

# Overview & Scrutiny

## Health in Hackney Scrutiny Commission

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

**Wednesday 21 September 2022**

**7.00 pm**

**Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA**

The press and public are welcome to join this meeting remotely via this link:

<https://youtu.be/xOdXGzLwMzg>

Back up live stream link:

<https://youtu.be/9XeUrcOORQk>

If you wish to attend please give notice and note the guidance below.

Contact:

Jarlath O'Connell

☎ 020 8356 3309

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

**Mark Carroll**

**Chief Executive, London Borough of Hackney**

**Members:** Cllr Ben Hayhurst (Chair), Cllr Deniz Oguzkanli, Cllr Kam Adams, Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Eluzer Goldberg, Cllr Sharon Patrick (Vice-Chair) and Cllr Ifraax Samatar

## Agenda

**ALL MEETINGS ARE OPEN TO THE PUBLIC**

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.01)**
- 3 Declarations of Interest (19.01)**
- 4 City & Hackney Safeguarding Adults Board Annual Report 21/22 (19.02)** (Pages 9 - 84)

- 5 **Healthwatch Hackney Annual Report 2021/22 (19.35)** (Pages 85 - 106)
- 6 **New 'Integrated Mental Health Network' service (20.00)** (Pages 107 - 114)
- 7 **How Primary Care can optimise new ICS structures - GP Confed perspective (20.30)** (Pages 115 - 116)
- 8 **New DHSC Guidance on 'Health Overview and Scrutiny Principles' FOR NOTING (20.55)** (Pages 117 - 128)
- 9 **Minutes of the Previous Meeting (20.57)** (Pages 129 - 138)
- 10 **Health in Hackney Work Programme 22/23 (20.58)** (Pages 139 - 150)
- 11 **Any Other Business (21.00)**

## ACCESS AND INFORMATION

### Public Involvement and Recording

#### Public Attendance at the Town Hall for Meetings

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 <https://hackney.gov.uk/council-business> or by contacting Governance Services (020 8356 3503)

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council.

We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet.

We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings 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. The latest general advice can be found here - <https://hackney.gov.uk/coronavirus-support>

#### 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. 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.

## Advice to Members on Declaring Interests

### Advice to Members on Declaring Interests

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

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

- Director of Legal, Democratic and Electoral Services
- the Legal Adviser to the Committee; or
- Governance Services.

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

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

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

#### **If you have a disclosable pecuniary interest in an item on the agenda you must:**

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).
- ii. You must leave the meeting when the item in which you have an interest is being discussed. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.
- iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the meeting and participate in the

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

**Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?**

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

- i. It relates to an external body that you have been appointed to as a Member or in another capacity; or
- ii. It relates to an organisation or individual which you have actively engaged in supporting.

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

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.
- ii. You may remain in the meeting, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.
- iii. If you have an interest in a contractual, financial, consent, permission, or licence matter under consideration, you must leave the meeting unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the meeting whilst discussion of the item takes place, and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the meeting. Once you have finished making your representation, you must leave the meeting whilst the matter is being discussed.
- iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

**Further Information**

Advice can be obtained from Dawn Carter-McDonald, Director of Legal, Democratic and Electoral Services via email [dawn.carter-mcdonald@hackney.gov.uk](mailto:dawn.carter-mcdonald@hackney.gov.uk)

## 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')

[Health in Hackney Scrutiny Commission](#)



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<b>Health in Hackney Scrutiny Commission</b>  21 <sup>st</sup> September 2022  <b>Annual Report of the City and Hackney Safeguarding Adults Board 2021/22</b>	Item No  <b>4</b>
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## OUTLINE

Each year the Commission gives consideration to the Annual Report of the City and Hackney Safeguarding Adults Board (CHSAB).

The Board is statutory and required under S43 of the Care Act 2014. It has three 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 2021/22. It focuses on the key achievements, data for 2020/21 and future priorities for the Board.

Attached please find a summary note and a copy of the full Annual Report.

Attending for this item will be:

**Dr Adi Cooper OBE**, Independent Chair of the CHSAB  
**Georgina Diba**, Director Adult Social Care and Operations  
**Helen Woodland**, Group Director, Adults, Health and Integration

## ACTION

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

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## **1. GROUP DIRECTOR'S 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 2021/22. It focuses on the key achievements, data for 2020/21 and future priorities for the Board.

## **2. RECOMMENDATIONS**

For information only

## **3. BACKGROUND**

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 a summary of safeguarding adults' activity across the City of London and Hackney in 2021/22.

### **City and Hackney Safeguarding Adults Board Annual Report 2021/22**

#### Key achievements

In line with its strategy, some of the key achievements for the Board in 2021/22 include:

- 1) The Board assessed how well learning from SARs has been embedded into practice and put in place measures to ensure that agencies are disseminating learning to staff. One reflection event was held to review how well learning from the MS SAR. The Independent Reviewer provided positive feedback on the actions Board partners had taken to address the recommendations from the review;

- 2) The Board continued to commission multi-agency training across the partnership, this includes trauma-informed training and the delivery of a Safeguarding Adults Week which was attended by over 200 professionals;
- 3) The Board undertook one multi-agency case file audit, which assessed safeguarding practice in relation to self-neglect. In total 10 cases were reviewed and the learning from the audit is included in the Board's annual strategic plan for 2022/23
- 4) The Board contributed to King's College London's Communities of Practice for research on homelessness and self-neglect
- 5) The Anti-Social Behaviour and Safeguarding group, jointly set up across the Board and Community Safety Partnership, was formed to explore how to better support people both experiencing and perpetrating anti-social behaviour. To date the group has reviewed safeguarding concerns relating to anti-social behaviour and reviewed pathways, panels and protocols around this area of practice;
- 6) The Board continued to deliver workstreams regarding Transitional Safeguarding (jointly for the Children's Safeguarding Partnership and Community Safety Partnership) and digital safety, as well as contributed to a number of wider joint partnership projects such as the development of the Intergenerational Domestic Abuse Protocol;
- 7) London Borough of Hackney staff provided support to partners in relation to the roll out of the Covid-19 testing and vaccination programme, particularly where there may be concerns about a person's capacity to consent to the vaccine or testing;
- 8) North East London CCG complied with delivering NHS Improvement's Safe and Wellbeing Reviews, which assess the well-being of individuals living in long-stay hospital settings. In total there were 20 reviews across NEL CCG and 20 across the provider collaborative. The key findings for City and Hackney related to action to support people's physical health, some individuals experienced delayed discharges due to challenges locating an appropriate community placement and remote or virtual care plan reviews had impacted quality and oversight in some cases;
- 9) Hackney CVS continued to address the issue of race inequality through all its work; this includes challenging agencies and policy makers across Hackney to consider race equality in their work

#### Areas for further development

The Board was unable to meet its goals in relation to the following, and will continue to work on these in 2022/23:

1. Engagement with residents. Whilst the Board has undertaken outreach work to improve its engagement with residents, it has not been possible to

re-establish the service user network it had prior to the Covid-19 lockdowns. The Board will continue to identify ways it can improve engagement with service users and residents in the City and Hackney;

2. In preparation for inspection by the Care Quality Commission (CQC), the Board intended to review audits of safeguarding activity within the City and Hackney's Adult Social Care teams. This did not go forward on the basis that the Board was awaiting the publication of a template for this from the CQC. This action has been rolled forward into the Board's annual strategic plan for 2022/23;
3. At the start of the financial year the Board put on a number of learning sessions for voluntary sector agencies. Unfortunately, these were not well attended, and the Board had to cancel further sessions. To address this the Board is working with its voluntary sector members to help engage with wider voluntary and community sector organisations.

### Data sets for 2021/22

Last year it was not possible to obtain a full data set due to the impact of the cyberattack. This year it has been possible to obtain a full set of data, however it should be read with a note of caution whilst an interim system is still in use. The key themes from Hackney were identified:

- There has been a slight increase in the number of safeguarding concerns reported into the Local Authority, however this has not led to an increase in safeguarding enquiries;
- The most common forms of abuse were; self-neglect, neglect and acts of omission and financial abuse
- Abuse was most likely to happen in the individual's own home by someone known to them. This is in line with national data from NHS Digital's Safeguarding Adults Collection, which assesses national trends in adult safeguarding
- In 92% of cases people were asked about their desired outcomes, of these people 90% had their desired outcomes either partially or completely met. Most adults also reported feeling safer and involved in the safeguarding enquiry.

### Priorities for 2022/23

The Board has set itself the following strategic priorities for 2022/23:

- 1) To publish three Safeguarding Adults Reviews, one of which is a mandatory Safeguarding Adults Review under Section 44 of the Care Act and two are discretionary reviews;

- 2) Oversee The Advocacy Project in their delivery of a feedback service for people with lived experience of adult safeguarding. If you have received adult safeguarding support in the City or Hackney and would like to provide feedback to this service, please contact: [chsab@hackney.gov.uk](mailto:chsab@hackney.gov.uk)
- 3) Identify and respond to people who are 'on the edge of care' and may not meet the criteria for statutory safeguarding intervention, (section 42 enquiries) and still have safeguarding needs. This includes supporting the London Borough of Hackney to consider safeguarding issues that arise in the context of Poverty Reduction work
- 4) Work with the City and Hackney Children's Safeguarding Partnership and the Domestic Abuse Intervention Service to create the Think Family Protocol for the City and Hackney.

# CHSAB Annual Report 2021–22

**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**





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## Message from the Independent Chair

I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2021/22. As the Independent Chair of the Board. I am extremely grateful to all partners for their ongoing support and contributions to safeguarding people living in the City and Hackney, through the tremendous challenges from the Covid-19 pandemic. Partners have continued to deliver safe services and respond to changing safeguarding needs and risks, as the report describes. I take this opportunity to thank all staff, volunteers and residents for supporting people at risk of abuse or neglect in the City and Hackney during this time.

This annual report shows what the Board aimed to achieve during 2021/22 and what we have been able to achieve, as partners and as a partnership. It provides a picture of who is safeguarding, in what circumstances and why. This informs the priorities in the Delivery Plan for 2022/23, which states what we intend to do during this year despite the considerable pressures on partners in terms of resources and capacity. There are significant challenges, including: the ongoing impact of Covid-19 and safeguarding issues arising from the lockdowns; the impacts of the cyberattack on Hackney Council and greater levels of need in the local population.

The Board and its members continue to address the challenges in respect of safeguarding adults in the City and Hackney, find innovative ways to support residents and staff, and make improvements in the ways in which people are safeguarded. I hope to continue to chair the partnership and support colleagues to achieve the aims and ambitions of the Board.

**Dr Adi Cooper OBE,**  
Independent Chair City and Hackney Safeguarding Adults Board  
June 2022

## What is the Safeguarding Adults Board?

### Role

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership made up of both statutory and non-statutory organisations. A range of organisations attend the Board including health, social care, housing, criminal justice and fire services, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to assure itself that organisations based in the City and Hackney have effective safeguarding arrangements. This is to ensure that adults with care and support are protected and prevented from experiencing abuse and neglect.

The CHSAB has three core legal duties under the Care Act 2014:

- 1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
- 2) Publish an Annual Report detailing actions that the Board has taken to 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 lead or undertake work in respect of any other adult safeguarding issue it feels appropriate to meet the objectives described in the statutory guidance accompanying the Care Act 2014.

### Membership

The CHSAB has three statutory partners: the Local Authority, Clinical Commissioning Group and Police service and a wide range of non-statutory partners.

Below is a full list of our partners and their attendance at our quarterly Board meetings during 2021/22:

2021-22	
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	100%
Homerton University Hospital	100%
Barts Health NHS Trust	0%
East London NHS Foundation Trust	100%
London Fire Brigade	50%

2021-22	
Metropolitan Police	100%
City of London Police	50%
National Probation Service	25%
Healthwatch Hackney	50%
HCVS	25%
Age UK East London	50%
The Advocacy Project	0%
London Borough of Hackney Benefits and Housing Needs	75%
Turning Point	25%
Department of Work and Pensions	100%
Public Health	75%
Care Quality Commission	25%

## Principles

The Board's strategy and annual strategic plan is 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 informs 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.”*
- Accountability** – Accountability and transparency in delivering safeguarding.  
*“I understand the role of everyone involved in my life and so do they.”*

- **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.”*

## Board Governance

### Subgroups

The Board has a number of subgroups in place to ensure the delivery of its 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:**

The group fulfils the Board's 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 if a SAR is required. It will also monitor the embedding of action plans from reviews that have an adult safeguarding theme to them.

#### **Workforce Development:**

This group meets periodically to review and identify training and development opportunities in respect of adult safeguarding. It is also responsible for quality assuring the safeguarding training delivered by partners.

#### **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.

#### **SAR action plan task and finish group:**

This group was designed to ensure that the actions from our most recent SARs are completed in a timely manner. The group also identified how to ensure that learning from SARs has a long-term impact on improving practice.

#### **Digital safety and financial scams group:**

The group identifies core risks associated with being online and using digital platforms. Furthermore, the group identifies how to keep residents safe online, particularly with respect to financial scams.

#### **Anti-social behaviour and safeguarding:**

This group was set up by the Safeguarding Adults Board and Community Safety Partnership in Hackney to improve the multi-agency response to people both perpetrating or experiencing anti-social behaviour. The role of the group was to ensure that a proportionate response is provided to residents as well as support frontline professionals in responding to anti-social behaviour

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. The Executive group is attended by statutory partners, the Independent Chair and the Board Manager.

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 allows partners to share their responses and responsibilities in relation to different safeguarding issues and provides updates in respect of their progress against the Board's strategic priorities.

### ***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 also engages with other partnerships where there may be opportunities to work collaboratively or provide an adult safeguarding expertise.

## Budget

In 2021/22 the budget was £216,991 from the partners listed below:

Partners Income	Received (£)
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	(104,809)
<b>Total income</b>	<b>(208,084)</b>

The expenditure for the Board in 2021/22 was £182,104. This covered costs including staff, the Independent Chair, training and design costs.

The Board have made the decision to keep the partner contributions the same on the basis that there is a current reserve of £199,396, 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.



## Case Study 1: North East London Clinical Commissioning Group

**Sophie\*** is a young woman who resides at a local nursing home. She is largely bed bound, and lacks capacity to consent to care and treatment. However, she is not resistant to care being provided. There has been a positive relationship between the care home and family, and all report that the GP is very engaged with managing her care plan.

When residents at her nursing home were routinely being offered the Covid-19 vaccine – Sophie’s family stated that they did not wish for her to receive the vaccine. As Sophie lacks the capacity to consent to treatment, the responsibility for a **‘best interest decision’** under the ***Mental Capacity Act*** lies with the CCG and the GP who manage her care arrangements. The CCG were anxious to reach a safe decision that engaged with



her families’ concerns and worked collaboratively, taking into account the significantly higher levels of Covid-19 deaths of care home residents.

The care home had done a lot of work with families to ensure that they have the information to assist in being involved in decision making where residents could not make their own decisions. This involved providing information leaflets, discussions, etc and centred upon consent to "testing" and vaccinations. The family had previously advocated for their daughter to have the flu vaccine. It was agreed that the first step should be to engage further with the family and understand the basis of their concerns. The CCG sought Adult Safeguarding advice from the Adult Safeguarding Lead at the London Borough of Hackney. Following discussions between the case manager and the family it became apparent that their objections were specific to the Astra-Zeneca vaccine, rather than the overall principle of vaccination. This was in part due to their understanding that this vaccine contained animal products that are prohibited in their faith. This understanding allowed the case manager to engage in a more personalised way with the family accepting their concerns and working in partnership. A best interest decision was taken to administer the vaccine and the family agreed with this plan.

## Case Study 2: Metropolitan Police Service

The police responded to a call from neighbours of a **Kate\***, concerned that they had not seen her at the address for some time. They also noted that there were multiple males coming and going to the property at different times of the day. Police attended and managed to confirm that Kate was safe and well but established that she was extremely fearful of the males who had attended the address. The officers were able to establish that Kate was a Class A drug user whose address had been ‘cuckooed’ by males who she had previously bought drugs from. These men, up to five in total, took over her flat and used it to deal and store drugs from. They threatened violence should she ever inform the police. Neighbourhood officers were already working in partnership with Peabody Housing to obtain a closure order for the address. Kate was safely removed from the premises, with her consent, and put up in a hotel by police. This was so that she could be away from the immediate area whilst work with the Housing association was completed to urgently re-house her elsewhere. A search of the premises located a large amount of class A drugs, cash, and a suspected firearm. Kate was safely placed away from harm and is receiving ongoing support from social services, and a criminal investigation remains ongoing into the items found and identifying suspects for prosecution.

*“I've got my life back.”*



## CHSAB Achievements for 2021/22

### *Safeguarding Adults Review (SARs)*

- The Board commissioned one Safeguarding Adults Review and one discretionary Safeguarding Adults Review. Both are due to be published in 2022 and will be included in the annual report for 2022/23.
- The Board held one reflection event identifying how well learning from the MS SAR was embedded into practice. The Independent Reviewer provided positive feedback on the actions Board partners had taken to address the recommendations from the review.
- The SAR action plan group measured how well learning had been embedded into practice. This undertaking feedback exercises with frontline staff and partners allows us to understand how well SARs were known and perceived across the City and Hackney.
- The SAR Protocol was updated in response to the National Analysis from SARs.
- The SAR action plan group reviewed learning from SARs across London to identify themes and how the Board can pre-emptively address these.

### *Training and engagement with professionals*

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 11 different safeguarding courses, including a new course on trauma informed approaches to safeguarding. In total, 413 people attended training in 2021/22.
- The Board published monthly bulletins for frontline staff providing them with update on adult safeguarding issues.
- The Board delivered a series of bitesize training including learning from SARs and best practice working with rough sleepers.
- The Board has commissioned a new training system so that all training will be contained in one centralised location.

### *Safeguarding Adults Week*

- The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 200 professionals attended these session; an increase upon the previous year.
- The Board created a series of seven-minute briefings and learning resources to support frontline staff.
- A number of posters and promotional resources were circulated across all staff at the London Borough of Hackney.

## **Quality Assurance**

- The Board undertook one multi-agency case file audit which assessed safeguarding practice in respect of self-neglect. In total 10 cases were reviewed at a multi-agency event attended by Board partners and the neighbourhood team.
- Board partners audited their safeguarding training, with specific scrutiny into mental capacity training offered to staff.
- There was a review of how well the Board was meeting its statutory obligations under the Care Act 2014 and Care Act statutory guidance.
- There was one challenge event, which assessed the Board partners in relation to safeguarding priorities set out in the Safeguarding Adults Partnership Audit Tool; which is a Londonwide audit tool.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.

## **Multi-agency working**

- King's College London have undertaken a Communities of Practice around homelessness and self-neglect, which the Board has participated in.
- The Board supported the Domestic Abuse Intervention Service to create and promote the Intergenerational Domestic Abuse Protocol in the London Borough of Hackney.
- The financial scams and digital safety group worked to help ensure people stay safe online. The group reviewed core safety risks and will continue to raise awareness of how professionals and residents can avoid safeguarding risks.
- There was Board attendance at a number of partnership groups including the Carers Partnership Board, Death in Treatment Panel, no recourse to public funds meetings and domestic abuse work streams.

## **Financial Scams and Digital Safety Task and Finish Group**

- A small group of partners formed the financial scams and digital safety task and finish group to look at the risks for residents using digital platforms.
- The group has raised awareness of digital safety and online scams in the Board's newsletters.
- The group has directed that all future safeguarding projects review any online or digital risks that may be relevant.
- The group will continue to develop resources to assist frontline professionals and residents over the forthcoming year.

*“I'm thankful for the help and support.”*



### **Case Study 3: City of London Police**

**Leila\*** experienced domestic abuse over the years however she had never reported it to the police. Leila has three children, all known to Children's Social Care at different stages of their lives. At a strategy meeting for the youngest, Leila disclosed information about domestic abuse she was experiencing. Staff in the Public Protection Unit attempted to engage with Leila and she was allocated a specialist domestic abuse detective.

There was a violent incident at the home address, leading to Leila calling 999 and reporting the perpetrator. The VVA and officer on duty collected Leila from the address along with her youngest child and took her to a place of safety. This was the first time Leila had the courage to report the abuse she was suffering. The Police Public Protection Unit arranged emergency accommodation, with the support of social services, to ensure that Leila and her child did not have to return to the family home.

Leila's case was referred to the MARAC, which ensures that there is a multi-agency response to domestic abuse. The MARAC ensured that Leila was housed in an appropriate location. The case was referred to the Crown Prosecution Service to ensure that there was a criminal prosecution for the perpetrator.

## Case Study 4: Hackney CVS

Gio had engaged with the service for a number of years, volunteering for one of the programmes run by the service. Gio identifies as non-binary and bisexual, which has caused them to become estranged from their family due to their sexuality. They do not have settled immigration status in the UK. Furthermore, Gio has been diagnosed with high performing autism, depression and also struggles with anxiety. This has led to them have periods of suicidal ideation and they have attempted to take their own life.

Gio was receiving support from East London Foundation Trust mental health teams, their GP and a housing provider. Gio found that support from Hackney CVS (HCVS) to get them into work has been really valuable and they are now on a salaried wage. HCVS supported Gio to obtain accommodation and furniture for this.

Gio still experiences panic attacks which were exacerbated by being stopped and searched as a young black person and fears that they may be supported. However, HCVS has put in support for them, so they are able to manage these. Gio reports to feeling generally much happier in their life.



*“Due to the support I received, I was able to obtain accommodation, a place to call home.”*

### ***Anti-Social Behaviour and Safeguarding Task and Finish Group (on behalf of the Safeguarding Adults Board and Community Safety Partnership in Hackney)***

- A group of officers within the London Borough of Hackney formed the group to look at strengthening the safeguarding response to anti-social behaviour.
- The group have explored the key concerns for professionals working with people feeling and perpetrating anti-social behaviour.
- The pathways for anti-social behaviour cases have been reviewed and revised to ensure that these are accessible.
- The group explored the issue of cuckooing, where people take over the home of another person and use it for their own means, often for criminal activity. The group explored how to respond to and raise awareness of this issue.

### ***Transitional Safeguarding Task and Finish Group (on behalf of the Safeguarding Adults Board and Children's Safeguarding Partnership and Hackney Community Safety Partnership)***

- The Group has worked with the University of Sussex Innovate Project to continue to drive learning and understanding around the safeguarding risks affecting young people aged 16 - 25 years old.
- The group undertook a number of learning sessions with staff to raise awareness of what is available to support young people.
- The group developed a briefing for staff outlining how they could apply the law when supporting young people being exploited or abused.

### ***Resident engagement***

- The Board has commissioned a voluntary sector agency, The Advocacy Project, to obtain feedback from residents who have lived experience of safeguarding.
- The Board advertised for the role of Safeguarding Champion and also for volunteers to join the London Safeguarding Voices Group.
- Age UK undertook a feedback session with residents to hear their views on digital safety.
- The Board continues to publish quarterly newsletters to residents and also provided an article to the Older People's Reference Group on keeping safe over the Christmas period.

### **Neighbourhoods Team**

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board.
- The Neighbourhoods Team were involved in the Board's multi-agency case file audit.

### **Engagement and partnership work**

- The Board provided a response to the consultation undertaken by North East London Clinical Commissioning Group in relation to changes to the structure of their safeguarding teams.
- The Board expanded its professionals mailing list and networks 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**.
- The Board delivered a number of bite-sized training sessions on different areas of safeguarding to different teams across the City and Hackney. This includes presentations to the public health teams, The Advocacy Project and the Health and Wellbeing Board.

