	16.7%	16.7%	25.0%	22.2%	30.8%
White - Irish	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%

Table 7: Percentage of women diagnosed with depression by ethnicity

	2020												2021							
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Percentage	3.7%	3.3%	3.8%	2.9%	2.6%	2.4%	2.6%	2.5%	2.5%	2.9%	2.5%	2.4%	1.7%	1.1%	1.0%	1.3%	1.6%	1.5%	2.1%	2.0%

Table 8: Total percentage of women accessing the service diagnosed with postpartum psychosis

	2020												2021							
Ethnicity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Asian or Asian British - Any other background	25.0%	25.0%	25.0%	33.3%	33.3%	33.3%	33.3%	33.3%	33.3%	25.0%	25.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Black or Black British - African	50.0%	50.0%	50.0%	33.3%	33.3%	33.3%	33.3%	33.3%	33.3%	25.0%	25.0%	25.0%	33.3%	50.0%	50.0%	66.7%	50.0%	50.0%	33.3%	33.3%
Other Ethnic Groups - Any other Ethnic Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	25.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
White - Any other background	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	25.0%	50.0%	50.0%
White - British	25.0%	25.0%	25.0%	33.3%	33.3%	33.3%	33.3%	33.3%	33.3%	25.0%	25.0%	25.0%	33.3%	50.0%	50.0%	33.3%	25.0%	25.0%	16.7%	16.7%

Table 9: Percentage of women diagnosed with postpartum psychosis by ethnicity ~ *Note that the low rates of psychosis mean it is not possible to draw any conclusions from the ethnicity data presented here*

## Family nurse partnership

The service has 4 full time nurse posts with a total capacity of 80 clients. As of June 2021, the caseload was 55 clients. There are close working links with Homerton maternity through attending the regular psychosocial meetings.

The service reports an increase in clients with both current and historical mental health concerns. It is felt that this is in some part a consequence of the pandemic and its subsequent consequences. The impact of lockdown with its reduced opportunity for young parent to socialise with friends, family and other young parents. Of the current active caseload 26/55 clients are receiving support from partner agencies for their mental health currently and 22/55 clients have historical mental health concerns which may impact on their wellbeing and parenting capacity.

## 4. Current work to further understand and reduce health inequalities

### Patient voice

#### Maternity Voices Partnership

City & Hackney has a strong Maternity Voices Partnership (MVP) chaired by 2 local women, Nicole Kayode and Rachel Francis. The MVP acts a co-production forum that works with Homerton Maternity to actively develop the service based on input from the MVP members. Wider feedback is canvassed from the online [Walk the Patch](#) survey that is available for completion by anyone who has delivered at Homerton, with the data analysed regularly.

The MVP sets its priorities annually based on service user feedback. For 2021/22 the priorities have been grouped into 2 workstreams:

- *Workstream 1: Debrief Awareness, postnatal care*
  - A focus on raising awareness of the birth debriefing offer (listening, reframing and obstetric) after feedback that women and partners were not aware this

- service was available and may be feeling that they would benefit from the offer
  - A working group has developed a series of recommendations for improving postnatal care, largely centred on the postnatal ward, after consistent feedback that women and partners felt their postnatal care fell short of expectations. The recommendations are being explored (such as implementation of a checklist for welcoming women to the ward) and changes implemented
- Workstream 2: Continuity of care, Staff comms and language
  - Sharing Homerton's proposed model for scaling up continuity of carer and gaining service user feedback on this e.g. is it initially targeting the right groups of women who will derive the most benefit, how would the pathway be communicated to women and adapted if the woman wishes to change midwife etc
  - After consistent feedback that the language and way of communicating between staff and women needs addressing this workstream is exploring what makes good communication vs poor and how this can be achieved. For example, a lived experience video has been developed illustrating the impact that language and communication can have on a woman's experience of care. Other means of monitoring and improving staff communication and language are being developed.

The MVP also provides a forum for Homerton to gather service user input into their priorities, for example development of patient materials or clinical pathways or models, such as the continuity of carer model.

#### **Maternity Voices Partnership: Black and Black-Mixed (BBM) Heritage Group**

This group, also chaired by 2 women who have used maternity services locally – Rachael and Mikhaela – runs as a subgroup of the main MVP and has done since 2020. Currently this work is funded to continue until mid-2022.

The intended outcomes of this work include:

- Reducing disparity in maternity care for Black & Black Mixed-Heritage women
- Providing an effective forum (or safe space) through which to gather service user feedback from this group
- Improved delivery of maternity care to meet the needs of local women and partners, including delivering culturally competent care.

To date, the group have held a series of virtual meetings and begun to take forward the following areas:

- Made links with local services who have an interest in supporting BBM women's antenatal and perinatal health and have offered to provide free doula services in conjunction with the hospital
- Working in partnership with link midwife at Homerton hospital, in order to support the development and the roll out of Targeted Antenatal Classes for Black and Black Mixed Heritage Women. The classes will be attended by women and their partners of Black and Black Mixed Heritage and the curriculum has also been adapted to be culturally relevant through co-production with service users – these classes are now starting
- Raised awareness within meetings of the debrief services at Homerton and so far 3 attendees have accessed this services. Have covered the complaints procedure and how to access this

- Made quick responses to concerns from service users e.g one service user expressed deep upset around responses to treatment of her fibroid during the antenatal period, at the next meeting a staff member attended to deliver information on fibroids and what to expect when attending hospital and how to advocate for yourself which was reassuring for service users.

It is planned for future learnings to be shared with other local maternity areas via the East London Local Maternity System (ELLMS).

## **HUH maternity**

### **BAME, Equity and Equality and MBACE Action Plans**

The work of the BBM MVP group ties into HUH's wider representation work and associated action plans. The full action plans focus predominantly on physical health priorities in antenatal care but include actions to:

- Co-producing patient materials to be accessible
- Ensuring women are aware of services that available, for example debrief, advocacy, complaints procedures
- Exploring nominated link midwives for different communities who would act as a point of contact to raise any queries or concern during a woman's care if they don't feel able to do so with their named midwife.

### **Continuity of carer model (CoC)**

Another priority area is the local implementation of the national CoC programme that sits within the national maternity transformation programme. The ambition is that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth; this continuity of care and the relationship between the care giver and receiver has been shown to lead to better outcomes and safety for the woman and baby as well as offering a more positive and personal experience. National targets outline that, by March 2022, the following women should be placed on CoC pathways:

- At least 35% of all women booked
- At least 35% of all Black and Asian women booked
- At least 35% of all women booked from the most deprived 10% of areas.

Homerton have developed a model that has the potential to be scaled up in order to represent an equitable offer of a standard of midwifery care which is open to all women who book for maternity care at the trust, and have sought service user feedback via the MVP. The first Universal team is expected to launch in September 2021 and be followed by a 2nd pilot team in January 2022. Women will be prioritised for caseloading into these teams according to those that are most vulnerable and likely to derive the most benefit from being cared for under the CoC model.

<b>Health in Hackney Scrutiny Commission</b>  11 <sup>th</sup> October 2021  <b>City and Hackney Safeguarding Adults Board Annual Report 2020-21</b>	Item No  <b>6</b>
--	-------------------------

## PURPOSE

Each year the Commission considers the Annual Report of the City and Hackney Safeguarding Adults Board (CHSAB). The Board is a statutory one, required under s43 of the Care Act 2014.

One of the statutory duties of the Board is to complete an annual report outlining what it has achieved in respect of adult safeguarding in the previous year. This report outlines the key achievements of the Board, areas for further development as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for Hackney is also included.

Attached please find

1. Cover report from the Safeguarding Adults Board Manager
2. The full CHSAB Annual Report 20/21

Attending for this item will be:

**Dr Adi Cooper OBE**, Independent Chair, CHSAB  
**Raynor Griffiths**, CHSAB Board Manager

For reference here is the minute of last year's discussion on 14 October 2020.

*"5.7 Members asked questions and in the responses the following was noted:*

*(a) Members commended the quality of the report and the clear work to improve the governance and make the Board more relevant. They asked why police attendance at the CHSAB meetings had been poor (p32 of agenda). They also asked for further clarity on the nature of the Section 42 referrals and 'accepted other enquiries' and asked about the reference to the need to address "higher executive capacity".*

*AC replied that police representation had been sporadic and there had been a high turnover of officers involved in CHSAB work. In the monthly Exec meetings they challenged all partners on front line delivery. One of the functions of the regular meetings was to see how Covid 19 was impacting on adult safeguarding. So far there was no evidence of significant impacts. Regarding enquiries this refers to how the data is collected nationally by NHS Digital and is dependent on the technical interpretation of the data. On the 'higher executive capacity' this referred to the issue of when someone is making a decision about risk, do they fully understand the implications of the decision they are making and do their actions make clear that they've understood it. for example dealing with people who have fluctuating mental*

capacity or drug use issues. The question then is whether the system is supporting them appropriately to make the right decisions as regards risk noting that there is positive as well as negative risk taking.

JB said there was both strategic and operational involvement by the police. There was very positive engagement at the operational level e.g. on domestic abuse. There had been anxieties in the past about the impact of merger of public protection unit with Tower Hamlet's but no long term detriment could be discerned from that. The police were more available now than in the past as the role was more specific to public safety and public protection. At the Strategic level personnel does change and this can have an impact but at the operational level co-operation is strong

He explained the difference between the Section 42.1 and Section 42.2 investigations. The difference lies in what is progressed as 'safeguarding' and what isn't. 42.1 refers to how you gather the information and 42.2 is the detailed next steps. At the first stage the outcome may just be a need for better signposting for example. It refers to a lower category of enquiry which is progressed via different channels and is not a formal safeguarding inquiry. In relation to 'other enquiries' these would normally engage the Quality Assurance team and issues would then be progressed that way. He added that there is a national issue about conversion rates (from alerts to inquiries) and how they are monitored and benchmarked. City and Hackney has remained at about a third and this is right in the middle in terms of performance against other Safeguarding Boards across the country.

On 'higher executive capacity' he illustrated the issue with a case of visiting a client at home and there being a disconnection between what they tell you and your professional judgement about the client's potential to resolve things or to improve their own situation. It's about not taking things at face value, he added. He stated that, locally, Occupational Therapists do a great job of providing what is know as 'respectful challenge' and Safeguarding is probably less good at this and needs to learn more. There are issues here to be taken up in multi disciplinary team discussions. It's about testing out when everything would be OK for an individual.

(b) The Chair asked for a description of what changes were implemented resulting from the 2 formal SARs (Safeguarding Adult Reviews) in past year. AC replied that there were two ways SARs had an impact: one is about raising awareness generally about the issues revealed in the inquiry and this crosses all partners and the other was a series of specific recommendations which agencies and partners have to act on. Recommendations are monitored through the SAR sub group of the CHSAB to ensure over time that all the actions have been followed up, be it about changing specific policies, procedures or ways of working. There have been changes specific to Learning Disabilities Services arising from the 'JoJo' SAR (see report) and in relation to the 'Mr Yi' SAR (see report) they did make some really good changes on raising awareness of staff to be more understanding of cross over issues and when cases involve both homelessness and safeguarding need.

(c) Members asked how relevant the Mental Capacity Act was to the work. JB replied that it was core business in terms of what they do as well as the Care Act which gives the Board its primary powers and responsibilities in law. He added that with both the JoJo SAR and the Mr Yi SAR there were actions that needed to be done collectively and some were specific to particular agencies for example the District Nursing service had to enhance their knowledge of Learning Disabilities in the community. There was also an issue about better engagement with advocacy services. AC added that they had produced 7 min briefings on the website which give key facts as well as short videos to disseminate the learning from SARs and they will do more of these."

## **ACTION**

The Commission is requested to give consideration to the report and make any comments as necessary.

# Report to Health in Hackney Scrutiny Commission

<b>Date:</b> 11 <sup>th</sup> October 2021	
<b>Subject:</b>	City and Hackney Safeguarding Adults Board Annual Report 2020/21
<b>Report From:</b>	Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager
<b>Summary:</b>	The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what is has achieved in respect of adult safeguarding in the previous year. This report outlines the key achievements of the Board, areas for further development as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the London Borough of Hackney is also included for reference.
<b>Recommendations:</b>	There are no recommendations to be brought to the attention of the Health and Hackney
<b>Contacts:</b>	Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager Email: <a href="mailto:Raynor.griffiths@hackney.gov.uk">Raynor.griffiths@hackney.gov.uk</a> Tel: 020 8356 1751

## Summary

### 1. INTRODUCTION

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. The Board has three statutory functions:

- 1) Develop and publish a strategic plan outlining how the Board will meet its objectives
- 2) Publish an annual report detailing the safeguarding achievements for that financial year
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria

This report outlines the Board's annual report for 2020/21. It focuses on the response to Covid-19, key achievements, data for 2020/21 and future priorities for the Board.

## **2. RECOMMENDATION(S)**

For information only

## **3. BACKGROUND**

1.1 The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults with care and support needs who are at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person-centred care for all adults experiencing abuse or neglect. The annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2020/21.

### **City and Hackney Safeguarding Adults Board Annual Report 2020/21**

#### **Key achievements**

3.1 In line with its strategy, some of the key achievements for the Board in 2020/21 include:

- 1) The Board managed to ensure that all its statutory obligations were delivered during Covid-19. This included the delivery of the Board's work plan and the publication of two Safeguarding Adults Reviews.
- 2) The Board undertook the following activities in response to Covid-19:
  - i. Met on a monthly basis to review and respond to safeguarding issues that were identified by agencies during the course of the pandemic
  - ii. The group sought assurances from partners by auditing their safeguarding response to adults with care and support needs at risk of abuse and neglect. The results were analysed and used to inform what information should be included in the key safeguarding messages for residents' poster/leaflet
  - iii. The group identified safeguarding issues that have affected residents during the lockdown period and incorporated them into the Board's strategic plan for 2021/22.
- 3) The Board published two Safeguarding Adults Reviews: MS, which examined the death of a man experiencing multiple exclusion homelessness and Mr EF, which reviewed the death of a man in a house fire. The Board has initiated a SAR action plan task and finish group designed to ensure that action plans are embedded into practice and to identify how well learning from SARs has been embedded into practice. Both SARs can be found: <https://hackney.gov.uk/chsab-sars>
- 4) The Board has continued to work with the Community Safety Partnerships in City and Hackney and Children's Safeguarding Partnership to deliver the action plan in respect of the Transitional Safeguarding Task and Finish group. The group aims to identify how to better support 16 - 25 year olds with their safeguarding needs. The group has moved onto the next phase of work which is the delivery of a second action plan designed to help practitioners develop their safeguarding response to young people.

- 5) A total of 420 people attended the Board training in 2020/2021. This included new training around safeguarding, mental health and social isolation and advocacy training as well as the SAR learning events.
- 6) The Board held a Safeguarding Adults Week in line with the National Safeguarding Adults Week which took place between 16 – 22nd November 2020. During this week, 189 practitioners attended bitesize training put on by the Board, there were two events for residents and a poster published on how to get involved with the work of the Board.
- 7) The Board undertook a scoping exercise to understand the challenges that professionals faced when working with individuals who may lack executive mental capacity. Using this information, the Board has committed to undertaking a number of actions to help support staff. These actions include updating the Board's self-neglect and hoarding policy and are included in the Board's strategic plan for 2021/22.
- 8) The Board published four newsletters for the public updating residents on the Board's work and safeguarding issues that residents should be aware of. A poster was also published on how people could keep safe during the lockdown period and the Board's safeguarding champions were provided with refresher training.
- 9) The Board and Community Safety Partnership held a workshop for London Borough of Hackney staff to build awareness of modern slavery and initiate work to understand the picture of modern slavery in Hackney. A pro-forma was circulated to teams in Hackney to help identify what the current picture of modern slavery is and how this work can be taken forward.

### Areas for further development

- 3.2 The Board was unable to meet its goals in relation to the following, and will continue to work on these into 2020/21:
- 1) The Board was unable to recruit Lay Members or Peer-to-Peer Supporters to the Board. However, in the forthcoming year the Board is working with London ADASS to identify three residents with lived experience of safeguarding to represent the City and Hackney at the London Safeguarding Voices Group
  - 2) The Board had to postpone plans to hold events for residents due to the Covid-19 pandemic. Whilst there has been a small number of virtual events for residents, the lack of face-to-face meetings has limited the opportunity to continue to build relationships with residents. In the forthcoming year the Board will look to engage with existing service user networks and also to resume face-to-face events when it is safe to do so.
  - 3) The Board had to cancel plans to deliver a multi-agency case file audit into the safeguarding response to self-neglect due to the cyberattack. The audit is currently in the process of being initiated.

### Data sets for 2020/21

- 3.3 Due to the cyberattack it was not possible to collect accurate data for 2020/21. The Board did, however, work with data teams to capture broad themes from safeguarding concerns and enquiries as well as collect qualitative data from partner agencies. The key themes from Hackney were identified :
- There was initially a decline in safeguarding as the pandemic broke out, however there was a higher than average number of concerns being reported to the Local Authority as the lockdown eased. Whilst it was not possible to confirm the number of safeguarding concerns and enquiries for 2020/21, it is believed that generally there were more safeguarding concerns being reported.



- The most common forms of abuse were: self-neglect, financial abuse and neglect and acts of omissions. There was also an increase in psychological abuse being reporting
- In line with national data on safeguarding, most abuse happened in the person's own home and was perpetrated by someone known to the individual. The data shows particularly high rates for this year, which is likely to be due to the fact that many people were self-isolating for most of the year

### Priorities for 2020/21

3.4 The Board has set itself the following strategic priorities for 2021/22:

- 1) To review the Strategy to ensure that the objectives included in it are still appropriate and to identify any additional objectives that needed to be included into the strategy
- 2) To ensure that core safeguarding is embedded throughout Adult Social Care and key partners in the City and Hackney
- 3) To identify and respond to any safeguarding issues that arise as a result of the recovery from Covid-19
- 4) To engage with the voluntary sector through bi-monthly learning sessions and monthly safeguarding bulletins
- 5) The Board will identify three people with lived experience of safeguarding to join the London ADASS Safeguarding Voices Group, which brings together service users to help influence regional change in relation to safeguarding
- 6) To review and address the issue of digital safety and financial scams, which were identified as an issue when reviewing data
- 7) The Board will be contributing to research being undertaken by King's College London and the Policy Research Unit in the Health and Social Care Workforce. The focus of the project is on adult safeguarding responses to homelessness and self-neglect. This takes forward the Board's commitment to responding to safeguarding issues affecting people who are experiencing homelessness
- 8) Preparing for the introduction of the Liberty Protection Safeguards, which has been postponed nationally until April 2022: and continue to check with partners that they are prepared for the launch
- 9) The Board will look at how well learning from Safeguarding Adults Reviews is embedded into practice and how the Board can improve engagement with learning.

# CHSAB Annual Report 2020–21

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



# Contents

Message from the Independent Chair	2
What is Safe Guarding Adults Board	3
Role of Safe Guarding Adults Board	4
Board Governance	5
CHSAB Achievements for 2020/21	7
Response to Covid-19	7
Safeguarding Adult Reviews (SARs)	8
Training and engagement with professionals	8
Safeguarding Adults Week (November 2020)	8
Quality Assurance	9
Service user engagement	9
Transitional Safeguarding Task and Finish Group	9
Modern Slavery	10
Neighbourhoods Model	10
Engagement and partnership work	10
Core business	11
National work	11
What did the Board not achieve?	13
Safeguarding Adults Reviews (SARs)	14
CHSAB Strategy 2020-25	16
CHSAB Board Partners Safeguarding Achievements	17
Safeguarding Data	22
Key Safeguarding themes	29

## Message from the Independent Chair

I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2020/21. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report, despite the challenges of the Covid-19 pandemic and lockdowns. As this report shows, all the partners of the Board have continued to deliver services, provide care and support to residents, and respond to changing safeguarding needs and risks. They have provided assurance that they continued to meet their safeguarding responsibilities during this challenging time. I commend the incredible hard work, dedication, and commitment of health, social care staff and all the key workers who have kept everything going during lockdowns. I am extremely grateful to everyone – staff, volunteers and residents – for their endeavours to support those who are at risk of abuse or neglect in City and Hackney. We recognise the tremendous impact that Covid-19 has had on everyone personally, mourn the deaths of residents who died, acknowledge the grief of their families and friends as well.



Further, the cyber-attack on Hackney Council has had a significant impact on Council business, including limiting what we can include in this year's report.

The annual report is important because it shows what the Board aimed to achieve during 2020/21 and what we have been able to achieve, despite the Covid-19 pandemic. It provides a picture of who is safeguarded in the City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. The Delivery Plan for 2021/22, which says what we want to achieve during the year, has been reviewed in the light of the ongoing challenges in responding to Covid-19 pandemic. However, we hope to be able to be back to 'business as usual' next year.

There continues to be significant pressures on partners in terms of resources and capacity, especially with the long term impacts of the Covid-19 pandemic, so I want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort continuing to safeguard City and Hackney residents.

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

**Dr Adi Cooper OBE,**  
Independent Chair City and Hackney Safeguarding Adults Board  
June 2021

## What is the Safeguarding Adults Board?

### Role

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership of statutory and non-statutory organisations representing health, care, criminal justice, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to seek assurance from organisations that there are effective adult safeguarding arrangements in place, to protect adults with care and support needs and help prevent abuse and neglect across the City and Hackney.

The CHSAB has three core duties under the Care Act 2014 that it must fulfil by law:

- 1) Develop and publish a Strategic Plan outlining how it will meet our objectives and how our partners will help each other to achieve this
- 2) Publish an Annual Report detailing what it has done to help safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to involve itself or lead work around any other adult safeguarding issues it feels appropriate.

### Membership

The CHSAB has three statutory partners: the Local Authority, Clinical Commissioning Group and Police service as well as a number of non-statutory partners. This year the CHSAB welcomed representatives from the Department of Work and Pensions, Turning Point and the City of London's Housing and Commissioning teams to the Board.

A full list of CHSAB partners and their attendance at the quarterly Board meetings is provided below:

2019-20	
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	75%
City & Hackney CCG	100%
Homerton University Hospital	100%
Barts Health NHS Trust	25%
East London NHS Foundation Trust	75%

2019-20	
London Fire Brigade	50%
Metropolitan Police	75%
City of London Police	75%
National Probation Service	25%
Healthwatch Hackney	75%
HCVS	100%
Age UK East London	0%
The Advocacy Project	25%

### Principles

The Board's strategy and annual plans are underpinned by the six safeguarding principles:

- Prevention** – It is better to take action before harm occurs.  
*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
- Empowerment** – People are supported and encouraged to make their own decisions and informed consent.  
*"I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens."*
- Proportionality** – The least intrusive response appropriate to the risk presented.  
*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
- Protection** – Support and representation for those in greatest need.  
*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
- Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.  
*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*
- Accountability** – Accountability and transparency in delivering safeguarding.  
*"I understand the role of everyone involved in my life and so do they."*

## Board Governance

### Sub-groups

The Board has several subgroups in place to ensure the delivery of our annual priorities:

#### **Quality Assurance:**

This group examines quantitative and qualitative information about safeguarding across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board.

#### **Safeguarding Adults and Case**

**Review:** This group fulfils the s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers a SAR is required.

#### **Workforce development:**

This group is responsible for ensuring that the Board identifies and offers safeguarding training and development opportunities for frontline professionals. It is also responsible for quality assuring safeguarding training delivered by partners.

There are also a number of task and finish groups to help the Board deliver specific projects that are included in the annual strategic plan:

#### **Transitional safeguarding:**

The task and finish group is responsible for identifying how to better support young people aged 16 - 25 years old with their safeguarding needs around exploitation and abuse. This is a joint task and finish group on behalf of the City and Hackney Safeguarding Children's Partnership and Hackney Community Safety Partnership as well as the CHSAB.

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor the progress of work undertaken by the groups and identify any other work the Board needs to undertake. There are also quarterly CHSAB meetings attended by the whole partnership, this allows for discussions on key safeguarding issues, networking and identifying further opportunities for partnership working.



### *City of London Adult Safeguarding Committee*

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where it reviews its progress against CHSAB and City of London priorities and where partners share their responses and responsibilities in relation to different safeguarding issues. The City of London had the following priorities for 2020/21:

- Homelessness
- Transitional safeguarding
- Out-of-Borough placements
- Reconfiguring safeguarding sub-committee meetings.

### *CHSAB strategic links*

The CHSAB has links with partnerships and boards working with residents in the City of London and Hackney, including: the City and Hackney Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards. The Board will also engage with other partnerships where there may be opportunities to work collaboratively or provide adult safeguarding expertise.

