

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 16 November 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/M6KZ82RHcwE>

Back up live stream link: <https://youtu.be/UJP8RTjUw5c>

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

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 (19.00)**
- 3 Declarations of Interest (19.01)**
- 4 Discussion with new Leader of NEL ICS City and Hackney Place Based Partnership (19.02)** (Pages 9 - 22)
- 5 NHS Dentistry in Hackney - PANEL DISCUSSION (19.30)** (Pages 23 - 58)

- 6 Minutes of the Previous Meeting (20.55)** (Pages 59 - 78)
- 7 Health in Hackney Scrutiny Commission Work Programme (20.56)** (Pages 79 - 92)
- 8 Any Other Business (20.59)**

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

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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<p>Health in Hackney Scrutiny Commission</p> <p>16th November 2022</p> <p>Discussion with new Leader of NEL ICS City and Hackney Place Based Partnership</p>	<p>Item No</p> <p>4</p>
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PURPOSE OF THE ITEM

When the NEL ICS was created the then Chief Executive of Homerton Healthcare, Tracey Fletcher, was made the 'Place Based Leader' for City and Hackney'. The Commission has invited her successor, Louise Ashley, for a Q& A as she assumes this key local role as both Chief Executive of our key Acute Trust and the NHS's system leader for City and Hackney.

OUTLINE

Attached please find a presentation *NEL ICS City and Hackney Place Based Partnership*. It explains recent changes to the structure of the NHS, and how this will affect local NHS services and partnership work between local organisations. It also explains how health and care organisations are working together in City and Hackney to improve care for residents and the priorities for this improvement work

Attending for this item will be:

Louise Ashley, Chief Executive, Homerton Healthcare and new Place Based Leader for City and Hackney Place Based Partnership

Breda McManus, Chief Nurse and Director of Governance, Homerton Healthcare

Nina Griffith, Director of Delivery, City & Hackney Place Based System

ACTION

The Commission is requested to give consideration to the report and discussions.

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North East London

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North East London Integrated Care System & City and Hackney Place based Partnership

November 2022

City and Hackney Place based Partnership

Purpose of this briefing

- This briefing provides information for staff, service users, and community organisations working in City and Hackney
- It explains recent changes to the structure of the NHS, and how this will affect local NHS services and partnership work between local organisations
- It also explains how health and care organisations are working together in City and Hackney to improve care for residents and the priorities for this improvement work

What changes are happening to the structure of the NHS locally?

- In July 2022, new legislation came into force (in England) to support different parts of the NHS in local areas to work more closely in partnership, with the aim of more effectively meeting the health and care needs of local residents. These legislative changes mainly affect the organisations that were responsible for planning and funding health services on behalf of local populations (previously called Clinical Commissioning Groups)
- All of the health and care organisations in North East London have been collaborating and making joint plans as [East London Health and Care Partnership](#) for several years, in order to address the most pressing health problems that affect the approximately 2.2m residents of North East London – this collaboration was previously called a Sustainability and Transformation Partnership (STP) and has been known more recently as an [Integrated Care System \(ICS\)](#)
- In April last year, City and Hackney’s NHS Clinical Commissioning Group merged with six other local CCGs to form NHS North East London Clinical Commissioning Group, covering eight local authority areas across east London
- On July 1st this year, NHS North East London Clinical Commissioning Group (CCG) was replaced by a new organisation with slightly different powers and responsibilities, NHS North East London Integrated Care Board (ICB). The new organisation is called [NHS North East London](#). The staff who worked in North East London CCG have transferred to the new ICB. The [ICB](#) enables and supports the work of the [Integrated Care System](#)
- Local NHS organisations, the City of London and the London Borough of Hackney have been working in close partnership for several years and the new legislation provides additional flexibilities to further support joint working between NHS bodies and local authorities