### **National work**

- The Board contributed to the National Safeguarding Adults Board Chairs survey, which looks at the effectiveness and priorities of Safeguarding Adults Boards across England.
- Members of the Board attend a number of regional and national groups including, the London Safeguarding Adults Board, London and national SAB Chairs, London and regional SAB Manager Networks and Care and Health Improvement Partnership (Local Government Association and the Association of Directors of Adult Social Services) Safeguarding adults workstream.
- Members of the Board have presented at national safeguarding events that have occurred across England.

### **Case Study 5:**

#### **Homerton University Hospital Foundation Trust**

**Loretta** was a 90-year-old widow with vascular dementia and a number of other health issues. Loretta was normally resident in Nottingham, and she was an active member of her local church. She had a large family, with five children and an extended social network. Her daughter supported her with some tasks at home. Loretta had discussed Lasting Power of Attorney (LPA) with her daughters before she lost capacity and had given three of her daughter's this authorisation for her financial and health affairs.

Loretta suffered a severe stroke which resulted in her requiring support with all activities of daily living. It also impacted her ability to make decisions around her care.





## *Loretta receives home care from her daughters and carers*

This occurred during the Covid-19 pandemic and it unfortunately meant that visitations were restricted.

Staff determined that Loretta lacked capacity to make decisions about her discharge from hospital, specifically where she would be discharged to. In line with the Mental Capacity Act, a best interests assessment was arranged to discuss her LPA with her family. A number of discharge options were discussed for Loretta, including factors to consider with each option. Loretta's daughters had different views on where she would be discharged to.

An Independent Mental Capacity Advocate was appointed to support and establish the past and present wishes of Loretta. A social worker and discharge team, provided the daughters with care home options as well as dates for discharge. Unfortunately, it was not possible to reach a unanimous decision on Loretta's care. It was determined that it was in Loretta's best interest to be discharged to the care home with nursing attached to the Hospital. In conjunction with this, a social worker liaised with the Office of Public Guardianship and the Court of Protection.

The Court of Protection agreed that Loretta lacked capacity to make decisions about her life. She remained in the care home during the pandemic, although efforts were made to ensure her family could visit once restrictions were lifted and to ensure she had access to Christian shows and music, which she enjoyed. Staff also worked to ensure that Loretta could have a 90th birthday celebration that her family could all attend safely.

The Court of Protection eventually ruled that Loretta could return to Nottingham to be cared for in her home by her daughter and carers. The rest of the family were supportive of this decision. The manager of the care home arranged transport and a handover to staff and her daughter, so her needs were met.

## What did the Board not achieve?

The Board always sets itself an ambitious set of goals to achieve in its annual strategic plan. This is to ensure that the safeguarding adults' agenda is driven forward across the City and Hackney. Unfortunately, it is not always possible to achieve all goals. The Board was unable to meet the following objectives during 2021/22:

1. Whilst the Board has undertaken outreach work to improve its engagement with residents, it has not been possible to re-establish the service user network it had with residents prior to the Covid-19 lockdowns. The Board will continue to identify ways it can improve engagement with service users and residents in the City and Hackney.
2. In preparation for inspection by the Care Quality Commission (CQC), the Board intended to audit safeguarding within the City and Hackney's Adult Social Care teams. This did not go forward on the basis that the Board were awaiting the publication of a template for this from the CQC. This action has been rolled forward into the Board's annual strategic plan for 2022/23.
3. At the start of the financial year the Board put on a number of learning sessions for voluntary sector agencies. Unfortunately, these were not well attended, and the Board had to cancel further sessions. To address this the Board is working with its voluntary sector members to help engage with wider voluntary and community sector organisations.

## Safeguarding Adults Reviews (SARs)

The Board has a statutory duty to undertake Safeguarding Adults Reviews (SAR) under section 44 of the Care Act 2014. The following criteria must be met for a SAR:

1. An adult has died or suffered serious harm.
2. It is suspected or known that this was due to abuse or neglect.
3. There is concern that agencies could have worked better to protect the adult from harm.

The Board is also able to undertake a discretionary SAR under the Care Act 2014, where a case does not meet the threshold for a review but it is considered that there is valuable learning to be gained in terms of addressing abuse and neglect.

In 2021/22, the Board did not publish any Safeguarding Adults Reviews. The Board initiated two reviews in 2021/22, one was a SAR as defined under section 44 of the Care Act and the other a discretionary review. It is anticipated that the Board will publish these two reviews and an outstanding discretionary review in 2022/23.

## CHSAB Strategy 2020-25

Under the Care Act 2014, Safeguarding Adults Boards are required to publish a strategy outlining how it will meet its obligations in respect of adult

safeguarding. The Board renewed its Strategy in 2020 and published a five-year plan on how it will deliver its goals. The following objectives have been met in respect of the Board's 2020-25 strategy:

- We will find innovative ways to communicate key learning from the CHSAB to frontline staff across the partnership, this will include written, online and face-to-face formats.
- We will continue to run an annual Safeguarding Adults Week to help raise awareness of emerging issues with the public and frontline staff.
- We will undertake horizon scans of local, London and national safeguarding trends to help us identify thematic priorities for the Board.
- We will continue to engage with the Integration Model and Neighbourhood teams to support them in ensuring that safeguarding is embedded through all aspects of their work.
- We will continue to identify how we can work with different organisations and partnerships across City and Hackney where we have overlapping interests. This includes supporting teams to consider safeguarding in their own projects and work streams.
- We will continue to work collaboratively with the Safeguarding Children's Partnerships, Community Safety Partnerships and Health and Wellbeing Boards on mutual areas of interest.
- We will quality assure the safeguarding work of the Board's partners through our Quality Assurance Framework, undertaking the SAPAT and yearly multi-agency case file audits.
- We will identify how much impact the Board and SARs are having in improving safeguarding practice across City and Hackney.
- We will undertake periodic reviews of the Board and its Chair to ensure that it is meeting its obligations in respect of the Care Act 2014.

In the forthcoming year the Board will focus on the following priorities:

1. Engaging with voluntary and community sector organisations in a meaningful way to ensure that adult safeguarding messages are incorporated into practice.
2. Oversee The Advocacy Project in their delivery of an adult safeguarding feedback service for people with lived experience of adult safeguarding. If you have received adult safeguarding support in the City or Hackney and would like to provide feedback to this service, please contact: **chsab@hackney.gov.uk**.
3. Identifying and responding to people who are 'on the edge of care' and may not meet the criteria for statutory safeguarding intervention, but still have safeguarding needs.

4. Continuing to raise awareness of self-neglect and how to work effectively with adults who may be neglecting themselves.
5. Engaging with services across the City and Hackney to ensure that they have embedded core duties in relation to adult safeguarding.

*“My daughter is able to help me with the support she receives.”*



### **Case Study 6: East London Foundation Trust**

**Anita** was a 51 year old woman from the Irish Traveller community, who was diagnosed with psychosis, depression and anxiety. There were suspicions that she may have a mild learning disability and some memory loss due to heavy drinking. Anita had been known to the EQUIP team, who work with people experiencing or at risk of

experiencing their first episode psychosis, for a year. She lived with her ex-partner and daughter and had a joint tenancy with him. Her ex-partner had care and support needs of his own and was using illicit substances and drinking heavily. Anita's ex-partner had been abusive towards her. She also had a current boyfriend whom she described as being "on/off", and he was also abusive towards her. Anita's daughter helped to provide care to her and her ex-partner.

The EQUIP social worker had worked closely with Anita to understand her needs and her wishes for the future. The EQUIP social worker recognised that she was an adult at risk of domestic abuse, but her low mood and anxiety prevented her to seek support. Her circumstances meant that she was restricted in moving to alternative accommodation, and Anita also stated that she wanted to stay close to where her daughters were.

The EQUIP social worker held a professionals meetings to try and ascertain what could be done to support Anita, specifically advocating for her to move accommodation with the support of her housing association. The social worker worked with the Named Professional for Safeguarding Adults and domestic abuse team to move things forward by escalating concerns with the housing association. The EQUIP social worker also worked with the Carer's Lead to support Anita's daughter who was struggling with the demands placed on her as a carer. As a result, Anita was offered alternative accommodation with her daughter and her daughter was provided with support in her carer role.



## CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2021/22:

### *London Borough of Hackney*

- Provided support to partners in relation to the roll out of Covid-19 testing and vaccination, particularly where there may be concerns in relation to the person's mental capacity to consent to vaccination or testing. This helped to ensure more people had access to testing and the vaccine.
- There have been contributions to and progress around a multi-disciplinary approach to working within neighbourhoods based around GP practices. This supports early engagement and reduces the likelihood of people having to re-tell their stories to several professionals. This was undertaken while rearranging the safeguarding team so that the response and outcomes when abuse is first reported is more proportionate and accessible for residents.
- There were a number of projects where Adult Social Care collaborated to improve outcomes for residents. This included work with colleagues in the Domestic Abuse Intervention Services to devise and implement an intergenerational domestic abuse protocol. This will assist in promoting a joint approach to situations where the victim is generally an older adult with care and support needs. There was also social work involvement in the temporary accommodation team, to further embed multi-agency working with people who are street homeless or facing eviction.

### *City of London Corporation*

- The pilot recruitment of a social worker to be based in the Homelessness and Rough Sleeping Service has been a success with an increase in related Care Act 2014 assessments, and in preventative interventions. The post has now been made permanent.
- Systems which were put in place to facilitate and monitor hospital discharges have been effective in meeting the demands created by the pandemic in terms of response times, increases in numbers of patients from a higher number of hospitals, and managing increased levels of risk.
- There has been improved partnership working which has contributed to continued improvements in multi-agency approaches to managing and reducing risk. Most notably the work alongside the Rough Sleeping and Mental Health Programme in supporting rough sleepers, and the further embedding of the Neighbourhood model of integration.

### *North East London Clinical Commissioning Group (CCG)*

NHS Improvement requested **Safe and Wellbeing Reviews**, a rapid review process for commissioners to urgently assess the wellbeing of individual's living at long-stay hospital settings. In total there were 20 reviews across

NEL CCG and 20 across the provider collaborative. This process included individuals with a learning disability who are in long-stay secure hospital placements outside of the borough. The key findings for City and Hackney were as follows:

- Actions could be taken around physical health such as obesity management and ensuring primary health checks e.g. dental checks.
- Some individuals experienced delayed discharge which tended to be related to challenges sourcing an appropriate community placement.
- In some instances the practice conducting care plan reviews remotely or virtually (due to Covid) had impacted the quality and oversight.
- The CCG undertook extensive and creative efforts to ensure that at risk populations including those who are housebound were offered and administered the Covid-19 vaccination with urgency.
- Following a comprehensive review of current services in primary care; the CCG and Public Health agreed to combine resources to commission a new enhanced Early Identification Domestic Abuse Service. The early identification service aims to provide secondary prevention of domestic abuse for all residents of the City of London and Hackney.

### ***Homerton University Hospital NHS Foundation Trust***

- The relationship between Homerton Hospital and Adult Social Care, in particular the Deprivation of Liberty Safeguards team, Integrated Discharge team and the Police has improved.
- There was an increase in staff training and awareness raising sessions. This includes the launch of a safeguarding adults level 3 as part of the induction process for staff.
- There has been working across acute and community sites to raise awareness on the safeguarding agenda. This includes providing face-to-face support to patients and service users and supporting them to make their own decisions.

### ***East London Foundation Trust***

- The Trust continued to ensure that adults were safeguarding throughout the pandemic despite significant pressures on mental health services. Trust reporting systems have been developed to help capture the nature of abuse affecting residents with mental health needs. This has enabled senior staff to identify specific training that is required for practitioners, for example domestic or financial abuse.
- The Trust has rolled out quarterly safeguarding supervision across services based in the City and Hackney. This is delivered by the Named Professional for Safeguarding Adults and allows frontline staff the opportunity to seek advice and guidance on safeguarding.



## Case Study 7: City of London Corporation

There were on-going concerns regarding the self-neglect of **Asif** who moved across different local authority areas. The concerns led to a section 42 safeguarding enquiry being undertaken by the City of London and the case was allocated to the specialist rough sleeper social worker.

A number of cross boundary meetings were held with other Local Authorities, including legal teams, to share ideas and best practice. There were regular check-ins with legal teams to make sure that all legal options and thresholds to meet our duties to Asif were considered. Throughout periods of cold weather, a temporary accommodation was booked for him, even if he did not indicate that he would come inside. This was so that there was always a self-enclosed option for them. The street cleansing team undertook weekly visits for a period to support Asif and minimise health risks arising from rotting food and vermin.

Mental capacity assessments were completed by a lead professional in a collaborative way, for example, a joint assessment was undertaken around a decision to decline housing offers, the social worker organised meetings with Psychotherapist and Community Psychiatric Nurse to discuss the assessment and get his views. A social worker completed weekly visits with Asif to try and establish trust, understanding, and compassion. A number of creative options were considered for Asif from temporary accommodation to placement in a residential care home. All these options considered what his goals were and how he wanted to live their life.

*Asif case was allocated to a specialist, rough sleeper social worker*



### ***Metropolitan Police Service***

- Police in Hackney achieved the highest sanctioned detection rate for domestic abuse across the Metropolitan Police Service. This stood at 16.2% for 2021/22.
- The Police were able to maintain a business as usual approach during Covid-19.
- The Police delivered and oversaw an effective Multi-Agency Risk Assessment Conference (MARAC) supporting those who are at highest risk of domestic abuse. The MARAC adopted a holistic approach to the safeguarding risks that arose during the MARAC.

### ***City of London Police***

- Funding was secured for a Mental Health Triage nurse for 2021/22. The nurse has facilitated a decrease in the need to invoke section 136 of the Mental Health Act, which gives police emergency powers to take someone from a public place to a place of safety.
- A Vulnerable Victim Advocate has been recruited until 2023; the Advocate supports victims of domestic abuse, sexual violence and fraud, as well as undertaken engagement work with outreach services.
- A Violence Against Women and Girls (VAWG) action plan has been developed which has informed and filtered across all areas of the City of London Police's work.

### ***Hackney CVS***

- Hackney CVS continues to address the issue of race inequality through all its work; this includes challenging agencies and policy makers across Hackney to consider race equality in their work.
- On-going support has been provided to the voluntary sector to help them improve their safeguarding practice. This includes the delivery of training for the workforce and the promotion of safeguarding policies and practice.
- Hackney CVS has raised awareness of how sectors can improve engagement with young people who may be treated differently due to their age, race or background. In particular, the work of the Account group has strived to improve relations between the police and young people with safeguarding needs.



*“My link worker kept me updated and outlined the options available to me.”*

### Case Study 8: London Borough of Hackney

An adult safeguarding concern was received from the local Drug & Alcohol Dependence Service to alert the adult safeguarding team of a possible “cuckooing” situation involving one of their service users, **Samuel**. Samuel had informed the service of people using his property to use and circulate drugs and was limiting his access to the accommodation. Samuel stated that although he wanted this to end, he was extremely anxious about possible repercussions, and wanted any subsequent actions to be at a pace that was agreed by him.

The referring agency had begun to establish Samuel’s wishes and his vulnerability, including his ability to address the situation themselves. The team initially concluded that Samuel was able to make his own decisions and that there was a plan in place to deal with the current situation which suited his needs. Samuel also stated that he was happy for the drug and alcohol worker to advocate for him at any upcoming meetings.

Further concerns were received regarding Samuel. This led to a multi-agency meeting which included the drug and alcohol team, adult social care, safer neighbourhood team, housing and police, to discuss options for him.

The drug and alcohol worker discussed the potential options with Samuel, who initially stated that he wanted a full closure order to help him. A time frame was agreed, and alternative accommodation was sourced which was then shared with him.

These plans were disrupted after neighbours alerted police to the fact that Samuel had not been seen for a couple of days, which they thought was unusual. Staff undertook a visit to the property, which led to the implementation of the previously agreed support plan. Samuel was facilitated to move into emergency accommodation, provided with a support plan and his property was closed by the Safer Neighbourhood Team.

Samuel reported that his experience with services was positive, although he identified that the temporary accommodation did not have the basics due to him leaving his home at short notice. This was taken on board by agencies who will be incorporating this into a forthcoming multi-agency protocol. Samuel also commented on the value of having one link worker who was able to provide updates and outline the options available to him.

## **Age UK**

- There has been a focus on preventative work to support adults, and there have been a number of examples where Age UK have achieved positive outcomes in supporting people.
- There has been an increase in calls made to carers to check on their welfare and wellbeing.
- Work was undertaken to support residents, who required it, to join video meetings. This enabled the team to get better insight into their unspoken circumstances.

## **The Advocacy Project**

- Staff within the organisation continue to raise safeguarding alerts and provide support for people through safeguarding enquiries. Safeguarding training has helped increase the depth of understanding amongst the advocates of what constitutes safeguarding. The quality of support to people experiencing abuse has improved with advocates providing a more holistic approach across different legislation. This is notable in terms of supporting people who experience abuse alongside their acute mental health support needs.
- The team continues to strive to create dynamic professional working relationships across the borough. This helps ensure that professionals have multiple ways to seek support from advocates to support Hackney residents. The professional relationships built by the advocacy team result in referrals and support for people experiencing abuse being often made direct to the advocates on the frontline; this is notable in referrals from the Homerton Hospital and adult social care teams. The online / telephone referral process helps ensure that people experiencing abuse and professionals supporting them have timely access to advocacy support.
- Advocates have continued to build upon their skills and their understanding of the local community. This helps ensure that issues are picked up on and responded to, alerted, and escalated appropriately. Working in a person-centred way with individual clients but having a great understanding of the community issues means that over the year there was a need to raise over 60 safeguarding alerts by advocates on behalf of those experiencing abuse / at risk of abuse.

## **Turning Point**

- The rough sleeper project has utilised the rough sleeper multi-disciplinary partnership meeting to discuss risk and safeguarding cases allowing the formulation of joint risk assessments and care plans for vulnerable rough sleepers.
- Opiate substitute prescribing can be included in a monthly depo form; which has been a treatment option for people with memory or and mobility issues reducing trips to pharmacies or missing appointments.

- Turning Point ensures that Specialist teams and workers reflect the diverse community and endeavour to meet needs of vulnerable adult service users.

### ***London Borough of Hackney Benefits and Housing Needs***

- The Benefits and Housing Needs Service led the Everyone In programme for the protection of rough sleepers and those at risk of homelessness in response to the Covid-19 pandemic to save lives. At its peak, the project had secured accommodation, food, support and health care for 219 vulnerable residents with multiple and complex needs, including 44 individuals with no recourse to public funds. The accommodation was provided for two years and provided regular testing and health screening and Covid-19 vaccinations and a larger range of health interventions.
- The service made a successful bid to the Government's RSAP funding prospectus totalling £1.7m to deliver more, newly refurbished self-contained temporary and supported accommodation for rough sleepers.
- Our primary frontline response to rough sleeping is delivered through the Street Outreach team (SORT). In 2020/21, the Hackney SORT service assisted 350 rough sleepers; 47% of which were non-UK nationals. Despite the significant increase in the annual rough sleeper numbers, Hackney has maintained low levels of street population through early intervention and a coordinated support and housing offer.

### ***City and Hackney Public Health team***

- Partnership work has been undertaken with Change Please and the Driving For Change initiative. This is an innovative and disruptive approach to tackling homelessness, that brings direct intervention for those in need. Using revamped London buses as a delivery site, Rough sleepers are given first-hand access to GP consultations, a mobile dentist, showers and haircuts on board, all of which are valued services for vulnerable homeless people. The bus is sited in Hackney Central (near the Hackney Empire) on Thursdays and in Dalston (Gillett Square) on Fridays.
- Hackney is one of the leading boroughs in London in ensuring that our homeless residents are vaccinated to protect them from Covid-19. 67% of the people experiencing homelessness in Hackney are now fully vaccinated. This incredible achievement in supporting clinically vulnerable homeless residents to access covid vaccinations places Hackney as the 4th highest in London. This vaccination rate has been achieved despite the significant challenges that all too often mean that the homeless population do not access the medical care they need.
- Two social events were held at the Greenhouse with free food, clothing, haircuts, housing advice, smoking cessation support, drug and alcohol advice, Streetvet advice and treatment, which acted as an encouragement to also receive a flu jab and Covid-19 vaccination.



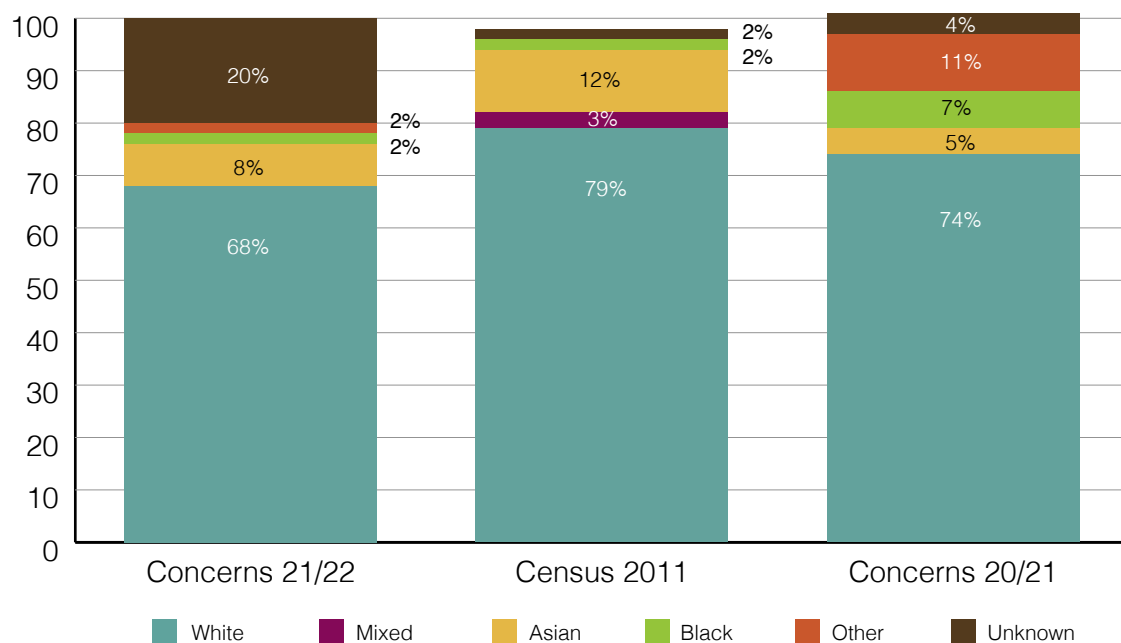
## Safeguarding data for 2021/22

The safeguarding data for 2021/22 is presented separately for the City and Hackney. This data is submitted to NHS Digital's Safeguarding Adults Collection, which collects statutory returns on safeguarding.