### *Budget*

In 2020/21 the Board requested total contributions of £212,950 from the partners listed below:

<b>Partners Income</b>	<b>Received (£)</b>
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,400)
London Fire Brigade	(500)
LB Hackney	(109, 675)
<b>Total income</b>	<b>(212,950)</b>

The expenditure for the Board in 2020/21 was:

<b>CHSAB Expenditure</b>	<b>Amount (£)</b>
Staff Related	112,921
External Training	7,820
Independent Chair	19,713
Miscellaneous Expenses	2,090
Other Planned Expenses & SARs	-
Service Overheads	37,832
<b>Total income</b>	<b>180,376</b>

The Board has made the decision to keep the partner contributions the same on the basis that there is a current reserve fund to meet any unplanned expenditure that may be incurred in this financial year.

### *Supporting the CHSAB*

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.

## **CHSAB Achievements for 2020/21**

Despite the Covid-19 pandemic and lockdowns, the Board was able to deliver many of its priorities during this year. This section outlines the work that the Board achieved in 2020/21:

### *Response to Covid-19*

During 2020/21 partner agencies have been working extremely hard to respond to the Covid-19 pandemic and its impact. When the pandemic and lockdown started in March 2020, the Board made the decision to postpone meetings to allow agencies to respond to the outbreak. However, business resumed as usual in May 2020 with virtual monthly Executive Group meetings to ensure that partners had the opportunity to discuss, identify and respond to safeguarding issues emerging from Covid-19 and its impact.

The Executive group undertook the following work in response to Covid-19:

- 1) Met on a monthly basis to discuss safeguarding issues and themes that agencies had identified throughout the course of the pandemic.
- 2) The group sought assurance from partners regarding their response to adults with care and support needs who are at risk of abuse or neglect and that they were meeting their statutory responsibilities.
- 3) The group revised the Board's annual strategic plan to incorporate a section on the response to Covid-19 and modify any actions that were no longer achievable due to Covid-19. More information on what the Board was not able to achieve is included on page 13.
- 4) The group reviewed data in relation to safeguarding during the lockdown period to identify how the outbreak had impacted safeguarding in the City and Hackney. More information on this can be found in the data section of this report on page 23.
- 5) The group asked partners to audit their safeguarding referrals over the course of two weeks during the lockdown period in September 2020. The results were analysed and used to inform what information should be included in the key safeguarding messages for residents' poster/ leaflet.

- 6) As mentioned in point 5, the Board produced a poster on how residents can keep safe during the second and third lockdowns. This was disseminated to residents across the City and Hackney.
- 7) The group identified key safeguarding issues that should be addressed in the Board's strategic plan for 2021/22, this includes work around the Covid-19 recovery and the launch of a project on digital safety and financial scams.

### *Safeguarding Adults Review (SARs)*

- The Board published two SARs: regarding MS and Mr EF - more information on both reviews can be found on page 14.
- The Board considered five potential SARs. Four cases did not meet the criteria for a SAR, one met the criteria for a discretionary review and three cases led to further actions being taken, such as collection of case studies. The findings from the discretionary SAR will be included in the Board's 2021/22 annual report.
- The Board has identified learning and actions to take from the National Analysis of SARs undertaken by Professor Michael Preston-Shoot and Professor Suzy Braye (<https://www.local.gov.uk/publications/analysis-safeguarding-adult-reviews-april-2017-march-2019>). In response to the report, the Board has updated its SAR policies and undertaken an exercise analysing all the actions from SARs that have been completed.

### *Training and engagement with professionals*

- Due to the Covid-19 pandemic, the Board reviewed how training was delivered, opting to deliver all training packages virtually during 2020/21.
- Every year the Board has put on safeguarding training for professionals working in the City and Hackney. The Board offered new training on safeguarding, mental health and social isolation and advocacy. In total, 220 people attended training in 2020/21.
- The Board held a learning event for MS and one for Mr EF, each event was attended by over 100 professionals based in the City and Hackney
- The Board put on refresher training on safeguarding for the 14 safeguarding champions.

### *Safeguarding Adults Week (November 2020)*

- The Board held a number of bitesize learning sessions on different areas of safeguarding for professionals. In total 189 people attended these virtual events. This is nearly double the attendance from the previous year.

- The Board published a poster detailing how residents can keep themselves safe during the lockdown period, which was also circulated as a leaflet.
- There were two virtual presentations held for residents, one launching the Board's Strategy and the second on how safeguarding can be made more inclusive.

### *Quality Assurance*

- The quality assurance group undertook a scoping exercise to understand the challenges that professionals faced when working with individuals who may lack executive mental capacity<sup>1</sup>. Using this information, the Board has committed to undertaking a number of actions to help support staff. These actions include updating the Board's self-neglect and hoarding policy and are included in the Board's strategic plan for 2021/22.
- The group reviewed data provided by partners through the new Quality Assurance Framework and created a feedback loop to the Executive Group. The Executive Group uses this information to determine areas of focus for the Board going forward.

### *Service user engagement*

- The Board has created a poster, which was published in the London Borough of Hackney and City of London newspapers, outlining how residents can get involved in the Board's work. If you would like to find out more about this, please contact: [chsab@hackney.gov.uk](mailto:chsab@hackney.gov.uk)
- The Board published four newsletters for the public updating residents on the Board's work and safeguarding issues that residents should be aware of.

### *Transitional Safeguarding Task and Finish Group*

- The Board had previously undertaken an exercise asking organisations working with young people aged 16 - 25 years old about the safeguarding issues affecting young people. The group used this information to create a brief outlining the safeguarding issues affecting young people and an action plan on how to take this work forward.
- The Board has delivered the transitional safeguarding action plan, which focussed on the following areas:
  - Information gathering
  - Engagement activity
  - Partnership and awareness raising

<sup>1</sup> This is where an adult may appear to understand and make decisions regarding actions and risks in their lives but they are not able to act upon these and therefore lack executive mental capacity.

- Work of the Context Intervention Unit
- Transitional safeguarding development in the City of London
- Data collection
- Building links with other areas of work such as probation and housing services
- The group developed and established connections with different organisations working with young people in Hackney. This includes the Youth Provider Network, Account and The Mentoring Lab.

### *Modern Slavery*

- The Board has built links with relevant key stakeholders, including the Human Trafficking Foundation, The Salvation Army and is a member of the London Modern Day Slavery Leads Network.
- The Board and Community Safety Partnership held a workshop for London Borough of Hackney staff to build awareness of modern slavery and initiate work to understand the picture of modern slavery in Hackney.
- Following the workshop, the Board sent out a questionnaire to different services in the London Borough of Hackney relating to their experiences and understanding of slavery. This information has been used to inform the key priorities regarding modern slavery going forward into 2021/22.

### *Neighbourhoods Model<sup>2</sup>*

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board on the progress of the Neighbourhoods multi-agency meetings.
- The Board has provided feedback on the work undertaken by the Neighbourhoods Team in relation to training and auditing.
- The Board has fed back the findings of the MS Safeguarding Adults Review to the Neighbourhoods Team.

### *Engagement and partnership work*

- The Board continued to expand its professionals mailing list and LinkedIn network to ensure that all professionals in the City and Hackney are up to date with safeguarding news. If you would like to join this network please contact: [chsab@hackney.gov.uk](mailto:chsab@hackney.gov.uk)
- The Board is part of the Suicide Prevention Steering Group and has contributed to this work by incorporating suicide awareness into the safeguarding awareness training package.

<sup>2</sup> The Neighbourhoods Model has established 8 neighbourhoods across the City and Hackney which are aligned to Primary Care Networks. There is a place based approach for each network where different groups and services work together to provide person-centred care in each Neighbourhood

- The Board is part of the Community Resilience Partnership, Safe and Together Domestic Abuse workstream, Resident Associations workstream, Domestic Homicide Review Group and Benefits and Housing Needs Social Worker Pilot Scheme.
- The Board delivered a number of bitesize training sessions on different areas of safeguarding to different teams across the City and Hackney. This included the Occupational Therapy, Commissioning and Integrated Learning Disability teams.
- The Community Safety Partnership led one of their meetings on transitional safeguarding. Board members attended this and provided feedback and information on the key safeguarding adult issues.

### *Core business*

- The Board updated its risk register in light of the Covid-19 pandemic and the cyber-attack that affected the London Borough of Hackney.
- The City of London Adult Safeguarding Sub-Committee meetings were reconfigured.
- The Board received regular reports on out-of-borough placements and partner agencies preparation for the Liberty Protection Safeguards to ensure that any safeguarding issues are addressed.

### *National work*

- The Board has contributed to the Local Government Association Insight Project which collected real-time data on safeguarding to identify national safeguarding themes arising from Covid-19.
- The Board undertook an exercise on behalf of the Association of Directors of Adult Social Services and Local Government Association identifying the issues for Safeguarding Adult Boards during Covid-19. This information was used to develop a checklist tool which Boards can use to audit their response to the Covid-19 outbreak.







## What did the Board not achieve?

The Board is always ambitious in setting out its plans for driving forward work in respect of safeguarding adults in the City and Hackney. Unfortunately, it is not always possible to achieve all its goals. This year has been particularly difficult with the Covid-19 pandemic and the Board has had to reassess its goals for the year. The CHSAB was unable to achieve the following objectives:

- 1) The Board made attempts to sign up Peer-to-Peer Supporters who would be trained and responsible for signposting residents to safeguarding services. Unfortunately, not enough people signed up for this role. Going forward, the Board will look at how this role can be incorporated into the Safeguarding Champions role. The Board will also look at recruiting more Safeguarding Champions. Furthermore, the Board is working with London ADASS to recruit three residents with experience of safeguarding to represent the City and Hackney at the London Safeguarding Voices Group.
- 2) The Board has had to postpone a number of plans to hold events for residents living in the City and Hackney due to the Covid-19 pandemic. Whilst there have been a small number of service user events online, the lack of face to face meetings has limited the opportunity to build up the CHSAB's service user network. The Board is looking to engage with existing service user networks to help raise awareness of safeguarding amongst residents and will also resume face-to-face events when it is safe to do so.
- 3) The Board was unable to update all its policies, most notably the Self-Neglect and Hoarding Policy. Given the findings from the MS SAR and the work undertaken around mental capacity, the Board has a plan on how the Self-Neglect and Hoarding Policy will be updated and published as a priority, going forward.
- 4) The Board had to cancel its plans for a multi-agency case file audit into self-neglect. The audit was intended to assure the Board that its partners that there were appropriate safeguarding responses to residents experiencing self-neglect. The audit was postponed due to the cyberattack that impacted the London Borough of Hackney. This was on the basis that it was no longer possible to access all the information required for the audit. A new audit has been scheduled to take place in 2021/22.
- 5) The Board had to cancel its audit of the partnerships' safeguarding practice using the London Safeguarding Adults Partnership Audit Tool and the planned challenge event due to the second wave of the Covid-19 pandemic. This event was due to take place in February 2021 and was postponed until June 2021.



## Safeguarding Adults Reviews (SARs)

The Board published two Safeguarding Adults Reviews for 2020/21: MS and Mr EF (<https://hackney.gov.uk/chsab-sars>). The Board has a statutory duty to undertake Safeguarding Adults Reviews under section 44 of the Care Act 2014. A SAR takes place where an adult has (i) died or suffered serious harm; (ii) it is suspected or known that it was due to abuse or neglect and (iii) there is concern that agencies could have worked better to protect the adult from harm.

### Case Outline - MS SAR

MS was a Turkish (Kurdish) male, aged 63-years old with a history of homelessness, self-neglect and substance abuse. He had limited understanding of English and his engagement with services was sporadic. MS was sadly found dead at a bus stop in Stoke Newington, which he frequently stayed at during periods of homelessness. He had been living at the bus stop for a number of weeks after being evicted from a residential care home where he had been living for five months. His living conditions were very poor, he was unable to move, doubly incontinent and surrounded by bags and unopened bottles of water. There were a number of services that had tried to engage with him and get him support for his needs but he did not engage. A Coroner found that MS died of natural causes. .

### Reasons for review

A decision was made to review the case on the basis that there were concerns about:

- The multi-agency response to multiple exclusion homelessness
- Understanding around mental capacity, particularly where an adult may lack executive capacity<sup>3</sup>
- How well agencies responded to MS's health and care needs
- Whether legal options were considered to support MS
- The reasonable adjustments made to support MS.

### Key findings

The SAR Reviewer, Professor Michael Preston-Shoot, made a number of findings in this case, which included:

- Professionals can lack confidence in taking the lead in complex cases; however evidence suggests that allocating a lead agency or worker can be an effective way of helping an individual in the long-term.
- There were assumptions that MS had capacity to make decisions, however in cases where this is not clear staff should escalate the case or seek support from legal teams
- Little was known about MS's life and the reviewer emphasised the importance of making efforts to understand the history of an individual including their past traumas and experiences

3 This is where an adult may appear to understand and make decisions regarding actions and risks in their lives but they are not able to act upon these and therefore lack executive mental capacity.

- Assessments of MS did not lead to a safeguarding enquiry, which would have triggered an official safeguarding process to support him. It is important to ensure that professionals are aware of the legislation that exists to support rough sleepers.

### *Actions taken in response to the SAR*

Some of the steps that the Board has taken in response to the findings of the SAR, include:

- London Borough of Hackney Adult Social Care Team has improved collaborative working with Housing and Community Safety teams. Examples of this include ensuring that there is safeguarding representation at the Street User Outreach meetings to provide support with safeguarding and legislative issues.
- London Borough of Hackney Housing Benefits Needs has used Rough Sleeper Initiative funding to provide a holistic service around the person. This includes outreach services to meet people where they are, a mental health social worker to provide expertise in this area and some emergency accommodation to provide space to stabilise. The service is also looking to enhance and formalise therapeutic interventions, and is working with East London Foundation Trust and voluntary sector partners to secure this.
- The Board is currently in the process of reviewing and amending escalation policies for complex cases so that there clarity on which panels can be utilised for support and what the process for escalation is where someone becomes very high risk of harm
- Training has been commissioned on trauma-informed approaches to safeguarding to ensure that staff have support in understanding how trauma may impact an individual's life choices and decision making.

#### **Case outline - Mr EF**

Mr EF was aged 89 and of African-Caribbean descent. He lived in London for 60 years and had a niece that he was close to and helped him with his care. Mr EF sadly died in a house fire in February 2019. The London Fire Brigade was alerted after his neighbours smelt smoke. Mr EF was found unconscious in his bedroom and unfortunately could not be resuscitated. An investigation found that the fire had likely been caused by joss sticks which had been propped into flammable items.

This review was discretionary, where the criteria for a formal Safeguarding Adults Review was not met but the SAR sub-group felt that there were valuable lessons that could be learnt from the case. The Board asked Professor Suzy Braye, who undertook the Board's previous fire death review, Mr BC (<https://hackney.gov.uk/chsab-sars>) to return to consider this case. Professor Braye audited how well the learning from the Mr BC review was embedded into practice and also identified learning from the Mr EF case.

### *Reasons for review*

The case was reviewed on the basis there were potential concerns around:

- How well supported Mr EF was in relation to his housing needs
- How well risk, in particular fire risk, was managed in Mr EF's case
- How well was learning from the Mr BC review embedded into practice
- Multi-agency and coordinated work amongst agencies providing support to Mr EF.

### *Key findings*

The SAR Reviewer made a number of findings in this case, which included:

- Whilst the fire risk relating to Mr EF was not obvious, the review did find that agencies needed to refamiliarise themselves with fire risk particularly where risks are not obvious
- There was opportunity for practitioners to exercise their professional curiosity in relation to Mr EF's spiritual distress and his use of joss sticks
- There was limited engagement with Mr EF's niece, who helped provide care to him, and the support she may have needed
- There were opportunities for the Board to look at learning from SARs and how we can ensure learning stays in organisational memory.

### *Actions taken in response to the SAR*

Some of the steps that the Board has taken in response to the findings of the SAR, include:

- The Board has created a SAR action plan task and finish group, which has a dual purpose. The first is to ensure that all SAR actions are appropriately completed and to the second to identify how learning from SARs can be effectively embedded into practice
- London Borough of Hackney and London Fire Brigade are working collaboratively to create a system by which residents who are referred into Adult Social Care for support are automatically referred for a home fire safety visit
- The Board is working with the Carers Development Manager to identify how family and informal carers can be provided with greater support
- There will be refresher training and guidance provided to staff across the provider and housing networks on reducing fire risks.

## CHSAB Strategy 2020-25

This section provides an update on the progress made against the CHSAB Strategy 2020-25. In 2020/21 the Board has made the following progress against the strategic priorities:

- The Board's quality assurance sub-group regularly collected data on the use of advocates and will continue to analyse this over the next year
- There was a scoping exercise undertaken regarding mental capacity, in relation to executive capacity. The findings from this work will be used to inform actions in the 2021/22 annual strategic plan
- Several Board members are members of national safeguarding networks, so that both local and national safeguarding trends are reported to the Board. This information is used to inform the Board's annual strategic priorities
- The Board regularly meets with the Neighbourhood Teams to ensure that safeguarding information is shared and incorporated into practice
- Transitional safeguarding remains a key part of the Board's agenda and continues to be included into the Board's annual strategic plan
- Safeguarding Adults Week and engagement with new groups is embedded into the Board's day-to-day business.

## Priorities for 2021/22

In 2021/22 the Board will focus on the following priorities:

- 1) Reviewing the Strategy to ensure that the objectives included are still appropriate and identify any additional objectives to add to the strategy.
- 2) Delivering bi-monthly bitesize safeguarding training to staff and volunteers in community and voluntary sector services.
- 3) Addressing digital safety and financial scams issues, which were identified when analysing safeguarding data. A small task and finish group will identify any further support that can be provided to residents on these issues.
- 4) Contributing to research being undertaken by King's College London and the Policy Research Unit in the Health and Social Care Workforce. The focus of the project is on adult safeguarding responses to homelessness and self-neglect. This takes forward the Board's commitment to responding to safeguarding issues affecting people who are experiencing homelessness.
- 5) Responding to the findings from the Mr EF SAR regarding support offered to carers. The Board has addressed this in the Mr EF action plan, which will be delivered during 2021/22.
- 6) Understanding the impact of our SARs, how this has changed practice in the City and Hackney; how well learning has been embedded into practice. A task and finish group will explore and progress this work further.

- 7) Preparing for the introduction of the Liberty Protection Safeguards, which has been postponed nationally until April 2022: and continue to check with partners that they are prepared for the launch.

## CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2020/21:

### *London Borough of Hackney*

- London Borough of Hackney adopted a humanitarian response to residents, ensuring that those that were shielding and those needing support received it. Adult Social Care were able to maintain effective safeguarding service throughout the pandemic and the cyber-attack affecting London Borough of Hackney, providing all adults at risk of abuse or neglect with support.
- There has been increased joint working between adult social care and rough sleeping services. People who were sleeping rough in Hackney were offered accommodation during the lockdown periods. There was positive multi-agency working between teams to ensure that wraparound support was offered to this group and to ensure any safeguarding concerns were addressed.
- Adult Social Care facilitated and co-led information forums between the CCG, City of London and the Care Quality Commission to monitor and respond to any safeguarding risks that arose in Hackney care homes as a result of the Covid-19 pandemic.

### *City of London Corporation*

- The City of London Corporation continued work with rough sleepers to ensure that they received accommodation and support during the Covid-19 outbreaks. Specifically, a Rough Sleeper's Social Worker was recruited and there links between Adult Social Care and Rough Sleeping Services have improved.
- Multi-agency working between City of London Corporation and external agencies has continued to improve with teams benefitting from multi-agency working virtually. There has been more engagement with homelessness services, outreach teams and neighbourhoods teams. The neighbourhood model has put in place their multi-agency meeting in the City of London and this led to better engagement between agencies.
- The City of London Corporation put in place flexible support for residents during the Covid-19 pandemic. This included implementing a seven-day hospital discharge to assess model for people with complex care needs, putting in additional support for adults who were shielding, increased welfare checks and distributing personal protective equipment and food for residents and staff in need of these.





### *City and Hackney Clinical Commissioning Group (CCG)*

- The CCG commissioned a range of services to respond to safeguarding issues arising from the pandemic. This included providing infection prevention and control advice to staff in social care settings, providing enhanced clinical care in care homes and appointing a learning disability primary care and community liaison practitioner.
- A rapid review process for Covid-19 deaths under the Learning Disability Review Programme has been put in place and any significant findings will be actioned accordingly.
- The CCG has worked across North East London offering mutual support and intelligence in relation to safeguarding risks arising during Covid-19. The CCG ensured that there was extra multi-agency support in place to help those residents who may be at risk of harm during the lockdown, this included carers, people with learning disabilities and those with long-term conditions.

### *Homerton University Hospital Foundation Trust*

- Homerton hospital has increased the number of Mental Capacity Assessments undertaken by staff and also delivered more mental capacity training to professionals.
- There has been an increase in the number of patient safety safeguarding incidents. This has been analysed and it was found that staff were forthcoming at reporting incidents, which shows a good patient safety culture. All incidents are analysed and lessons, themes and trends are reported back to staff.
- Homerton hospital has worked collaboratively with the CCG, East London Foundation Trust and the GP Confederation to ensure that there were targeted health interventions for residents that needed support, for example monitoring high risk patients.

### *East London Foundation Trust*

- All service users were given two RAG ratings based on their Covid-19 risk and their mental health risk. Any people who were deemed to be 'red' were regularly reviewed and contacted at least once a month.
- A number of staff across different services have been trained to be Safeguarding Adults Managers. There has also been improved reporting of safeguarding concerns made from professionals working in in-patient services.
- The Trust worked with the London Borough of Hackney to agree a more streamlined approach to reporting safeguarding concerns.



### *Metropolitan Police*

- The police were able to maintain full services throughout the course of the pandemic and have ensured that safeguarding was prioritised during this time.
- Frontline police officers have been provided with more information and awareness on the issue of self-neglect and the importance of referring individuals to safeguarding teams via the Merlin reporting process.
- All new officers have been trained in safeguarding adults, which has been challenging but rewarding given a high intake of new officers to the service.

### *City of London Police*

- The City of London Police developed a hotel engagement working group and digital newsletter for hotel staff. The aim of this was to provide training and information to staff so that they identify and respond to any safeguarding risks that may arise.
- The Police provided Domestic Abuse Multi-Agency Risk Assessment Conference training to outreach and housing providers to help ensure that referrals into the service are of best quality.

### *London Fire Brigade*

- The Fire Brigade implemented a qualified Safeguarding Adults Review Champion within the London Fire Brigade.
- Internal funding was secured for a revised safeguarding training package for senior officers and designated community safety staff.
- The fire brigade undertook 617 home fire safety visits for Hackney for 2020/21. This was lower than usual due to the Covid-19 restrictions but all high risk addresses were prioritised and visited.

### *National Probation Service (NPS)*

- During the pandemic the NPS in Hackney were able to maintain services, with modifications to working practices and the implementation of an Exceptional Delivery Plan which meant that all persons on probation were supervised and managed appropriately.
- The NPS were fully engaged with Mayor's Office of Policing and Crime (MOPAC) as part of their young adults transition programme and have worked to develop understanding and knowledge of all staff in working with young adults in our caseload in Hackney to navigate the transition from.
- Regular audits have been completed both internally and in the Ministry of Justice to ensure that sufficient standards are maintained by our staff in their practice and understanding of safeguarding.



### *Community Rehabilitation Company Probation Services (CRC)*

- CRC undertook more safeguarding checks and assessments in comparison to previous years.
- All safeguarding training is now on an electronic platform, which means staff were still able to access training during the lockdown period.
- The CRC have been part of the Mayor's Office of Policing and Crime project around transitional care for young adults involved in the criminal justice system.

### *Department of Work and Pensions Hackney (DWP)*

- The DWP joined the Board and has attended all key meetings to date. The DWP has also linked in with other Boards that link in with safeguarding such as the Safe and Together Approach for Domestic Abuse.

### *Age UK*

- Age UK was able to check in with all their most at risk clients, through both telephone and face to face visits during the pandemic. This helped the organisation identify and report potential safeguarding risks at an earlier stage.
- A number of Covid-19 related scams learning sessions were delivered by staff at Age UK.
- Age UK supported residents in the City to use virtual means of communication. This had a dual benefit of helping people connect with others over the lockdown period and also get a better understanding of people's circumstances at home.

### *Hackney Community and Voluntary Services (CVS)*

- Hackney CVS helped provide refresher training to the Safeguarding Champions and continued to provide practical support to champions throughout the year.
- Hackney CVS has attended and contributed to on-going work regarding transitional safeguarding.
- Hackney CVS continued to raise awareness of adult safeguarding issues at a community level via training and awareness sessions. Five awareness raising sessions were delivered in total, which were attended by 75 people in total.