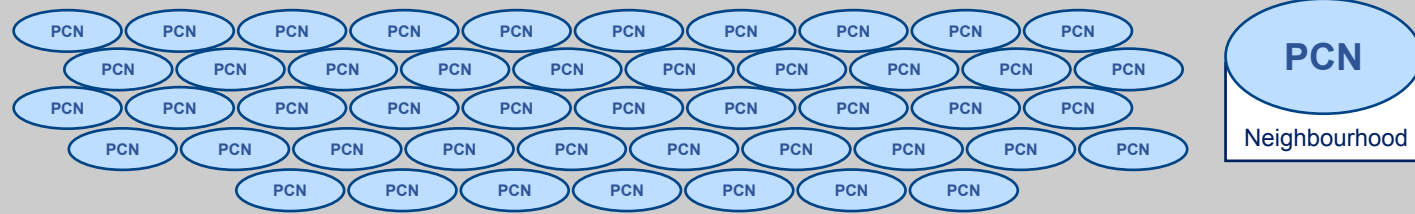
How will NHS organisations operate differently under the ICS?

- The recent legislation builds on existing collaboration by ensuring that all NHS bodies now have an explicit duty to work together to improve the health of local populations and to reduce health inequalities
- Whereas in the past it was CCGs that were responsible for planning for the needs of the population, in the ICS there will be three different levels of “population health’ focus where joint work will take place between all NHS organisations and partners – at **Neighbourhood** level (with a population of 30-50K people), at **Place** level (aligning with local authority footprints, with populations of approximate 300K), and at **ICS** level (in North East London approximately 2.2m people) (diagram on page 5)
- Alongside this, the organisations that provide similar types of care (hospitals, mental health trusts and primary care organisations) will work together collectively at scale as **provider collaboratives** for specific purposes such as to reduce variations in outcomes for patients across North East London, to jointly address shared challenges such as recruitment and retention of certain workforce roles, and to tackle problems at scale such as working to reduce waiting times for hospital procedures as a result of the COVID pandemic.
- The health organisations in City and Hackney are already operating as a **Place Based Partnership** within North East London ICS, working jointly with the local authorities and the voluntary sector and community groups. The partnership board was previously called the Integrated Care Partnership Board, it is now known as **City and Hackney Health and Care Board**.
- Individual health and care organisations in City and Hackney remain legally responsible for delivery of services to residents, but the partnership focuses on joint collaboration to integrate services and better meet the needs of the local population and address health inequalities. The priorities for the partnership have been drawn from the Health and Wellbeing strategies of the two local authorities and the priorities of the Integrated Care System. The priorities are delivered by the partnership through an **Integrated Delivery Plan**

Co-production & engagement



Residents, patients and local communities



47 Primary Care Networks working together at neighbourhood level for a population of 30,000 to 50,000

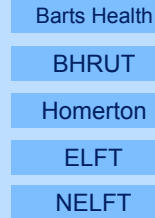
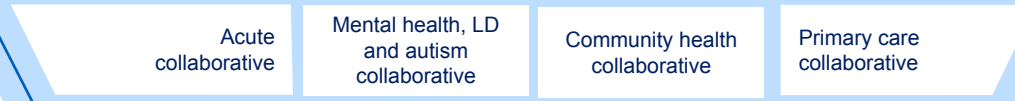
Seven place-based partnerships



Providers working through vertical integration at place



Providers working together at scale in cross-NEL collaboratives



Supported by strategic enablers at ICS and place:



ICS programmes:
Such as....