### City of London

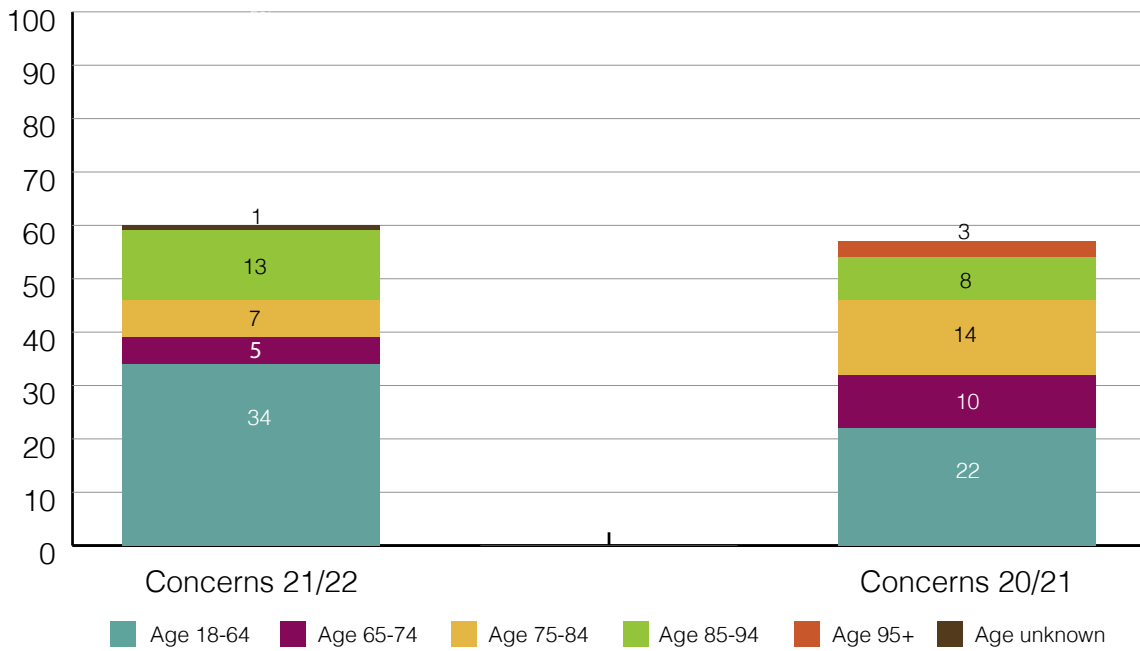
- 60 safeguarding concerns were raised
- 33 of the concerns led to Section 42 Enquiry
- Of the 35 concluded cases 27 were asked about their desired outcome, of which 18 expressed their desired outcomes. Of the 18 people that expressed 17 had their desires fully or partially achieved
- 19 repeat concerns whereby 14 individuals accounted for this cohort

### Concerns by ethnicity



This data should be reviewed with some caution given that a fifth of residents did not disclose their ethnicity. In 2021/22, 68% of safeguarding concerns started were from “White” ethnicity, which is slightly lower than the 2011 City of London census breakdown. 8% of safeguarding concerns were for people from a “Asian / Asian British” background, which is a slight increase from 2020/21, where concerns accounted for 5%. This information is anticipated given that people from an Asian and Asian British background account for the second largest ethnic group in the City of London.

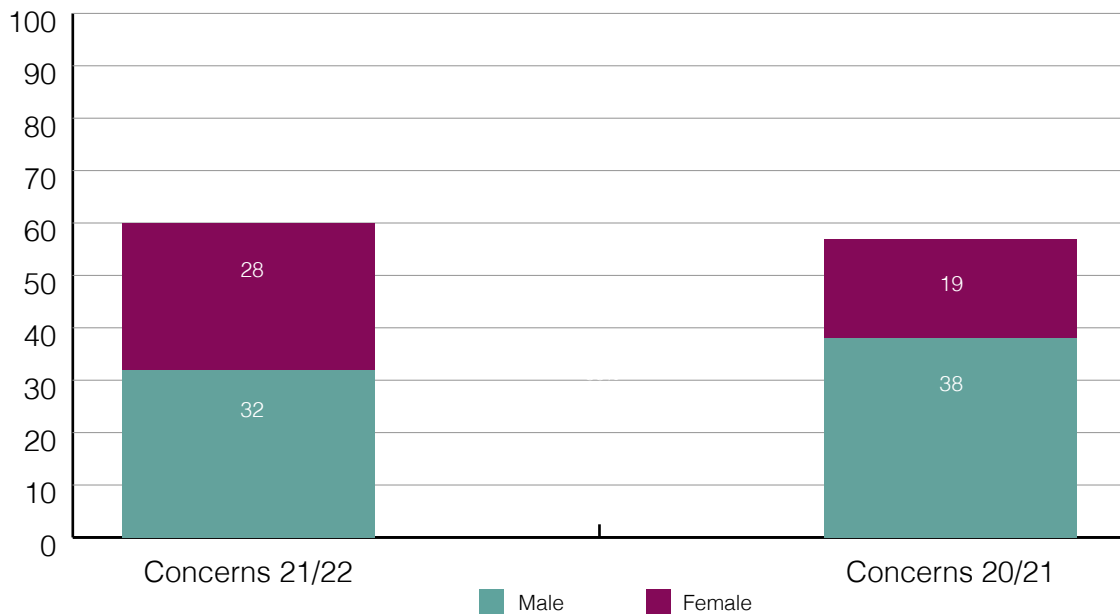
### Concerns by age



The majority of safeguarding concerns were for people aged 18-64 which was also the case during 2020/21. This was followed by people aged 85-94 whereas last year it was followed by people aged 75-84. The increased number of younger people aged 18-64 years with safeguarding concerns is thought to be linked to homelessness and rough sleeping. This trend is also apparent in last year's data. Prior to 2019/20 those aged 65 or over made up a larger proportion of safeguarding concerns.

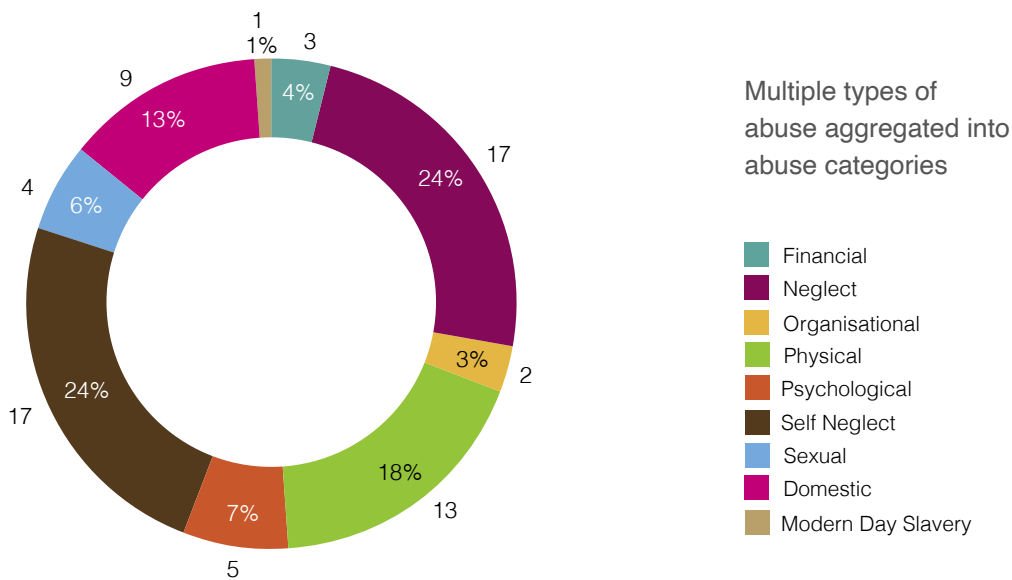


### Concerns by gender



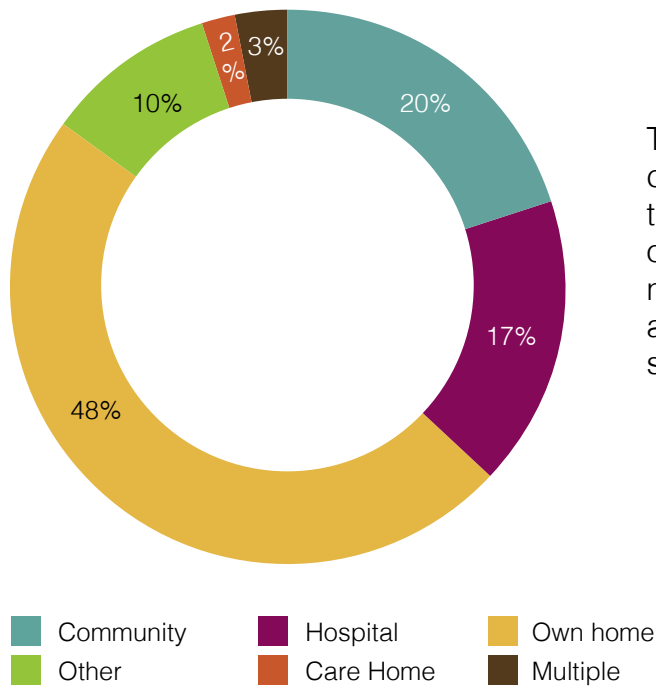
There were a similar number of males and females that were reported into adult safeguarding. This is consistent with national data obtained in NHS Digitals Safeguarding Adults Collection (SAC) which show that the number of safeguarding concerns for females and males are broadly the same.

### Concerns by type of abuse



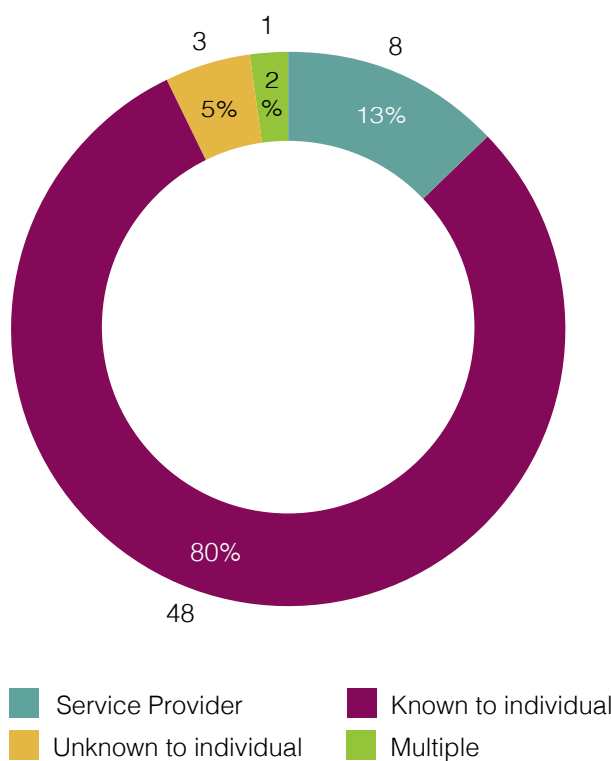
The most common form of abuse was evenly split between self-neglect and neglect and acts of omission. The number of domestic abuse concerns being reported into the City of London also continues to increase accounting for 13% of the concerns. Financial abuse continues to decline, this could be due to better awareness of scams. Alternatively, it may be that since the Covid-19 pandemic there could have been an increase in different types of abuse, such as self-neglect.

### Concerns by location of risk



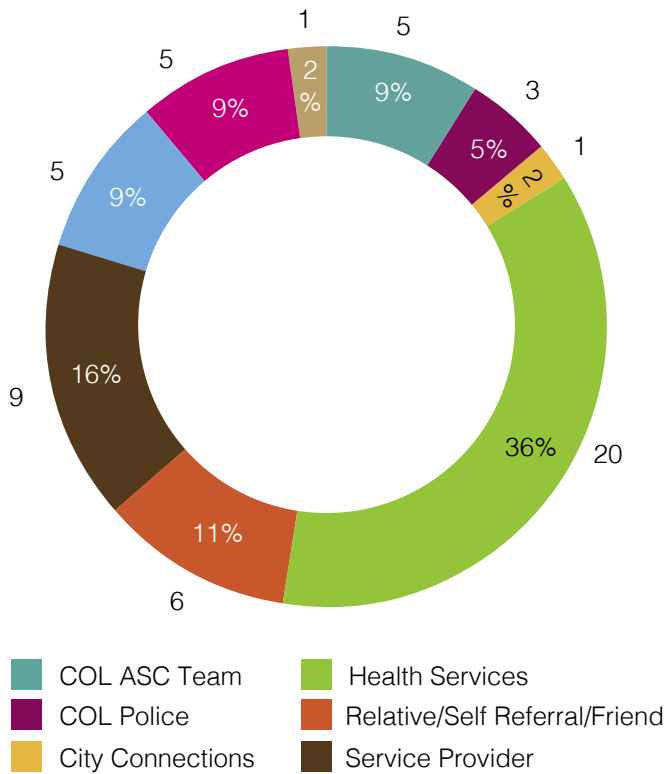
The majority of safeguarding concerns related to alleged abuse that happened in the person’s own home. This is consistent with national data which identifies that abuse typically happens within someone’s own home.

### Concerns by source of risk



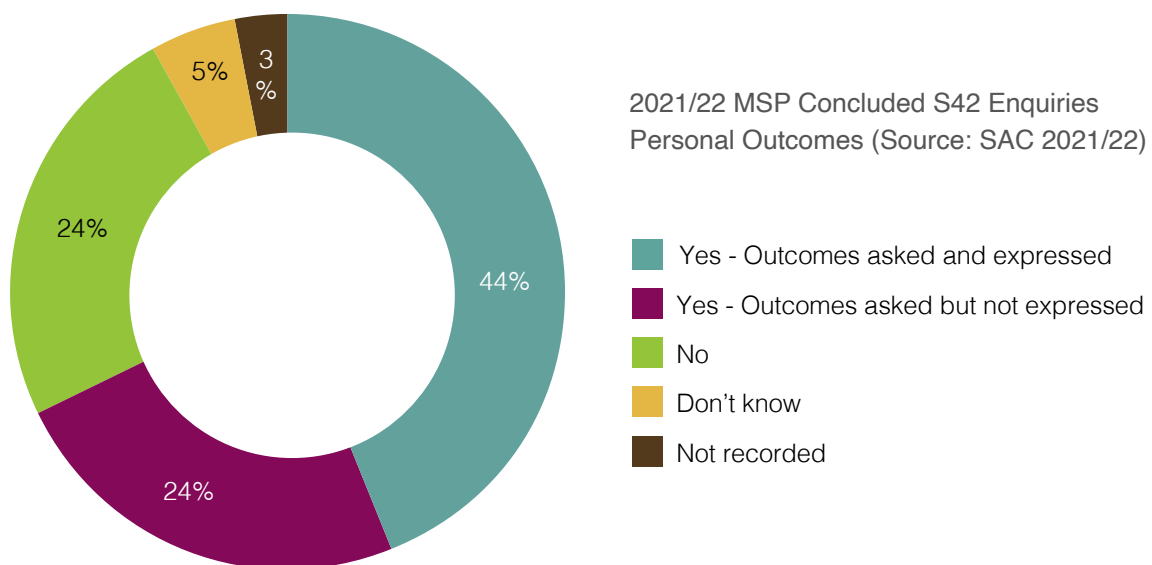
In line with previous years and national data, the overwhelming source of risk was someone known to the individual.

### Source of referral



The top three sources of referral were from health services, the City of London Corporation and from service providers. Other referrals included concerns being reported in by the Home Office and London Fire Brigade. It is positive to see a wider range of agencies refer concerns into the City of London Adult Safeguarding.

### Making Safeguarding Personal



In total 68% of people were asked about their desired outcomes, of which 95% had their desires either fully or partially met. This represents a lower figure than the previous year and this is likely to be due to challenges with the current

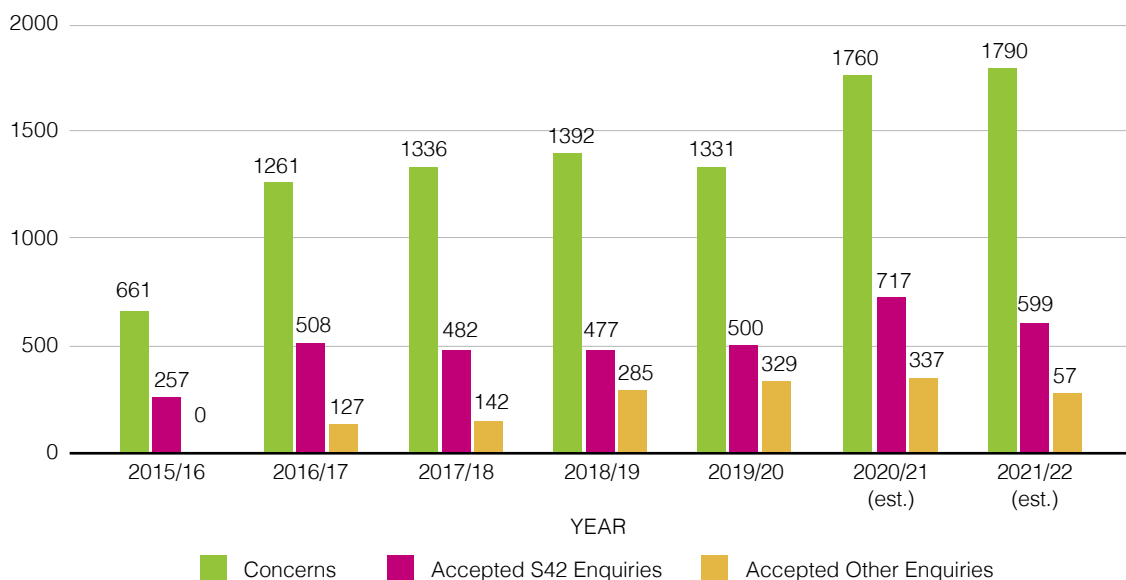
reporting system. The data system continues to be refined and the data around Making Safeguarding Personal will be monitored to see whether there has been any changes to the way this is being delivered.

### London Borough of Hackney

In last year’s annual report, the London Borough of Hackney was unable to provide a full set of safeguarding data due to the impact of the Cyberattack. This year it is possible to deliver a full data set for Hackney, however it is important to note that whilst efforts have been made to ensure the data is as fully accurate as possible there should be some caution exercised when reviewing figures. This is due to an interim system being used which could cause some duplication in figures.

### Concerns by source of risk

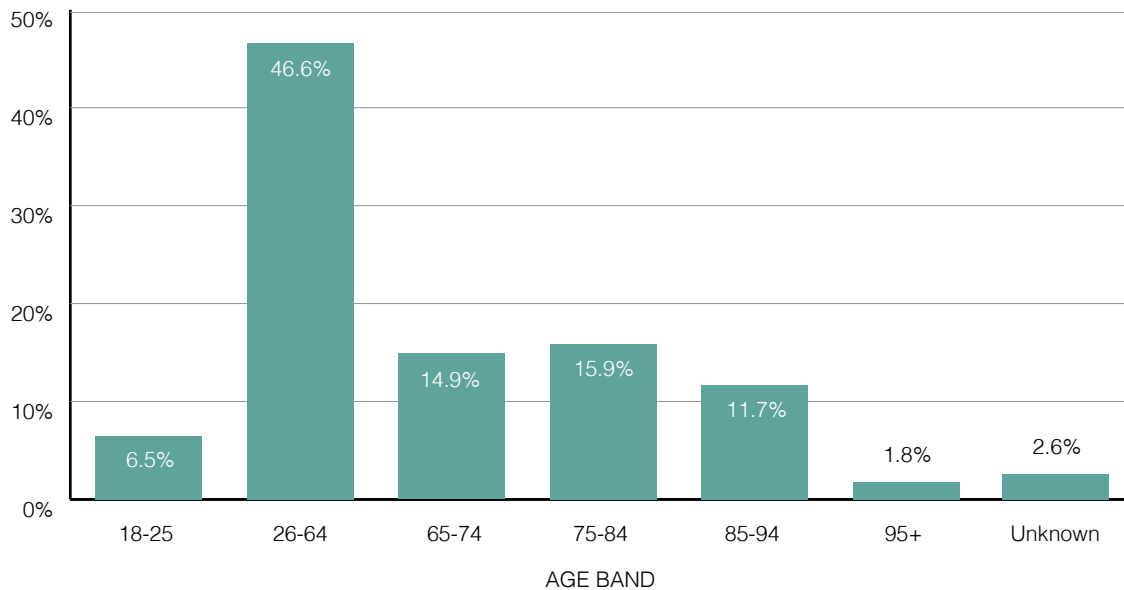
Total number of Safeguarding Concerns and Enquiries, 2015 to 2022



The data should be reviewed with a level of caution due to the on-going impact of the cyberattack affecting the London Borough of Hackney. The general trend shows that there have been an increase in the number of concerns being referred to adult safeguarding. There have generally been more cases that have met the criteria for section 42 enquiry over the past year; although the figures have reduced in the past year, this may be due to more accurate data capture. The Board will continue to monitor this over the course of the year.

## Age

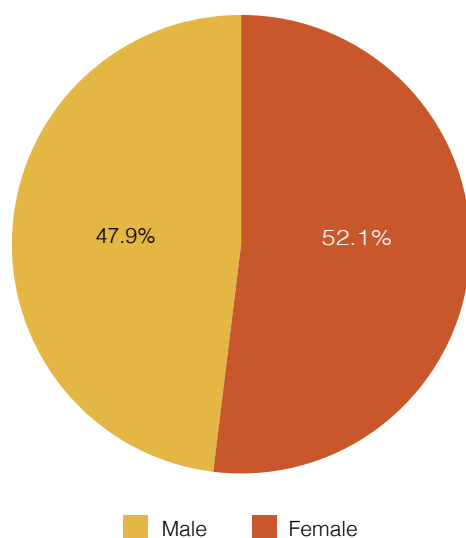
### Proportion of Concerns by Age Band



The data shows minimum change in profile from previous years, with the highest amount of concerns being raised in respect of residents aged 26 - 64 years old. Over half the recorded concerns relate to people under the age of 64 years old, which is in contrast to the national picture of safeguarding, captured by NHS Digital’s Safeguarding Adults Collection, which highlights that abuse is typically experienced by older adults. The reason for this is likely to be due to the younger demographic based in Hackney, which has a lower proportion of older adults in comparison to other Local Authorities across England.

## Gender

### Proportion of Concerns by Gender

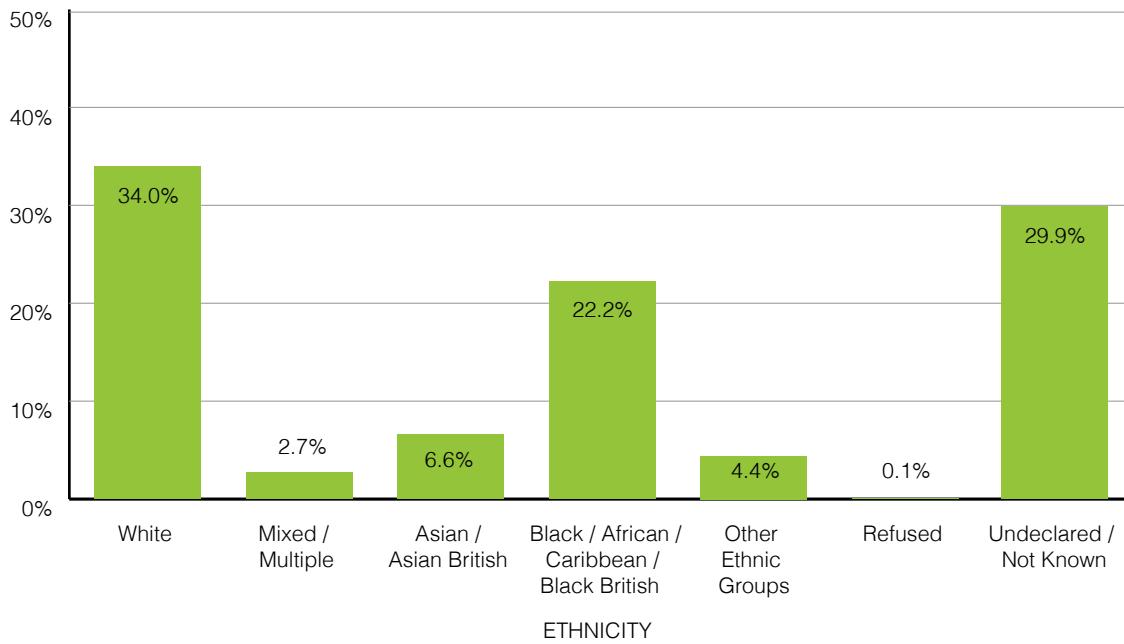


There is a slightly higher number of females referred into adult safeguarding in comparison to males. This is consistent with the 2021 census for Hackney<sup>1</sup> which highlights there are more females living in the Borough and therefore there is an expectation that there would be a slightly higher proportion of safeguarding referrals for females.