### *Hackney Healthwatch*

- Hackney Healthwatch continued to promote adult safeguarding awareness and signpost residents to adult safeguarding services.

## Safeguarding Data

The safeguarding data for 2020-21 is presented separately for the City of London and Hackney. Whilst the City of London was able to provide a full picture of safeguarding for their area, the London Borough of Hackney was not. This was due to a cyberattack that affected London Borough of Hackney data systems and meant that it was not possible to provide a full data submission. Whilst some quantitative data is provided below, this will not be fully accurate and should be used with caution. To supplement this data the Board has included anecdotal information provided by partner agencies. .

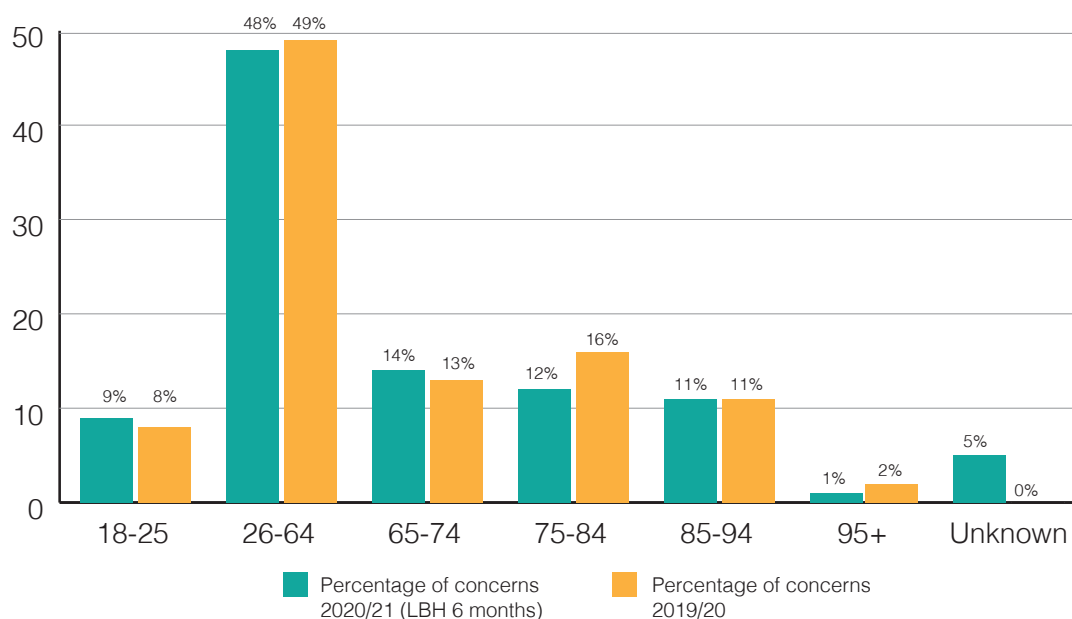
### London Borough of Hackney

Please note that all data provided for the London Borough of Hackney is estimated based on six months worth of data. This information includes safeguarding concerns and enquiry outcome decisions which were all recorded after October 2020, when the cyberattack occurred.

Whilst the Board only has access to six months worth of data, the data does suggest that there has been an increase in the number of safeguarding concerns being referred into Adult Social Care. This is consistent with data collected by the Local Government Association as part of their Covid-19 Safeguarding Adults Insight Project (<https://www.local.gov.uk/covid-19-safeguarding-adults-insight-project>), which collected real time data on safeguarding from Local Authorities across England during the pandemic. This data showed generally that there was an initial decrease in safeguarding when the lockdown occurred and this increased as the lockdown eased. The general trend identified that there were largely more safeguarding concerns reported during 2020/21 than previous years.

### Concerns - Age

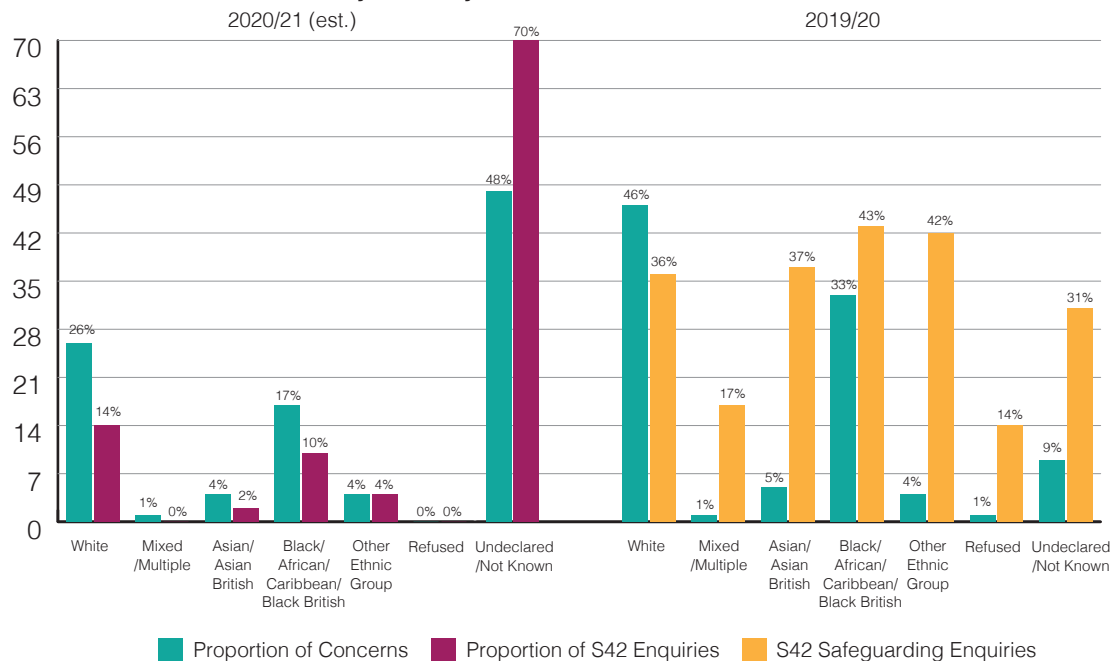
Number of Concerns by Age Group (%)



The data shows that there is very little change in profile from the previous year.

## Concern - ethnicity

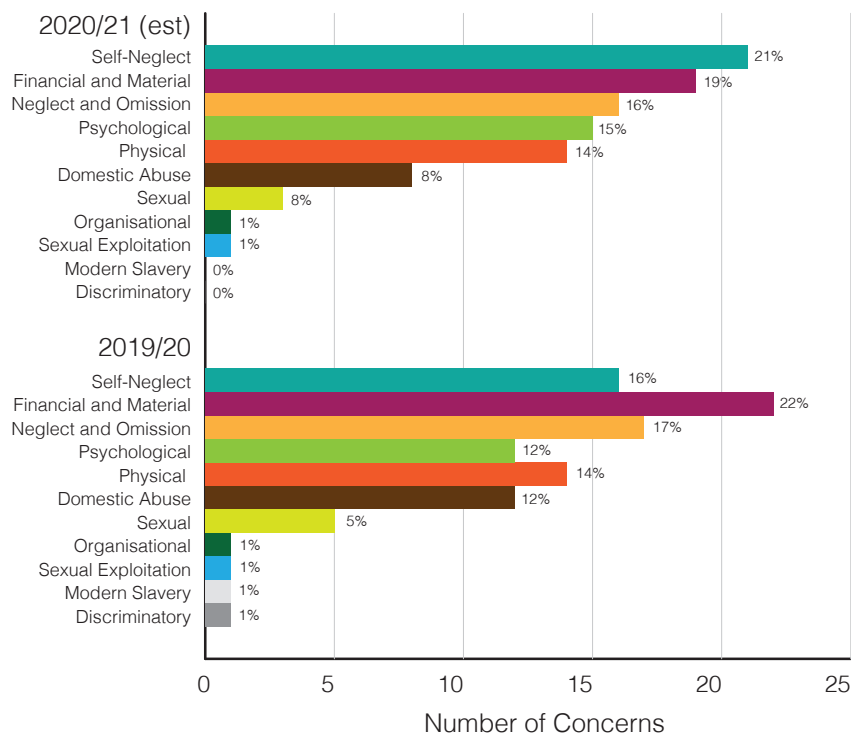
### Conversion Rate of Concerns by Ethnicity



Due to the cyberattack and the lack of access to case management software it was not possible to obtain accurate data on ethnicity as many concerns were not able to be captured.

## Concerns - abuse type

### Type of Abuse at Concern

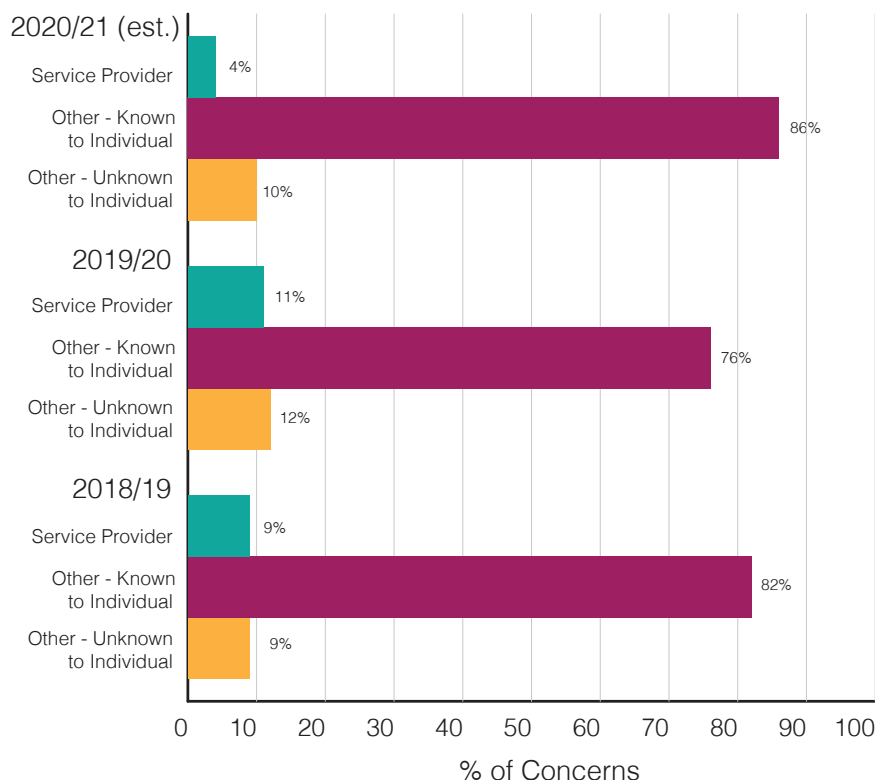


The data shows that both self-neglect and psychological abuse have increased in number in the past year. This is consistent with anecdotal information from professionals and also data collected in the Local Government Association's Insight Report, which recognises that there were more residents presenting with signs of self-neglect. In response to this, the Board will be undertaking a multi-agency case file audit looking at how well professionals respond to individuals experiencing self-neglect. The self-neglect and hoarding policy will also be updated to include more information around issues of capacity to make decisions. The Board will also explore how to raise awareness of psychological abuse across the City and Hackney.

The data suggests that domestic abuse appears to have fallen from October 2020 - March 2021, this is surprising as there appeared to be an increase in domestic abuse during the early stages of the first lockdown. However, not all domestic abuse cases will be reported as safeguarding, with this being reported to the Domestic Abuse Intervention Service and to police as well. There were cases of modern slavery and discriminatory abuse however there were very few and therefore made up less than 1% of the cases referred into Adult Social Care.

### Concerns by Source of Risk

#### Concerns which included allegations relating to each Source of Risk

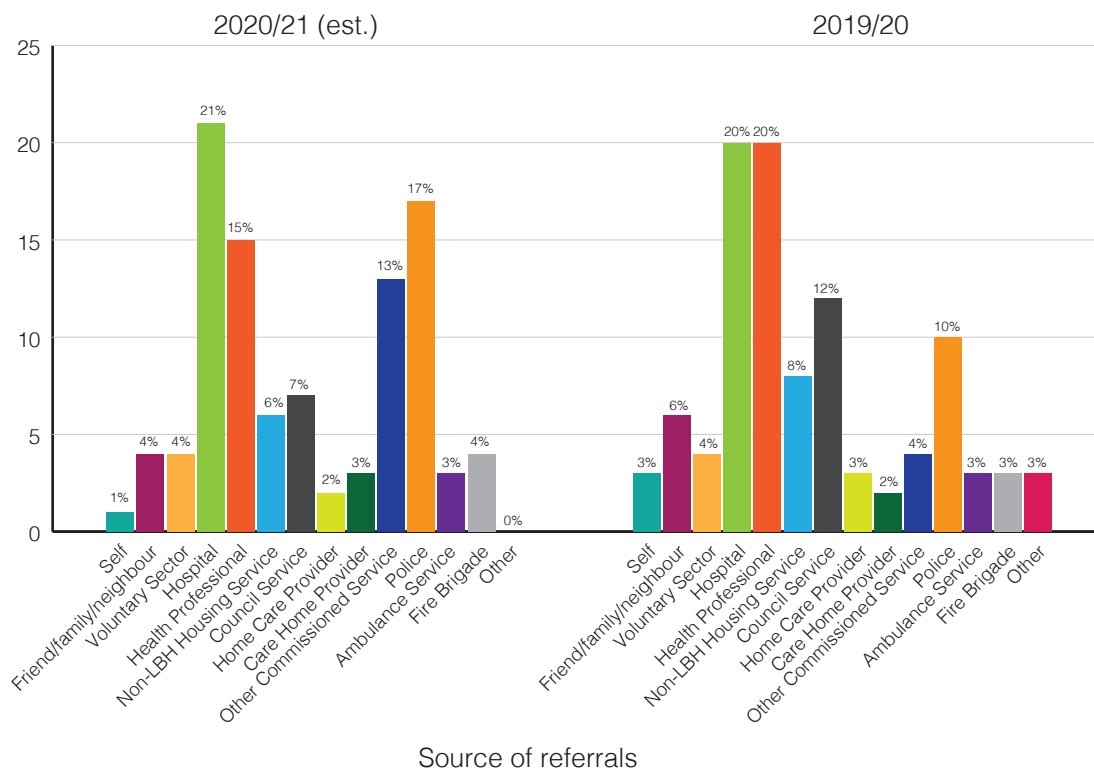


The data shows that the source of risk is highly likely to be known to the individual, making up 86% of the concerns reported into Adult Social Care. This is consistent with national themes captured in NHS Digital's Safeguarding Adults Collection, which has shown nationally that abuse is more likely to be

perpetrated by someone the person knows. There has been a significant drop in the source of risk being the service provider, this may be because residents were less likely to attend services in person.

### Concerns by source of referral

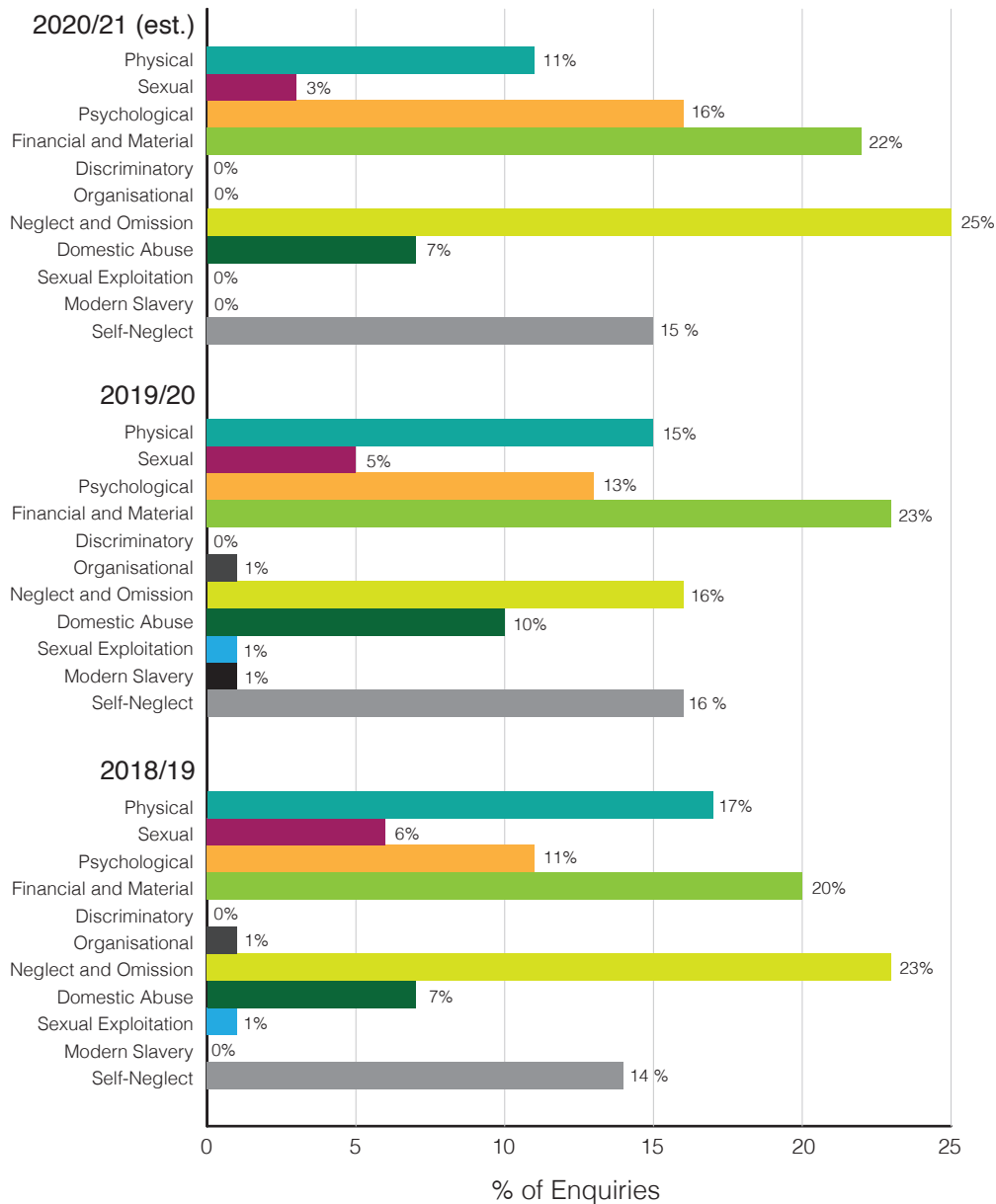
#### Proportion of Concerns raised by Source of Referral



The data shows that the health sector remains the biggest referrer of residents for safeguarding support. It is positive to see that there has been a significant increase in the number of residents being referred to Adult Social Care by the police. There was a decrease in the number of self-referrals and referrals from friends, family or neighbours. The Board will look at how it can increase engagement with residents going forward.

## Section 42 enquiries by type of abuse

### Section 42 Enquiries which included allegations relating to each Type of Abuse



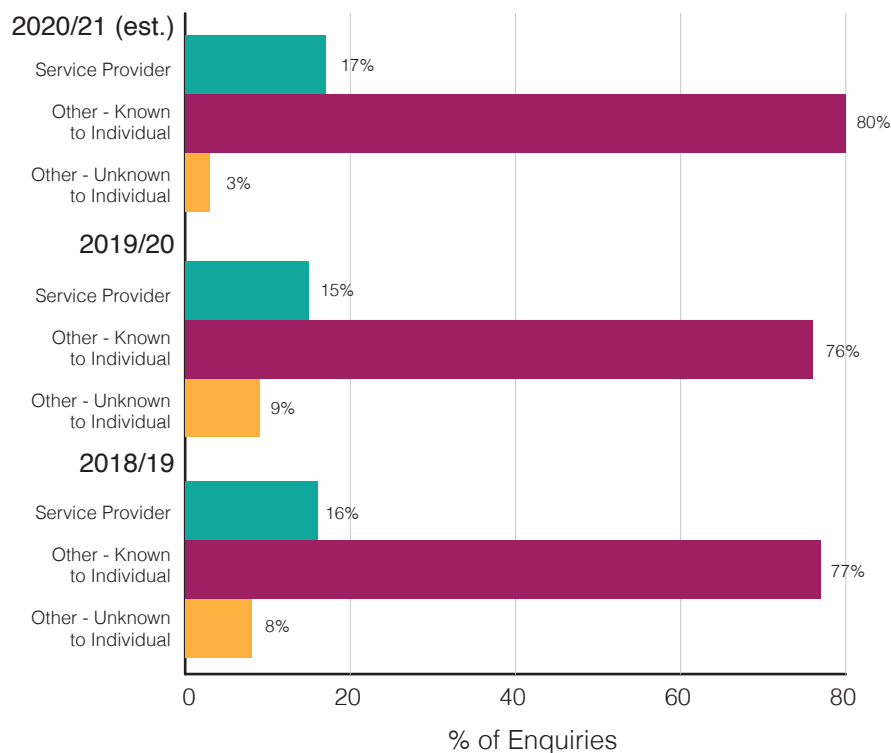
The data provided above is estimated as there was only six months worth of data available. There have been significant increases in neglect and acts of omission, although it is noted that last year's figures were lower than they would usually be. This information appears to substantiate concerns raised by the Board's partners that a number of residents were inadvertently caused harm as they were unable to see practitioners face-to-face over the lockdown period. When they did subsequently attend services, a number of residents displayed signs of neglect.

There were reductions in physical abuse and domestic abuse, although the reasons for this were not completely clear. Although there were increases in self-neglect concerns reported to Adult Social Care, there was not a significant

difference in the amount of concerns leading to a s42 enquiry. The gap between number of concerns and those subsequently leading to enquiries could be due to better awareness amongst partner agencies around self-neglect.

### Section 42 enquiries by source of risk

#### **Section 42 Enquiries which included allegations relating to each Source of Risk**

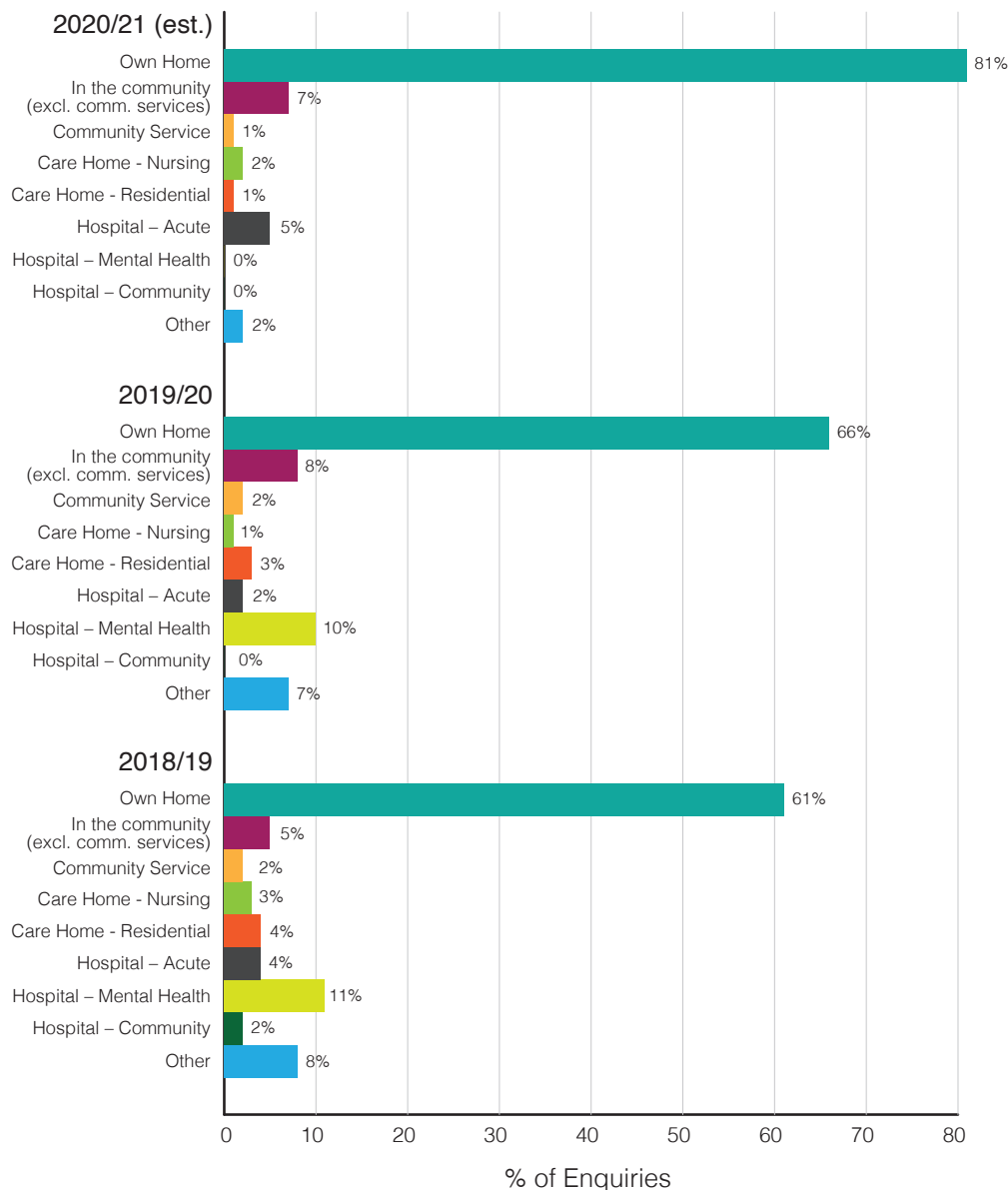


The data shows that most abuse is perpetrated by someone known to the individual. There has been a decrease in allegations relating to someone unknown to the individual. The reasons for this are unclear although it is likely to be a knock-on effect of people being in lockdown and having fewer interactions with people they do not know.

### Section 42 enquiries by location of abuse

The vast majority of alleged abuse was believed to have happened in the person's own home. This is higher than previous years and likely to be due to the lockdown. The data is consistent with national themes identified by NHS Digital, which shows that abuse is most likely to happen in someone's own home. There is no abuse recorded within mental health hospitals; this is due to East London Foundation Trust's data not being included in this section due to the difference in recording between the Trust and London Borough of Hackney.

### Section 42 Enquiries which included allegations relating to each Location of Risk





## Key Safeguarding themes

The Board's monthly executive group meetings offered an opportunity for partners to discuss and explore safeguarding themes that arose over the course of the financial year and the Covid-19 pandemic. The following themes were identified:

- 1) During the initial lockdown period in response to the first wave of Covid-19 there was a decrease in safeguarding concerns reported to Adult Social Care, however this number increased once lockdown eased, with the number of concerns being higher than average.
- 2) There was an increase in domestic abuse referrals to the Domestic Abuse Intervention Service and a noted increase in domestic abuse being identified by mental health services. Police did however confirm that they were dealing with broadly consistent levels of domestic abuse.
- 3) During the first lockdown period, while some organisations continued to deliver services as normal, others moved to remote or virtual working, and meetings have not stopped for many services. For some services there has been a reduction in face-to-face meetings. There was an increase in face-to-face services during the second lockdown compared to during the first lockdown period. There were concerns around inadvertent harm caused to individuals where there has been a lack of contact, such as the deterioration in people's conditions or safeguarding issues not being identified. London Borough of Hackney adult social care provided assurance that they were quality-assuring visits to ensure that these were appropriately carried out and these risks were mitigated.
- 4) During the peak of both outbreaks, it was noted that some people were unwilling to allow health and care staff into their homes or their relatives' homes due to concerns about being infected by Covid-19. This meant that not all residents received the quality of care they needed. Further, there was some anecdotal evidence to suggest that some families were struggling to care for their relatives during the lockdown period.
- 5) Voluntary sector services and London Borough of Hackney were aware that new groups of residents were presenting in need of support, in particular there has been an increased use of food banks, numbers of people newly experiencing homelessness and increases in the numbers of people experiencing social isolation.
- 6) There was an increase in numbers of people reporting anxiety to the voluntary sector, advocacy and mental health services. It was noted that there was a significant increase in calls to crisis and helplines during the lockdown periods, although this had not necessarily translated into an increase of safeguarding concerns being reported. During the first lockdown there was a cluster of suicides in Hackney, which have been investigated by East London Foundation Trust. Furthermore, Thrive also has anticipated an increase in suicides as a result of poverty and

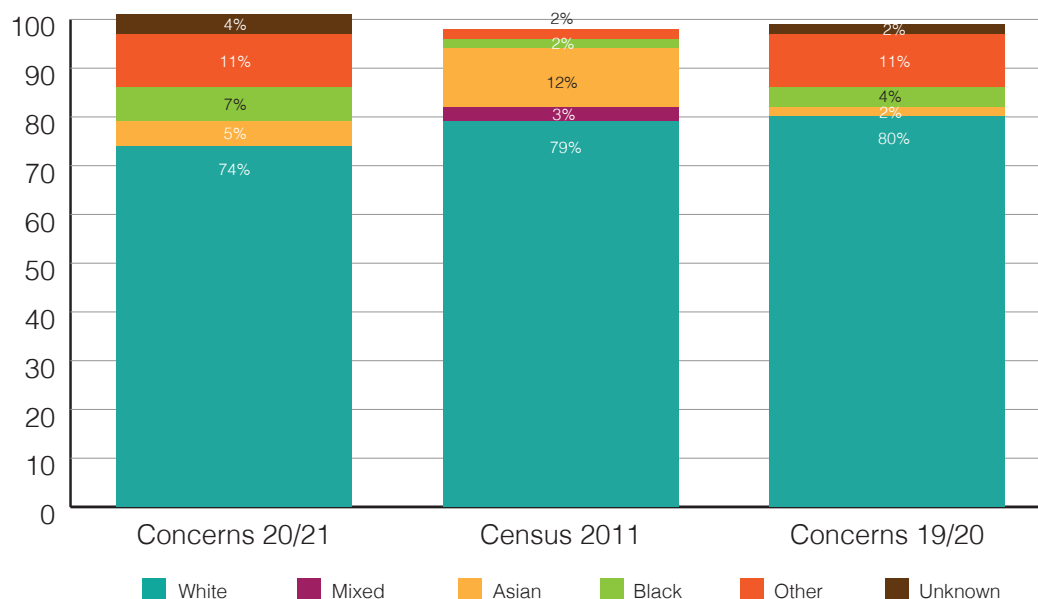
deprivation caused by the Covid-19 outbreak. There has already been an increase in referrals to in-patient mental health services.

- 7) There was an increase in calls concerning Covid-19 scams, and it appears that a number of people have been targeted by sophisticated scams, often relating to the vaccination programme.
- 8) There were concerns reported by a number of agencies about the impact of Covid-19 on carers. There were specific concerns about carers having to take on additional responsibilities during this time, without additional support being offered in some cases. Going forward, it was anticipated that there may be an increase in the numbers of carers needing support.
- 9) There have been increased reports of self-neglect, potentially due to a lack of support and social interaction over the lockdown periods. Moving forward it is anticipated that the Board will continue to see increases in self-neglect reporting.
- 10) There have been reported increases in cuckooing (Cuckooing is where people take over a person's home and use it for their own purposes, exploiting the individual at the same time.) It is not clear whether this increase has been due to increased instances of cuckooing or better awareness of this amongst professionals and increased reporting.

### City of London Corporation Safeguarding data

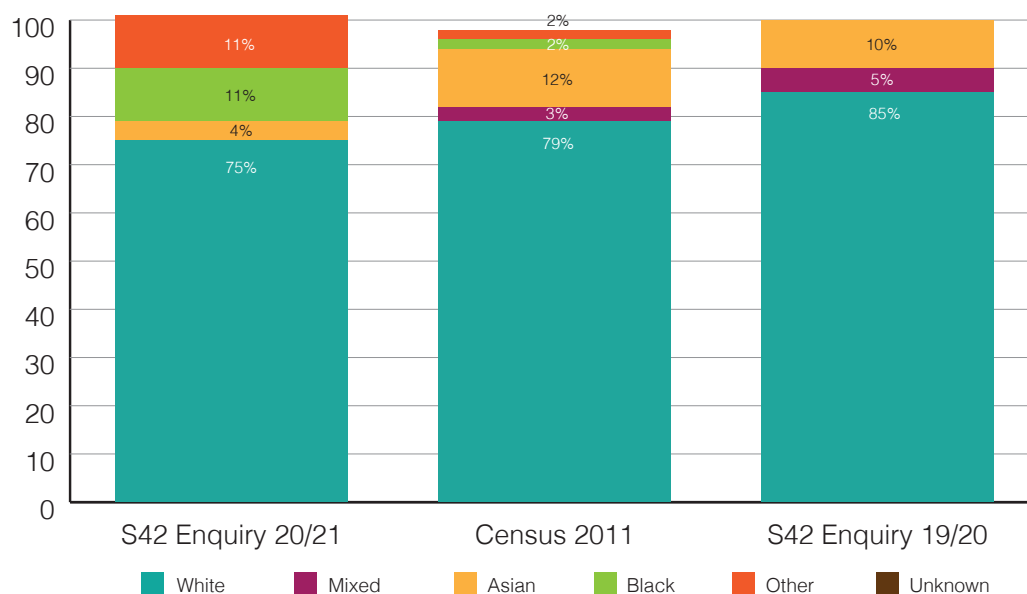
- 57 safeguarding concerns were raised
- 38 safeguarding concerns led to a Section 42 safeguarding enquiry
- Of the 43 concluded cases, 32 were asked about their desired outcome. 24 expressed their desired outcomes. Of the 24 people, 23 people had their desired outcomes fully achieved and/or partially achieved.

### Concerns - ethnicity



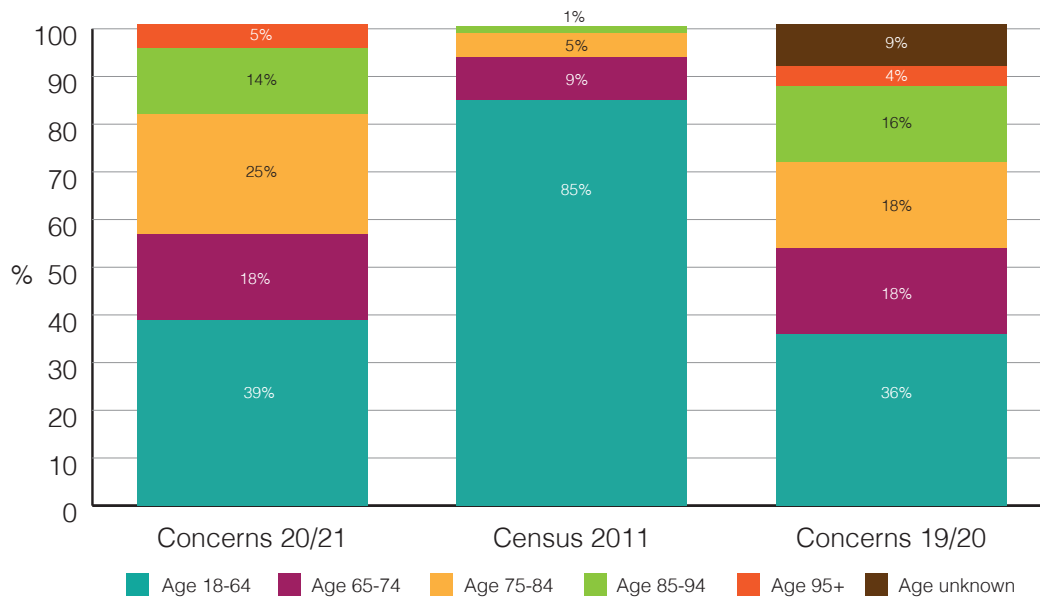
In 2020/21, 74% of safeguarding concerns were in the “White” ethnic category, which is more comparable with the 2011 City of London census breakdown but is in contrast to the ethnic breakdown of concerns raised during 2019/20. 5% of safeguarding concerns were for the “Asian / Asian British” ethnic category, compared with this group accounting for 2% of concerns in the prior year. This is, however, lower than other ethnic groups, which is significant considering that this is the second largest ethnic group in the City. There were 11% of concerns that were categorised as “Other” ethnic origin, with the “Black / Black British” accounting for 7% and ‘unknown’ being 4% respectively.

### Enquiries - ethnicity



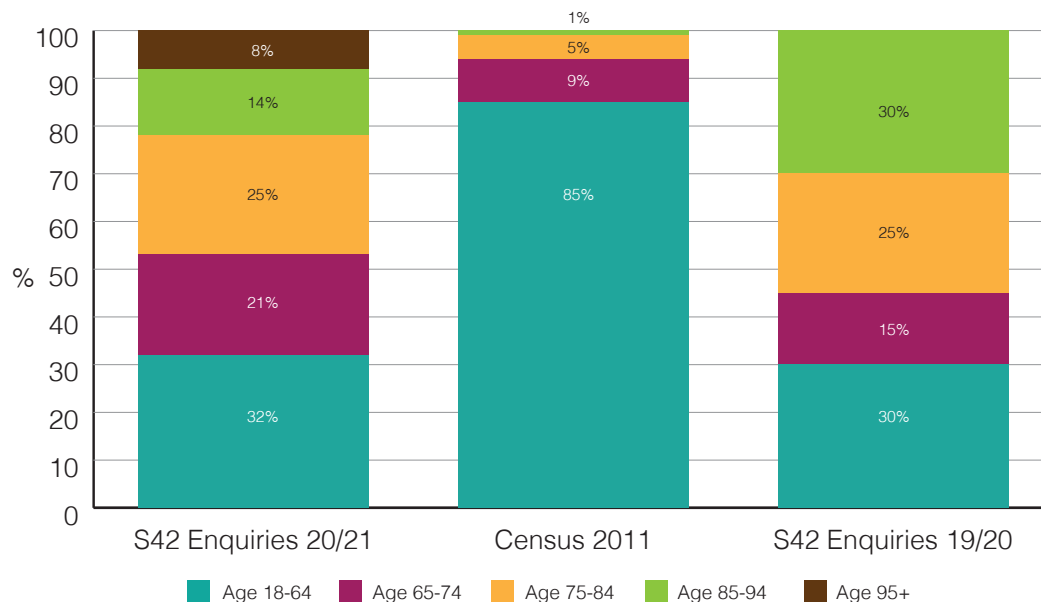
In 2020/21 75% of safeguarding enquiries were regarding people who were in the ‘White’ category, which is similar to the 85% from the previous year. The graph above shows a more comparable and representative demographic makeup to that described in the 2011 COL census breakdown in comparison to last year’s data. There remains an underrepresentation of people from ‘Mixed’ and ‘Asian’ backgrounds and an overrepresentation of people from a ‘Black African’ or ‘Caribbean’ background.

### Concerns - age



In 2020/21 the majority of safeguarding concerns were reported regarding people aged 18-64 followed by people aged 75-84. This is consistent with 2019/20 data which showed that 36% of safeguarding concerns related to people aged 18-64. The increase in younger people (people aged 18-64 years) with safeguarding concerns is thought to be a result of more rough sleepers being referred for safeguarding support.

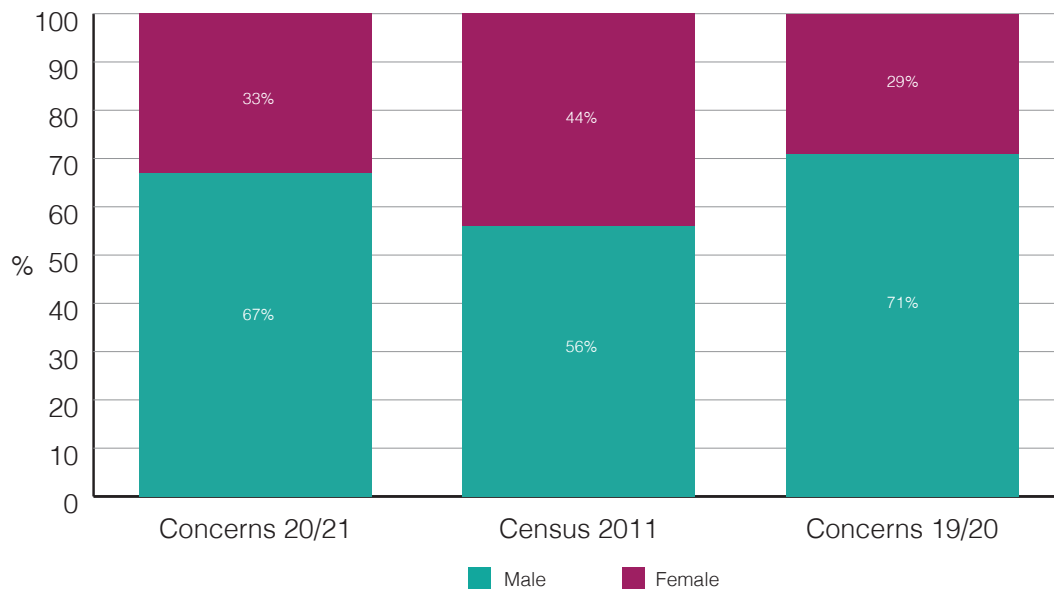
### Enquiries - age



The majority of S42 Enquiries were regarding people aged 18-64, which accounted for 32% of the enquiries and is similar to the previous year's figures of 30%. Prior to this, older people (aged 65+) featured in the majority of safeguarding concerns. This change may be due to the general public

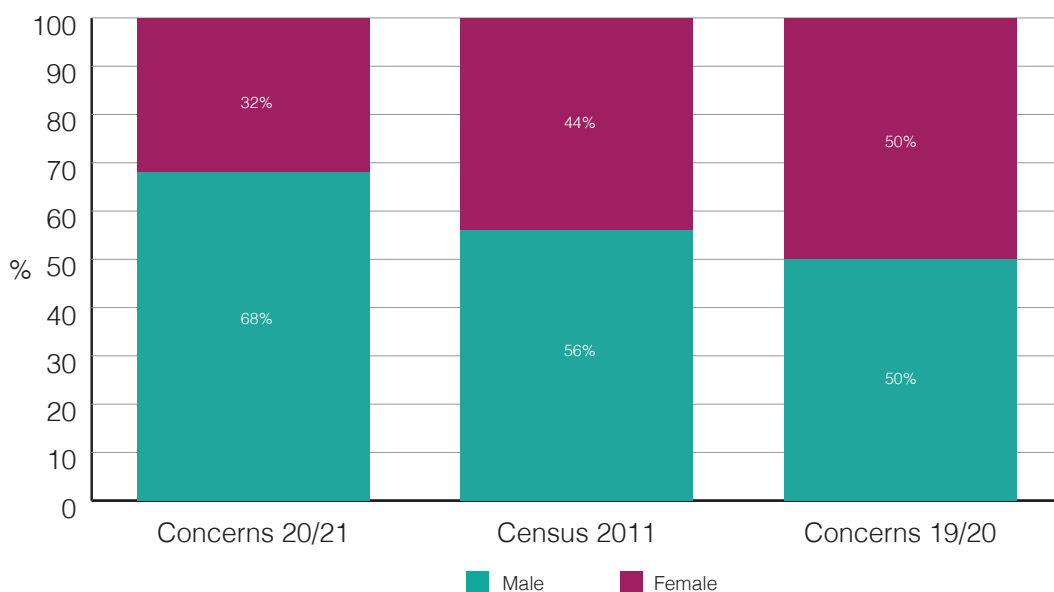
and professionals being more aware of adult safeguarding, which is causing an increase in referrals and subsequent enquiries in comparison to previous years. However, this change is more likely to be due to higher visibility of rough sleepers during the Covid-19 pandemic and increased reporting of safeguarding issues during this period.

### Concerns by gender



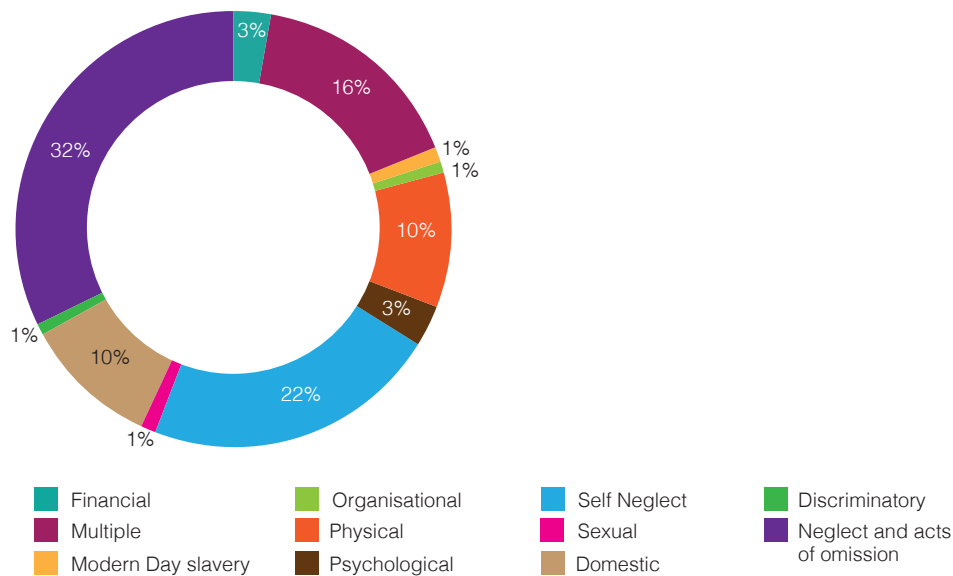
In 2020/21 the majority of safeguarding concerns reported were about men, which was similar to 2019/20. This pattern has varied year to year with more women being the subject of safeguarding concerns in some previous years. On further examination some of the concerns represent multiple referrals for one person, and taking this into account, the differential was smaller.

### Enquiries by gender



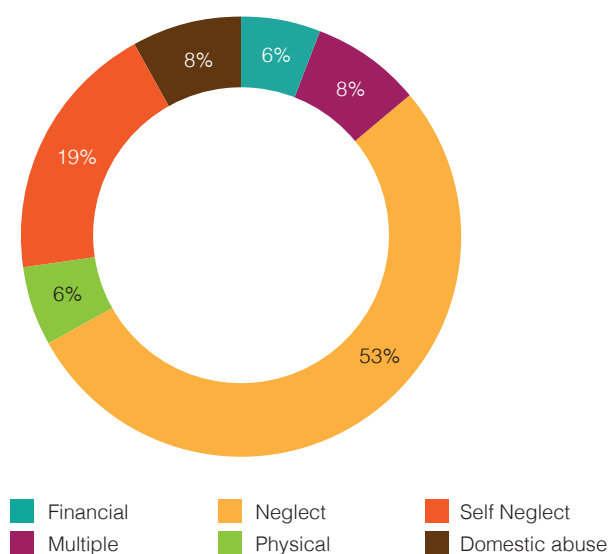
The majority of safeguarding enquiries involved men, compared to 2019/20 when there was an even split with both males and females accounting for 50% of S42 enquiries. However there is only a marginal difference between males and females so these changes are not significant.

### Concerns by abuse type



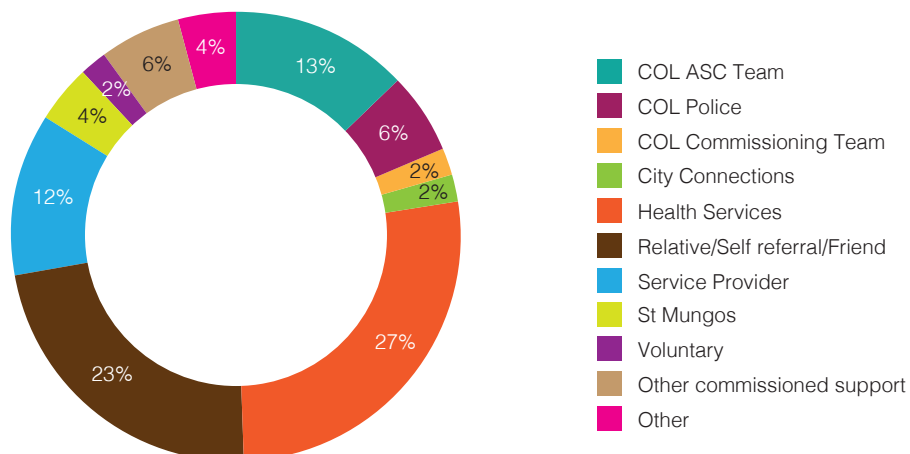
The most common form of abuse reported during 2020/21 was neglect and acts of omission. The data showed a significant rise in the number of reported safeguarding concerns involving domestic abuse. Financial abuse has declined as a cause of harm for the second year in a row. This may indicate that prevention of financial abuse is improving. It may also indicate that, since the pandemic has commenced, there has been an increase in other forms of abuse, in particular neglect, domestic abuse and self-neglect.

### Enquiries by abuse type



The most common form of abuse that was identified through safeguarding enquiry was neglect and acts of omission. This was consistent with previous year's data. Self-neglect was the second most common type of abuse, accounting for 19% of enquiries. As mentioned above, the number of enquiries involving financial abuse has also decreased with only two enquiries involving financial abuse.