<sup>1</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

## Ethnicity

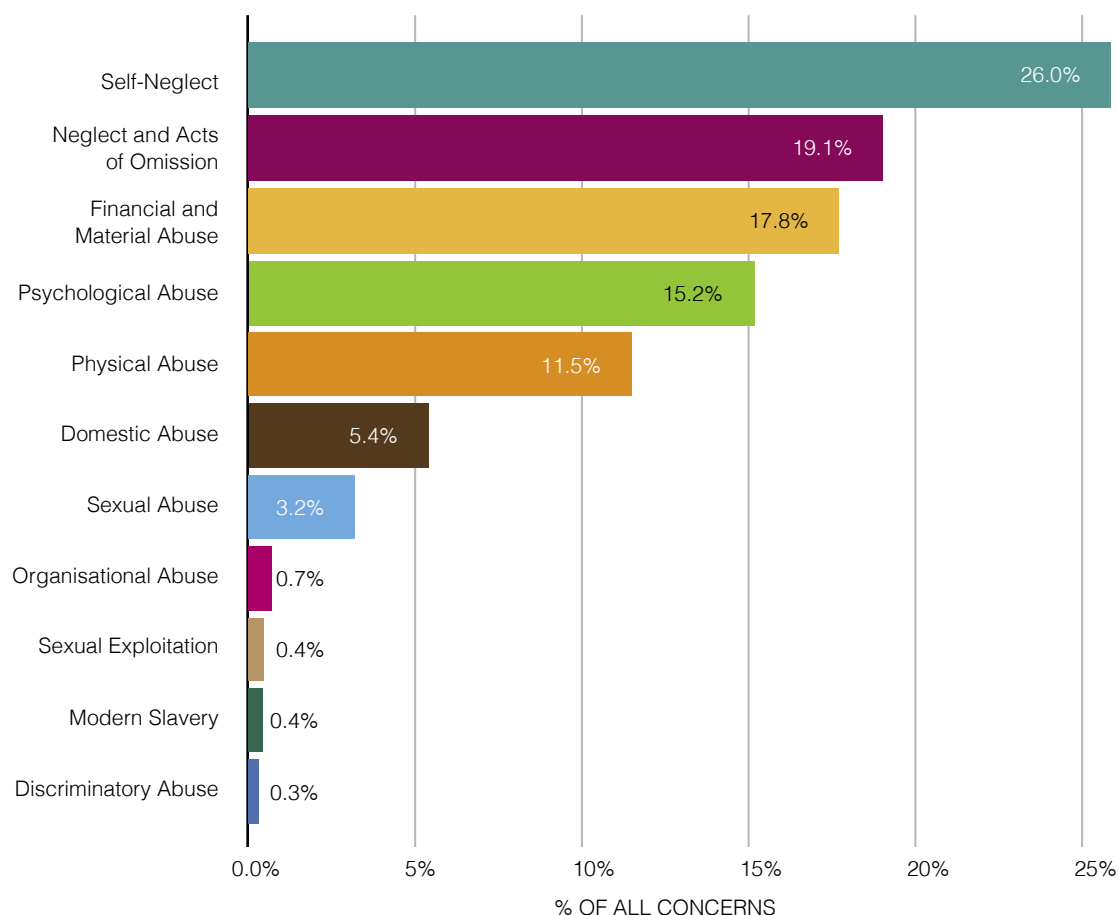
### Proportion of Concerns by Ethnicity



Due to the cyberattack and lack of access to case management software capturing accurate data around ethnicity continues to prove challenging. Whilst it is positive to see an increase in data captured around ethnicity, in nearly a third of all concerns no information was obtained. The data that is available shows that most concerns continue to relate to adults from a White or Black African, Caribbean, or British background. This is consistent with the profile of Hackney, whereby people from a White or Black African, Caribbean or British background make up most of the population.

## Forms of abuse

### Proportion of Concerns by Type of Risk

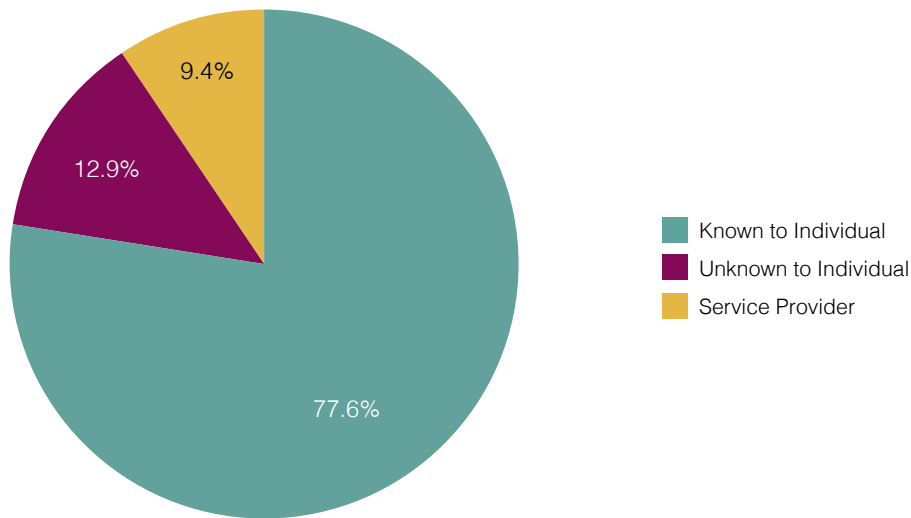


Self-neglect continues to be the most common form of abuse reported into adult safeguarding as a concern. This data is interesting as it is in some respects at odds with the SAC Collection, which collects safeguarding data across England, which recognises that neglect and acts of omission as the most common form of abuse. It is important to note that self-neglect is the fastest growing form of abuse in England. It is positive to see that after extensive awareness raising and focus on self-neglect there are more people being referred into Adult Safeguarding with concerns regarding self-neglect. Addressing the underlying causes of self-neglect and how to support residents who self-neglect continues to be a priority for the Board in 2022/23. Further information on the profile of self-neglect in Hackney can be found at page 44

The prevalence of other forms of abuse remains broadly consistent with previous years. Neglect and acts of omissions have overtaken financial abuse as the second highest form of abuse. The Board will continue to review trends over the forthcoming year to assess whether there are any specific safeguarding trends arising as a result of the long-term impacts of Covid-19 and the economic recession.

## Source of risk

### Proportion of Concerns by Source of Risk

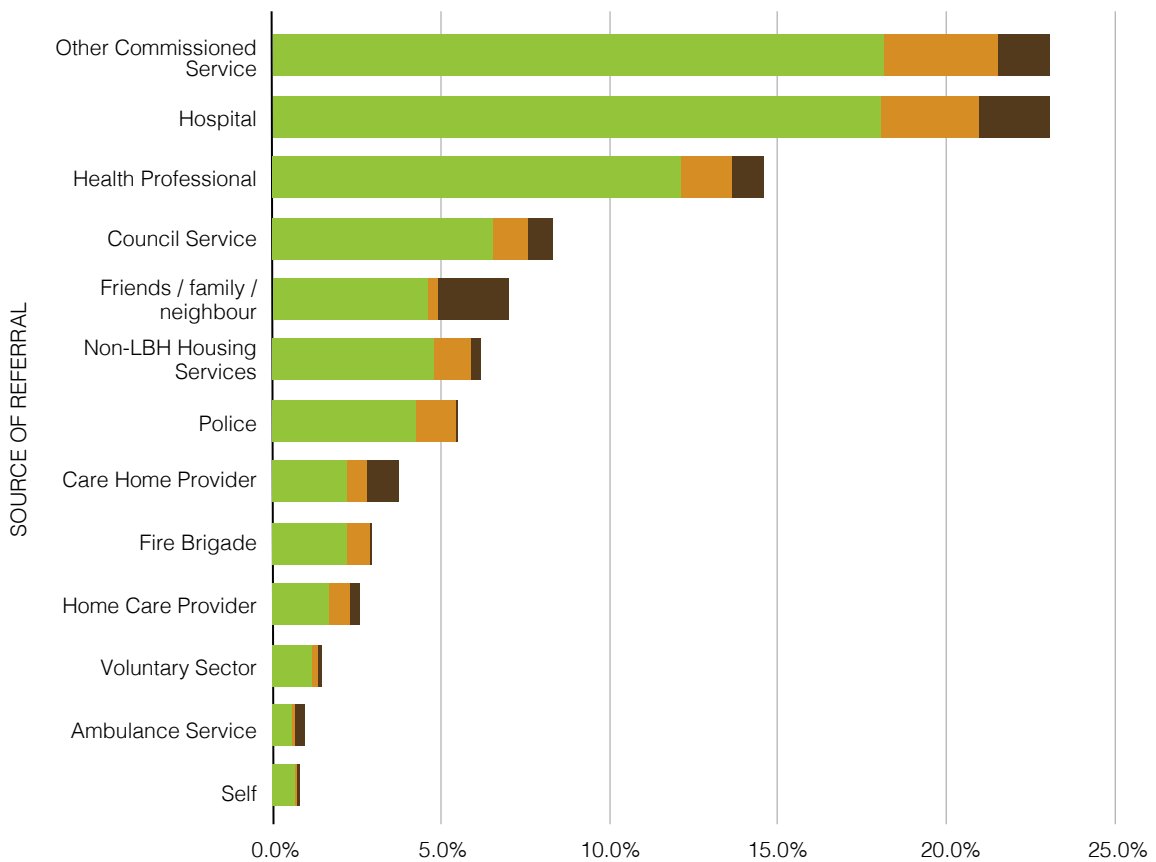


The data shows that the source of risk is most likely to be someone known to the individual, which makes up nearly 77% of the concerns referred into Adult Safeguarding. This is consistent with national data captured in the SAC collection which shows that the perpetrator of abuse is most likely to be someone known to the person. There has been a significant increase in the service provider being identified as the source of risk, from 4% in 2020/21 to 9.4% in 2021/22. This is not considered as an area of concern for the Board, on the basis that the figures for 2020/21 were exceptionally low compared to the usual figures for Hackney. The source of risk data for 2021/22 is consistent with the national figures around this.



## Source of referral

Proportion of Concerns by Source of Referral and Source of Risk

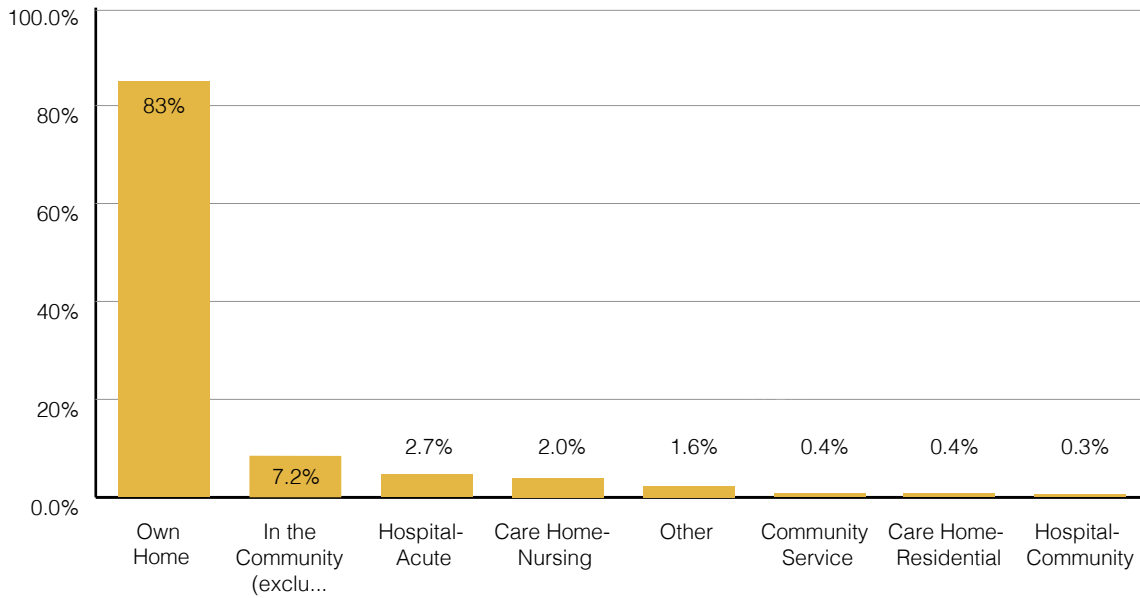


There has been a significant increase in the number of safeguarding concerns reported to be from an ‘other commissioned service’, overtaking hospitals, health professionals and the police. The recording system for adult safeguarding has been reviewed and from April 2022 there will be a more detailed breakdown of the ‘source of referral’ which will help the Board better understand which agencies are referring concerns into the Adult Safeguarding.

It is positive to see an increase in safeguarding referrals from friends and family. The Board will continue to work with residents and community groups to build awareness of adult safeguarding across the City and Hackney.

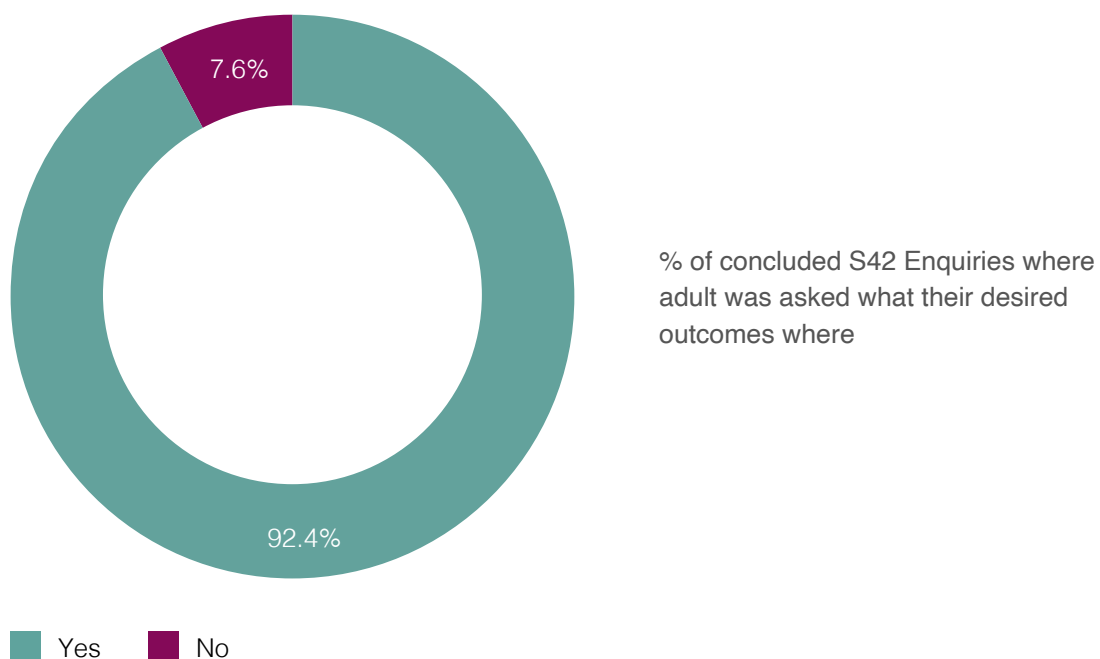
## Location of risk

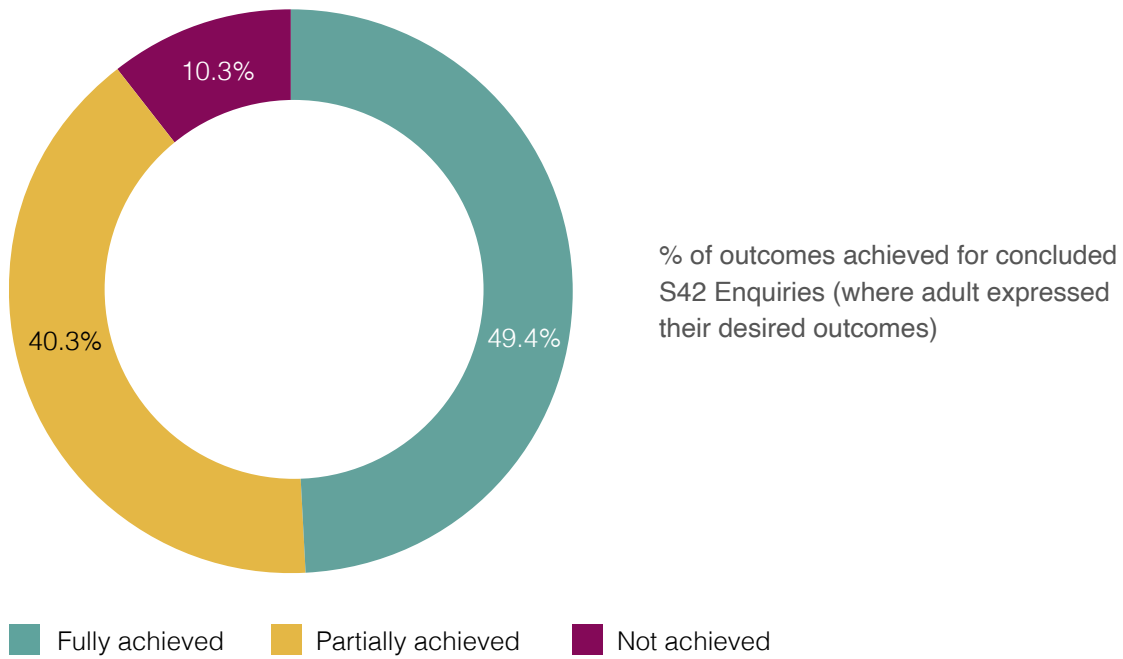
### Proportion of S42 Decisions by Location of Risk



The data continues to show that most abuse occurs within the home. The figures for abuse within the own home continue to grow and this is likely to be a knock-on impact of the increase figures in relation to self-neglect, as most/all cases will occur within the own home. There is no data in relation to abuse occurring within mental health hospitals; this is due to East London Foundation Trust’s data not being included in data as a result of recording differences between the Trust and London Borough of Hackney.

## Making Safeguarding Personal





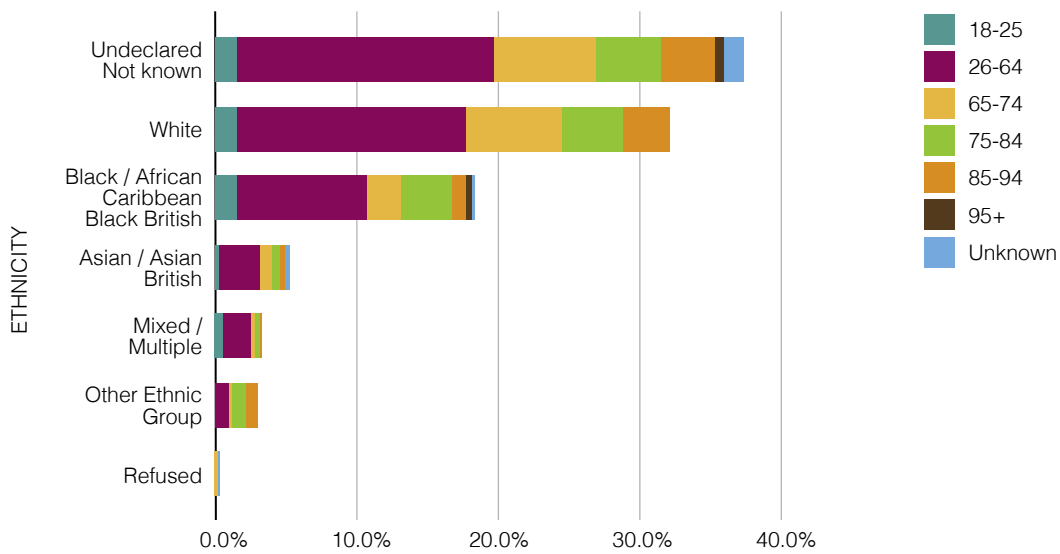
It has been possible to collate Making Safeguarding Personal data for 2021/22. This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.

The data shows that nearly 93% of people were asked about their desired outcomes. Of which, nearly 90% had their desires either partially or completely met. This is consistent with previous data. It is noted that some people are unable to express their desired outcomes therefore the Board would not expect to see 100% of residents expressing their wishes in relation to the safeguarding process.

This year it has been possible to evaluate whether people felt safer and involved in the safeguarding process. The rates of people being asked this is lower, however the data shows that an overwhelming majority of those involved in safeguarding felt safer and involved in the process.

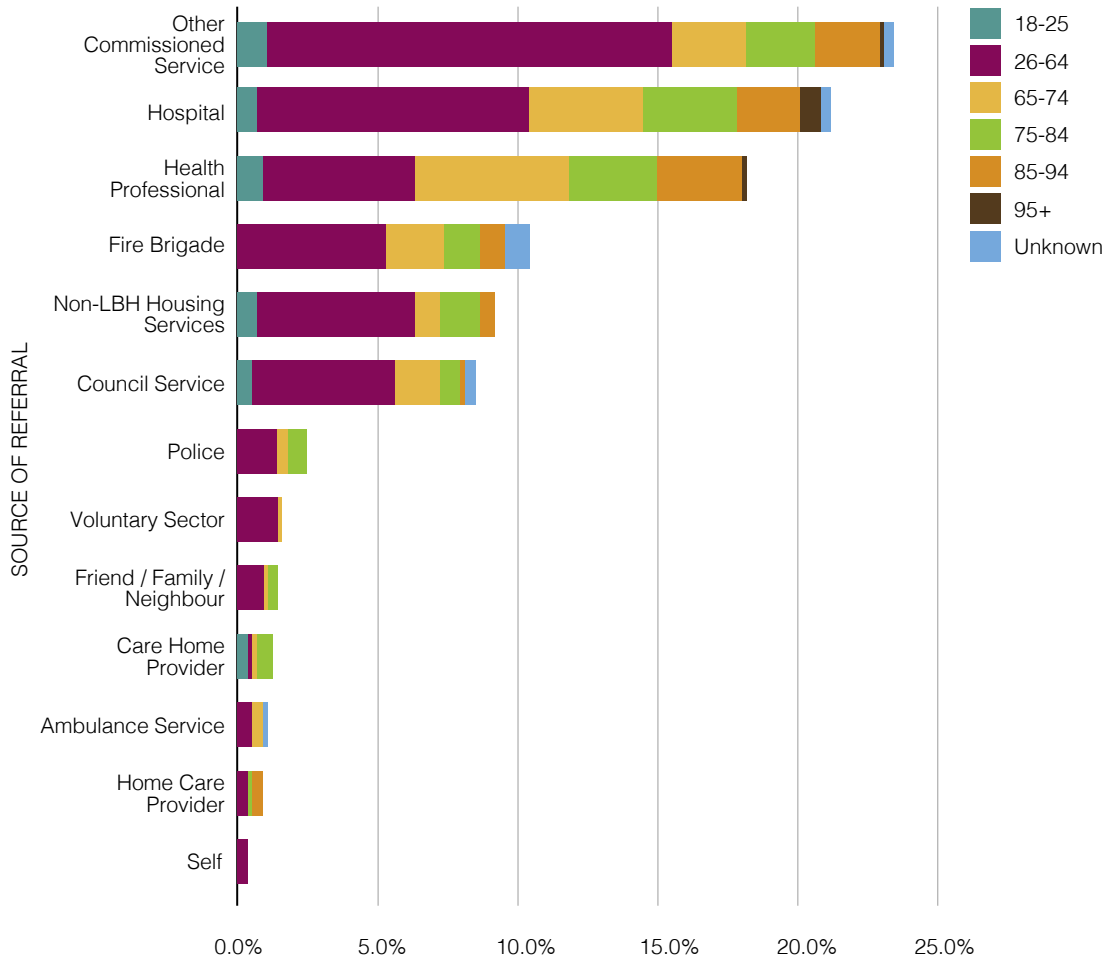
## Self-neglect data

Proportion of Concerns by Ethnicity and Age Band



The data shows that people from a white background aged between 26 - 64 years old are more likely to be referred into adult safeguarding in respect of self-neglect. There are also proportionately high rates of self-neglect amongst the 65 - 74 age group as well. This data needs to be interpreted with a level of caution given that ethnicity was not recorded in many cases, therefore a full picture of the links between self-neglect and ethnicity are not clear.