### Source of referral

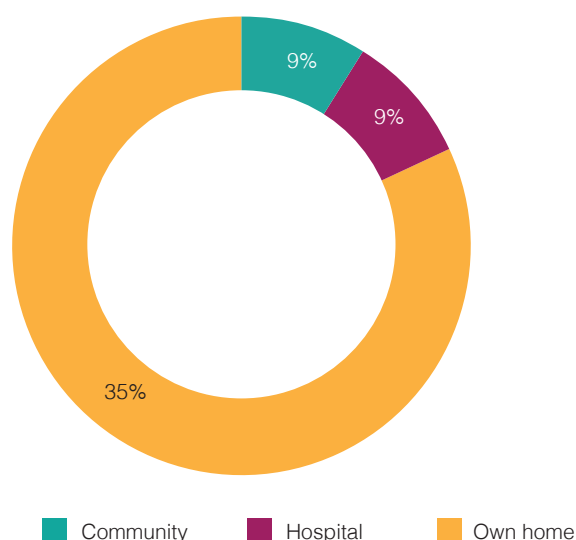


During 2020/21 the top three sources of referral were:

- 14 from Health services
- 12 from Relative / self referral / friend
- 10 from City of London (1 of which relates to City Connections)

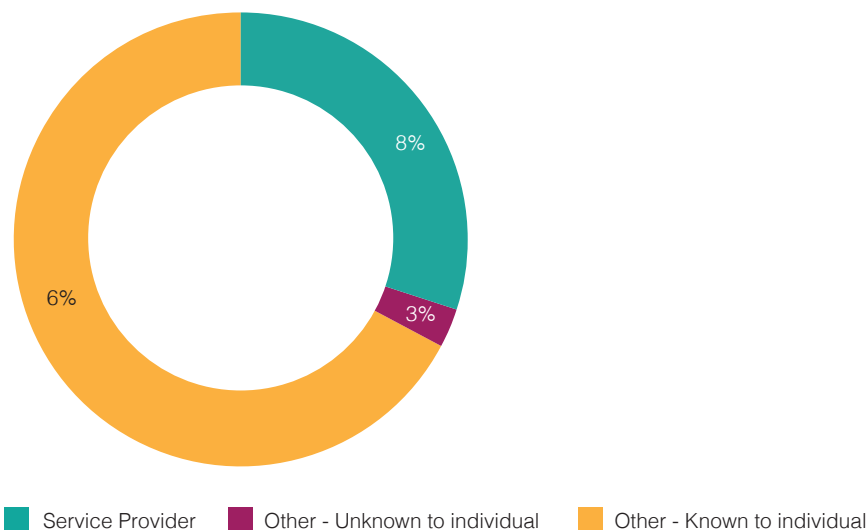
It was positive to see that the second highest rate of referral to safeguarding services was from a friend, relative or self-referral. This suggests that the public are becoming more familiar with adult safeguarding and how to refer people for support.

### Location of risk for concluded cases



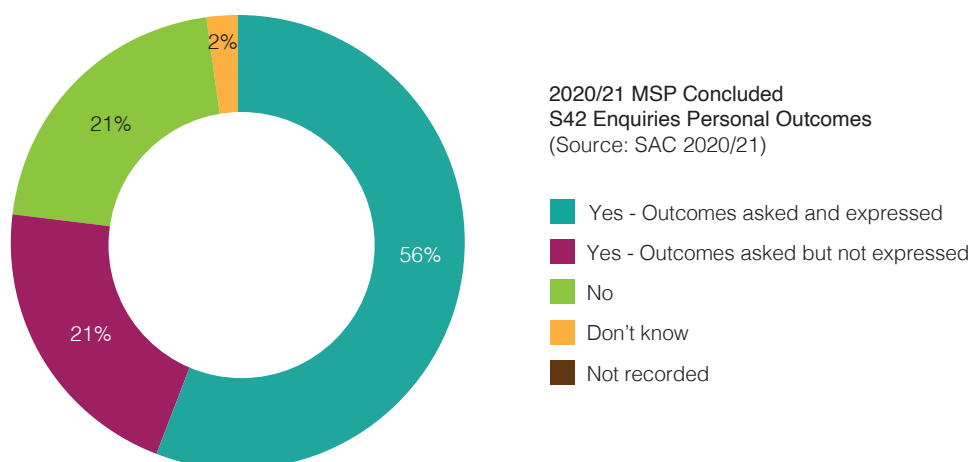
The majority of abuse occurred within the person's own home. This is consistent with previous year's data and national trends identified in NHS Digital's Safeguarding Adults Collection (SAC), which collects safeguarding data from all Local Authorities in England. There were fewer cases where the location of abuse was in the community or a hospital. This is likely to be a direct result of the Covid-19 pandemic with many people being unable to leave their homes during this time.

#### Source of risk for concluded cases

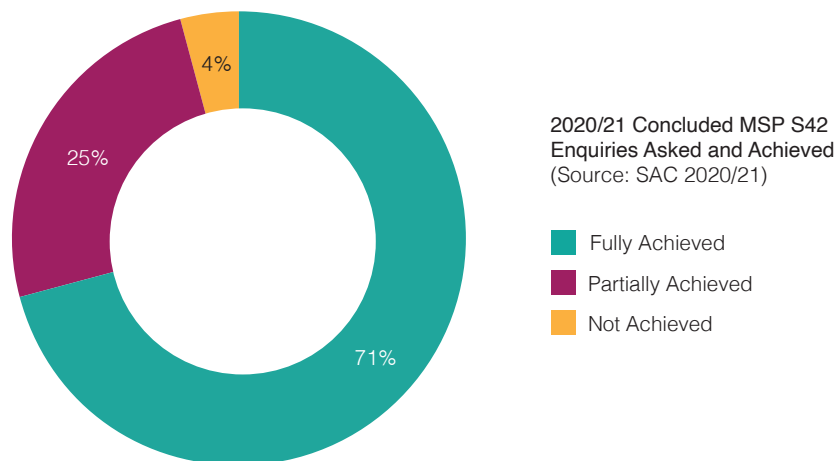


In the majority of safeguarding enquiries, the person who was alleged to have caused harm was known to the individual. This information is consistent with previous years' data and also reflects national trends identified in the NHS Digital SAC returns.

#### Making Safeguarding Personal

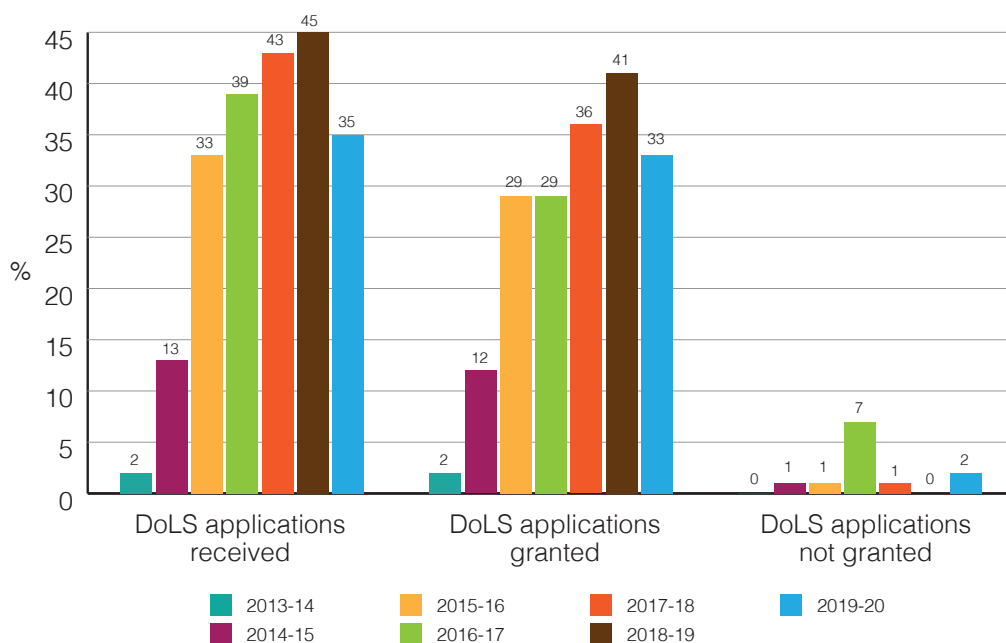






Making Safeguarding Personal is a way of undertaking safeguarding activity that is person-centred and focuses on delivering outcomes that the individual using safeguarding services wants. Professionals ask the person what they want or need to help them keep themselves safe. Where someone is unable to tell professionals about their needs, a best interest decision can be made to ensure their values and beliefs are upheld. The data shows that there has been an increase in the number of people who have not been asked about their desired outcomes. The reasons for this are not clear and will be explored further. There has, however, been an increase in wishes being achieved where people have expressed the outcomes that they want to be achieved.

### Deprivation of Liberty Safeguards (DoLS)



During 2020/21 there were 39 DoLS applications, although 4 were from last year's reporting period. 'Active DoLS' refers to DoLS from the prior reporting period that remained active during the current reporting period. The number of DoLS applications remained stable from the previous year, although there is a wider pattern of DoLS applications reducing in number.

## Appendix A:

### CHSAB Annual Strategic Plan 2020-2021

# CHSAB Annual Strategic Plan 2021 – 2022 (Update February 2021)

The CHSAB Plan addresses the six core principles contained in the CHSAB's Strategy for 2020 – 2025

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland	City of London Corporation (CoL)	Andrew Carter / Chris Pelham
City and Hackney CCG (CCG)	Siobhan Harper / Jenny Singleton	Hackney Metropolitan Police (MPS)	Marcus Barnett / Daniel Rutland
City of London Police	Anna Rice	Homerton University Hospital Foundation Trust (HUHFT)	Catherine Pelley / Jennie Wood
Barts Health NHS Trust	Claire Hughes	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade (City of London and Hackney)		London Fire Brigade City of London	David Bulbrook
National Probation Trust	Clare Andsell	Department of Work and Pensions	Ian Young
Healthwatch Hackney	Jon Williams	Healthwatch City of London	Paul Coles
Hackney CVS	Kristine Wellington	The Advocacy Project	Judith Davey
Age UK	Larissa Howells	London Borough of Hackney Housing	Jennifer Wynter
London Borough of Hackney and City of London Public Health	Andrew Trathen	City and Hackney Safeguarding Children's Partnership	Jim Gamble
Turning Point (substance misuse service)	Graeme Hodgkinson	City of London Commissioning	Ian Jarman
Older Person's Reference Group	Cynthia White	City of London Housing	Liam Gillespie
Commissioning LBH	Zainab Jalil		
Sub-group	Chair	Task & Finish Groups	Chair
SAR & Case Review	Chris Pelham	Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Quality Assurance (QA)	John Binding		
Workforce Development (WFD)	Zak Darwood		
Sub-Committee	Chair		
City of London	Dr Adi Cooper		

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”					
Priority	Action	Lead	Intended Impact	Update	
1. To respond to any safeguarding issues arising from the Covid-19 pandemic	1.1 The Executive Group will facilitate partners to consider any safeguarding issues relating to Covid-19. This will include ensuring that there is oversight of emerging safeguarding issues, the safeguarding responses to Covid-19 pandemic and recovery.	Executive Group	<ol style="list-style-type: none"> <li>1. To assure ourselves that we are effectively safeguarding issues affecting residents are responded to</li> <li>2. Quality assurance problems are reported and addressed in a timely manner.</li> </ol>		
	1.2 The Board will continue to review data to identify safeguarding trends that emerge as a result of Covid-19 and identify proportionate responses	Executive Group / QA sub-group	<ol style="list-style-type: none"> <li>1. The Board has a picture of safeguarding in the City and Hackney and allocates resources to respond to the need that has been identified.</li> </ol>		
	1.3 The Board will identify any learning opportunities relating to safeguarding, as the Covid-19 pandemic progresses and through recovery stage	Executive Group	<ol style="list-style-type: none"> <li>1. Frontline staff will have the knowledge they require to provide good quality support to residents</li> </ol>		

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”				
<b>2. To ensure that agencies are preparing staff for the introduction of Liberty Protection Safeguards (LPS) through training and development of skills and knowledge</b>	<b>2.1</b> LPS Leads in City and Hackney will provide assurances to the Board that they have appropriately prepared for the introduction of LPS. This includes responding accordingly to any national issues.	LPS Leads	<b>1.</b> The Board is confident that practitioners can exercise their duties in relation to LPS <b>2.</b> Residents in the City and Hackney will have appropriate LPS arrangements in place	
	<b>2.2</b> Partners who have duties under the LPS will provide assurances to the Board that appropriate training has been commissioned for their staff. It will further consider whether training should be commissioned for agencies who may require a general understanding of LPS. Please refer to section four for further details on training requirements	All partners with LPS responsibilities	<b>1.</b> The Board is assured that professionals can appropriately exercise their duties in respect of LPS <b>2.</b> Residents in the City and Hackney have appropriate LPS arrangements in place	
	<b>2.3</b> LPS Leads will work in partnership with Childrens' Social Care and the Safeguarding Childrens' Partnership to ensure that practitioners are supported in preparing for introduction of LPS.	Head of Adult Safeguarding / LPS Project Lead	<b>1.</b> The Board is assured that all 16 - 17 year olds that require a LPS are provided with this <b>2.</b> That there are effective transitions of young adults on an LPS into adult services	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”				
Priority	Action	Lead	Intended Impact	Update
3. To engage with the voluntary sector to continue to increase awareness of safeguarding issues	3.1 A programme of bitesize learning sessions to voluntary sector staff and volunteers will be delivered by the Safeguarding Adults Board Manager and Board's voluntary sector partners.	CHSAB Manager / HCVS/ Age UK / The Advocacy Project	<ol style="list-style-type: none"> <li>1. There will be an improved understanding of safeguarding across the voluntary sector</li> <li>2. Staff will be more empowered to respond and support safeguarding need.</li> </ol>	
	3.2 HCVS will run quarterly forums with the Safeguarding Champions to ensure that they are provided with training opportunities regarding safeguarding and ensure that there is a pathway to share safeguarding intelligence.	CHSAB Manager / HCVS	<ol style="list-style-type: none"> <li>1. Safeguarding champions will be better equipped to deliver their role</li> <li>2. The Board will receive an increase in safeguarding intelligence from the safeguarding champions.</li> </ol>	
	3.3 The workforce development sub-group will identify and develop additional resources to support practitioners working in the City and Hackney, this will include a monthly bulletin with updates on safeguarding legal issues and policy	CHSAB Manager / workforce development sub-group	<ol style="list-style-type: none"> <li>1. There will be better communication of safeguarding information to frontline staff</li> <li>2. There will be an improvement in safeguarding practice and how to apply the law to ongoing safeguarding concerns and enquiries.</li> </ol>	

Priority	Action	Lead	Intended Impact	Update
	3.4 The Board will create a feedback loop with voluntary sector staff and volunteers so that safeguarding issues and intelligence can be routinely shared with the Board.	CHSAB Manager / HCVS/ Age UK/ The Advocacy Project	<ol style="list-style-type: none"> <li>There will be improved relations between voluntary sector services and the Board with a streamlined process for feeding back intelligence to the voluntary sector</li> <li>There will be a stronger awareness of the Board amongst the voluntary sector</li> </ol>	
4. To continue to embed engagement with people with lived experience and ensure that they and their carers can influence all aspects of the Board's work	4.1 The Board will identify local service user groups to engage with remotely to promote awareness of safeguarding issues until such time that the service user groups can meet face-to-face. Hackney CVS and The Advocacy Project will support engagement with faith, carers and different cultural networks in the City and Hackney	All Board partners	<ol style="list-style-type: none"> <li>There will be an increase in community engagement with the Board evidenced through increased engagement with Board resources &amp; events for residents - this will help raise awareness of safeguarding across different communities</li> <li>The Board will receive more intelligence on safeguarding issues affecting different communities</li> </ol>	
	4.2 The Board will consider procuring a third sector organisation to obtain feedback from people with lived experience regarding their experiencing of safeguarding on behalf of the Board.	CHSAB Manager	<ol style="list-style-type: none"> <li>The Board will be able to identify how to improve adult safeguarding services for residents</li> </ol>	
	4.3 The Board Manager will work with voluntary sector services to identify three people with lived experience of safeguarding to attend the London Safeguarding Voices Group	CHSAB Manager / Healthwatch/ Hackney CVS	<ol style="list-style-type: none"> <li>The needs of City and Hackney residents and the Board will influence regional decision making around safeguarding.</li> </ol>	

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”					
Priority	Action	Lead	Intended Impact	Update	
5. To embed the learning from Safeguarding Adults Reviews (SARs) and the National Analysis of SARs	5.1 The Workforce Development Group will identify the key learning from the National Analysis of SARs and disseminate this to frontline practitioners in a series of briefings and learning sessions.	WFD sub-group	1. Practitioners will increase their knowledge of SARs and this will inform best practice when working with residents.		
	5.2 The SAR Action Plan Task and Finish Group will ensure that the learning and actions from EF Fire Death Review and MS SAR are delivered and review how improvements are embedded into practice.	SAR Action Plan Task and Finish Group	1. There will be a reduction in the number of SAR actions being uncompleted 2. The Board's approach to quality assurance will be more robust.		
	5.3 The SAR sub-group will review and update CSHAB SAR policy and process documents to ensure that these are compliant with the recommendations outlined in the National Analysis of SARs	SAR sub-group	1. The Board will be able to evidence that it meets its statutory obligations effectively 2. The risk of SARs being legally challenged will reduce		



Priority	Action	Lead	Intended Impact	Update
5. To embed the learning from Safeguarding Adults Reviews (SARs) and the National Analysis of SARs	5.4 The SAR sub-group will review all previous SAR action plans to identify what the achievements, gaps and challenges remain in relation to successfully embedding learning into practice.	SAR sub-group	1. The Board will be able to use the information to ensure that future SARs are more effectively embedded into practice. This will result in a reduction in the same issues being highlighted in all SARs.	
	5.5 The Workforce Development Group will identify and create resources that will help embed long-term organisational memory of SARs for staff across the partnership.	WFD sub-group	1. There will be an increased knowledge of SARs and the key learning among frontline staff.	
	5.6 The SAR sub-group will review and evaluate how each SAR has changed practice in the City and Hackney.	SAR sub-group	1. The Board will be able to quantify the value of SARs and the impact that they have in the City and Hackney.	

**Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”**

Priority	Action	Lead	Intended Impact	Update
<b>6. To continue to engage with Community Safety Partnerships, Safeguarding Children's Partnership and Health and Wellbeing Boards</b>	<b>6.1</b> The Board will continue to address strategic issues and work collaboratively on issues affecting CSP, CHSCPs and HWBs at the Hackney Joint Chairs meeting and City of London equivalent.	CHSAB Manager / CHSCP	<b>1.</b> There will be an improvement in the way that residents needs are met across the City and Hackney.	
	<b>6.2</b> The Board will explore with the Hackney Community Safety Partnership safeguarding issues arising from residents who exhibit anti-social behaviour and how to improve appropriate support.	Independent Chair / Community Safety Partnership	<b>1.</b> Practitioners will have a better understanding of how ASB is linked to safeguarding <b>2.</b> There will be improved interventions for people who have safeguarding needs and also exhibit anti-social behaviour e.g support will be offered at an earlier stage.	
	<b>6.3</b> The Board will continue to build its relationships with organisations across City and Hackney: <ol style="list-style-type: none"> <li>1. Adult Social Care teams in the London Borough of Hackney</li> <li>2. City of London Housing and Commissioning Teams</li> <li>3. Housing Associations in the London Borough of Hackney</li> </ol>	Independent Chair / CHSAB Manager	<b>1.</b> The Board will work more collaboratively with partners across the City and Hackney and ensure safeguarding is embedded into all areas of work.	

Priority	Action	Lead	Intended Impact	Update
	<p><b>6.4</b> The Board will continue to identify opportunities to engage and work collaboratively with new organisations and partnerships.</p>	CHSAB Manager / Independent Chair	<p><b>1.</b> The Board will work more collaboratively with partners across the City and Hackney and ensure safeguarding is embedded into all areas of work.</p> <p><b>2.</b> To boost the Board's profile and mean that it has greater influence</p>	
	<p><b>6.5</b> The Board will continue to lead and/or assist other Partnerships with on-going work regarding:</p> <ol style="list-style-type: none"> <li>1. Modern Day Slavery</li> <li>2. Suicide Prevention</li> <li>3. Domestic Homicide</li> </ol>	CHSAB Manager	<p><b>1.</b> Safeguarding will inform prevention work and decrease the need for people to receive safeguarding support in the long-term.</p> <p><b>2.</b> Professionals working outside ASC will have an increased awareness of their safeguarding duties</p>	
<b>7. To progress work on Transitional Safeguarding</b>	<p><b>7.1</b> The Transitional Safeguarding Task and Finish Group will continue to deliver the transitional safeguarding action plan on behalf of CHSAB, the Safeguarding Children's Partnership and Community Safety Partnerships across City and Hackney</p>	Transitional safeguarding T&F group	<p><b>1.</b> There will be an improved safeguarding response to young adults in the City and Hackney</p> <p><b>2.</b> The work will build trust amongst young people and statutory organisation</p>	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”				
Priority	Action	Lead	Intended Impact	Update
8. Assurance that residents using Out of Borough placements or placed in unregulated settings are appropriately safeguarded from abuse and neglect	8.1 The Board will review the mechanisms by which commissioners get information on deaths of Hackney residents placed in Out-of-Borough placements.	LBH / COL / City and Hackney CCG Teams	<ol style="list-style-type: none"> <li>1. The Board will have improved oversight on safeguarding issues affecting residents placed out-of-Borough</li> <li>2. The quality of care provided to residents is equitable.</li> </ol>	
	8.2 London Borough of Hackney, City of London and City and Hackney CCG will report any (Covid-19) safeguarding issues that may affect City or Hackney residents living in an out-of-Borough placements.	LBH/Col/ City and Hackney CCG Commissioning Teams	<ol style="list-style-type: none"> <li>1. The Board can be assured that partners have provided good safeguarding care to residents.</li> <li>2. The quality of care provided to residents is equitable.</li> </ol>	
	6.3 The Board will support and promote any work at a national or regional level to strengthen cross boundary/Borough working in this area.	Independent Chair / CHSAB Manager	<ol style="list-style-type: none"> <li>1. There will be a reduction in the amount of people denied care due to disputes centred on who is the lead Borough responsible for care.</li> </ol>	

Priority	Action	Lead	Intended Impact	Update
9. To raise awareness of executive mental capacity amongst professionals based in the City and Hackney	9.1 The workforce development group will develop a suite of resources for frontline practitioners to assist with developing skills for assessing executive mental capacity.	WFD group	1. Audits will show that practice around mental capacity continues to improve.	
	9.2 The Head of Adult Safeguarding will deliver a series of briefings and learning sessions on the following: 1. How professionals can escalate complex safeguarding cases 2. The role of the Court of Protection and High Court 3. Legal literacy in relation to mental capacity cases	Head of Adult Safeguarding LBH & CoL	1. There will be a better infrastructure in place to prevent high risk service users experiencing harm	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
10. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding	10.1 To promote the voluntary sector audit tool amongst voluntary and provider agencies and support agencies to complete and identify improvements.	CHSAB Manager / Commissioning / Voluntary sector partners	1. This will help the Board assure itself that providers are undertaking their safeguarding obligations and help improve the safeguarding response in this sector.	
	10.2 To create a Provider Concerns Group to improve oversight of safeguarding concerns impacting this sector.	Head of Adult Safeguarding / Head of Commissioning	1. There is assurance that the provider sector is meeting its obligations. 2. There will be earlier interventions to support residents where safeguarding issues are identified.	
	10.3 To quality assure safeguarding training across the partnership to ensure that staff all have received the safeguarding training they require .	Workforce Development Sub-Group	1. There will be evidence that all staff working with adults at risk are appropriately trained to do so. 2. There will be an increase in staff receiving safeguarding training.	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”					
Priority	Action	Lead	Intended Impact	Update	
	10.4 The Board to undertake a Making Safeguarding Personal temperature check with all partners.	QA sub-group	<ol style="list-style-type: none"> <li>1. MSP has been embedded into practice properly.</li> <li>2. The Board can identify areas where MSP needs to be strengthened.</li> </ol>		
	10.5 The Board will undertake an self-assessment of adult safeguarding across London Borough of Hackney Social Care.	Head of Adult Safeguarding / Executive Group	<ol style="list-style-type: none"> <li>1. The Board will understand how well adult safeguarding is being embedded into practice.</li> <li>2. There will be an action plan identifying how to improve the adult safeguarding response to residents.</li> </ol>		

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
11. To ensure the delivery of the Board's core business	11.1 The Quality Assurance sub-group will continue to collect and analyse safeguarding data to identify safeguarding trends arising in the City and Hackney and provide reports to the Board.	QA sub-group	<ol style="list-style-type: none"> <li>1. The Board will be able to use this information to inform its priorities for future years.</li> <li>2. The Board will be able to evidence that it is responding to need in the City and Hackney.</li> </ol>	
	11.2 The Neighbourhood Team and Board will continue to work together to identify how safeguarding and learning from SARs can be reinforced and incorporated in development work undertaken by the Neighbourhood Teams.	CHSAB Manager/ Neighbourhood Team Project Manager	<ol style="list-style-type: none"> <li>1. Safeguarding will form a fundamental element to the Neighbourhood Team work and influence all of their workstreams.</li> <li>2. Safeguarding need will be identified at an earlier stage.</li> </ol>	
	11.3 Set up a small working group to deliver and support activities across the partnership for Safeguarding Adults Week, November 2021.	WFD/ service user engagement sub-group	<ol style="list-style-type: none"> <li>1. There will be greater awareness of safeguarding across the City and Hackney..</li> <li>2. The number of professionals and residents engaging during SAW will increase.</li> </ol>	
	11.4 The Quality Assurance sub-group will oversee the delivery of one multi-agency audit on the theme of self-neglect and report the findings to the Board. .	QA sub-group	<ol style="list-style-type: none"> <li>1. The Board will be able to identify how well we respond to self-neglect and improve practice by identifying areas of focus going forward.</li> </ol>	



Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
11. To ensure the delivery of the Board's core business	11.5 The Board will continue to commission and provide training to update professionals on safeguarding and relevant areas of legal literacy.	CHSAB Manager / AD People CoL	<ol style="list-style-type: none"> <li>Frontline staff will be able to better utilise legislation to help them support residents.</li> <li>There are improved outcomes for high risk individuals.</li> </ol>	
	11.6 The Board will continue to engage with residents via quarterly newsletters and seek their input on any initiatives that the Board is working on.	CHSAB	<ol style="list-style-type: none"> <li>Residents will have a better awareness of safeguarding issues affecting residents.</li> <li>There will be increased engagement with the Board.</li> </ol>	
	11.7 All partners will provide assurances regarding their commitment to the Board by completing the Safeguarding Adults Partnership Audit Tool at the Board's annual Development Day and contributing to the annual report.	All partners	<ol style="list-style-type: none"> <li>The Board will be assured that all partners are meeting their statutory obligations.</li> <li>Where partner agencies are not meeting statutory obligations the Board will be able to put in place directives to tackle problems that have been identified.</li> </ol>	



**City & Hackney Safeguarding Adults Board**

1 Hillman Street

Hackney

London

E8 1DY

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

Tel: **020 8356 6498**

<b>Health in Hackney Scrutiny Commission</b>  11 <sup>th</sup> October 2021  <b>Covid-19 – update from Public Health and CCG</b>	Item No  <b>7</b>
--	-------------------------

## OUTLINE

The roll out of the vaccinations programme for Covid-19 is dominating the work of the local NHS bodies and we receive detailed updates at each meeting. At the last meeting we asked for a further update from Public Health/Vaccinations Steering Group.