**Proportion of Concerns by Source of Referral and Age Band**



It is positive to see that there is a wide range of professionals referring self-neglect cases into adult safeguarding, this includes self-referrals and referrals from friends and family. The data shows that most concerns are reported from health although there are relatively high proportions of concerns being reported from the London Fire Brigade too. The Board will continue to explore the issue of self-neglect and continue to refine our response to this as a Borough.



# Appendix A:

## CHSAB Annual Strategic Plan 2021-2022

# CHSAB Annual Strategic Plan 2022 – 2023

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)	Diane Jones / Mary O'Reardon	Hackney Metropolitan Police (MPS)	Marcus Barnett / Daniel Rutland
City of London Police	Anna Rice	Homerton University Hospital Foundation Trust (HUHFT)	Breeda McManus / Jennie Wood
Barts Health NHS Trust	Claire Hughes	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade (City of London and Hackney)	James O'Neill	Age UK	Larissa Howells
National Probation Trust	Stephanie Salmon	Department of Work and Pensions	Laura Anderson
Healthwatch Hackney	Jon Williams	Healthwatch City of London	Paul Coles
Hackney CVS	Saqib Deshmurkh	The Advocacy Project	Judith Davey
London Borough of Hackney and City of London Public Health	Andrew Trathen	London Borough of Hackney Housing	Jennifer Wynter
Turning Point (substance misuse service)	Jude Unsworth	City and Hackney Safeguarding Children's Partnership	Jim Gamble
Older Person's Reference Group	Cynthia White	City of London Commissioning	Ian Jarman
Commissioning LBH	Zainab Jalil	City of London Housing	Liam Gillespie

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	John Binding		
SAR Action Plan Group	Mary O'Reardon	Safeguarding and Anti-Social Behaviour	Dr Adi Cooper
<b>Sub-Committee</b>	<b>Chair</b>		
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
<p>1. To continue to raise awareness in relation to mental capacity, including seeking assurance from partners on preparing their staff for the introduction of the Liberty Protection Safeguards. Please see section 6 on self-neglect for aligning actions.</p>	<p>1.1 LPS Leads in the City and Hackney Adult Social Care will provide assurances to the Board that they have appropriately prepared for the introduction of LPS. This includes responding accordingly to any national issues and staff are trained to</p>	LPS Leads	<p>1. The Board is confident that practitioners can exercise their duties in relation to LPS</p> <p>2. Residents in the City and Hackney will have appropriate LPS arrangements in place.</p>	
	<p>1.2 LPS Leads will work in partnership with Childrens' Services and the Safeguarding Childrens' Partnership to ensure that staff are appropriately trained in relation to mental capacity and understand how LPS will apply to their services.</p>	Head of Adult Safeguarding / LPS Project Lead	<p>1. The Board is assured that all 16 - 17 year olds that require a LPS are provided with this</p> <p>2. That there are effective transitions of young adults on an LPS into adult services</p>	
	<p>1.3 The workforce development leads will review training content in relation to mental capacity, to ensure that it provides practical approaches to responding to complex issues relating to mental capacity.</p>	CHSAB Manager / Head of Adult Safeguarding City of London and London Borough of Hackney	<p>1. There is assurance that mental capacity training gives staff practical advice on how to apply the Act and key learning around mental capacity</p>	

Priority	Action	Lead	Intended Impact	Update
			2. There is more support offered to residents who have fluctuating or lack executive capacity.	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding</b></p>	<p>2.1 The Hackney CVS and the Board Manager will work together to expand the Boards reach into the community, including:</p> <ul style="list-style-type: none"> <li>a. Meet with senior management teams in Hackney CVS to develop a strategy for engagement with voluntary sector groups</li> <li>b. Set up a regular forum to discuss adult safeguarding with voluntary and community groups</li> <li>c. Undertake promotional work with voluntary and sector groups to raise the profile of the Board</li> </ul>	<p>CHSAB Manager / HCVS</p>	<ul style="list-style-type: none"> <li>1. Voluntary sector services will feel more empowered to support residents with their safeguarding needs</li> <li>2. There will be an increase in intelligence from voluntary sector services being referred back to the CHSAB</li> <li>3. There will be an increased awareness of the adult safeguarding and the CHSAB across voluntary sector services in the City and Hackney</li> </ul>	
	<p>2.2 The Board will recruit and train a new cohort of Safeguarding Champions to raise awareness of safeguarding across the community.</p>	<p>CHSAB Manager / HCVS</p>	<ul style="list-style-type: none"> <li>1. There will be a Panel of Champions who are able to deliver safeguarding pre-sentations across the City and Hackney</li> </ul>	

<b>Principle 2: Empowerment...</b>					
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>	
			<p>2. There will be increased awareness of adult safeguarding amongst residents in the City and Hackney</p> <p>1. The voluntary sector will feel more empowered to provide adult safeguarding support.</p> <p>2. The Board will receive assurances that adult safeguarding is being delivered effectively amongst the voluntary sector</p>		
	<p>2.3 To create a suite of resources to help voluntary sector agencies deliver and audit their safeguarding duties</p>	<p>CHSAB Manager / HCVS / The Advocacy Project / Age UK</p>			
	<p>2.4 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.</p>	<p>CHSAB Manager / HCVS / The Advocacy Project / Age UK</p>	<p>1. There will be a better understanding of the safeguarding issues affecting residents in the City and Hackney</p> <p>2. There will be increased engagement with the Board's work and resources</p>		
	<p>2.5 Healthwatch will invite the Board to contribute to a selection of their reviews of health services in the London Borough of Hackney to assess practice in relation to adult safeguarding.</p>	<p>Healthwatch</p>	<p>1. There will be better understanding of how well adult safeguarding is embedded operationally across</p>		

Priority	Action	Lead	Intended Impact	Update
			<p>organisations in the City and Hackney</p> <p>2. The Board will have increased intelligence on adult safeguarding issues in the City and Hackney</p>	
<p><b>3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work</b></p>	<p>3.1 The Advocacy Project will deliver the Lived Experience of Safeguarding Service, obtaining feedback on people's experiences of safeguarding. As part of this, the organisation will be required to provide quarterly feedback on the delivery of the service.</p>	<p>The Advocacy Project</p>	<p>1. The Board will be able to identify how to improve adult safeguarding services for residents</p> <p>2. The Board will be able to ensure that safeguarding services are person centred</p>	
	<p>3.2 The Board Manager will work with corporate communications teams to set up a system of yearly consultation to ensure that residents in the City and Hackney are given the opportunity to influence the work of the Board.</p>	<p>CHSAB Manager / London Borough of Hackney corporate teams/ City of London Corporation</p>	<p>1. The Board's annual strategic plan will reflect the needs and concerns of residents within the City and Hackney</p>	

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
<p><b>4. To identify and respond to the needs of people who are at the ‘edge of care’ and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding</b></p>	<p>4.1 To audit concerns that do not reach the criteria for a s42(2) Enquiry under the Care Act 2014 to identify whether there are any particular groups that are ‘at the edge of care’ to be a focus for preventative support</p>	<p>London Borough Hackney Adult Social Care / City of London Corporation Adult Social Care</p>	<p>1. The Board will better understand which groups require support in terms of prevention 2. The Board will be able to identify key priorities for future years</p>	
	<p>4.2 To horizon scan which groups may be at high risk of falling through the gaps between services and identify actions that can be taken to better support these groups</p>	<p>Quality assurance sub-group</p>	<p>1. The Board will better understand which groups require support in terms of prevention 2. There will be better support in place for those people who are high risk of There will be better support in place for those people who are high risk of safeguarding 3. There are less people being referred into safeguarding services at ‘crisis point’</p>	

Priority	Action	Lead	Intended Impact	Update
	<p>4.3 To develop a pathway for people who may have safeguarding needs but are not eligible for support under s42(2) of the Care Act 2014 so that frontline staff know how to support this cohort.</p>	<p>Quality assurance sub-group</p>	<ol style="list-style-type: none"> <li>1. There is more equitable access to safeguarding services for all residents</li> <li>2. Professionals will have a better understanding of how to apply legislation around the Care Act 2014, therefore leading to greater compliance with statutory duties</li> </ol>	
	<p>4.4 To review what support is being offered to informal carers, particularly in circumstances where carers assessments have been refused, and identify how to improve safeguarding support offered to them.</p>	<p>Quality assurance sub-group</p>	<ol style="list-style-type: none"> <li>1. There is better support offered to informal carers and there is an increased understanding amongst informal carers on what support is available to them</li> </ol>	

<p><b>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.”</b></p>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
<p><b>5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.</b></p>	<p>5.1 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>	<p>Transitional safeguarding T&amp;F group</p>	<p>1. There will be an improved safeguarding response to young adults in the City and Hackney</p> <p>2. The work will build trust amongst young people and statutory organisations</p>	
	<p>5.2 The Anti-Social Behaviour and Safeguarding Task and Finish Group will continue to develop a multi-agency response to both victims and perpetrators of ASB who have safeguarding needs.</p>	<p>Anti-social behaviour and safeguarding task and finish group</p>	<p>1. Practitioners will have a better understanding of how ASB is linked to safeguarding</p> <p>2. 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.</p>	



Priority	Action	Lead	Intended Impact	Update
	<p>5.3 The Board will review Modern Day Slavery work undertaken in the City and Hackney and identify further actions to address this issue in terms of both prevention and support for victims.</p>	<p>Modern Slavery Leads for City of London Corporation / London Borough of Hackney</p>	<ol style="list-style-type: none"> <li>1. Safeguarding will inform prevention work and decrease the need for people to receive safeguarding support in the long-term</li> <li>2. Professionals will have a better understanding of their duties in respect of supporting victims of modern slavery</li> </ol>	
	<p>5.4 The Board will continue to review online safety and access to digital platforms with particular focus of ensuring equity of access to services for those not using digital platforms</p>	<p>Online scams and digital safety task and finish group</p>	<ol style="list-style-type: none"> <li>1. Professionals routinely consider online and digital safety in their care planning.</li> <li>2. Residents will be aware of online safeguarding risks and how to protect themselves from these</li> <li>3. There are assurances that residents who do not use digital platforms are not excluded from accessing support and safeguarding services</li> </ol>	

<b>Principle 4: Partnership...</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
	<p>5.5 The Safeguarding Adults Board, Safeguarding Children's Partnership and Domestic Abuse Service will develop a Think Family Approach Protocol and establish a task and finish group to embed the principles of Think Family</p>	<p>Safeguarding Adults Board Manager / Head of Adult Safeguarding / Professional Advisor for the Safeguarding Children's Partnership / Domestic Abuse Intervention Service</p>	<p>1. Professionals routinely consider the needs of all key family members when managing a safeguarding case 2. There is evidence of collaborative working between adults and children's services</p>	
	<p>5.6 The Board will work with the London Borough of Hackney and the City of London to ensure that safeguarding issues arising from the economic crisis are identified and addressed.</p>	<p>Executive Group / Poverty Reduction Strategy Leads</p>	<p>1. Safeguarding influences the Poverty Reduction Strategy 2. The Board is aware of arising issues relating to the economic crisis and puts tools in place to mitigate this risk.</p>	
	<p>5.7 The Board will work with the Sexual Violence Lead at East London Foundation Trust to update the Board's Sexuality and Consent Guidance and raise awareness of this topic</p>	<p>QA Sub-Group / East London Foundation Trust</p>	<p>1. There are assurances that safeguarding concerns relating to sexual consent and violence are reported and responded to appropriately</p>	

Priority	Action	Lead	Intended Impact	Update
	<p>5.8 The Independent Chair will review partners contributions to the Board and will identify how key roles (e.g. chairing task and finish and sub-groups) can be evenly distributed amongst partners</p>	<p>Independent Chair of the Safeguarding Adults Board</p>	<p>1. The work of the Board is evenly distributed across Board partners and strategic priorities meet the needs of all partners.</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
6. To support frontline professionals to respond to complex issues relating to self-neglect.	6.1 The Board will review any recommendations made by King’s College London Communities of Practice on self-neglect and homelessness, allocate actions to partners and review progress accordingly .	Independent Chair of the Safeguarding Adults Board	<ol style="list-style-type: none"> <li>1. There is a better understanding across the partnerships on how to support people who experience self-neglect</li> <li>2. 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.</li> </ol>	
	6.2 The Board Manager will promote the Board’s resources available to support staff to respond to cases involving self-neglect.	CHSAB Manager	<ol style="list-style-type: none"> <li>1. Professionals are given the tools to ensure that they can effectively support residents experiencing self-neglect</li> <li>2. There will be improved outcomes for people experiencing self-neglect</li> </ol>	

Priority	Action	Lead	Intended Impact	Update
	<p>6.1 A working group of Board partners will develop a toolkit to support staff to respond to self-neglect and mental capacity issues. This toolkit will bring together existing tools as well as new tools such as good practice case studies.</p>	<p>Adult Social Care London Borough of Hackney &amp; the City of London Corporation / East London Foundation Trust / Turning Point / North East London CCG / London Fire Brigade</p>	<ol style="list-style-type: none"> <li>There will be better outcomes for people who self-neglect</li> <li>Self-neglect is detected and disrupted at an earlier stage</li> </ol>	
<p><b>7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews</b></p>	<p>7.1 Independent SAR Reviewers will complete and publish learning for two Safeguarding Adults Reviews that have been commissioned by the Board.</p>	<p>SAR sub-group</p>	<ol style="list-style-type: none"> <li>The Board will be able to evidence that it meets its statutory obligations effectively</li> <li>Learning from reviews will help drive the improvement of adult safeguarding practice across the City and Hackney.</li> </ol>	
	<p>7.2 A roundtable review will be undertaken into fire deaths that have occurred in the London Borough of Hackney to assess how future fire deaths can be prevented.</p>	<p>SAR sub-group</p>	<ol style="list-style-type: none"> <li>There will be assurances that professionals understand fire safety risk and how to manage this effectively</li> <li>There will be a reduction in fire related deaths in Hackney</li> </ol>	

<b>Principle 5: Protection...</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
	<p>7.3 The SAR sub-group will review learning from national and regional SARs and LeDeR reviews to identify whether there is any learning that can be applied to the City and Hackney specifically any learning that has arisen from the Cawston Park Safeguarding Adults Review</p>	<p>SAR sub-group</p>	<p>1. The Board will be able to evidence that it meets its statutory obligations effectively</p> <p>2. There is less risk that the same safeguarding concerns will arise in the City and Hackney</p>	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding	8.1 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>	
	8.2 London Borough of Hackney Adult Social Care will undertake a self-assessment of adult safeguarding across their service in preparation for the forthcoming Care Quality Commission assurance regime	London Borough of Hackney Adult Social Care / City of London Corporation London Borough of Hackney / 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>	
	8.3 The Board will raise awareness of the different roles and responsibilities of partner agencies whose core duties are not delivering statutory duties.	East London Foundation Trust / Metropolitan Police Service/ City of London Police Service / Housing teams / Turning Point	<ol style="list-style-type: none"> <li>1. Professionals will have better awareness of who can provide support where adult safeguarding may arise</li> <li>2. There is clarity on who should lead</li> </ol>	

<b>Principle 6: Accountability...</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
	8.4 The Board will promote a safeguarding first approach across the wider City of London Corporation and London Borough of Hackney to raise awareness of adult safeguarding and duties around this.	CHSAB Manager / Central Learning and Development team London Borough of Hackney and the City of London Corporation	<p>on and be involved in managing adult safeguarding enquiries</p> <ol style="list-style-type: none"> <li>1. Professionals outside Adult Social Care will understand their duties in respect of adult safeguarding</li> <li>2. Adults experiencing abuse or neglect will be identified and supported at an earlier stage</li> </ol>	
	8.5 To deliver a series of learning sessions on the law relating to safeguarding, specifically ensuring that this is practical in nature to help build confidence in understanding legislation.	CHSAB Manager / London Borough of Hackney/ Assistant Director, Quality Assurance, Safeguarding and Workforce Development / Head of Service ASC City of London Corporation/ London Borough of Hackney	<ol style="list-style-type: none"> <li>1. The Board will be assured that professionals are delivering their statutory functions in respect of adult safeguarding</li> </ol>	







**City & Hackney Safeguarding Adults Board**

1 Hillman Street

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London

E8 1DY

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

Tel: **020 8356 6498**

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<p><b>Health in Hackney Scrutiny Commission</b></p> <p>21<sup>st</sup> September 2022</p> <p><b>Healthwatch Hackney Annual Report 21-22</b></p>	<p>Item No</p> <p><b>5</b></p>
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**OUTLINE**

Each year the Commission gives consideration to the Annual Report of the local Healthwatch. It is required to submit such a report to Healthwatch England.

For many years the Commission has enjoyed a close working relationship with Healthwatch Hackney and its Executive Director attends all our meetings and the Chair has also been a regular contributor. Healthwatch assists the Commission in its reviews and investigations and feeds in the patient voice to our various discussions via its range of reports but also by contributing its local knowledge.

Attached please find a copy of the Annual Report for 21/22.

The Chair and Executive Director has changed in the past year and for this meeting we have invited:

**Lloyd French**, Interim Chair  
**Catherine Perez-Phillips**, Deputy Director

**ACTION**

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

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# Championing what matters to you

Healthwatch Hackney  
Annual Report 2021-22



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# Message from our chair

Healthwatch Hackney is continuing to develop a fine reputation in the community as a result of our increasing interaction with local people, through our public meetings and Information Exchange and our ability to focus on key issue of public interest and concern.

A particular example is the ground-breaking work we have done on registration with GPs – this work was developed as a result of numerous reports of GP practices failing to register patients who were asylum seekers or homeless.

As a result of our work and our collaboration with City and Hackney CCG there has been a transformation in the local GPs approach to registration and we will be carrying out a third survey of GP practices to ensure that progress continues to be made.

The ability to hear local voices and act is central to our purpose and role. To ensure that we are responding to areas of concern raised by local people, we have developed our draft strategy for 2022 to 2025, which is currently subject to public consultation and will be presented to our AGM in September 2022.

The key underpinning themes of the strategy are access, quality and equality, safety, and effectiveness for all local health and social care services. For example, we shall focus on systematically gathering information from service users and carers about their experiences of acute mental health services, using our statutory Enter and View powers, and work with local community mental health organisations.

A key strategic aspiration for Healthwatch Hackney is to involve young people in our organisation to both hear about their lived experience of local services, and also to involve them at Board level, so that they can influence our work through both leadership and service monitoring.

Primary care development is a major area within our strategic plan. We want to see major improvements in access to dental services and a more preventative approach to local dental care.

The redevelopment of St Leonard's Hospital is another a major strategic goal for the Healthwatch Hackney. We want to see a development plan for the site to cover the next fifty years, to ensure that we have outstanding community services available to local residents.

A key priority for the coming year is the need to make sure that all local services recover successfully from the impact of the pandemic and that services are ready for the potential impact of future COVID-19 variants of concern.

I want to express the Board's gratitude to our excellent staff team, our great volunteers and supporters and to the great colleagues that we work in the voluntary and statutory sectors.

**Malcolm Alexander**  
Chair  
Healthwatch Hackney  
(until May 2022)

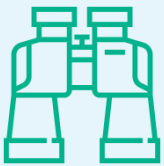


# About us

## Your health and social care champion

Healthwatch Hackney is the independent champion for people who use health and care services in the London Borough of Hackney.

We make sure people's voices are heard and influence decision-makers to improve services.



### Our vision

- + Health and social care services equal for all
- + Needs of all Hackney communities met
- + Residents at the heart of service design



### Our mission

- + Improved health and care services
- + All people able to enjoy good health and wellbeing
- + Treatment and care provided with respect and dignity
- + Diversity valued
- + Participation and collaboration encouraged



### Our priorities

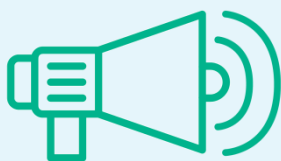
- + Impact of changes and cuts to social care
- + Early rapid access to high quality mental health services
- + Shift of services out of hospital
- + Access to quality information

These key priorities guided and informed our work in 2021-22.

# Our year in review

## How we engaged and supported people

### Reaching out



We received the feedback of 2,055 local people this year – that’s 40 every week.

Having reviewed each and every experience, we identified 9,710 individual issues.

### Making a difference to care



We published five reports about the improvements people would like to see to health and social care services.

Our most popular report was GP Registration in Hackney, which highlighted that GP practices had been asking for ID to register as a patient, even though there is no requirement to do this.

### Health and care that works for you



We’re lucky to have 20 outstanding volunteers, who gave up 150 days to make care better for our community.

# Our Board



**Malcolm Alexander**  
Chair (stepped down in May 2022)

Malcolm is a former lecturer in patient and public involvement in health and social care and patient empowerment at Westminster University.



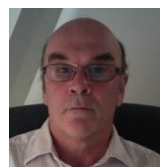
**Yas'ina Christopher**  
Lead for sickle cell disorders

Yas'ina has had an extensive career as a nurse, including at Homerton Hospital, with a particular focus on accident and emergency.



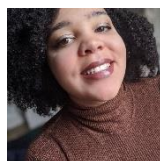
**Lloyd French**  
Lead for race equality and community empowerment

Lloyd has lived in Hackney for over 54 years, since arriving from the Caribbean as a child. He is a qualified structural engineer.



**Philip Jones**  
Lead for mental health and adult social care

Philip has recently retired from a mental health social work and social work management career.



**Cassandra Lovelock**  
Lead on promoting the needs of unpaid carers within healthcare

Cassandra is a current PhD student at the London School of Economics, specialising in unpaid care and unmet needs for carers.



**Anthonia Onigbode**  
Treasurer and Lead for financial governance of Healthwatch

Anthonia is a Fellow of the Chartered Association of Certified Accountants and chief executive of Hackney Co-operative Developments.



**Sarah Oyebanjo**  
Lead for acute arthritic care and Healthwatch quality standards

Sarah has a degree in biomedical science and masters in public health. She has extensive experience of working with vulnerable groups.



**Saleem Siddiqui**  
Lead for promoting Healthwatch's influence in health and care

Saleem was made a Freeman of the London Borough of Hackney in 2013 and served as councillor from 1990, including as Mayor of Hackney.

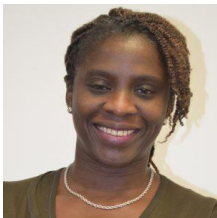
# Our staff



**Jon Williams**  
Director  
(until May 2022)



**Catherine Perez Phillips**  
Deputy Director  
(operations)



**Lola Njoku**  
Community Voice  
Manager  
(until February 2022)



**Kanariya Yuseinova**  
Volunteer and Enter  
and View Co-Ordinator



**Liya Takie**  
Finance and Office  
Co-Ordinator



**Sabrina Jantuah**  
Neighbourhoods  
Involvement Manager



**Sally Beaven**  
Engagement and  
Co-production  
Manager

# Your views on health care

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.

We received the feedback of 2,055 local people this year – that's 40 every week.

Having reviewed each and every experience, we identified 9,710 individual issues.

People's stories were collected through engagement, surveys, visits to services, enquiries into the office and feedback posted online.

With all experiences reviewed by our staff and volunteer team, we found that compared with last year, satisfaction generally has improved by 7%.



## How do people feel about general quality and empathy?

Satisfaction is 71% positive overall, this is the same level as the previous year.

When reviewing feedback we have no doubt that the vast majority of people have received treatment and care that is compassionate, professional with good quality outcomes. This tells us that staff remain committed and are working as hard as ever.



## How well informed, involved and supported do people feel?

Satisfaction is 61% positive overall, this is a 6% improvement on the previous year.

Communication remains an issue for many people – we hear that reception and clinical staff could be more informative when booking or attending appointments.

Additionally, those with cancelled appointments, or on waiting lists have not received letters or updates.



## How do people feel about access to services?

While satisfaction has improved by 3% compared with the previous year, overall people feel just 29% positive.

The ability to book appointments remains a leading negative issue – we hear about congested telephones, online systems that are not always suitable or reliable, and longer than expected waits for routine appointments.



### General Practice

According to the feedback of 879 local people, satisfaction is at 49% positive – an improvement of some 9% on the previous year.

Experiences indicate the vast majority of people receive good quality, compassionate treatment and nursing care, however a significant number would like greater levels of involvement and support.

While remote consultations are efficient and often effective, a growing number of patients say they prefer in-person appointments, especially if a diagnosis or referral is required.



### Homerton University Hospital

Overall satisfaction has improved by some 15% this year, according to the feedback of 188 local people.

Comments about nursing care and experiences on the ward, and in maternity are clearly positive, with many accounts of compassionate, supportive and informative staff.

On urgent and emergency care there is also acknowledgement that staff are hard working and supportive, however complaints about waiting times have noticeably increased – many people, while waiting observe a ‘lack of staff’.

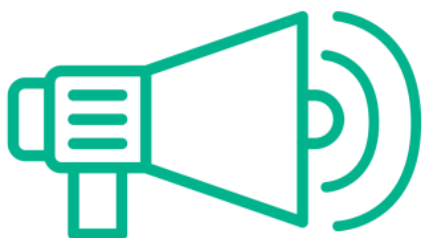


# Integrated Care Partnership

The City and Hackney Integrated Care Partnership is the umbrella term for the group of organisations that work together to deliver your local health and care services.

In City and Hackney our Integrated Care Partnership brings together a variety of partners to commission and deliver health, care and wellbeing services to our patients and residents. Working together in this way has allowed local services to become more joined-up and streamlined around patients. Our ICP partners include:

- The London Borough of Hackney and the City of London Corporation
- Homerton University Hospital NHS Foundation Trust
- GP Confederation – representing all 40 GP practices in the local area
- Primary care networks – groups of GP practices working together with a range of local providers including social care, and the voluntary and community sector
- East London NHS Foundation Trust
- Other providers outside of the local area used by local people including Whittington Health NHS Trust, Moorfields Eye Hospital NHS Foundation Trust, University College London Hospitals NHS Foundation Trust and Barts Health NHS Trust.



## Public Representatives

The City and Hackney Public Representatives, managed by the Healthwatch Hackney Engagement and Coproduction Manager, have come a long way in the last 12 months.

From 8 Public Representatives this time last year, we now support 24 Reps, ranging in age between 19 and 90, as they engage with and influence the local health and care system. They work together as a group, to represent local people at governance level, within the City and Hackney Integrated Care Partnership. Some of the Public Reps have been volunteering their time to improve the health and care system for 20 years, others have been involved for 12 weeks, and everything in between. The Public Reps are a diverse group of people with one thing in common. They all believe in the value of lived experience and the power of collaboration to improve services for everyone that lives in City and Hackney.

The Public Reps regularly attend meetings to bring the patient perspective to the conversation.

They bring the wider voice to these meetings by drawing on insights from the group, surveys, focus groups and conversations with the wider population together with data from Healthwatch Hackney's community insight database. They remind the Integrated Care Partnership to keep patient experience and engagement at the heart of everything they do.

Projects and services within the Integrated Care Partnership often work collaboratively with the Public Reps. This means projects looking at a great variety of services.



In the last 12 months the Public Reps have co-produced, co-designed, engaged with or collaborated with over 20 projects from across the partnership. What do we mean when we talk about co-production, involvement or collaboration? Have a look at this table, taken from the City and Hackney Co-production Charter to learn more.

When the Public Representatives identify an issue they will often seek to understand more about how local people experience the issue, by talking to individuals and groups to record their experiences. They then use this feedback to help co-design solutions.

Have a look at these examples of ways in which the Public Representatives have influenced and improved local services.

### **Travel support for local people visiting their loved ones at the newly re-located acute dementia unit**

The acute dementia unit has recently re-located to East Ham. The Reps were concerned that the increased travel distance for people from City and Hackney was having a negative impact on patients as their friends and relatives were finding it more difficult and expensive to visit.

The Reps met with representatives from the East London Foundation Trust, which provides the service. They co-designed a travel policy which offers free transport via taxi to all friends and relatives of patients at the acute dementia unit. The reps co-designed the communications, in the form of posters and information leaflets, to ensure visitors to the unit were aware of the offer. This means no patients at the unit need to miss the support and reassurance that regular visits provides due to the cost of taxis or difficulties using public transport.

### **Understanding service needs for 0–25 year olds**

Public Health carried out a needs assessment to understand what services are available to young people and whether there are any gaps in services which need to be addressed. Our young Public Representatives were invited to gather feedback from local teenagers to help understand their experiences. The Public Reps designed a set of surveys and spent time at youth clubs and adventure playgrounds asking local young people to share their experiences.

The Reps designed focus group guides and spent time in a school in Stoke Newington, leading focus groups with the children there. They found out about the children's eating habits and attitudes towards food. They explored substance use and alcohol consumption with the older children. The feedback they received was open and honest, as the children felt more comfortable talking to the young Reps than they did to older people they saw as authority figures. The Reps were able to feed back the findings to Public Health, who will consider what they learned when making decisions about commissioning services in the coming year for that age group.



Over the last 12 months work has progressed on the City and Hackney Coproduction Charter, led by Healthwatch Hackney. Over 100 local people, frontline staff and commissioning managers contributed to the work, in the form of workshops, interviews and surveys, to create a set of principles, guiding the way the Integrated Care Partnership organisations work alongside residents. The Charter comes complete with an interactive set of appendices, designed to help projects and services self-assess, in collaboration with the people they are working with, the way in which they are co-producing the work.

There will be an event at the Hackney Town Hall in July 2022 to launch the Charter and raise awareness. The new Charter will be used by all health and care organisations in City and Hackney to make sure that local people are given the opportunity to influence their local services through co-production or involvement. The Charter helps to make sure opportunities are available to everyone, and that barriers to co-production are removed. The Charter will help make sure that local people are valued as equal partners by local health and care organisations.

The Integrated Care Communications and Engagement Enabler Group is co-chaired by the Healthwatch Hackney Executive Director and managed the Engagement and Coproduction Manager. The group brings together people whose jobs are about communicating with local people, or listening to and involving local people. There are lots of different ways this work is happening across the different organisations. By coming to this group the organisations know what else is happening. This means they can work together better to make sure local people are given lots of opportunities to hear about services, and to tell us how we can make services better.

## Public Reps

If you are interested in becoming a Public Representative you can contact [info@healthwatchhackney.co.uk](mailto:info@healthwatchhackney.co.uk) for more information.

We are always on the lookout for people who would like to be involved and we would love to talk to you.

Some of our current Public Representatives are shown below.



**Ida Scullios**  
Public Representative specialising in public health and primary care



**David Kingsley**  
Public Representative specialising in the needs of young people



**Elsbeth Williams**  
Public Representative specialising in planned care and sensory impairment needs



**Maria Barrett**  
Public Representative specialising in learning disabilities and easy read

# Community Voice

## Community Voice in health and care

Community Voice in health and care is a patient lead project, that brings people together to discuss health and care issues that matter to them. The pandemic continued to impact our work during this period, with face-to-face activities put on hold. Other means of involving and engagement residents using virtual meetings were used. These could be accessed without a computer or smart phone using a landline.

### Activities

In the early part of the year the focus of engagement was still on COVID-19 and trying to improve vaccine uptake amongst some communities with low uptake. News of side effects from some vaccines and the dissemination of false information made this a challenge.

Examples of activities include:

### A maternity, fertility, pregnancy and breastfeeding Covid-19 vaccine

This event was held online and attended by over 50 people. It was clear that general mistrust around the vaccine was resulting in hesitancy amongst pregnant women and young families planning to have children. This resulted in challenges communicating the risk surrounding the vaccine and fertility and the lack of healthy messaging and getting it right for the intended audience.

### Long Covid workshop

The workshop found more people from white demographic backgrounds are accessing the Long Covid Rehabilitation Service than other groups. This means that the service does not necessarily meet the needs of the people in City and Hackney. Post COVID or Long COVID Syndrome is seen as a diagnosis of exclusion, and most people do not understand what Long Covid is. Many individuals may therefore not be getting the support they need.

## Workshop with young people on accessing GP services

The workshop, attended by eight young people, found most prefer to phone in for a face-to-face consultation with their GP. An example of the insights gathered included finding most of the young people do not find the online booking system easy to use "especially when you have learning disabilities, it can be challenging completing the online consultation form." Most mentioned the increased difficulty of seeing a doctor due to a lack of availability of urgent appointments and/or not getting a call back at a convenient time. "I often get a call back when I'm at work and can't get to the phone"

## Community Voice in health and care Insight reports and forum

The Community Voice in health and care Involvement Forum started in 2021, meets quarterly and is open to everyone. It aims to provide a space for residents to share their views, as well as gather and collate feedback from a range of sources, identifying themes and things that matter to local residents. It aims to support the Integrated Care Partnership Board in embedding the views of the public in its commissioning decisions and delivery of services.

These insights into residents' experiences of health and care services are gathered together from a range of community organisations in City and Hackney and collating it into quarterly Community Voice in health and care Insight reports. The reports highlight the key themes from resident voices, including identifying issues that require further research. Causes for concern are identified and recommendations shared with the Integrated Care Partnership Board and relevant transformation programmes. The reports can be found on our website: [healthwatchhackney.co.uk/nhs-community-voice/](https://healthwatchhackney.co.uk/nhs-community-voice/)

# Investigatory Reports

Healthwatch Hackney published five investigatory reports in 2021-22.

## GP registration

In April 2021 we published a report into GP registration. The impetus for our research came from feedback received from residents that they were being asked for ID documents and proof of address when they tried to register with a GP practice.

According to the Primary Care Policy and Governance Manual for GP practices, there is no regulatory requirement to prove identity, address, immigration status or an NHS number in order to register as a patient.

We found that residents were being asked for ID and proof of address, even though there is also no contractual requirement for GPs to request this.

The City and Hackney CCG responded positively to the issues raised. As a result of our findings, the North East London CCG wrote to all GP practices in Hackney, attaching our report. The letter stated that:

“Practices should NOT be asking for proof of registration status or address. Patients should also be registered in full unless it is clear that only a temporary registration is required. Please do ensure that any of your staff involved in registering patients are aware of what is and what is not required. There is often a disconnect between what management believes is happening and what actually happens at the frontline.”

## GP registration – Follow up report

Healthwatch Hackney was commissioned by NEL CCG to repeat the GP registration survey again six months later.

In October 2021 our staff and volunteers called all 39 GP surgeries in Hackney to enquire about new patient registration processes. We found that many GP practices had changed their new patient registration processes. This survey found that:

18% of the GP practices in Hackney still require proof of identity (previously 59%)

26% still require proof of address (previously 69%)

We have been asked by NEL CCG to repeat the survey in a further six months.



## Review of Hackney GP surgery websites

We carried out a detailed review of all GP practices websites between June and July 2021.

We looked at Information on extended consultations. Only 3 out of the 38 practices provided information about the option to have an extended consultation Information on how to request an interpreter. The majority of GP practices (30 out of 38) did not promote information about the right to have an interpreter.

New Patient Registration: 18 out of 38 practices reviewed were still requesting proof of ID and/or address as a requirement to prove eligibility to register as a patient, on their websites.

We received very positive feedback from GP practice managers. We worked with individual managers and have support them implement recommendations.

As a result, 7 practices implemented all of our recommendations and 24 practices implemented most or some of our recommendations.

Following our recommendations:

- 13 out of the 18 practices reviewed and amended the new patient registration requirement information on their website
- 13 additional practices now promoting their Patient Participation Group
- 20 additional practices are now promoting information on how to request interpreting services

## Shoreditch Park and City PCN resident engagement project

In collaboration with Healthwatch City of London and the Primary Care Network, we ran an online survey and ten focus groups to understand what is and is not working well, where the community would like us to focus and improve, and what services the community would like to see develop in the future.



### Access to dental care in Hackney. When, where and how?

Since the start of the COVID-19 pandemic in 2020, Healthwatch Hackney has also seen an increase in the number of people contacting us for information about accessing NHS dental care.

We collected information on dental services in Hackney and found that many people continue to struggle to access NHS dental treatment or to afford private treatment. We also found a lack of information or poor information on surgeries' websites. Our report fed into an initiative that Healthwatch England has looking at access to dental care at a national level.

# Neighbourhoods

The development of the Neighbourhoods Programme has continued with input from the Neighbourhood Resident Involvement Group (NRIG). This group has been shaping and monitoring the development of Neighbourhoods since the beginning.

Neighbourhoods aims to enable better working together between services, residents and communities to improve health and wellbeing for local people. More services will be provided within each of the 8 Neighbourhood, making it easier for residents to access.

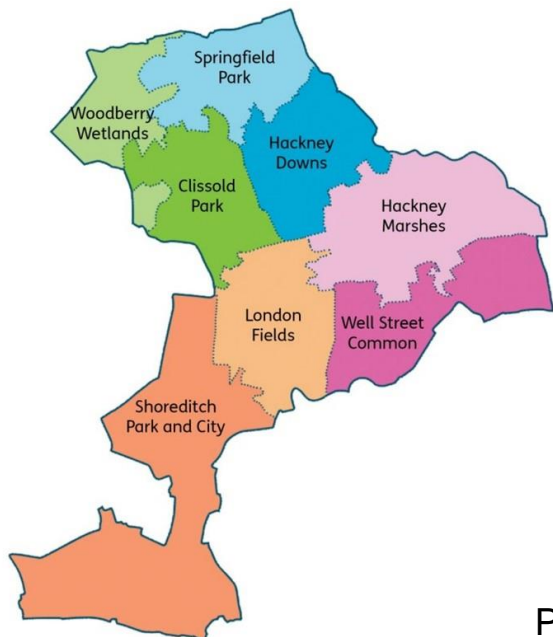
A “One Neighbourhood” culture is being developed to improve coordination between services. Neighbourhood Forums will also be created in each Neighbourhood as a space to facilitate partnership working between service providers, community and voluntary organisations and local residents. Highlights from the past year are outlined below.

NRIG is made up of local people from across City and Hackney. One of the ambitions of the group is to promote co-production within all levels of the Neighbourhoods programme.

However, the group felt that one of the barriers to this was not having a shared definition and approach to co-production. To address this the members took part in a series of workshops with an independent “Participation and Empowerment” consultant and a joint workshop with staff employed through the Neighbourhoods programme to develop the City and Hackney Neighbourhoods Co-production Framework.

This Framework has also been incorporated into the City and Hackney Co-production Charter as a resource to help teams to put co-production in action. Please see our website for further details:

[www.healthwatchhackney.co.uk/neighbourhoods-2/](http://www.healthwatchhackney.co.uk/neighbourhoods-2/)



## Anticipatory Care

A new proactive care pathway for people aged 65 plus living with long term health conditions was piloted in Springfield Park Neighbourhood. In the pilot, residents who met these criteria were contacted by a Care Coordinator who then worked with the resident to identify health and wellbeing goals and an action plan of how to achieve them. Healthwatch Hackney engaged 12 residents who could potentially be eligible for anticipatory care to support the design of the assessment and care and support plan for this pathway.

The residents we worked with also advised on the skills and training required for the Care Coordinator role which was responsible for engaging and supporting eligible residents. An evaluation of the pilot was carried out by an organisation called Solutions for Public Health. A working group of residents is being established to look at how to take forward the evaluation recommendations and improve the pathway before the pilot is expanded across all Neighbourhoods in October 2022.

## Neighbourhoods Communications

Until recently, awareness of the Neighbourhood programme has been very limited amongst residents and even many health and care practitioners. Healthwatch Hackney successfully lobbied for some funding to be invested in Neighbourhoods communications and publicity to create greater clarity about what the programme is trying to achieve and how people can get involved.

The Integrated Care Communications and Engagement Enabler (ICCEE) group supported this with some funding for Neighbourhoods videos and further funding was found by the Central Neighbourhoods Team to

develop a new Neighbourhoods website. A range of residents and staff worked together with the communication agencies to develop the look and tone of the website and the content of the videos. Check out the new website:

[cityandhackneyneighbourhoods.org.uk](http://cityandhackneyneighbourhoods.org.uk)

## Neighbourhoods Outreach

The next phase for Neighbourhoods in 2022-23 will focus on listening to residents in each Neighbourhood through numerous outreach activities. This will help develop local intelligence about what currently exists locally to support good health and wellbeing and what are the key issues that need a collaborative approach to solve.

Hackney CVS will be supporting the development of 8 Neighbourhood Forums to enable partnership working to address such challenges.

Healthwatch Hackney will be leading the gathering of resident insight through outreach activities and supporting the meaningful participation of residents within in the Forums.

We look forward to connecting with a wider range of residents in each Neighbourhood over the next 12 months and facilitating resident participation within the Neighbourhood Forums.



# Neighbourhoods

# Our volunteers



In 2021-22 we had 20 volunteers, including five interns. Together they provided approximately 1054 hours of unpaid support. This includes support with:

- Somali Community research – volunteers from the Somali Community
- Calls to dental practices – about availability of services
- Calls to GP practices
- about new patient registration process
- GP website review
- Report writing
- Editing subtitles of Information Exchange meetings, board meetings, and other
- public meetings
- Social media support
- People’s Feedback Panel – over 25 meetings
- Enter and View and Safeguarding Adults Awareness training.

## Volunteer profile: Paula Shaw

Paula has volunteered with Healthwatch Hackney since 2016 when she joined our board of directors.

Paula was already interested in health and care and so got involved with her GP practice patient participation group after moving to the borough in 2013.

Paula is a trained Enter and View volunteer, comment collector and advocate for the health and wellbeing of Hackney residents.





# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income and Expenditure		
Income	2021-22 £	2020-21 £
Funding from local authority to deliver local Healthwatch statutory activities	150,000	150,000
North East London Clinical Commissioning Group project	204,724	209,244
Other income	14,117	2,250
<b>Total income</b>	<b>368,841</b>	<b>361,494</b>

Expenditure	2021-22 £	2020-21 £
Operational costs (including project direct expenses)	69,848	83,443
Staff costs	267,934	251,714
Premises/Office costs	30,295	15,819
<b>Total Expenditure</b>	<b>368,077</b>	<b>350,976</b>
Balance brought forward	764	10,518

## Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.



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<p><b>Health in Hackney Scrutiny Commission</b></p> <p>21<sup>st</sup> September 2022</p> <p><b>The new Integrated Mental Health Network service</b></p>	<p>Item No</p> <p><b>6</b></p>
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## OUTLINE

The Council is about to go to tender for the provision of a new **Integrated Mental Health Network** service to replace what was known as the 'Wellbeing Network'. It is being commissioned by Public Health.

This service will predominantly provide mental health support and recovery services to City and Hackney adult residents with complex mental health needs.

Additionally, the intention is that the service infrastructure should be used to support some prevention focused and some more widely accessible interventions. The service will be delivered by a number of specialist providers managed by a main contractor. The specialist providers will need to demonstrate that they can meet the varied needs of City and Hackney's diverse population, including helping to overcome barriers to access for marginalised communities.

The Commission has had a number of items on this in the past both as part of a review we did on '*Preventing depression and anxiety in working age adults*' in 2015 and in the evolution and development of the previous Network.

Attached please find a short presentation which outlines the current plan. The Public Health officers will explain the context for this service and how it will align with the mental health services delivered by ELFT and the IAPT service delivered by Homerton Healthcare.

Attending for this item will be:

**Dr Sandra Husbands**, Director of Public Health  
**Jennifer Millmore**, Senior Public Health Specialist

## ACTION

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

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# City and Hackney Integrated Mental Health Network - briefing to Health in Hackney Scrutiny Commission on 21 Sept 22

Jennifer Millmore, Senior Public Health Specialist

# Current Service

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# Important Strengths Maintained

Page 111

Holistic, person centred approach

Includes support around wider determinants, such as employment, debt and isolation

Flexible offer

Wide range of therapeutic and non-therapeutic support interventions, allowing for a tailored and flexible offer

Focus on recovery and independence

Sustainable change, lasting benefits and reduced demand on services

***Addresses Health Inequalities***

Cultural & community specific offer

Range of voluntary sector providers embedded in local communities

Alternative to the NHS

- Some residents have trust concerns re the NHS
- Residents with high MH need but no diagnosis

# Key Changes

**Increased focus on complex needs**

**Stronger emphasis on partnership working**

**More integrated and efficient service**

**Infrastructure to support community and peer led activities**

**Clearer service offer and promotion**

**More flexibility to adapt to population need and external changes**

**Requirement for continuous improvement and development**



# Complex Mental Health Needs:

*Challenging life circumstances that are closely interrelated with and exacerbate mental health problems. These can be environmental, social, biological and psychological factors. When these complexities are significant they can make addressing mental health problems more challenging to address in isolation.*

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*These could include a wide range of factors including having housing difficulties, debt, isolation, experience of domestic violence, learning disabilities or neurodivergence, physical health conditions or disabilities, experience of discrimination or being digitally excluded.*

Any questions





<p><b>Health in Hackney Scrutiny Commission</b></p> <p>21<sup>st</sup> March 2022</p> <p><b>How Primary Care can optimise new ICS structures - GP Confed briefing (verbal)</b></p>	<p>Item No</p> <p><b>7</b></p>
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## OUTLINE

In February and March the Commission held two in depth discussions on the future of Primary Care in Hackney. One of the challenges outlined was the impact on GP Practices of the advent of NHS NEL (our Integrated Commissioning System covering 8 boroughs). This takes on primary care commissioning from what was the local CCG.

Hackney has benefited from a successful GP Confederation whose task was to drive up quality and performance among GP Practices. Its longstanding Chief Executive is about to retire and the Chair has asked her to come back to the Commission to discuss how Primary Care in Hackney can best optimise the new ICS structures to its own benefit and for their to continue to be a voice for local primary care within the large NEL system.

Attending for this item will be:

**Laura Sharpe**, Chief Executive, City & Hackney GP Confederation

## ACTION

The Commission is requested to give consideration to the discussion.

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<p><b>Health in Hackney Scrutiny Commission</b></p> <p>21<sup>st</sup> September 2022</p> <p><b>DHSC guidance on Health Overview and Scrutiny Principles – FOR NOTING ONLY</b></p>	<p>Item No</p> <p><b>8</b></p>
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## OUTLINE

In advance of the statutory guidance on the Secretary of State’s new powers in relation to service reconfigurations, Department of Health and Social Care has published a document setting out the expectations of the Department of Health and Social Care (DHSC), the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities.