This is a fast-evolving situation and to ensure that the briefing is as up to date as possible for 11<sup>th</sup> October officers will submit it to Members on the 8<sup>th</sup> and it will be included in the published document folder and **TABLED** on the night.

Attending for this item will be:

**Dr Sandra Husbands**, Director of Public Health  
**Siobhan Harper**, Director of CCG Transition for C&H and SRO for the  
Vaccinations Steering Group

## ACTION

The Commission is requested to give consideration to the briefing.

<b>Health in Hackney Scrutiny Commission</b>  11 <sup>th</sup> October 2021  <b>Minutes of the previous meeting</b>	Item No  <b>8</b>
---	-------------------------

## OUTLINE

Attached please find draft minutes of the meeting held on 8<sup>th</sup> July 2021.

### Matter Arising from 8 July

#### Action at 6.3(b)

<b>ACTION:</b>	<i>Claire Hogg to liaise with Cllr Adams on engagement with residents in the Ward re St Leonard's re-development proposals.</i>
----------------	---

Julia Simon has now replaced Claire Hogg in post and will progress this with Cllr Adams and the other ward councillors.

#### Action at 8.9

<b>ACTION:</b>	<i>Dr Mark Rickets to share with the Commission the government guidance on GDPR (General Practice Data for Planning and Research) when finally published and Dr Bhatti's response to it and advice.</i>
----------------	---

This is awaited.

## ACTION

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

**London Borough of Hackney**  
**Health in Hackney Scrutiny Commission**  
**Municipal Year: 2020/21**  
**Date of Meeting: Thursday 8 July 2021 at 7.00pm**

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

<b>Chair</b>	<b>Councillor Ben Hayhurst</b>
<b>Councillors in attendance</b>	<b>Cllr Kam Adams, Cllr Kofo David and Cllr Deniz Oguzkanli</b>
<b>Councillors joining remotely</b>	<b>Cllr Peter Snell (Vice-Chair) and Cllr Emma Plouviez.</b>
<b>Council officers in attendance</b>	<b>Dr Sandra Husbands (Director of Public Health for City and Hackney)</b>
<b>Other people in attendance</b>	<b>Catherine Pelley (Chief Nurse and Director of Governance, HUHFT) Dr Mark Rickets (CCG Clinical Chair for City and Hackney) Siobhan Harper (Director of CCG Transition for City and Hackney) Malcolm Alexander (Chair, Healthwatch Hackney) Jon Williams (Executive Director, Healthwatch Hackney)</b>
<b>Members of the public</b>	31 views
<b>YouTube link</b>	The meeting can be viewed at <a href="https://youtu.be/Z4cenv9Cqwl">https://youtu.be/Z4cenv9Cqwl</a>
<b>Officer Contact:</b>	<b>Jarlath O'Connell</b> ☎ 020 8356 3309 ✉ <a href="mailto:jarlath.oconnell@hackney.gov.uk">jarlath.oconnell@hackney.gov.uk</a>

---

### **Councillor Ben Hayhurst in the Chair**

- 1 Apologies for absence**
  - 1.1 Apologies from Cllr Gregory and Helen Woodland.
- 2 Urgent items/order of business**
  - 2.1 There were no urgent items and the order of business was as on the agenda.
- 3 Declarations of interest**
  - 3.1 There were none.

## 4 Covid-19 update from Public Health and CCG

### 4.1 The Chair welcomed for this item

Dr Sandra Husbands (Dr H), Director of Public Health, Hackney and City  
Siobhan Harper (SH), Director of CCG Transition/SRO for Vaccinations  
Steering Group

### 4.2 Members gave consideration to a tabled briefing '*City and Hackney Covid-19 Vaccination Programme*'. This was tabled so that more timely data could be presented.

### 4.3 Dr Husbands took Members through the report in detail. It covered: update on the roll-out; vaccinations snapshot by cohort; capacity issues; data on care home residents and staff; work to improve uptake in care homes; weekly trend of Covid cases; cases by age and sex; update on variants of concern and variants of interest; targeted local outreach; key communications actions in next two weeks.

### 4.4 SH gave an update on the specific work of the Vaccinations Steering Group and the challenges to increase capacity and to ensure all slots being offered are being filled. She described the work to ramp up the various outreach programmes and the need to engage better with young people in different settings. The booster programme was being planned to run from 5 Sept to 16 Dec, focusing the more vulnerable cohorts, and would run alongside the flu vaccine programme.

### 4.3 Members asked questions and in the response the following was noted:

(a) In response to a question about how long the effectiveness of the vaccines last, SH stated that it was 6 months to a year.

(b) In response to a question about a media story re 'unlicensed' plant in India producing AZ vaccine Dr Husbands clarified that the issue was that it was not approved yet by the EMA for European Economic Area countries and they haven't, as yet, approved any vaccines manufactured outside the EU.

(c) A Member asked, further, if these contentious batches had been distributed to Hackney residents. He also asked about the latest of vaccination uptake by care workers. Dr H replied that it would be difficult to know. You'd have to link the batch number back to manufacturer. EU states currently allowing UK residents to travel there. This is currently quite limited in numbers and they might treat such cohorts as if they are not vaccinated but this is not yet clear. They also require PCR tests in any case.

(d) Chair asked if there could be weekly data on uptake by domiciliary care workers as well as care workers. Dr H replied that uptake has improved thanks for the outreach work. The targets set for them have been met and they understand the barriers and have put in bespoke action plans to address these however a lot had yet to be done on Homecare. HUHFT staff vaccination rates were nearly 90%. With

home care it depended on which agency is involved. Some were doing much better than others. Catherine Pelley (HUH) added that tracking vaccination status of domiciliary care workers with different employers was a real challenge and was time consuming. Dr H added that Public Health continued to reach out to care home staff and was reaching out in person to domiciliary care staff as many will not have access to their computers during the working day. They were challenging a number of the myths which persist such as the one about the impact of the vaccine on fertility.

(e) Members asked about media reports that Hackney had the lowest pay outs for the £500 self-isolation payments. Dr H explained that the issue here was that it was proving very difficult to distribute self-isolation payments in practice because very few people actually meet the very strict national eligibility criteria and they were hamstrung by that. She added that there may also have been an issue too about ability to verify people's eligibility because of the impact of the cyber-attack.

(f) In response to a question from the Chair on the plans for vaccinating children, Dr H stated that currently it was licensed from age 16 so they could currently vaccinate 16-18 yr olds. It was not licensed on children as it hadn't been tested on them.

(g) Malcolm Alexander (Healthwatch Chair) asked about the policy for people who are immunosuppressed. Dr H replied that if they have congenital or acquired conditions which impacts on their immune system they still need to be vaccinated and these cohorts are. There was a continuing need to take precautions around these groups of people who were more vulnerable, despite being vaccinated.

(h) Chair asked what local messaging there would be for post-19 July. Dr H replied that they were working on this 'comms' plan. She added that just because the restrictions had ended this did not mean that we should stop taking precautions as the virus had not ended. So long as there is virus circulating in the rest of the world it is still not the end of the pandemic.

(i) Chair stated that given that Hackney had inbuilt structural challenges and age demographics that go against it for Covid, what the messaging would be about this and about the borough's continuing vulnerability. Dr H replied stated that the council and health partners were making very clear what our vulnerabilities were and she had done this at the London Health Committee where she had stressed that we still were vulnerable to local epidemics until vaccination rates have improved.

(j) Members asked about reopening of council offices and staff returning to the office post 19 July. Dr H replied that the position was unchanged and that they were unlikely to bring people back to council buildings on a big scale before September and there added that there would be a full review before that happened. She added that the various adaptations to make the building Covid-secure remained and would be reviewed on an ongoing basis.

4.4 The Chair thanked the officers for their report and attendance and suggested that perhaps looking more closely at internal policies could be picked up at a future meeting.

<b>RESOLVED:</b>	<b>That the report and discussion be noted.</b>
------------------	---



## **5 Homerton University Hospital NHS Foundation Trust Quality Account 2020/21**

- 5.1 The Chair introduced the item reminding members that each year the Commission is asked to formally comment on a Homerton's draft Quality Account. A letter was sent and included in the report which HUHFT had then submitted to NHSE/NHSI on 30 June. The purpose of this item was to reflect on the report and the experience of HUHFT over the past year.
- 5.2 Members' gave consideration to the Commission's own letter of 28 June and the final draft of the *HUHFT Quality Account 2020/21*. The Chair welcomed for this item:

Catherine Pelley (CP), Chief Nurse and Director of Governance, HUHFT

And he congratulated her on her recent MBE and HUHFT on its recent HSJ and Royal College of Nursing awards.

- 5.3 CP explained what the Quality Account is and the reporting requirements and that it had to be completed according to an NHS mandated template. A shorter summary version would be available for the Trust's AGM and she would respond to the Commission's letter also.

- 5.4 Members asked detailed questions and in the responses the following was noted:

(a) The Chair asked where HUHFT currently stood on Covid-19 patient numbers and the trends. CP stated that since Wave 2 they only had a handful of patients with Covid in the hospital. Only 1 patient in ITU currently. What they've just seen was an increasing number of patients from averages of 6-7 a day to 15-16 a day however the Community Services would be treating patients who would have Covid. She expressed concern about the possible impact of respiratory viruses on children over the coming winter.

(b) The Chair asked whether the Trust was seeing more admissions of children because the Delta variant was more transmissible by them. CP replied that an increase in number of children with respiratory illnesses was seen, mainly because they'd not been exposed to viruses over the past 18 months. They were trying to learn from the experience in Australia who are ahead of the UK with the trends.

(c) Members asked about building back elective care and the timeline for it. CP described the work at NEL level to create as much capacity as possible for elective care in order to cope.

(d) Members asked about Long Covid numbers and any change in those. CP said they were not admitting people with Long Covid. The issue was that it was something where they had relatively minor symptoms and then had longer term effects so were working with the Community Service on it. They were expecting those numbers to expand. 20-23% of people with Covid are likely to have Long Covid and it would become the new Long Term Condition to manage, she added.

(e) Jon Williams (Healthwatch) asked about staff burn-out and staff morale. CP replied that health and social care workforce was tired and exhausted. They'd done a lot of work in Trust on their wellbeing offer for staff and recognising the psychological support people needed and were doing specific interventions. Generally, people were very anxious about the third wave if vaccinations were not taken up and the virus spread widely again. They had set up a new set of awards for nursing and midwifery staff and trying to recognise good work and make sure staff feel appreciated.

(f) The Chair asked about staff feedback questionnaire and staff appraisals. CP replied that staff are still expressing concerns and there are some parts where there has definitely been improvements. They've been able to show that the culture they'd created around patient safety and quality was one of the best in London. They had struggled to get completed appraisal rates to the 80% level. They now had to implement a new quarterly 'temperature check' process rather than the old Friends and Family test and hoped with would generate more real time information.

The Chair asked why the Trust was changing its name to Homerton Healthcare. CP replied that it was a long time coming. Homerton services were not just about the hospital as it provided services across the community and into people's homes. It would also make it more of an anchor organisation within the borough.

5.5 MA reported that Stuart Maxwell (long time Governor at the Homerton) had recently passed away. The Chair expressed his sincere condolences on behalf of the Commission and stated that Mr Maxwell had been a dedicated supporter of health services locally and had long contributed to health scrutiny.

<b>RESOLVED:</b>	<b>That the report and discussion be noted.</b>
------------------	---

## **6 Future plans for St Leonard's Site**

6.1 The Chair introduced the item stating that plans for the re-development of the St Leonard's Hospital site had been a burning local issue for the healthcare economy for some time. The building was not in a good state of repair, yet it provided residents with a range of services. Prior to the pandemic, discussions had been taking place between the CCG, the Council and NHS Property Services on possible options and funding had been secured to carry out a feasibility study and the site was also part of the wider NEL CCG Estates Strategy but Members had heard nothing about the project for some time. He welcomed to the meeting:

Claire Hogg (CH), Director of Strategic Implementation and Partnership, HUHFT

6.2 CH gave an update on St Leonard's Project Group which has been running for some time. It oversees the work that Attain was commissioned to do. The CCG had secured funding to get Attain to carry out a healthcare and demand analysis on St Leonard's. Because of Covid the process had been delayed. St

Leonard's was old and required significant investment to make it fit for purpose. The demand analysis work found that they would soon run out of space unless they took a different approach. Attain's had done some minor public engagement work and so she'd been working with Healthwatch to think about how that aspect can be expanded. The challenges was about how to create a vision for St Leonard's which the public could buy into and how to ensure that St Leonards becomes an anchor institution within City and Hackney to address both population health need and the wider social determinants of health locally. She talked about the potential for education, employment and housing uses also on the site which could form part of a plan for the site to help build a compelling business case for the re-development.

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

(a) The Chair asked what the next steps were to unlock further funding or agreement from NHS Property Services to agree to move forward with a greater release of funding to build up a full business case. CH replied that this is the next task for the coming 6-12 months. The timescales overall would see a redevelopment by 2026 and local NHS was keen that stakeholders are all clear about this being a long-term programme of work and about the need to fully engage the public. The Chair asked if the previous funding was still on the table. CH explained that it was but in going back to One Public Estate to progress the next stage the local NHS partners would need to present a very strong and clear vision for the site and have worked up a strategy for how it would also fit with the wider system vision for NEL.

(b) Cllr Adams, in whose ward the site located, asked about non-digital promotion of the Healthwatch event and plans for consultation with local residents. CH replied they were creating an engagement plan and part of this would be to stress that this was a long-term piece of work and also to tie it in with the Neighbourhoods Programme. She undertook to meet with the Ward Cllrs to update them.

<b>ACTION:</b>	<b>CH to liaise with Cllr Adams on engagement with residents in the Ward.</b>
----------------	---

(c) Malcolm Alexander (Healthwatch Chair) asked about their People's Plan for St Leonard's and the Healthwatch event on 13 July and how they would prefer it be called St Leonard's Community Hospital. They were also going to discuss it at their AGM on 28 July and had invited Diane Abbott MP to speak at that.

(d) The Chair asked about finances of the deal and on the risks of setting unrealistic expectations locally. He asked how much of it will need to involve private sale or development on in order to fund the project. MA replied that it was essential that residents be made aware that we need to open up people's vision about what can potentially be created and what can be achieved on the site.

(e) The Chair asked about raising with the local population the need for some financial trade offs as it would have to be agreed at HM Treasury level. CH replied that they would have to do all this. The engagement event on 11<sup>th</sup> would be the start of this process. There were opportunities around housing, nurseries etc and ask the

community what they would want and this would feed into the negotiations on the financial side.

(f) The Chair asked about the structural condition of the site and whether the model used at Whipps Cross might be a template. CH replied that there were a couple of examples wider NEL (e.g. St George's in Hornchurch) that they could use when thinking about possible financial models. The site was owned by NHS Property Services and the City & Hackney system was exploring whether the asset could be transferred to a local party e.g. HUHFT, but there was a long process to go through to achieve this. It would take some time and they would have to run both processes (the engagement work and the financial modelling) in parallel for it to work out

(g) The Chair asked about the need for key worker housing for hospital staff and that that this was a real opportunity and a real selling point if it could be built in to the plan because this demographic was being priced out of the borough. Jon Williams added that the City & Hackney Coproduction Charter drives the co-production process which they were using and this would be a long term process. It was essential to have the conversation with the public and to help them understand how this process would operate. It's a potentially very exciting project he added and there was a need to focus on that rather than saying it would all be too challenging. It's a way of making people feel optimistic about things, which was needed at present, and an opportunity to show how co-production can work in the borough

- 6.4 The Chair thanked CH for her update. He added that when the local NHS has worked up a firm proposal it should come back to the Commission so they could discuss it with them and explore next steps.

<b>ACTION:</b>	<b>Update on St Leonard's redevelopment to be added to work programme.</b>
----------------	--

<b>RESOLVED:</b>	<b>That the discussion be noted.</b>
------------------	--------------------------------------

## **7 Healthwatch Hackney Annual Report 2020/21**

- 7.1 The Chair stated that each year the Commission considered the annual report of Healthwatch Hackney before it was submitted to Healthwatch England. Members gave consideration to the report and a briefing presentation and the Chair welcomed to the meeting:

Malcolm Alexander (MA), Chair, Healthwatch Hackney  
Jon Williams (JW), Executive Director, Healthwatch Hackney

- 7.2 In introducing the report MA reflected on past year and the struggles they had. Hearing the public particularly at this time was vital he added. He stated that they had changed the format of their Board meetings and make them more accessible, and the public can now attend and participate. They had also replaced their Enter and View visits which could not run at present with 'Information Exchanges', where they have detailed discussions e.g. on topics such as registering with GPs. They also wanted to be much more public

facing however their office was quite inaccessible and so their ambition was to secure better space where they could be seen and the public could contact them more easily. JW then took Members through a presentation containing the highlights of the report.

- 7.4 A Member asked what levers Healthwatch might have, with for example the GP Confederation, on the need for mystery shopping exercised when a service is inadequate. JW replied that they did do mystery shopping on dental services and on GP registrations recently. City and Hackney primary care was very strong compared to its neighbours but he would pursue the issue with the CE of the GP Confederation.
- 7.5 The Chair asked about the need for the Healthwatch organisations across the 8 NEL boroughs to mark the ICS across the whole NEL footprint asked what scope, plans, or financing was there to provide a Healthwatch function over the NEL ICS footprint. JW replied that they were working with NEL CCG on this and part of the solution was the Community Insight Database which had gathered data for example from 600 questionnaires from disabled people across NEL. The plan was to enhance this further and develop the next stage, known as the Platinum Model so that data can be held across the system. They were also aiming to include data from hospitals in NEL in order to establish a baseline. NEL CCG was also asking them attend very many meetings in their new structure and they had to pushback because of capacity and so they were talking to them about ways of funding such input. Healthwatches also did meet with Marie Gabriel on quarterly basis and relationships were currently very positive. They were stressing to NEL CCG that public involvement wasn't just a nice thing to have but rather it is a vital component to system transformation.
- 7.6 The Chair stated he would welcome Healthwatch's objective eye on planned changes in governance at the ICS e.g. the proposal that there be one Local Authority rep on the new ICB to cover 8 local authorities and the accountability gap there overall and how this could have significant ramifications depending on the situation and the demographics of the local authority where that one representative comes from. He added that Cllrs would welcome a joined up Healthwatch 'explainer' on these changes as they were going along to aid councillors understanding and ability to challenge the NHS. MA replied that there was a major funding problem for Healthwatches to work at NEL level. He stated that there was a gap between the amount of money allocated by central government to councils for Healthwatch and what was then passed on to them. The Chair replied that he was aware of this and although the Cabinet Member was not present at the meeting he would raise the issue with him.
- 7.7 The Chair thanked MA and JW for their hard work over this past year which had been a particularly difficult one and stated that their input was incredibly valuable to the Commission on a number of levels.

<b>RESOLVED:</b>	<b>That the report be noted.</b>
------------------	----------------------------------

## 8 Secondary use of GP patient identifiable data

8.1 The Chair stated that the kernel of the issue here was the public giving permission to their GPs for their medical records to be passported on to the central NHS Digital database as part of a new scheme called General Practice Data for Planning and Research (GPDPR). In Tower Hamlets a number of GPs there had stated that they were refusing to pass on this data and he had asked the CCG for a verbal update.

8.2 Members noted two articles '*GPs urged to refuse to hand over patient details to NHS digital*' from the Guardian and '*What is the NHS data grab?*' from an industry journal. He welcomed for this item:

Dr Mark Rickets (MR), Clinical Chair for City and Hackney, NEL CCG  
Siobhan Harper (SH), Director of CCG Transition for City and Hackney, NEL CCG

8.3 MR explained what *General Practice Data for Planning and Research* was, how it worked and that the consultation on the change had been extended to run until 28 Aug. He explained that Dr Osman Bhatti a GP in Tower Hamlets and Clinical Lead for Digital for NEL CCG had been at the forefront of challenging the poor planning on this by NHSE.

8.5 MR stated that data was already extracted from the primary care system for all sorts of reasons and GP Practices on their websites needed to make this clear. Data was extracted on a pseudonymised basis by age, sex, medical condition etc. The government's plan was to replace that with the GDRPR which would require a new extraction arrangement. The Practices had a responsibility to explain to their patients what the data would be used for and the implications of it. They were waiting for the government to publish the data protection implications so Practices could properly counsel their patients. Practices have to switch on the data extraction process at their site and Dr Bhatti and colleagues had told their local GPs that as data controllers they each have a responsibility to inform patients how the data would be used and because that was currently unclear, they shouldn't therefore enable this data extraction. Nobody across NEL had so far turned-on data extraction because nationally there had been a huge pushback and the government then extended the deadline to 28 Aug. GPs were in a difficult position as the government had made this a contractual requirement. There weren't specific penalties, but a Practice would be breach of its contract which might have consequences. So, the data controllers could be in breach of this new GPDPR requirements and of their own GP contract. They were waiting for further information on how this data was going to be used and how it was going to be protected.

8.6 MR added that if this was done right it would be a very positive and beneficial step and it shouldn't be possible to identify any individual within it. Patients can currently complete a form and send it to their GP indicating that they wish to opt out. If thousands did this however it would create a huge volume of admin for GP Practices for which they have no additional resource. At a time

when GPs were extraordinarily busy this would add to their burden. He added that the government was promising to do more and better communications to the public, but this was awaited.