The guidance is attached, and a link is here:

<https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles>

### **Under the guidance as set out below local authorities will retain the power to:**

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny
- require employees, including non-executive directors of certain NHS bodies, to attend before them to answer questions
- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- set up joint health scrutiny and overview committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority

- have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
- have a mechanism in place to deal with referrals made by local Healthwatch organisations or local Healthwatch contractors
- report disputed reconfiguration proposals to the Secretary of State until the new reconfiguration provisions take effect

**Health and wellbeing boards will retain the power to:**

- provide assessments of the current and future health and care needs of the local population
- develop joint strategic needs assessments
- develop joint local health and wellbeing strategies at a place level

**ACTION**

The Commission is requested to NOTE the Guidance document.

## **From Department of Health & Social Care Website:**

### **Purpose of this document**

In advance of the statutory guidance on the Secretary of State's new powers in relation to service reconfigurations, this document sets out the expectations of the Department of Health and Social Care (DHSC), the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities.

HOSCs, local authorities, ICBs, ICPs and other NHS bodies should use this document to ensure that scrutiny and oversight are a core part of how ICBs and ICPs operate. Leaders from across health and social care should use these principles to understand the importance of oversight and scrutiny in creating better outcomes for patients and service users and ensure that they are accountable to local communities.

Further information on the role of health scrutiny can be found in the [Local authority health scrutiny: guidance to support local authorities and their partners to deliver effective health scrutiny](#).

### **Integrated care systems**

The [Health and Care Act 2022](#) builds on the work of existing non-statutory integrated care systems (ICSs) to encourage more integrated system working, and to improve local population health outcomes through the planning and provision of services.

The act also provides for the creation of new NHS bodies, ICBs, and for each ICB and its partner local authorities to form a joint committee to be known as the ICP.

42 ICBs will be established, and the 106 existing clinical commissioning groups (CCGs) will be abolished. The ICB will take on the commissioning functions of the CCG and have a governance model that reflects the need for integration and collaboration across the system.

Each ICP will have, as a statutory minimum, a representative from the ICB and a representative from each of the partner local authorities. It may decide locally to include a broad range of representatives in its membership – including those from the independent and voluntary, community and social enterprise (VCSE) sector – concerned with improving the care, health and wellbeing of the local population. The ICP will be tasked with developing an integrated care strategy to address the health, social care and public health needs of its system. The ICB and local

authorities will have to have regard to that strategy when exercising their functions. It is important to note that ICPs, as a joint committee between the ICB and partner local authorities as well as other members agreed by the ICP locally will be within the scope of HOSCs.

There will be a continuing role for HOSCs, health and wellbeing boards (HWBs) and the local Healthwatch as their roles are protected and preserved in the new system.

HOSCs will continue to play a vital role as the body responsible for scrutinising health services for their local area. They will retain their legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. As is currently the situation, some local authority areas may have separate scrutiny committees for health and for adult social care. ICBs and ICPs should develop a trusting relationship with HOSCs to enable effective scrutiny.

HWBs will continue to bring together leaders at a place level to develop joint strategic needs assessments and prepare joint local health and wellbeing strategies for their local area. HOSCs should consider these strategies when scrutinising outcomes for their local area.

Local Healthwatch organisations will retain their statutory duty to obtain the views of people about their needs and experience of local health and social care services and will need to continue working with HOSCs to make these views known.

### **The benefits of scrutiny**

Proactive and constructive scrutiny of health, care and public health services, done effectively, can build constructive relationships that deliver better outcomes for local people and communities; the people who represent them, and the commissioners and providers of health and care services. It also has other benefits including:

- providing an opportunity for local people and their elected representatives to contribute to and comment on the local priorities for improving health and care services and outcomes
- giving a voice to local people and communities on the quality, safety, accessibility and effectiveness of local health and care services
- assuring local elected members and the public that health and care services are safe and effective, address local health priorities and reduce health inequalities
- helping health and care providers and commissioners gain insight into the health needs and concerns of particular groups



- enabling health and care providers and commissioners to develop new services and care pathways to address local health priorities more effectively

While the procedures of review and scrutiny are at the discretion of the local authority, we recommend that each individual HOSC develops a framework to help them ensure that their scrutiny work is effective, focused and adds value. While this will be informed by other partners in the system, the assessment of risks, effects and impacts should be the HOSC's own. In particular, we recommend that a framework should consider:

- risks, effects and impacts to individual populations
- risks, effects and impacts to the whole local population
- support and input from local health colleagues

## **Responsibilities**

HOSCs, HWBs, local Healthwatch and NHS bodies collectively have a role to play in good governance and accountability across the health and care system.

The [Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#) will continue to apply although the formal statutory route for local authorities to report to the Secretary of State will be removed when the new reconfiguration provisions in the Health and Care Act 2022 take effect.

## **Local authorities**

Local authorities will retain the power to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny
- require employees, including non-executive directors of certain NHS bodies, to attend before them to answer questions

- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- set up joint health scrutiny and overview committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority
- have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
- have a mechanism in place to deal with referrals made by local Healthwatch organisations or local Healthwatch contractors
- report disputed reconfiguration proposals to the Secretary of State until the new reconfiguration provisions take effect

## **NHS bodies**

NHS bodies will retain the power to:

- provide information about the planning, provision and operation of health services as reasonably required, depending on the subject by local authorities to enable them to carry out health scrutiny
- attend before local authorities to answer questions necessary for local authorities to carry out health scrutiny
- consult on any proposed substantial developments or variations in the provision of the health service
- respond to health scrutiny reports and recommendations: NHS service commissioners and providers have a duty to respond in writing to a report or recommendation where health scrutiny requests this, within 28 days of the request. This applies to requests from individual health scrutiny committees or sub-committees, local authorities and joint health scrutiny committees or sub-committees

## **Health and wellbeing boards**

HWBs will retain the power to:

- provide assessments of the current and future health and care needs of the local population

- develop joint strategic needs assessments
- develop joint local health and wellbeing strategies at a place level

## **Local Healthwatch**

Local Healthwatch organisations will retain the power to:

- obtain the views of people about their needs and experience of local health and social care services, and to make these views known to those involved in the commissioning and scrutiny of care services
- make reports and make recommendations about how those services could or should be improved
- promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services

The design of new models of integrated care and support that are being introduced through the Health and Care Act 2022 will inevitably lead to changes in how and where services are provided.

HOSCs will have an invaluable role to play during the initial transition and implementation of ICBs and ICPs, and beyond, in scrutinising the impact and effectiveness of integration on health services and outcomes. Under this new structure, there will be a need for scrutiny of health services and outcomes at a local place-based level, as well as more strategic scrutiny of health services and system-level outcomes. Both levels of scrutiny are important; HOSCs should maintain an appropriate balance between the 2, and establish joint health overview and scrutiny committees (JHOSCs) where appropriate and necessary. Individual local authorities hold responsibility for carrying out scrutiny tests.

Scrutiny can play a valuable role in improving the evidence base for decisions about integration and in holding local authorities, NHS bodies, and health service providers to account for the level of local ambition to improve health and integrate services in ways that benefit people who use services and in the interests of taxpayers. It can also help to ensure that the views of people in an area are fully reflected in the consideration of any proposals.

## **Principles and ways of working**

The following 5 principles set out best practice for ways of working between HOSCs, ICBs, ICPs and other local system partners to ensure the benefits

of scrutiny are realised and should form the basis of ongoing discussions between these partners about how they will work together.

The 5 principles are:

- outcome focused
- balanced
- inclusive
- collaborative
- evidence informed

## **1. Outcome focused**

Outcome-focused scrutiny can provide a valuable and relevant platform for looking at cross-cutting issues, including:

- general health improvement
- wellbeing
- specific treatment services and care pathways
- patient safety and experience
- overall value for money

Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working and in making recommendations on how it could be improved locally.

By focusing on outcomes, ICPs, ICBs, local political leaders, professionals and communities can explore and consider the complexities of health and wellbeing and help to evaluate the planning, delivery and reconfiguration of health and care services. A strategic approach should be taken to consider how best to apply scrutiny to evaluating key strategies and outcomes of the ICB and ICP, including the integrated care strategy and the ICB joint 5-year forward plan.

Within the wider ICB area, HOSCs will have a valuable role to play in scrutinising and evaluating place-based outcomes at local authority level. HWBs will continue to develop joint strategic needs assessments and establish joint local health and wellbeing strategies; HOSCs will continue to scrutinise place-based health services in relation to these.

However, HOSCs will also play a valuable role in scrutinising the health services of the wider ICB area and should work with other local authority areas, forming JHOSCs where appropriate, to scrutinise outcomes against the joint 5-year forward plan and the integrated care strategy.

## **2. Balanced**

Good scrutiny needs to maintain balance between being future focused and responsive. When scrutiny is future focused it can help system partners to understand how local needs are changing, as well as understand the issues that communities face and suggest and test solutions. Future-focused scrutiny can also add value to integration planning and implementation by improving the evidence base for holding local decision makers to account for the level of local ambition to integrate services and improve population health.

ICBs and ICPs should take an inclusive and future-focused approach to agreeing a clear set of arrangements for scrutiny to be built into the whole cycle of planning, commissioning, delivery and evaluation. Leaders from across health and social care should work with openness and candour to establish a clear shared set of priorities and a future work programme to improve health and social care outcomes.

Scrutiny also needs to be reactive and responsive to issues of concern to local communities, including service performance and proposed NHS reconfigurations, local authorities, and other system partners, should ensure that HOSCs have the capacity to respond reactively to public concerns and reconfigurations. ICBs can assist with this by working with HOSCs to shape their forward plans. ICBs should take a proactive approach to sharing at an early stage any proposals on reconfigurations, drawing a distinction between informal discussions and formal consultations. ICBs should also take a proactive approach to involving relevant bodies on any other matters which system partners expect to be contentious, to help navigate complex or politically challenging changes to local services.

With regard to concerns about service performance, ICBs should be open and transparent with HOSCs, bearing in mind that in some cases there may be legal or assurance proceedings. Equally, HOSCs must appreciate the need for regulatory and legal processes to run their course, but ICBs should update HOSCs on the progress of these processes.

## **3. Inclusive**

The primary aims of health scrutiny are to strengthen the voice of local people and provide local accountability. They should ensure that local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that those services are effective and safe. Effective scrutiny allows for more inclusive public conversation than might be delivered as part of a formal consultation exercise. As such, it is important for scrutiny to engage the community, involving the right people at the right time in the right place.

HOSCs are a fundamental way for democratically elected local councillors to voice the views of their constituents, hold the whole system and relevant NHS bodies and relevant health service providers to account and ensure that NHS priorities are

focused on the greatest local health concerns and challenges. Flexible and accessible arrangements to scrutinise integration issues provide the best opportunities for councillors to hear from people and groups with whom they may not have previously had much contact, for example primary care practitioners or people who use services. HOSCs, subject to time and resource constraints, may be well placed to engage with members of the public directly.

Systems and NHS bodies should form trusting working relationships with HOSCs, and work together to ensure that this important community intelligence is fed directly into system-wide decision making. Engaging with scrutiny is a way for ICBs and ICPs to add richness to their understanding of local need, and a way to connect strategic planning at system level to the nuances of local pressures and requirements.

#### **4. Collaborative**

Work plans that detail the future decisions and issues to be scrutinised by HOSCs should be informed by communities, providers and planners of health and care services to ensure that scrutiny is focused on achieving the most value for its population. Effective health scrutiny requires clarity at a local level about respective roles between the health overview and scrutiny committees, ICBs, ICPs, the NHS, local authorities, HWBs and local Healthwatch.

Service change and integration are typically not challenges that are confined to one local authority's area; these are issues that can straddle one or more local authority population. Under the new system-level structures, health scrutiny may increasingly need to cover issues that cut across local authority boundaries. Therefore, local authorities on ICB boundaries, and neighbouring councils within an ICB area should take a collaborative approach in order to identify any strategic issues that would benefit from joint scrutiny. Under Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities must appoint a joint health overview and scrutiny committee where a relevant NHS body or health service provider consults more than one local authority health scrutiny function about substantial reconfiguration proposals; however local authorities also have the discretion to set up joint committees in other circumstances.

The role of JHOSCs is particularly important in assessing strategic issues that cover 2 or more local authority areas, and will be even more important under the new arrangements as ICB areas will span more than one local authority area in most cases. In particular, JHOSCs will have a strategic role to play in scrutinising the delivery and outcomes of the integrated care strategy.

It is important for ICBs, councils and scrutiny committees to develop joint protocols in advance of the need for any joint scrutiny arrangements, whether these arise under legislation or are optional arrangements. This includes having a clear view about how councils should work together, the structure of joint arrangements, and the time

needed to establish these arrangements. JHOSCs will also need to recognise and take into account the potential difficulties of working together, particularly around the political balance between different local areas, as well as resourcing. Developing this shared understanding helps build the foundations for effective joint working. ICBs should have an active role in providing support in these situations and should recognise the complexity and time involved in establishing formal JHOSCs.

## **5. Evidence informed**

Scrutiny informed by evidence can help make the case for better integration of services, better joint working around service improvements and better approaches to major service reconfigurations. Scrutiny adds value to decision making by ensuring that evidence is sound and based on the right insight, so that no voice is unheard or evidence overlooked. The types of evidence that aid effective scrutiny include evidence on quality and safety of services and evidence on population health needs. Qualitative evidence from those with lived experience – including patients, the public and those who are most likely to be excluded from services – are particularly valuable forms of evidence for aiding scrutiny.

Health scrutiny has a role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service locally and in testing this information by drawing on different sources of intelligence. Local Healthwatch are an important source of evidence and should work with HOSCs to pass on the views of people about their needs and experience of local health and social care services.

HOSCs can request evidence from systems and NHS bodies, and should ensure that their requests for evidence are reasonable, proportionate and relevant.

The health system has a responsibility to provide information needed for health scrutiny. Health and care providers and commissioners should respond positively and constructively to the requests for information from HOSCs. Where an NHS body cannot provide a response to a request for information, it should work with the HOSC to attempt to provide information and support where possible. ICBs should have plans and protocols in place for sharing information for the purpose of scrutiny, as this will avoid the need for continual ad-hoc decision-making when information is requested.

## **Next steps**

The Health and Care Act 2022 introduces a power for the Secretary of State to call in and take decisions on or connected to reconfiguration proposals at any stage in the

proposal's process. This does not change local authorities' scrutiny responsibilities for service change. To support this intervention power, the local authority referral power, which is set out in regulations, will be amended to reflect the new process.

DHSC will also issue statutory guidance on the new powers outlining how the Secretary of State proposes to exercise their functions during this new process, including the new Secretary of State call in power. This guidance will also include information for NHS commissioning bodies, NHS trusts and NHS foundation trusts about how they should be exercising their functions under the new reconfigurations process. We expect that these principles will complement the new guidance to help ensure that scrutiny is embedded across the new statutory system-level bodies.

Exact timelines are still to be determined; however, any changes to the reconfiguration process introduced through the Health and Care Act 2022 will not be implemented immediately following Royal Assent. We will work with the system to help prepare for any proposed changes and to develop the new statutory guidance.





<p><b>Health in Hackney Scrutiny Commission</b></p> <p>21<sup>st</sup> March 2022</p> <p><b>Minutes of the previous meeting</b></p>	<p>Item No</p> <p><b>9</b></p>
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## OUTLINE

Attached please find draft minutes of the meeting held on 29<sup>th</sup> June 2022.

### Matters Arising from 29 June

Action at 6.8b

<b>ACTION:</b>	<i>Dave Trew to provide further detail on the demographic breakdown of people taking up cycling.</i>
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This was sent to Members.

Action at 6.9

<b>ACTION:</b>	<i>Environmental Services and Public Health to provide an update on the implementation of the Air Quality Action Plan in July 2023.</i>
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This has been added to the work programme.

## ACTION

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

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London Borough of Hackney  
 Health in Hackney Scrutiny Commission  
 Municipal Year: 2022/23  
 Date of Meeting: Wednesday, 29 June 2022 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

Chair	Councillor Ben Hayhurst
Cllrs in attendance	Cllr Kam Adams, Cllr Grace Adebayo, Cllr Eluzer Goldberg and Cllr Sharon Patrick
Cllrs joining remotely	Cllr Ifraax Samatar
Cllr apologies	
Council officers in attendance	Nina Griffith, Director of Delivery, C&H Place Based Partnership Chris Lovitt, Deputy Director of Public Health, City and Hackney Dave Trew, Land, Water, Air Team Manager, Environmental Service
Other people in attendance	Dr Ian Mudway, Senior Lecturer in Public Health, Faculty of Medicine, Imperial College Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture Cllr Yvonne Maxwell, Mayoral Adviser for Older People Cllr Claudia Turbet-Delof, Member Champion for Mental Health
Members of the public	48 views
YouTube link	The meeting can be viewed at: <a href="https://youtu.be/SWCfoSgfJME">https://youtu.be/SWCfoSgfJME</a>
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer <a href="mailto:jarlath.oconnell@hackney.gov.uk">jarlath.oconnell@hackney.gov.uk</a> ; 020 8356 3309

**Councillor Ben Hayhurst in the Chair**

**1 Election of Chair and Vice Chair**

- 1.1 It being the first meeting of the new municipal year, the Scrutiny Officer invited nominations for Chair. Cllr Adams nominated Cllr Hayhurst and Cllr Adebayo seconded. There was a vote and Cllr Hayhurst was elected unanimously.
- 1.2 Cllr Hayhurst assumed the Chair and invited nominations for Vice Chair. He nominated Cllr Patrick and Cllr Adams seconded. There was a vote and Cllr Patrick was elected unanimously.

## **2 Apologies for absence**

- 2.1 Apologies for absence were received from Helen Woodland and Dr Mark Rickets.
- 2.2 The Chair welcomed new Members of the Commission - Cllrs Adebayo, Balfour, Goldberg and Samatar and Cllr Patrick who had served on the Commission in the past.
- 2.3 The Chair welcomed Cllr Turbet-Delof who is the Member Champion for Mental Health.
- 2.4 The Chair congratulated Nina Griffith on her new joint Council-NHS role as Director of Delivery for City & Hackney Place Based Partnership.

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

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

## **4 Declarations of interest**

- 4.1 Cllr Samatar stated she was a Wellbeing Network Peer Coordinator at Mind in City Hackney and was starting a new role as a Mental Health First Aid tutor at The Hackney Recovery College. Cllr Goldberg stated that he has an existing honorary contract with the Homerton where he does paramedic placements. Cllr Adebayo stated she was a mental health worker for Barnet Council. Cllr Turbet-Delof stated she was a board director for a mental health community interest company in the borough.

## **5 Appointments to INEL JHOSC**

- 5.1 Members gave consideration to a report to appoint 3 Members of the Commission to serve on the Inner North East London Joint Health Overview & Scrutiny Committee for the municipal year 2022-23. The Chair outlined the role and function of that committee for the new members and explained that it was customary for the chair and vice chair of Health in Hackney to be two of the 3 representatives.

<b>RESOLVED:</b>	<b>That Cllrs Hayhurst, Patrick and Adams be appointed to serve as the Hackney members of INEL JHOSC for 2022/23.</b>
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## **6 The science on the health impacts of poor air quality - an expert briefing**

- 6.1 The Chair stated that the purpose of this item was to hear from a senior academic expert on the latest research on the health impacts of poor air quality, both indoor and outdoor, and to discuss the progress being made in implementing Hackney's own *Air Quality Action Plan 2021-25* and to explore areas for improvement or greater focus.

6.2 He welcomed to the meeting:

Dr Ian Mudway (**IM**), Senior Lecturer in Public Health, Faculty of Medicine, Imperial College

Chris Lovitt (**CL**) Deputy Director of Public Health for City & Hackney.

Dave Trew (**DT**) Land Water Air Team Manager, Environmental Services, LBH

6.3 Members gave consideration to the following agenda papers:

6b Briefing from Dr Ian Mudway (Imperial College) 'Impacts of air quality on Health'

6c Presentation from LBH 'Health impacts of air pollution evidence and Responses'

6d Full report from LBH 'Health impacts of air pollution – evidence and Responses'

6e Hackney's Air Quality Action Plan 2021-25

6f GLA's Air Quality in LB Hackney - a guide for Public Health professionals

6.4 The Chair stated that the format for the item would be a presentation by Dr Mudway followed by some questions for clarification then a joint presentation from the two council officers and then a general Q&A session.

6.5 Dr Mudway took Members through a detailed presentation on 'Impact of air quality on health'. It covered: known and emerging risks; key studies; impacts on mental health; impacts on mental health (psychosis); impacts of air pollution across the life course; the EXHALE study on children's respiratory health in Hackney and Tower Hamlets; NO<sub>2</sub> in Hackney and Tower Hamlets; modelled annual NO<sub>2</sub> concentrations; NO<sub>2</sub> impact on lung function; improved lung growth as pollution decreases; trends since introduction of ULEZ; CHILL study in schools; air quality guidelines; evidence of health effects below the former WHO guideline; recommended AQG with interim targets; intersection with Net Zero.

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

(a) The Member Champion for Mental Health asked whether the CHILL study was being extended. IM replied they were two years into it and analysis of the data would commence in 18 months.

(b) The Member Champion for Mental Health asked about the studies on road proximity and air quality and the impacts on children's mental health. IM replied that the best comparative studies were currently from Barcelona. They were also incorporating ULEZ's impact into the current work.

(c) Members asked how to make sure the research being carried out was inclusive and how the information is being communicated to very diverse communities. IM explained that the CHILL study was very inclusive and the researchers had trusted status within the communities involved. The scientific

community traditionally had been poor at communicating results back to the communities who were involved in their studies and in their Centre outreach activity was given a very high priority.

- (d) Members asked about the latest data on the impact on young children's mental health considering overall air pollution had gone down between the two studies. IM explained the research brief and replied that those studies aren't fully completed yet. Science has to be independently peer reviewed before they can speak about it so it is always appearing later than people want it, but it's the limitation of the scientific method.
  - (e) Members asked whether indoor pollution was included in the study. IW explained that it had come into the CHILL study to an extent but they have been funded to do another piece of work on indoor air pollution in poor communities in White City (called 'Well Home') and he detailed the processes. They will be studying the impact of mould, for example.
  - (f) Members expressed concern about the very low levels of community awareness and what more can be done on lobbying. IW replied that the solutions on air quality require national solutions and explained the various challenges with getting the messaging correct. School Streets and LTNs are band aids in his view, which are good, but we wouldn't have to use them if we had proper control of pollution emissions. Currently many are struggling to feed their children so air pollution might be seen to them as a niche issue. He suggested that air quality must be in national tv weather forecasts (they mention pollen but not air pollution levels) and if schools had a requirement from Ofsted to include pollution mitigation measures as part of their safeguarding role then both of these would help.
  - (g) The Chair asked what specific pollution mitigation measures in schools would look like. IM replied that schools should have active filtration systems and this initiative was allowed to get blunted because of Covid. There were good technologies available but schools needed a budget to buy them. Closing a street outside a school has a relatively small incremental improvement but it's about messaging and makes people think about their own car usage in the morning. This is about creating an environment to help people understand the issue.
- 6.7 Dave Trew (LBH Environmental Services) and Chris Lovitt (Public Health) took Members through their presentation. The presentation covered: Air Quality in Hackney - the local picture; Health impacts of air pollution in Hackney; National guidance and evidence-based recommendations for public health action on air quality; Summary of recommendations from Public Health England's evidence review of interventions to improve outdoor air pollution; Local action to improve air quality; Hackney's Air Quality Action Plan (AQAP) 2021-2025; Action on air quality in partnership with our neighbours and at London level and Next steps and Conclusions. CL summarised the guidance from NICE, the recommendations from PHE. DT on the local mitigations and describes the Hackney Air Quality Action Plan.