- 8.4 The Chair asked when this government guidance was expected and whether it would be clear about what the data might be used for? MR replied this was not clear and so it was very difficult for NEL CCG to advise GPs not to switch on the data extraction as that would constitute a breach of contract. However, the LMC itself wasn't bound by such considerations and so was campaigning against it.
- 8.4 The Chair asked if GDPR was national. MR replied it was and that Dr Bhatti was well placed to advise as he'd been writing blogs and articles etc on the issue which then had been picked up by the national press who therefore had focused on the views of GPs in Tower Hamlets and east London.
- 8.5 A Member commented that vaccination passports were a huge driver to get people to download the NHS App and to use it more that he was worried that if people were refusing to share their data they'd lose out on that too and all the other benefits they get from the NHS App. He stressed that this needed to be sorted out quickly.
- 8.6 A Member asked whether you could continue to use the NHS App and refuse for your data to be uploaded? MR replied that his understanding was that when you receive your vaccine this is recorded in the Pinnacle system and within 2 or 3 days all that drops into your GP notes and it also drops into the NHS App. It doesn't have to be extracted separately from GP notes to get into the App. He reiterated that getting this data sharing right was a huge force for good in so many ways and it would be tragic to lose that opportunity by mismanaging the process.
- 8.7 Dr Husbands added that the vaccination system was a separate system and right now GDPR wasn't in place and so you can still get the connection between your vaccination status and the NHS App but within the App itself you have to enable it. If you download the App you can turn on the Vaccine Passport or chose not to. MR added that there was other information in the App that comes via the Practice so if you wanted your notes or blood tests requests or prescriptions than that is all direct from your Practice and that could be affected if you don't allow data flow to the App.
- 8.8 In concluding, the Chair stated that government needed to publish what they're going to do re GDPR. It would also help if Dr Bhatti could give his views then on it. The GPs then need to decide whether they will enable the data extraction and the public then need to decide whether to hand in an Opt Out form to their GP, but in doing so this will inevitably create a huge data entry burden for GP Practices. SH added that patients can opt out of the data share via the NHS App also. MR added that Dr Bhatti will be producing advice for GPs in NEL which can be shared more widely. He added that his hope was that there wouldn't be lots of opting out, as yet, because if people

turn out to be happy the revised policy, then it would be better for them to engage with the system.

- 8.9 The Chair thanked MR for clarifying this very complex issue and stated that Members would welcome Dr Bhatti's guidance once the government published the revised policy.

<b>ACTION:</b>	<b>MR to share with the Commission the government guidance when finally published and Dr Bhatti's response and advice.</b>
----------------	--

<b>RESOLVED:</b>	<b>That the discussion be noted.</b>
------------------	--------------------------------------

## **9 Minutes of the previous meeting**

- 9.1 Members gave consideration to the draft minutes of the meeting held on 8 June and the Matters Arising.

<b>RESOLVED:</b>	<b>That the minutes of the meeting held on 8 June be agreed as a correct record and that the matters arising be noted.</b>
------------------	--

## **10 Health in Hackney Work Programme**

- 10.1 Members gave consideration to the updated work programmes. The Chair stated that the next meeting in Oct would include items on the confirming of the mental health bed moves to East Ham Care Centre, on the C&H Safeguarding Adults Board Annual Report and on Maternal Mental Health disparities, which has been raised by Cllr Conway as well as an update on Covid.

<b>RESOLVED:</b>	<b>That the Commission's work programmes for 21/22 and the rolling work programme for INEL JHOSC be noted.</b>
------------------	--

## **11 Any other business**

- 11.1 There was none.



<b>Health in Hackney Scrutiny Commission</b>  11 <sup>th</sup> October 2021  <b>Work Programme for the Commission</b>	Item No  <b>9</b>
---	-------------------------

## **OUTLINE**

Attached please find the latest iteration of:

HiH work programme 2021/22  
INEL work programme 2021/22

These are working documents and updated regularly.

## **ACTION**

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

## Health in Hackney SC - Rolling Work Programme for 2021-22 as at 1 Oct 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
<b>8 June 2021</b>	<b>New NHS East and SE London Pathology Partnership</b>	Update requested from Jan 2020	NEL CCG and HUHFT	ICP Lead for City & Hackney also CE of HUHFT	Tracey Fletcher	
deadline 27 May	<b>Treatment pathways for 'Long Covid'</b>	Briefing	NEL CCG	Director of CCG Transition - City & Hackney	Siobhan Harper	
			NEL CCG	CCG Clinical Chair for City and Hackney	Dr Mark Rickets	
			HUHFT	Head of Adult Therapies	Fiona Kelly	
			NEL CCG - C&H	Acting Workstream Director for Planned Care	Charlotte Painter	
	<b>Community Mental Health Transformation and Recovery from Covid-19</b>	Briefing	ELFT	CEO	Paul Calaminus	
			ELFT	Deputy Borough Director - City and Hackney	Andrew Horobin	
	<b>Redesign of specification for Homecare</b>	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
	<b>Covid-19 update</b>	Noting only	Public Health and CCG	Deputy Director of Public Health	Chris Lovitt	
<b>8 July 2021</b>	<b>Covid-19 update from Public Health</b>	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands	
deadline 29 June			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
	<b>Healthwatch Hackney Annual Report 20/21</b>	Annual item	Healthwatch Hackney	Executive Director	Jon Williams	
				Chair	Malcolm Alexander	
	<b>HUHFT Quality Account 2020/21</b>	Annual item	HUHFT	Chief Nurse and Director of Governance	Catherine Pelley	
	<b>Future plans for St Leonard's site</b>	Briefing	HUHFT	Director of Strategic Implementation and Partnerships	Claire Hogg	
	<b>Secondary use of GP patient identifiable data</b>	Briefing	NEL CCG - C&H	CCG Clinical Chair for City and Hackney	Dr Mark Rickets	
			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
<b>11 Oct 2021</b>	<b>Relocation of inpatient dementia assessment services to East Ham Care Centre</b>	Update requested from July 2020	ELFT	Consultant Psychiatrist and Clinical Lead for Older Adult Mental Health	Dr Waleed Fawzi	
deadline 30 Sept				Director of Strategic Service Transformation	Eugene Jones	
			NEL CCG	Programme Director Mental Health - City & Hackney	Dan Burningham	
			Healthwatch Hackney	Executive Director	Jon Williams	
Item joint with Chair and Vice Chair of CYP Scrutiny Commission	<b>Maternal mental health disparities</b>	Discussion	City & Hackney Integrated Care Partnership	Workstream Director - Children and Young People, Maternity and Families	Amy Wilkinson	
			City & Hackney Integrated Care Partnership	Programme Manager - Children, Maternity and CAMHS	Ellie Duncan	

			ELFT Perinatal Service	Trustwide Lead for Perinatal Mental Health	Justine Cawley	
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Mikhaela Erysthee	
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Rachael Buabeng	
			Family Nurse Partnership		tbc	
	<b>City &amp; Hackney Safeguarding Adults Board Annual Report</b>	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE	
			CHSAB	Safeguarding Adults Board Manager	Raynor Griffiths	
	<b>Covid-19 update</b>	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands	
<b>17 Nov 2021</b>	<b>What is Adult Social Care - overview of current provision?</b>	Discussion	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
deadline: 8 Nov				Director Adult Social Work and Operations	Ann McGale	
	<b>Building back elective care/tackling waiting lists post Covid</b>		NEL CCG			
			Homerton Healthcare			
	<b>TBC</b>					
<b>9 Dec 2021</b>	<b>TBC</b>					
deadline: 30 Nov	<b>TBC</b>					
	<b>TBC</b>					
<b>10 Jan 2022</b>	<b>Transformation Programme for Adult Social Care</b>	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
deadline: 22 Dec 2021				Director Adult Social Work and Operations	Ann McGale	
	<b>Future plans for St Leonard's site</b>	Update from 8 July	Homerton Healthcare	<a href="#">Director of Strategic Implementation &amp; Partnerships</a>	Julia Simon	
			NEL CCG			
	<b>TBC</b>					
<b>9 Feb 2022</b>	<b>TBC</b>					
deadline: 31 Jan	<b>TBC</b>					
	<b>TBC</b>					
<b>16 March 2022</b>	<b>TBC</b>					
deadline: 7 March	<b>TBC</b>					
	<b>TBC</b>					

Note: The Local Council Elections in London take place on 5 May 2022. Purdah begins c. 20 March

## ITEMS AGREED BUT NOT YET SCHEDULED

<b>Possible date</b>	<b>Overview of capital build proposals in Adult Social Care</b>	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
				Director Adult Social Work and Operations	Ann McGale	
TBC	<b>Future of virtual consultations in primary care - next steps</b>	Briefing requested Sept 2020	GP Confederation	Chief Executive	Laura Sharpe	
			Healthwatch Hackney	Executive Director	Jon Williams	
			NEL CCG	Primary Care Commissioner	Richard Bull	
TBC	<b>Extension of ISS contract for soft services at HUHFT</b>	Update requested from July 2020	HUHFT	Chief Executive	Tracey Fletcher	
			UNISON			
TBC	<b>Implementation of Ageing Well Strategy</b>	Update requested Dec 2019	Inclusive Economy, Policy and New Homes	Head of Policy and Strategic Delivery	Sonia Khan	
Postponed from March 2020	<b>Air Quality - health impacts</b>	<b>Full meeting</b>	King's College London	Academic	Dr Ian Mudway	
			Public Health	Public Health Consultant	Damani Goldstein	
			Environment Services Strategy Team	Head Environment Services Strategy Team	Sam Kirk	
Postponed from March 2020	<b>King's Park 'Moving Together' project</b>	Briefing	King's Park Moving Together Project Team	Project Manager for 'Moving Together' project	Lola Akindoyin	
			Public Realm	Head of Public Realm	Aled Richards	
Postponed from 1 May 2020	<b>Tackling Health Inequalities: the Marmot Review 10 Years On</b>	<b>SCRUTINY IN A DAY</b>	Public Health	Director of Public Health	Dr Sandra Husbands	
	Sub Focus on Objective 5: Create and develop healthy and sustainable communities		NEL ICS	MD City and Hackney		
			Planning	Head of Planning and Building Control	Natalie Broughton	
			Neighbourhoods and Housing	Head of Area Regeneration Team	Suzanne Johnson	
			Benchmarking other London Borough			
Postponed from July 2020	<b>Neighbourhoods Development Programme</b>	Annual Update	GP Confederation	Chief Executive	Laura Sharpe	
			GP Confederation	Neighbourhoods Programme Lead	Mark Gollidge	
Postponed from July 2020	<b>Future use of St Leonard's Site and NEL Estates Strategy</b>	<b>Discussion Panel</b>				
	Follow up on planned Healthwatch Community Event wk of 12 July 2021					
	<b>How health and care transformation plans consider transport impacts</b>	Suggestion from Cllr Snell				
	<b>Implications for families of genetic testing</b>	Suggestion from Cllr Snell				
	<b>Accessible Transport issues for elderly residents</b>	Suggestion from Cllr Snell				

## INEL JHOSC Rolling Work Programme for 2020-21 as at 1 Oct 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
<b>27 January 2020</b>	<b>New Early Diagnosis Centre for Cancer in NEL</b>	Briefing	Barts Health NHS Trust	Clinical Lead	Dr Angela Wong	
			NCEL Cancer Alliance	Interim Project Manager	Karen Conway	
	<b>Overseas Patients and Charging</b>	Item deferred				
<b>11 February 2020</b>	<b>NHS Long Term Plan and NEL response</b>	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			Barking & Dagenham CCG	Chair	Dr Jagan John	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Chief Finance Officer	Henry Black	
	<b>New Joint Pathology Network (Barts/HUHFT/Lewisham &amp; Greenwich)</b>	Briefing	Barts Health NHS Trust	Director of Strategy	Ralph Coulbeck	
			Homerton University Hospital NHS FT	Chief Executive	Tracey Fletcher	
<b>Municipal Year 2020/21</b>						
<b>24 June 2020</b>	<b>Covid-19 update</b>	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			East London NHS Foundation Trust	COO and Dep Chief Exec	Paul Calaminus	
			Newham CCG	Chair	Dr Muhammad Naqvi	
			Waltham Forest CCG	Chair	Dr Ken Aswani	
			Tower Hamlets CCG	Chair	Dr Sir Sam Everington	
			WEL CCGs	Managing Director	Selina Douglas	
			City & Hackney CCG	Managing Director	David Maher	
	<b>How local NEL borough Scrutiny Cttees are scrutinising Covid issues</b>	Summary briefing FOR NOTING ONLY	O&S Officers for INEL			
<b>30 September 2020</b>	<b>Covid-19 update</b>	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Director of Finance	Henry Black	
			Barts Health NHS Trust	Group Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			ELFT	COO and Deputy Chief Executive	Paul Calaminus	
			WEL CCGs	Managing Director	Selina Douglas	

			City and Hackney CCG	Managing Director	David Maher	
	<b>Covid-19 discussion panel with the local Directors of Public Health</b>	Discussion Panel	City and Hackney	DPH	Dr Sandra Husbands	
			Tower Hamlets	DPH	Dr Somen Bannerjee	
			Newham	DPH	Dr Jason Strelitz	
			Waltham Forest	DPH	Dr Joe McDonnell	
	<b>Overseas Patient Charging - briefings from Barts Health and HUHFT</b>	Briefing	Barts Health NHS Trust	Group Chief Medical Officer	Dr Alistair Chesser	
<b>25 Nov 2020</b>	<b>Covid 19 update and Winter Preparedness</b>	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
	<b>Whipps Cross Redevelopment Programme</b>	Briefing	Barts Health NHS Trust	Whipps Cross Redevelopment Director	Alastair Finney	
			Barts Health NHS Trust	Medical Director, Whipps Cross	Dr Heather Noble	
<b>10 Feb 2021</b>	<b>Covid-19 impacts in Secondary Care in INEL boroughs</b>	Briefing	Barts Health NHS Trust	Group Chief Executive	Dame Alwen Williams	
	<b>Covid-19 Strategy for roll out of vaccinations in INEL boroughs</b>	Briefing	East London HCP	SRO	Jane Milligan	
			City and Hackney CCG	Chair	Dr Mark Rickets	
			City and Hackney CCG	MD	David Maher	
	<b>North East London System response to NHSE consultation on ICSs</b>	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
	<b>Update on recruitment process for new Accountable Officer for NELCA/SRO for ELHCP</b>	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
<b>Municipal Year 2021/22</b>						
<b>23 Jun 2021</b>	<b>Covid-19 vaccinations programme in NEL</b>	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL CCG	Director of Transformation	Simon Hall	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
	<b>Implications for NEL ICS of the Health and Care White Paper</b>	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL ICS	Independent Chair	Marie Gabriel	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
	<b>Accountability of processes for managing future changes of ownership of GP practices</b>	Discussion item	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	<b>Challenges of building back elective care post Covid pandemic</b>	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
<b>13 Sep 2021</b>	<b>Whipps Cross redevelopment programme</b>	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	<b>Structure of Barts Health and developing provider collaboration</b>	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	<b>Implementation of North East London Integrated Care System</b>	Discussion	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	<b>Covid-19 vaccination programme in NEL</b>	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
<b>16 Dec 2021</b>	<b>TBC - New NEL ICS from 1 April</b>					
	<b>TBC - Building back elective care post Covid</b>					
<b>1 March 2022</b>	<b>TBC</b>					
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Cancer Diagnostic Hub					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					
	Mental Health					
	Homelessness Strategy					

This page is intentionally left blank



# COVID-19 update to the Hackney Scrutiny Commission

11 October 2021

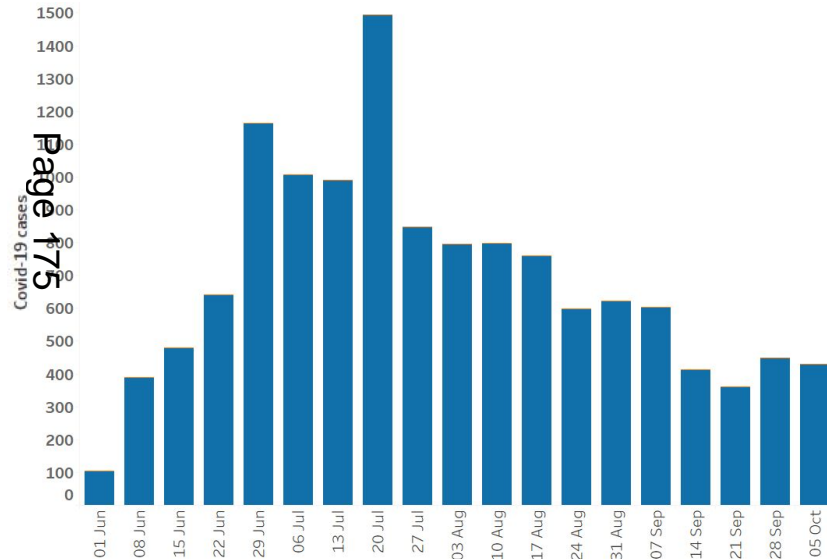
Dr Sandra Husbands  
Director of Public Health  
City and Hackney Public Health

## Key messages

- Weekly COVID-19 incidence rates in Hackney are currently lower than both London and England averages.
- Of the 429 COVID-19 cases recorded in Hackney in the week ending 5 October, 17% were Variants of Concern. All of these were the Delta Variant.
- The most recent cases continue to be diagnosed among 10 to 19 year olds for both genders.
- When looking at total populations (aged 0+), Hackney and the City of London were recording the 4th lowest vaccination rates for first doses and the 7th lowest vaccination rates for second doses in England as of 3 October 2021.
- Since the beginning of August, there have been 20 deaths recorded among residents of Hackney that were due to or involving COVID-19, averaging at 2.5 deaths per week.
- In the week ending 28 September, an average of 13 beds were occupied by COVID-19 patients each day at Homerton University Hospital, 38% less than the previous week.

# Weekly COVID-19 incidence rates in Hackney are currently lower than both London and England averages

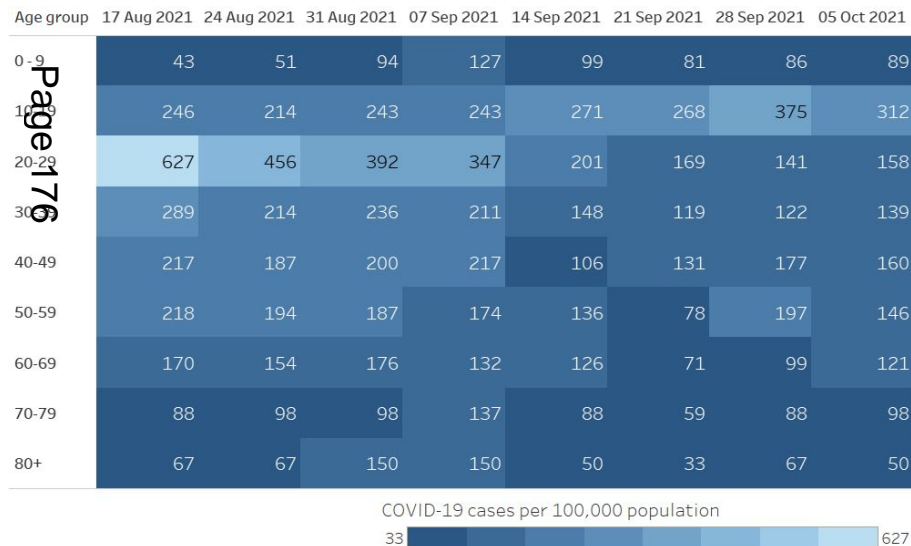
New COVID-19 cases in Hackney by week, 26 May to 5 October 2021.



- The number of new COVID-19 cases recorded in the third wave of the pandemic peaked in the week ending 20 July 2021 at 530 cases per 100,000 population.
- In the latest week of available data (ending 5 October) 153 cases were recorded per 100,000 population in Hackney, this is lower than the London and England averages of 205 and 341 cases per 100,000 respectively and similar to the levels recorded in the previous week.
- Of the 429 cases recorded in the week ending 5 October, 17% were Variants of Concern. All of these were the Delta Variant.
- Hackney is yet to record any cases of the Mu Variant of Interest which may have a greater ability to evade vaccine protection.

# School-aged populations are currently recording incidence rates twice as high as the average population in Hackney and the City of London

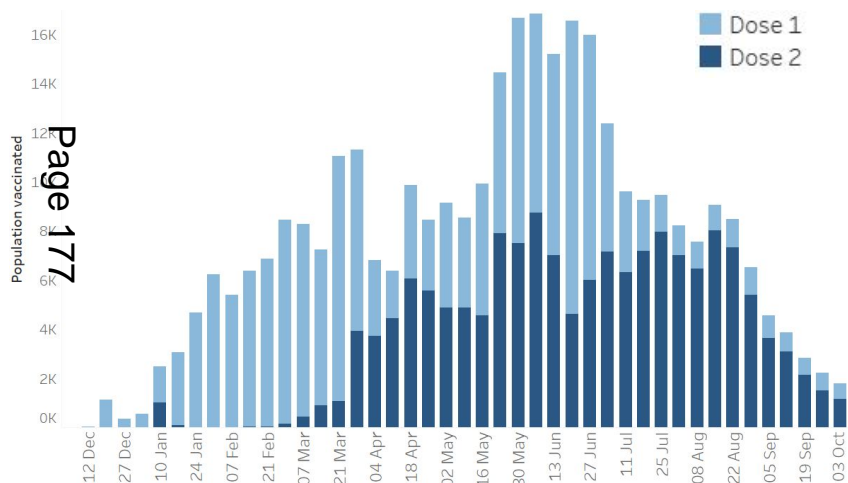
COVID-19 incidence rate by age group in Hackney and the City of London (11 August to 5 October 2021)



- The most recent cases continue to be diagnosed among younger populations for both genders.
- Since the return of schools, the highest incidence rates have been recorded among 10 to 19 year olds.
- In the week ending 5 October, 10 to 19 year olds recorded an incidence rate of 312 cases per 100,000 population, double the average incidence rate of 154 cases per 100,000 population recorded across Hackney and the City.
- In the last fortnight, positivity rates have begun to increase. In the week ending 28 September, 3.3% PCR test and 0.8% LFD tests returned positive results. This has largely been caused by an increase in positivity rates among tests taken at home and at lateral flow and local testing sites.

# Hackney and the City of London have the 4th lowest rates for first dose COVID-19 vaccination in England

COVID-19 vaccinations in Hackney and the City by dose type as of 3 October 2021.



- As of 3 October, 59% of Hackney's population aged 12+ had received at least one dose of the COVID-19 vaccine.
- In line with national trends, there has been a week on week decrease in the number of residents receiving a dose of the vaccine each week since the middle of August.
- In the week ending 3 October there was a 15% decline in the number of residents receiving their first dose and a 23% decline in the number receiving their second.
- This is despite Hackney and the City of London recording the 4th lowest total population (aged 0+) vaccination rates for first doses and the 7th lowest vaccination rates for second doses in England as of 3 October.

# Refreshed Hackney and City vaccination outreach and engagement strategy

- Background: London wide shortage of vaccination staff due to increasing number of cohorts for Covid-19 vaccine and flu vaccination programme.