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

- (a) The Chair asked whether ULEZ had led to a reduction on PM2.5 as well as NO2 even if its source is not predominantly car based. DT explained they're monitoring PM10 more than PM2.5, but the latter is growing and there is overlap of sources, it does come from combustion. IW argued that he'd be happier if councils could do more about PM2.5 otherwise you create the illusion that PM2.5 is all traffic and it is not. In cities we should be saying this is the bit we can deal with. It was noted that NO2 is something we can control far more than PM2.5 but we still need to monitor the latter and be aware of it. IW cautioned that in terms of health impacts it is difficult to pull these two apart. DT explained how WHO are making thresholds more challenging and changing the goalposts. IW explained the interaction between both pollutants and how a council can only be responsible for within its boundary so these are national questions.
- (b) The Member Champion for Mental Health asked whether health impacts of chronic mould growth on children was receiving sufficient study and asked about the affordability of cycling possibly hindering its take-up amongst disadvantaged groups. DT explained the cycling promotion work being done by Streetscene and he undertook to bring back a further demographic breakdown of data on this. A Member who had just taken up cycling commended the new support scheme for new starters.

<b>ACTION:</b>	<b>DT to provide further detail on the demographic breakdown of people taking up cycling.</b>
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- (c) A Member asked about increasing education about health impacts of poor indoor air quality. DT replied that there is an important issue in that you can't regulate what people can do in their own homes but there is a drive to ensure that the actions taken don't contribute to outdoor pollution and this impacts indoor as well and, generally, all this work raises awareness, which is the key.
- (d) The Chair asked about wood burners. DT replied that if the burner is compliant they can't take legal action but they can educate people about the pollution they create. He observed that they are generally used more for aesthetic reasons than for necessary heating.
- (e) The Chair asked IM what the key components were of poor indoor air quality and how much wood burners were a factor and in particular the poor maintenance of them. IM summarised his view on reducing indoor pollution as recommending "you do not live with a smoker or anyone using e-cigarettes". Also, mould and damp were a huge problem in terms of asthma. After this point it gets complicated, he added, because the number of other sources within a typical home are myriad as there are so many chemicals in the fabrics and fittings in every house. In terms of wood burners these are not good for your health and the issue is more what will the emissions be in future rather than immediately, which of course depends on how the burner is maintained and this cannot really be readily monitored long term. IM

explained that indoor pollution going outside your home affects everybody else and so that needs greater priority.

- 6.9 The Chair thanked Dr Mudway, Chris Lovitt and Dave Trew for their thorough and thought provoking presentations and suggested that an update to the Commission on the AQAP in a year. He asked if it could perhaps take into account the changed WHO guidance and its impact on our Plan as well as any learning from Dr Mudway's CHILL study once it's published.

<b>ACTION:</b>	<b>Environmental Services and Public Health to provide an update on the implementation of the Air Quality Action Plan in July 2023.</b>
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<b>RESOLVED:</b>	<b>That the report and discussion be noted.</b>
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## **7 City and Hackney ICP/ Place Based Partnership - update from NHS NEL**

- 7.1 The Chair stated that the Commission and INEL JHOSC had regularly discussed the development of the new Integrated Care System for North East London over the past few years and that on 1 July the 7 CCGs in East London would finally be replaced by NEL ICS. He had asked officers to provide an update which focuses on the local element - the Place Based Partnership - and how that will interact with the new NHS NEL structure.

- 7.2 He welcomed to the meeting: Nina Griffith (**NG**), Director of Delivery for City and Hackney, Place Based Partnership, LBH/NHS NEL.

- 7.3 Members gave consideration to the '*City and Hackney ICP/ Place Based Partnership*' and NG took Members through it in detail. It covered: introduction to the ICS; the operating model; developments for City and Hackney; City and Hackney's proposed Place-based Partnership governance within NEL ICS; Strategic focus areas for the City and Hackney Place-based Partnership and Proposed governance of North East London Integrated Care System. NG explained that now there would be 7 place based partnerships under the ICS including one for City and Hackney, so C&H moving to become a place based partnership was not a big shift as it had partnerships structures running effectively for some time. She explained that Cllr Kennedy would continue to chair the local place based partnership which will be renamed the *City and Hackney Health and Care Board*. It was the 'City and Hackney Integrated Care Partnership Board'. In the new world the providers will be in the room for commissioning decisions and this puts the onus on them to focus on the Partnership over their individual organisation's priorities. Three priorities have been agreed for current work by the C&H Health and Care



Board: Mental health, Supporting greater financial wellbeing and Increasing social connection.

- 7.4 The Chair asked for the reasons why there would be no financial delegation to the local system in the first year. NG explained it was to ensure a smoother operation while structures were bedding in. There were also pots of non-recurrent money that the local system could control. The Providers will have service allocations that they bring to the table locally and they can determine locally in the C&H HCB how this money could be moved around.
- 7.5 A Member asked what proportion of the budget comes down to City & Hackney. NG replied that you need to distinguish between the allocation for the City and Hackney population out of the total ICS budget and then the delegation amount which will go to CH HCB to spend. This won't be devolved in the first year and it's not yet clear what the 23/24 percentage will be. The Chair added that this is something on which the Commission needs to keep a watching brief.
- 7.6 The Chair asked about the fair distribution of funding across NEL and how in the past Hackney was comparatively well funded but a change to weighting of age vis-a-vis deprivation would adversely impact Hackney. NG explained the key people who will be involved. Louise Ashley, the incoming Homerton CEO, will be the System or Place Leader for City and Hackney and she will have a Director of Delivery (Nina) and a Partnership Clinical Lead (Dr Stephanie Coughlin). She reminded them that she will report to Louise and to Helen Woodland in the council so both to the NHS and the Council.
- 7.7 The Chair asked if a third role under the System Leader was still envisaged. NG said this would be up to Louise Ashley once she starts in October. NG offered further briefings outside of committee, if required.

<b>RESOLVED:</b>	<b>That the report and discussion be noted.</b>
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## **8 Response to Quality Accounts - for noting**

- 8.1 The Chair stated that each year the local NHS Trusts ask the Commission to provide a formal comment on their draft Quality Account for the previous years which they have to submit to NHSE/NHSI. These requests usually come during May recess and are dealt with via Chair's action. Member noted the responses to the Quality Accounts for Homerton Healthcare and St Joseph's Hospice. If there were outstanding issues or concerns then these would be raised with the senior officers either at their next attendance at committee or via correspondence.

<b>RESOLVED:</b>	<b>That the letters be noted.</b>
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## **9 Minutes of the previous meeting**

- 9.1 Members gave consideration to the draft minutes of the meeting held on 16 March 2022 and the Matters Arising.

<b>RESOLVED:</b>	<b>That the minutes of the meeting held on 16 March be agreed as a correct record and that the matters arising be noted.</b>
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## **10 Health in Hackney Work Programme 2022/23**

- 10.1 Members gave consideration to an outline of the work programme for 2022/23 and a tabled list of the suggestions received so far from Members, officers and other stakeholders who have been written to by the Chair. It was noted that suggestions were still coming in.
- 10.2 The Chair invited Members to keep the suggestions coming and the responses from all would be analysed and themed and sent to Members for further consideration.

<b>RESOLVED:</b>	<b>That the Commission's work programme suggestions and schedule for 2022/23 be noted.</b>
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- 10.3 The Chair added that a decision had been made to move the proposed July date for Health in Hackney to January because of scheduling issues and because no meeting had been set for January (there are just 8 a year). The July meeting also had to be scheduled for the day after the INEL meeting in July which was not advantageous.
- 10.4 The Chair added that HiH Members had also been invited to a briefing from NEL NHS and Public Health about the consultation on changes to Fertility Services and this would take place on 19 July. It had been convened by Cllr Kennedy.

## **11 Any other business**

- 11.1 There was none.



<p><b>Health in Hackney Scrutiny Commission</b></p> <p>21<sup>st</sup> September 2022</p> <p><b>Work Programme for the Commission</b></p>	<p>Item No</p> <p><b>10</b></p>
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## **OUTLINE**

Attached please find the latest iterations of:

- (a) HiH work programme 2022/23
- (b) Themed list of suggestions received
- (c) INEL work programme 2022/23 for information

These are working documents and updated regularly.

## **ACTION**

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

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## Rolling Work Programme for Health in Hackney Scrutiny Commission 22/23

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name
<b>29 June 2022</b>	<b>Election of Chair and Vice Chair</b>				
deadline: 20 June	<b>Appointment of reps to INEL JHOSC</b>				
	<b>The science on the health impacts of poor air quality: expert briefing</b>	Briefing	Imperial College, Faculty of Medicine	Senior Lecturer in Public Health	Dr Ian Mudway
			Adults, Health and Integraton	Deputy Director of Public Health	Chris Lovitt
			Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew
	<b>City &amp; Hackney ICP / Place based partnership</b>	Briefing			Nina Griffith
	<b>Response to draft Quality Accounts</b>	For Noting only			
<b>21 Sept 2022</b>	<b>City &amp; Hackney Safeguarding Adults Board Annual Report</b>	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE
deadline: 12 Sept				Assistant Director, Quality Assurance, Safeguarding and Workforce Development	Georgina Diba
	<b>Healthwatch Hackney Annual Report 21/22</b>	Annual item	Healthwatch Hackney	Interim Chair	Lloyd French
				Deputy Director	Catherine Perez-Phillips
	<b>New 'Integrated Mental Health Network' service</b>	Briefing	Public Health	Director of Public Health	Dr Sandra Husbands
				Senior Public Health Specialist	Jennifer Millmore
	<b>How Primary Care can optimise new ICS structures - GP Confed briefing</b>	Verbal update	GP Confederation	Departing Chief Executive	Laura Sharpe
	<b>New DHSC guidance on 'Health Overview and Scrutiny Principles'</b>	For noting only		O&S Officer	
<b>16 Nov 2022</b>	<b>Provision of NHS Dentistry in Hackney</b>	Panel Discussion	NEL NHS, LDC, Healthwatch etc		various TBC
deadline: 7 Nov	<b>Q&amp;A with new Place Based Leader for City and Hackney</b>	Discussion	Homerton Healthcare	Chief Executive (also Place Based Leader)	Louise Ashley
	<b>'Fair cost of care' - response to govt. proposals and market sustainability</b>	Briefing	Adult Services		
<b>5 Dec 2022</b>	<b>Integrated Delivery Plan for the C&amp;H Place Based Partnership</b>		Adults, Health and Integration	Director of Delivery	Nina Griffith
deadline: 24 Nov					
	<b>Implementing new regime of 'Liberty protection safeguarding'</b>		Adult Services	Assistant Director, Quality Assurance, Safeguarding and Workforce Development	Georgina Diba

<b>12 Jan 2023</b>	<b>Cabinet Member Question Time: Cllr Kennedy</b>	Annual CQT session	LBH	Cabinet Member for Health, ASC, Voluntary Sector and Culture	Cllr Chris Kennedy
deadline: 3 Jan	<b>Impact of the 'Care Cap' on charging for adult social care</b>	Briefing	Adult Services		
	<b>Language and cultural barriers in commissioning and delivery of mental health services</b>	Briefing	ELFT		
	<b>tbc</b>				
<b>8 Feb 2023</b>	<b>Estates crisis in Primary Care</b>	Discussion			
deadline: 30 Jan					
	<b>tbc</b>				
<b>15 Mar 2023</b>	<b>Air quality - evidence base on the most affected areas and mitigation plans</b>				
deadline: 6 Mar					
	<b>Health and Wellbeing Strategy 2022-26 one year on</b>	Update on outputs	Public Health	Director of Public Health	Dr Sandra Husbands
<b>26 April 2023</b>					
deadline: 17 April					

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## ITEMS AGREED BUT NOT YET SCHEDULED

Possible date					
	<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
Postponed from 1 May 2020	<b>Tackling Health Inequalities: the Marmot Review 10 Years On</b>	<b>SCRUTINY IN A DAY</b>	Public Health and others tbc	Director of Public Health	Dr Sandra Husbands
June/July 2023	<b>Air Quality Action Plan 2021-25- update on Implementation</b>		Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew
			Adults, Health and Integraton	Consultant in Public Health	Jayne Taylor
	<b>Consultation on Changes to Continuing Health Care - the Hackney perspective</b>		Adults, Health and Integration		
			NHS NEL		

**WORK PROGRAMME SUGGESTIONS BY THEME FOR HIH 22-23** (as at 25 July)

	<b>THEME</b>	<b>General topic/issue</b>	<b>Origin</b>
1	<b>Adult social care</b>	<b>Waiting times for getting care assessments</b>	Cllr Patrick
2	<b>Adult social care</b>	Provision of <b>sufficient 'extra care'</b> e.g. Supported Living	Cllr Patrick
9	<b>Adult social care</b>	How to manage the <b>staffing challenge in Adult Social Care?</b>	Cllr Kennedy
13	<b>Adult social care</b>	Addressing the <b>key challenges for Adult Services:</b> 1) How inspection regime of CQC will change 2) Impact on the Council of the significant change from Deprivation of Liberty Safeguards to <i>Liberty Protection Safeguarding</i> . 3) <i>Fair Cost of Care</i> (responding to government proposals) and market sustainability. 4) Impact of the <i>Care Cap</i> on charging	Cllr Kennedy
19	<b>Adult social care</b>	Housing Services support for old and frail residents	O&S Consultation response
14	<b>Air quality</b>	Revisiting the <b>Air Quality Action Plan</b> item from June focusing on the need for greater education of the public and for clarity on what we can and can't do at council level and what needs greater lobbying at sub regional or national level? Needs liaison with CYP SC on schools aspects.	Chair
16	<b>Air quality</b>	Health impact of LTNs	O&S Consultation response
18	<b>Air quality</b>	LTNs	O&S Consultation response
20	<b>Air quality</b>	Air quality	O&S Consultation response

31	<b>Children's hospital services</b>	Hospital services for children	Keep Our NHS Public
26	<b>Community nursing</b>	Community nursing services	Keep Our NHS Public
4	<b>Cultural barriers</b>	<b>Unconscious bias/structural racism</b> in patient care	ClIr Samatar
5	<b>Cultural barriers</b>	<b>Culture and language significance</b> in all aspects of health care; particularly looking at pregnant mothers from the Global Majority.	ClIr Samatar
23	<b>Cultural barriers</b>	Language and cultural barriers in commissioning of mental health services	O&S Consultation response
34	<b>Cultural barriers</b>	'Hostile environment' in the NHS	Keep Our NHS Public
30	<b>Delayed discharge of care</b>	Discharge to assess	Keep Our NHS Public
10	<b>Dentistry</b>	Provision of <b>NHS Dentistry</b> - shortage and ease of registration; access to emergency dentists; dentistry in care homes; fears of non documented migrants in accessing dentistry	ClIr Kennedy
27	<b>Dentistry</b>	Dentistry	Keep Our NHS Public
12	<b>GPs</b>	The <b>takeover of GP Practices</b> in east London by corporate operators such as Operose and the impact on standards and quality c.f. Panorama programme.	ClIr Kennedy
24	<b>GPs</b>	Future of GP Services in Hackney	Keep Our NHS Public
39	<b>GPs</b>	<b>Estates crisis in all areas of Primary Care</b> (no room to accommodate allied healthcare professionals who have expanded, looking at options for other workspaces).	Dr Vinay Patel LMC Chair
40	<b>GPs</b>	How can <b>PCNs</b> work better with C&H <b>Neighbourhoods</b> Programme (In light of Fuller Report; issues of both having different masters/aims/ etc)	Dr Vinay Patel LMC Chair
41	<b>GPs</b>	<b>Primary Care</b> update to cover:	Dr Kirsten Brown Primary Care Clinical



		<ul style="list-style-type: none"> <li>• City and Hackney's response to the Fuller Stocktake Report</li> <li>• An update on the primary care landscape in City and Hackney</li> <li>• Changes to primary care workforce, including additional roles (new roles in General Practices employed through PCNs)</li> <li>• Primary care Estates</li> <li>• Enhanced access provision</li> </ul>	Lead for C&H
3	<b>Health inequalities</b>	How Covid-19 has increased health inequalities and the challenge to <b>build back adult social care</b> i.e. clearing backlogs and handling additional demand	Cllr Patrick
7	<b>Health inequalities</b>	Marmot 10 years on; link to delivery of <b>Health and Wellbeing Strategy</b>	Cllr Kennedy
17	<b>Health inequalities</b>	Health inequalities (complex request)	O&S Consultation response
11	<b>ICS impact</b>	Will the <b>NEL ICS</b> lead to care closer to home or result in a greater centralisation of decision making? Will all budgeting take place at NEL level and not at Place Based Level at least in the first year?	Cllr Kennedy
28	<b>ICS impact</b>	Hospital services - impacts of NEL level commissioning	Keep Our NHS Public
29	<b>ICS impact</b>	Number of hospital beds in ICS area	Keep Our NHS Public
35	<b>ICS impact</b>	Democratic accountability of new ICB	Keep Our NHS Public
36	<b>ICS impact</b>	Private sector involvement in the NHS	Keep Our NHS Public
38	<b>ICS impact</b>	<b>How General Practice can be most effectively represented within an ICS structure</b> (so that we can ensure the best for our patients from our perspective)	Dr Vinay Patel LMC Chair
42	<b>ICS impact</b>	Issues with the new <b>Place-Based Arrangements in the NHS</b> - We are as a place developing a 2 year Integrated Delivery Plan and this sets out the big ticket items that we want to do as a system/partnership	Laura Sharpe, CE of GP Confed
44	<b>ICS impact</b>	Testing out if the <b>NEL arrangements</b> are bedding in well and not compromising the ability of the local place-based system to deliver.	Laura Sharpe, CE of GP Confed

47	<b>ICS impact</b>	The new <b>City &amp; Hackney Health and Care Partnership</b> (our place-based partnership element of NEL ICB), to examine decision making, the new commissioning regime and the impact of provider collaboratives. Probably later in the calendar, to allow time for stat guidance to be issued and for the impact of the changes to unfold.	Dr Sandra Husbands, Director of Public Health
48	<b>Integrating child health services</b>	<b>Integrated child health services</b> - we have established a framework, but what does that mean in terms of providing more joined up services around children and families and achieving better outcomes for children. Possibly joint with CYP Scrutiny? (I don't know if that's possible)	Dr Sandra Husbands, Director of Public Health
6	<b>Mental health</b>	<b>Mental Health support for professionals</b> in health care, following the impacts of the pandemic.	Cllr Samatar
15	<b>Mental health</b>	Tackling the surge in demand for <b>mental health services by young adults</b> i.e. too old for CAMHS support	Ceylan Ismail - a 'Hackney Young Futures Champion'
32	<b>Mental health</b>	Mental health commissioning (out of borough etc)	Keep Our NHS Public
50	<b>Mental health</b>	<b>Mental health and wellbeing</b> - to understand plans for a more integrated approach, including preventive services and actions	Dr Sandra Husbands, Director of Public Health
25	<b>Pharmacy</b>	Hospital and GP Pharmacy services	Keep Our NHS Public
43	<b>Post Covid</b>	<b>System recovery from Covid</b> How are we doing on managing backlogs/waiting lists/ access to diagnostics across the system (acute sector and mental health)	Laura Sharpe, CE of GP Confed
49	<b>Post Covid</b>	<b>Health protection</b> - there could be some value in understanding the new health protection landscape (post COVID), the changes in threats from communicable diseases and our ability and preparedness to respond to these.	Dr Sandra Husbands, Director of Public Health

45	<b>Substance misuse</b>	<b>Substance misuse</b> - specifically the establishment of the "combating drugs partnership" we discussed at PHSMT this week. This is important as it will involve a wide range of external partners, tied to a strong national policy push, and presents an opportunity to highlight good work done by the provider, Turning Point and the Adder/Accelerator program.	Dr Sandra Husbands, Director of Public Health
46	<b>Substance misuse</b>	<b>Tobacco control (TC)</b> , as we have just started the process of reviewing/refreshing our local TC plans. Probably not a full review, but an agenda item for a scrutiny meeting would be helpful.	Dr Sandra Husbands, Director of Public Health
21	<b>Transport</b>	Cycling infrastructure	O&S Consultation response
22	<b>Transport</b>	Cycling 'lobby' "undue influence"	O&S Consultation response
37	<b>Transport</b>	Impact of cuts on bus services	Keep Our NHS Public
8	<b>Wellbeing Network</b>	Recommissioning of <b>Wellbeing Network</b>	Cllr Kennedy
33	<b>Women's health</b>	Women's health issues	Keep Our NHS Public

Already committed to and carried over:

- Healthwatch Hackney Annual Report
- City and Hackney Safeguarding Adults Board Annual Report
- Cabinet Question Time: Cllr Kennedy
- Health and Wellbeing Strategy 2022-26 - one year on (Mar/Apr 23)
- Overview of capital build proposals in Adult Social Care
- Tackling Health Inequalities: the Marmot Review 10 Years on (postponed from 1 May 2020!)

- Implementation of new system and Code of Practice for Deprivation of Liberty Safeguards, to be called 'Liberty Protection Safeguarding'.

**Yet to be added to this mix:**

- 1) Overarching themes from the Complaints Service e.g ASC
- 2) Other responses from the 12 letters sent to our key health and care stakeholders including HCVS and Healthwatch

## INEL JHOSC Rolling Work Programme for 22-23 as at 12 Sept

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
<b>Municipal Year 2022/23</b>						
<b>25 Jul 2022</b>	<b>Implementation of NEL ICS</b>	Briefing	NHS NEL	Independent Chair	Marie Gabriel CBE	
			NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Chief Finance Officer	Henry Black	
	<b>East London Health and Care Partnership updates inc.</b>	Briefings	NHS NEL	CEO	Zina Etheridge	
	Trust updates and health updates		Barts Health/BHRUT	Group CFO	Hardev Virdee	
	Continuing Healthcare proposals		NHS NEL	Chief Nursing Officer	Diane Jones	
	Community Diagnostic Hubs		BHRUT/NEL ICS	Director of Strategy and Partnerships/ SRO for CDCs	Ann Hepworth	
	Operose and primary care issues		NHS NEL	Deputy Director Primary Care	Alison Goodlad	
			NHS NEL	Director Primary Care Transformation	William Cunningham-Davis	
			NHS NEL	Diagnostics Programme Director	Nicholas Wright	
	Whipps Cross redevelopment		Barts Health/BHRUT	Ralph Coulbeck	CE of Whipps Cross	
	<b>Proposed changes to access to fertility treatment for people in NE London</b>	Briefing	NHS NEL	Chief Nursing Officer	Diane Jones	
			NHS NEL	GP and Clinical Lead	Dr Anju Gupta	
<b>19 Oct 2022</b>	<b>East London Health and Care Partnership updates</b>					
deadline 7 Oct	<b>TBC</b>					
	<b>TBC</b>					
	<b>Update on work of Whipps Cross JHOSC</b>	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
<b>15 Dec 2022</b>						
deadline 5 Dec						
	<b>Update on work of Whipps Cross JHOSC</b>	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
<b>28 February 2023</b>						
deadline 16 Feb						

	<b>Update on work of Whipps Cross JHOSC</b>	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden
	<b>ITEMS TO BE SCHEDULED</b>				
	<b>Monitoring new Assurance Framework for GP Practices</b>	follow up from July 22			
	<b>Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults'</b>	follow up from July 22			
	<b>Development of acute specialities across NEL</b>	follow up from July 22			
	<b>NEL Estates Strategy</b>	from 21/22			