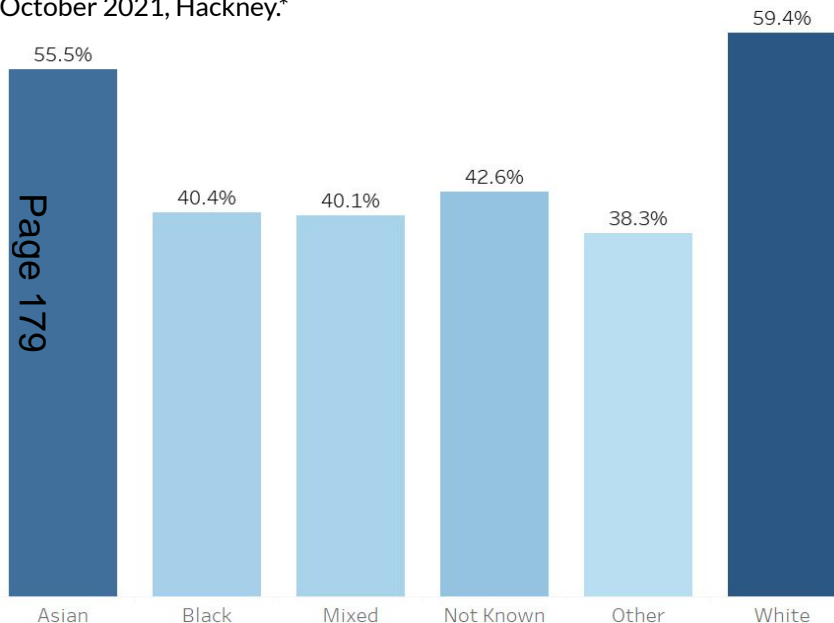
●Page 178

## Hackney strategy:

- increase uptake of mainstream Covid-19 vaccination offer
- ongoing programme of outreach clinics providing vaccinations in areas and groups with low uptake
- wide engagement network of funded and unfunded organisations to promote vaccinations
- Comprehensive messaging on how to stay safe in the autumn and winter (hands, face, space, ventilation, test & isolate, vaccinations for Covid and flu)

# Vaccination rates vary by ethnicity with White populations recording the highest first dose vaccination rates to date

COVID-19 total first dose vaccination rates by ethnic group as of 3 October 2021, Hackney.\*

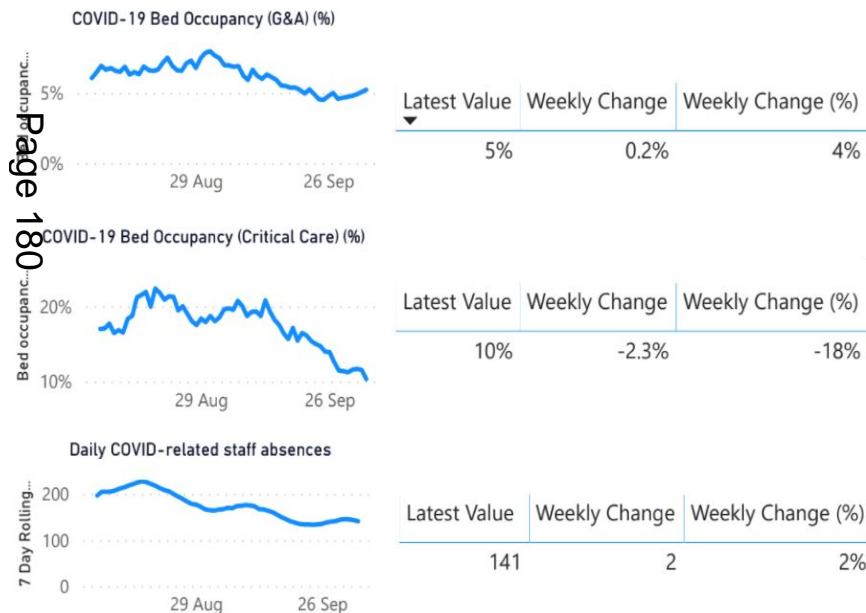


Data sources: UK Health Security Agency; NEL COVID-19 vaccination dashboard. Population denominators from NHS England National Immunisation Management System (NIMS). \* Populations aged 0+. \*\*When excluding Arab ethnicities who have a small population size in Hackney.

- Vaccination rates in Hackney and the City are consistently lower across cohorts when compared to NEL as a whole. As of 10 October, first dose vaccination rates:
  - CEV - 79% in Hackney and the City vs 86% in NEL
  - COVID-19 at risk: 71% vs 78%
  - Local Authority Carers: 74% vs 82%
  - NHS and Social Care workers: 82% vs 84%
  - 16 to 17 year olds: 26% vs 35%
- As of 3rd October, White ethnicities had the highest vaccination rates\*\* and Other ethnicities had the lowest.
- To date, White and Asian ethnic groups have also been the quickest to take up the offer of a vaccine when new cohorts are announced. Black ethnic groups have been the slowest.

# Despite a consistent number of COVID-19 deaths registered locally, COVID-19 bed occupancy and staff absences have been decreasing

COVID-19 general and critical hospital bed occupancy and COVID-related staff absences, up to 4 October, North East London.



Data source: NEL, Leading indicators dashboard; [NHS, COVID-19 Hospital Activity](#); ONS, [Death registrations and occurrences by local authority and health board](#)

- Since the beginning of August, there have been 20 deaths recorded among residents of Hackney that were due to or involving COVID-19, averaging at 2.5 deaths a week.
- Nationally between January and July 2021 only 0.5% of COVID-19 deaths were recorded among people who had been double vaccinated 14 days before infection.
- Despite a consistent number of weekly COVID-19 deaths throughout the third wave, COVID-19 bed occupancy and staff absences have been decreasing since mid-August.
- In the week up to 4 October, 10% of critical care beds and 5% of G&A beds were occupied by COVID-19 patients across NEL.
- In the week ending 28 September, an average of 13 beds were occupied by COVID-19 patients each day at Homerton University Hospital, 38% less than the previous week.





**London Borough of Hackney**  
**Health in Hackney Scrutiny Commission**  
**Municipal Year: 2021/22**  
**Date of Meeting: Mon 11 October 2021 at 7.00pm**

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

<b>Chair</b>	Councillor Ben Hayhurst
<b>Councillors in attendance</b>	Cllr Kam Adams and Cllr Deniz Oguzkanli
<b>Councillors joining remotely</b>	Cllr Kofo David and Cllr Michelle Gregory
<b>Council officers in attendance</b>	Helen Woodland (Group Director, Adults, Health and Integration) Dr Sandra Husbands (Director of Public Health for City and Hackney) John Binding (Head of Service, Safeguarding Adults)
<b>Other people in attendance</b>	Rachael Buabeng (Co-chair Black & Black Mixed Heritage Group, ...Maternity Voices Partnership) Dan Burningham (Programme Director Mental Health, C&H ICP) Cllr Sophie Conway (Chair CYP Scrutiny Commission) Dr Adi Cooper OBE (Independent Chair, CHSAB) Justine Cawley (Trust Lead for Perinatal Mental Health, ELFT) Ellie Duncan (Programme Manager, Children, Maternity and CAMHS, ..C&H ICP) Mikhaela Erysthee (Co-chair Black & Black Mixed Heritage Group, ..Maternity Voices Partnership) Dr Waleed Fawzi (Clinical Lead for Older Adults Mental Health, ELFT) Siobhan Harper (Director of CCG Transition for City and Hackney, C&H ..ICP) Eugene Jones (Director of Strategic Service Transformation, ELFT) Cllr Christopher Kennedy (Cabinet Member for Health, Social Care and ..Leisure) Amy Wilkinson (Workstream Director CYP, Maternity & Families, C&H ..ICP) Jon Williams (Executive Director, Healthwatch Hackney)
<b>Members of the public</b>	45 views
<b>YouTube link</b>	The meeting can be viewed at <a href="https://youtu.be/qgctSRmpDY8">https://youtu.be/qgctSRmpDY8</a>
<b>Officer Contact:</b>	Jarlath O'Connell jarlath.oconnell@hackney.gov.uk

**Councillor Ben Hayhurst in the Chair**

## **1 Apologies for absence**

- 1.1 Apologies from Cllrs Snell and Plouviez.

## **2 Urgent items/order of business**

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

## **3 Declarations of interest**

- 3.1 There were none.

## **4 Relocation of in-patient dementia assessment services to East Ham Care Centre**

- 4.1 The Chair stated that the purpose of the item was to consider an update from ELFT and NEL CCG on the move to make permanent the August 2020 relocation of in-patient dementia assessment services from Mile End hospital to East Ham Care Centre. The Commission had last considered this at an extraordinary meeting on 30 July 2020.

- 4.2 The Chair welcomed, for this item:

Dr Waleed Fawzi (**WF**), Consultant Psychiatrist and Clinical Lead for Older Adults Mental Health, ELFT  
Eugene Jones (**EJ**), Director of Strategic Service Transformation, ELFT  
Dan Burningham, Programme Director - Mental Health for C&H, CCG  
Jon Williams, Executive Director, Healthwatch Hackney

- 4.3 Members gave consideration to the following documents:

- a) Slide presentation from ELFT
- b) Full report from ELFT
- c) Extract from minutes of special HiH on 30 July 2020
- d) Note on Healthwatch site visit to East Ham Care Centre

- 4.4 The Chair stated that the issue had been to the Commission over a number of years in various forms and he and other Members had visited both sites on two occasions and were familiar with the background.

- 4.5 EJ took members through his report and presentation in detail, summarising that they wanted to make this a permanent move and that a public consultation was about to be launched on the matter. WF described the clinical benefits of co-locating the services including more flexible rotas and having expertise in one place. EJ described how they were engaging with stakeholders and expert reference groups and would be launching the public consultation at the end of November.

4.6 Members asked questions and the following points were noted in the responses:

- (a) Chair asked about whether carers/families would be offered a more wrap around transport package proactively and in perpetuity. EJ replied it would and outlined the process of interacting with the carers/families on it. He undertook to provide a report on the uptake of the offer around travel.
- (b) Chair asked for a draft protocol on the transport offer. WF explained how the taxi service for hackney residents was now well embedded in the service and explained that there was a fair usage policy for this offer.
- (c) In response to a question on follow-up support, EJ explained that some patients were discharged home to the care of relatives and some into community care packages/domiciliary care and some would need to go into a residential care setting. He explained how these would operate. WF added that while dementia was not a curable condition, the unit at East Ham was a short-stay one for patients who were exceptionally difficult to manage and once they became more settled they could then be returned to another appropriate setting.
- (d) In response to a question on staff turnover at EHCC, EJ replied that the team at Columbia Ward moved to East Ham Care Centre and there hasn't been any turnover of staff.
- (e) In response to a question on how consultation would reach digitally excluded, EJ undertook to take these points on board. They hadn't formally identified all the routes for it but they were working on that. It would be predominantly online but where they could they would arrange face to face or group discussions. In relation to the Plan B, should the response to the consultation not be positive, EJ replied that they would have to consider that eventuality in detail with colleagues from Barts Health.
- (f) Jon Williams commented on the issue from Healthwatch's Enter & View visit and stated that patient information e.g. about advocacy services not being clearly displayed was one of their concerns.

4.7 The Chair stated that once the consultation had been completed a discussion could be had with officers about whether the item needed to come back to the Commission, depending on the outcome. Officers concurred with this approach and he thanked officers for their detailed report.

<b>ACTION:</b>	<b>Following the analysis of the forthcoming public consultation, ELFT officers to liaise with the Chair on whether this item needs to return to a future meeting of the Commission.</b>
----------------	--

<b>RESOLVED:</b>	<b>That the report and discussion be noted.</b>
------------------	---

## 5 Maternal Mental Health Disparities

- 5.1 The Chair stated that this item had been requested by both himself and Cllr Conway (Chair of CYP Scrutiny Commission). The purpose was to explore disparities and inequalities which had been observed relating to the diagnosis and treatment of maternal mental health within City & Hackney. He welcomed the following to the meeting:

Amy Wilkinson (**AW**), Workstream Director Children, Young People, Maternity and Families, City & Hackney Integrated Care Partnership

Ellie Duncan (**ED**), Programme Manager Children, Maternity and CAMHS, City & Hackney Integrated Care Partnership

Justine Cawley (**JC**), Trust wide Lead for Perinatal Mental Health, ELFT

Mikhaela Erysthee (**ME**) and Rachael Buabeng (**RB**) Co-chairs of Black and Black-Mixed Heritage Group, Maternity Voices Partnership

Cllr Sophie Conway (**SC**), Chair of CYP Scrutiny Commission

Cllr Chris Kennedy (**CK**), Cabinet Member for Health, Social Care and Leisure

- 5.2 Members gave consideration to a detailed briefing report from the Children, Young People, Maternity and Families Workstream of the City & Hackney Integrated Care Partnership.
- 5.3 AW took Members through the report adding the caveat that the data secured was service level for City and Hackney but the numbers were small and based on those who currently met the threshold and there were many who may not. Three sets of disparities had been clearly identified: women living in deprivation, women from ethnic minorities and young women. ED outlined the local provision and what was provided locally in response to national and local 'asks'. JC outlined how ELFT's Perinatal Service saw patients from conception to 12 months and shortly would be 24 months ante natally. They saw those with moderate to severe mental health problems and were launching a new service for women who may have experienced trauma or birth loss within the perinatal period. She described a new service for preconception appointments for those with diagnosed mental illness.
- 5.4 RB detailed the work of the Maternity Voices Partnership and in particular its Black and Black-Mixed Heritage Group and ME outlined the future plans for expanding the group's activities. Chair asked about issues coming out of the patient feedback. ME described how they supported women with fibroids for example and the advocacy support provided generally. RB described how they had previous service users in the group who contributed to their debrief sessions and how they helped this cohort with, for example, their planning for future pregnancies.
- 5.5 Cllr Conway as Chair of CYP Scrutiny Commission outlined the rationale for this item. She asked whether the birth debriefing service was being specifically targeted to young women. ME and ED gave further detail on the

work of the BME sub-group noting that it was relatively new but it was the first such subgroup. HUHFT maternity had a representation workstream as well which worked with the MVP and all were looking at under represented groups. The Family Nurse Partnership was a useful way to reach the younger cohort. AW explained the role of the Family Nurse Partnership which provided intensive support of 2 years duration to women aged 25 and under.

5.7 Members asked questions and in the responses the following was noted:

- (a) In response to a Member question on extending the MVP sub groups to other communities in the borough, AW replied that they were keen to do this and already were working with Somali and Orthodox Jewish communities and were happy to explore that more.
- (b) In response to a question on the criteria for access and on quality of support of the various offers e.g. antenatal, AW replied that it was the Health Visiting Service that provided the first universal offer which people receive. They refer people on. JC described the support women received once in the Perinatal Service. A woman with bi-polar was 50% more likely to have a relapse after giving birth. She clarified that the targeted ante-natal classes were provided by HUHFT. RB described how the aim was to make the support services as widely available as possible.
- (c) In response to a question from the Chair about the current patchwork of commissioners/providers and service users falling between the cracks, AW replied that child health had always been a challenge as there were lots of commissions and providers but there was a clear need for fully integrated services with coordinated leadership and accountability.
- (d) In response to a question from the Chair about what proactive work was being done to reach vulnerable individuals who are not engaging, AW replied that there was a need to think more about how the Health Visiting Service could ensure that this didn't happen. HUHFT does well on service user feedback compared to others but there was a lot that could be done better. JC described a specific targeted piece of work ELFT was doing on more active outreach and there was a need to get the message into the various communities and go out and reach people.
- (e) Cllr Kennedy asked what ELFT was doing as part of its Patient Carer Racial Equality Framework pilot. JC replied that they were in the early stages of linking in with that wider piece of work. The Chair asked what the two researchers on this PCREF pilot were doing. JC replied she was not aware of the full detail of that project.
- (f) In response to Cllr Conway's question on whether self referral was higher among certain ethnic groups and on disparities around when people are referred, JC replied that they had only recently started taking self referrals so

there wasn't enough data on it as yet. She clarified that the threshold to enter Perinatal Service was where there was a significant risk, otherwise they would be referred to the IAPT service. There was a single point of access and services had to work out which one of them needed to see that patient. Referrals were not sent back to a referrer so the woman was not left without any support.

- (g) The Chair asked whether there was room for a more integrated neighbourhood model over a sustained period of time rather than current rigid pathways which appear time-limited and hard to access. PC replied that the Neighbourhoods Model didn't currently fit in with what the Perinatal Service did so more work needed to be done on that. Also perinatal stage women were prioritised within IAPT and weren't left to sit on the waiting list. Additionally, if a woman went through IAPT and felt she needed further support she could still come through to the Perinatal Service. ED added that the voluntary sector provided a wide range of support in addition to secondary care for example on those with specific vulnerabilities e.g. no recourse to public funds etc. These would provide additional peer support or mentor support.
- (h) Cllr Conway stated that the offer appeared rather disjointed and so it was difficult to offer support to parents whom we know are in need. Was there scope for doing some work with Children and Families Service to identify parents they were worried about and in need of perinatal mental health support and to figure out the touch points and identify various missed opportunities, when they might have been given access sooner. AW replied that they were trialling projects with Children and Families Service and also with Enhanced Primary Care involving discussions with whole families by multi-disciplinary teams to ensure that provision was more suitable and timely.
- (i) The Chair asked about whether HUHFT could universally flag risks or vulnerabilities and do an initial screening which would then be followed up. AW replied that they already do that and they query mental health and emotional wellbeing at every session and if there were concerns they would act on them so the issue is more about refining the pathways and asking the right questions and an aspect of this will require more training for the practitioners.
- (j) Cllr Conway asked what reflections were taking place regarding the range of services currently provided, the modalities being used, the feedback loop with MVP and about how to improve uptake. JC replied that a key part of their work was having 'trauma-informed services' as part of the perinatal mental health response. Another aspect was around having staff that reflected the populations they served.
- (k) The Chair asked the Maternity Voices Partnership about what in particular needed to happen next, where the room for improvements were, and what

they would like to see. ME replied that they were actioning all the issues brought to them by the midwives and the other stakeholders. RB replied that a lot of work was going on and working with local groups and telling them about the services and disseminating the information was really helping to reach new people.

- 5.8 The Chair thanked the officers for their very thorough and concise report and the Maternity Voices Partnership for making the time to attend and share their experiences.

<b>RESOLVED:</b>	<b>That the report and discussion be noted.</b>
------------------	---

## **6 City and Hackney Safeguarding Adults Board Annual Report 20/21**

- 6.1 The Chair introduced the item stating that Each year the Commission considers the Annual Report of the City and Hackney Safeguarding Adults Board (CHSAB). The Board is a statutory one, required under s43 of the Care Act 2014.

- 6.2 He welcomed to the meeting:

Dr Adi Cooper OBE (**AC**), Independent Chair, CHSAB  
John Binding (**JB**), Head of Service, Safeguarding Adults

- 6.2 Dr Cooper took Members through the summary report in detail, including the learning from the two Safeguarding Adults Reviews (SAR) that had taken place during the year. Provision of services during the lockdown had been a challenge and the impact of the cyberattack had impacted on the normal reporting processes. She drew attention to the significant progress that had been made during the lockdown in support for rough sleepers and in responding to safeguarding risks. There was also a challenge to continue to provide face to face and responsive services and engagement activities generally when there were restrictions in contact. Some engagement activities had to be postponed to this year.
- 6.3 The Chair asked about the pandemic impacts e.g those Residential Care being confined to their rooms and other Day Care users having to move into Residential Care during lockdown. AC detailed how Covid impacted different cohorts and how services were adapted and on the challenging aspects of the lockdown experience. Specific concerns included people in the community turning away support because they were worried about infection. This led to increased levels of acuity in those later admitted. Reduction in face to face contact affected all services and mental health partners recorded a record number of calls to their crisis lines.
- 6.5 JB added that these lockdown issues also greatly affected those with Learning Disabilities and with mental health difficulties in supported living settings as they failed to comprehend what was going on in such an unprecedented situation.

- 6.6 In response to a question on the response to the 'MS' SAR case about who could trigger a Safeguarding 'Inquiry', AC replied that anyone can raise a safeguarding concern. "Inquiry" is the term used in the statutory guidance for serious cases. Whether a concern moves into a S.42 'inquiry' is a technical issue. There had been learning about the safeguarding risks of those experiencing multiple exclusion housing issues. Helen Woodland (HW) (Group Director - Adults, Health, Integration) stated there would be Members Training session on Safeguarding on 15 Nov and invited all Members to attend and also to encourage everyone to register a safeguarding concern when they have worries about someone. She added that anyone can raise a concern and a Member Enquiry is enough to register a 'safeguarding concern'. HW clarified that the SAR on 'MS' had examined why the concerns that had been raised had not progressed to a full investigation at the initial stages.
- 6.7 JB stated that during lockdown they had seen a flurry of safeguarding concerns raised by neighbours who hadn't previously worried about neighbours and then were concerned that someone wasn't getting enough support. A key concern therefore is the feeding back of appropriate information to the referrer to provide assurance.
- 6.8 In response to a question on criteria to become Safeguarding Champions, AC replied that it was someone who is active in the community via community organisation. She added that there had been 3 rounds of training thus far and more would follow.
- 6.9 In response to a question about the Risk Register, AC stated that it was reviewed quarterly at the CHSAB executive meetings. It was a very high level risk register and a live document and the key current risks were around Covid but also the introduction of changes to Liberty Safeguards in April 2022.
- 6.10 In response to a question from the Chair about what the new regulations on Deprivation of Liberty Safeguards (DoLS) will be, AC stated that the legal framework is changing and the requirements on local authorities and partner agencies are shifting quite significantly. The aim and intention is to simplify the processes but the common view that it is not aht much more straightforward. JB explained what DoLS are. The Liberty Safeguard will be extended to those in supported living and shared life settings and for some people living in their own home where the care arrangements apply. This will be a significantly bigger area of work than is currently the case. Currently the governance of it sits with local authorities but the new system will bring back partners, e.g. health trusts, into this system. Currently the local authority does the final signature covering all settings but it will be moved back to health trusts. PCTs used to have these powers but with the advent of CCGs these were moved to local authorities. There are some significant changes but they are waiting for the new Code of Practice to implement training etc. HW suggested that once the Code of Practice is issued under the new



legislation an item could be brought to the Commission explaining how the local system is preparing for these changes.

<b>ACTION:</b>	<b>'Implementing the new Code of Practice for Deprivation of Liberty Safeguards' to be added to the future work programme.</b>
----------------	--

- 6.11 The Chair thanked Dr Cooper and JB for their thorough report and for attending to answer questions.

<b>RESOLVED:</b>	<b>That the discussion be noted.</b>
------------------	--------------------------------------

## **7 Covid-19 update from Public Health**

- 7.1 The Chair stated that he had asked Public Health and the CCG to provide a timely and therefore tabled update on the Covid-19 situation. Copies had been circulated to Members earlier that day. He welcomed the meeting:

Dr Sandra Husbands (**Dr SH**), Director of Public Health  
Siobhan Harper (**SH**), Director of CCG Transition and SRO for Vaccinations  
Steering Group  
Helen Woodland (**HW**), Group Director, Adults, Health and Integration

- 7.2 Members gave consideration to a tabled slide presentation '*Covid update..*' Dr H took Members through the presentation in detail. Its key points were:
- Weekly COVID-19 incidence rates in Hackney were currently lower than both London and England averages
  - School-aged populations were currently recording incidence rates twice as high as the average population in C&H
  - C&H had the 4th lowest rates for first dose COVID-19 vaccinations in England
  - Vaccination rates vary by ethnicity with White populations recording the highest first dose vaccination rates to date
  - A refreshed C&H vaccination outreach and engagement strategy
  - Despite a consistent number of COVID-19 deaths registered locally, COVID-19 bed occupancy and staff absences had been decreasing
  - The "Swiss cheese respiratory virus pandemic defence" (a graphic that explained viral spread and the sliding scale from personal to shared responsibilities to prevent it).
- 7.3 Siobhan Harper gave a verbal update on the Covid-19 vaccination roll out covering such issues as booster jabs and outreach and engagement work and the scale and complexity of the programme currently in place and the continuous worry about the most vulnerable cohorts in the population.
- 7.4 In response to a Member's question, Dr Husbands clarified the situation in relation to guidance being offered to 'night time economy' venues. Some had

had visits from Covid response teams to go through their risk assessments with them. In response to a question about the rumoured ending of unlimited free Lateral Flow Covid tests, Dr H replied that the national programme would continue until the end of December and the decision to extend would depend on the situation at that time.

<b>ACTION:</b>	<b>Director of Public Health to share links to the relevant guidance for night time economy venues with the Members.</b>
----------------	--

- 7.5 In response to a question from the Chair on the impact of the now mandatory double vaccine requirements for care home workers, HW stated that 94% care home staff had now been vaccinated and staffing contingency plan agreed with care homes about staffing levels where staff have chosen not to be vaccinated and therefore won't be allowed to work from 11 Nov. Care Homes are following a HR process in response to this nationally mandated decision. Some staff had already chosen to resign and some were leaving in any case e.g. maternity leave. HW added that while the situation had caused significant anxiety they were not worried about business continuity as contingency plans were in place.

- 7.6 The Chair thanked the officers for their detailed reports and attendance.

<b>RESOLVED:</b>	<b>That the report be noted.</b>
------------------	----------------------------------

## **8 Minutes of the previous meeting**

- 8.1 Members gave consideration to the draft minutes of the meeting held on 8 July and the Matters Arising.

<b>RESOLVED:</b>	<b>That the minutes of the meeting held on 8 July be agreed as a correct record and that the matters arising be noted.</b>
------------------	--

## **9 Health in Hackney Work Programme**

- 10.1 Members gave consideration to the updated work programmes.

<b>RESOLVED:</b>	<b>That the Commission's work programmes for 21/22 and the rolling work programme for INEL JHOSC be noted.</b>
------------------	--

## **10 Any other business**

- 10.1 There was none.