Delivery and Improvement

Collaboration and joint planning

Prioritisation, resource allocation, oversight and assurance

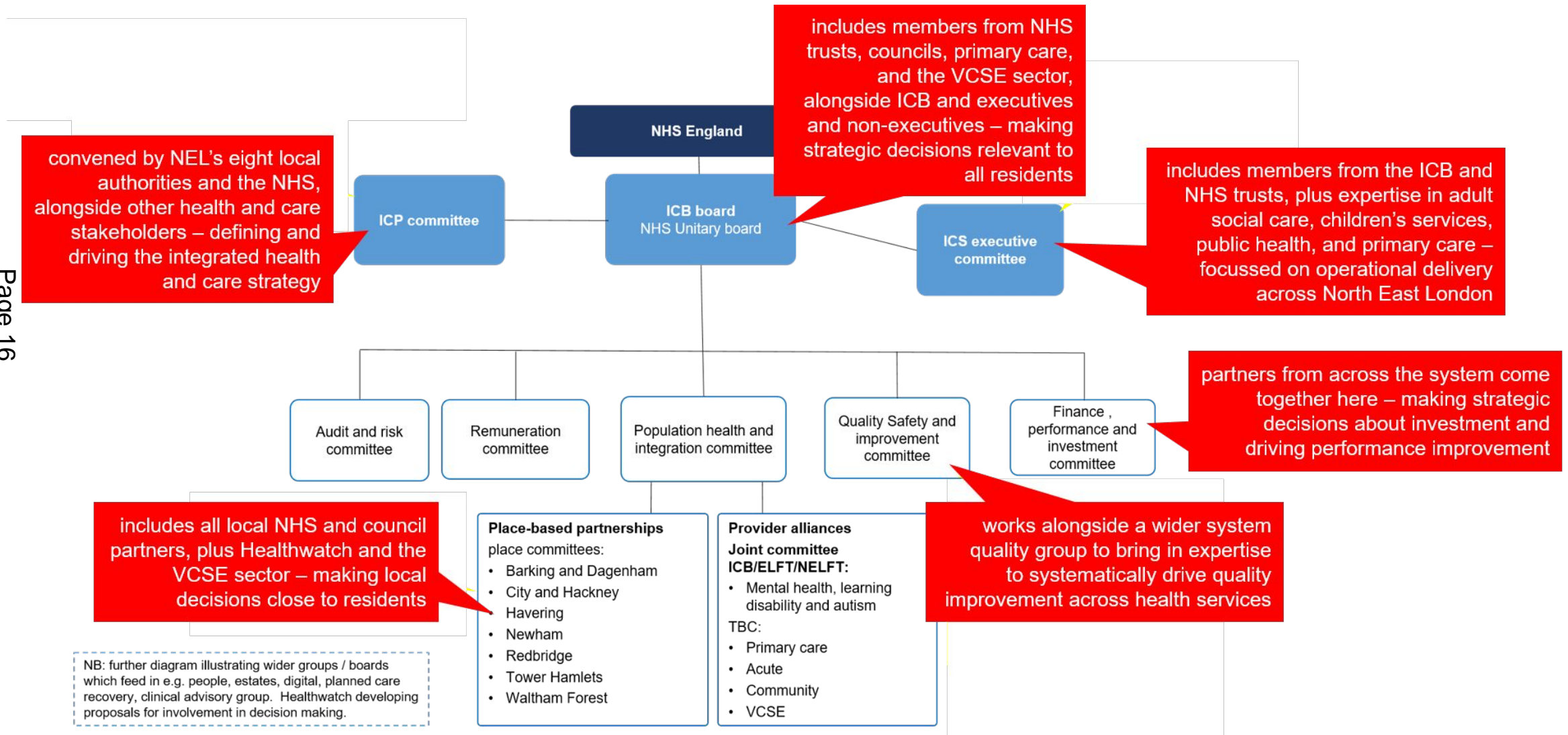
Integrated Care Board

Integrated Care Partnership

Understanding health and wellbeing needs and setting overall strategy

How the new Integrated Care System will operate in North East London

Overall Governance Structure in NEL ICS

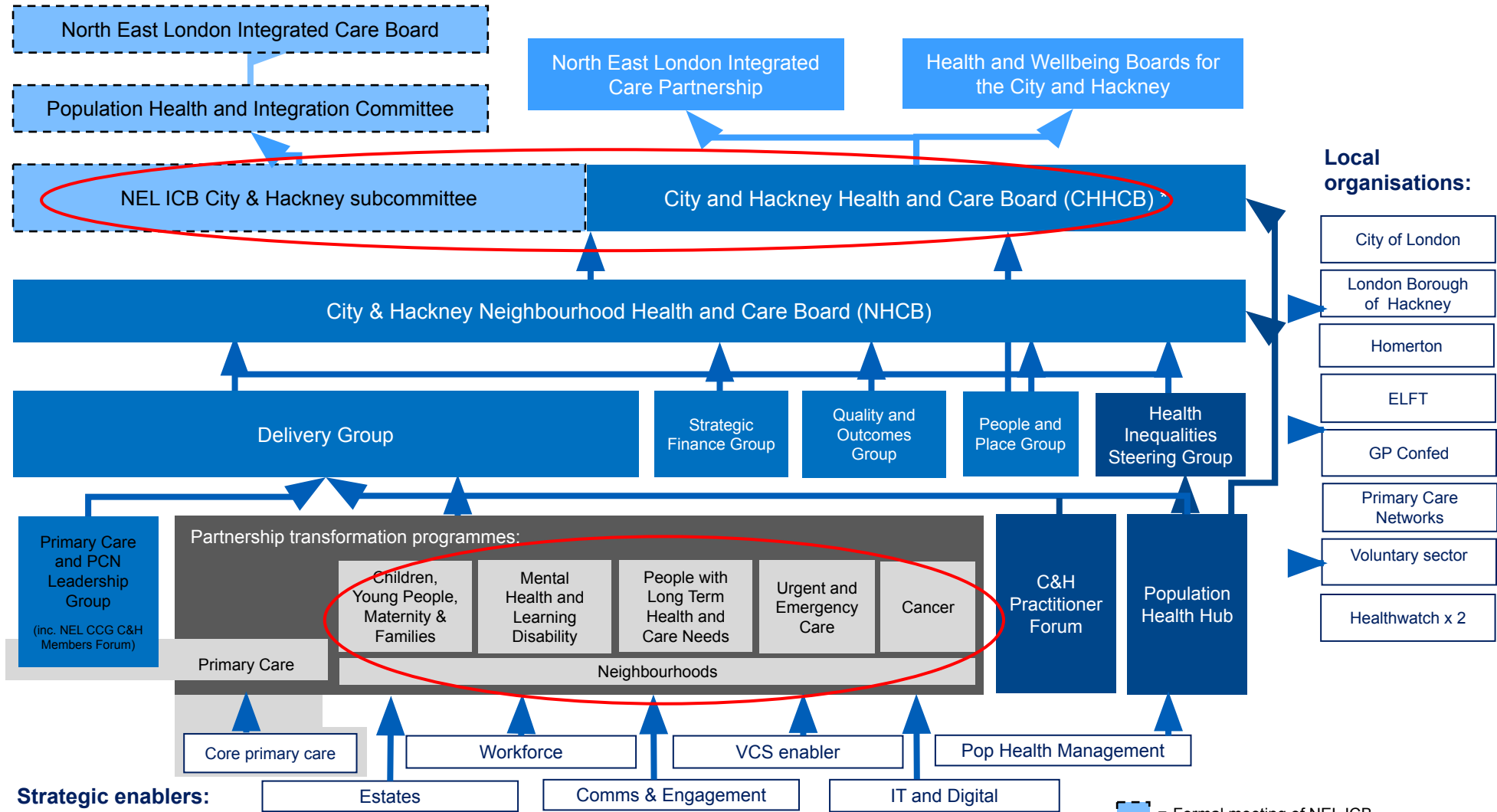


City and Hackney Place based Partnership

- City and Hackney senior level board is the **City and Hackney Health and Care Board (CHHCB)**.
- This is co-chaired by Cllr Chris Kennedy from Hackney and Cllr Helen Fentiman from the City of London.
- Partners in City and Hackney have developed a set of strategic priorities that will guide our work going forward. These are included in the slides below.
- The key senior leadership roles for City and Hackney are
 - Homerton CEO (Louise Ashley)
 - Partnership Clinical Lead (Stephanie Coughlin)
 - Partnership Delivery Director (Nina Griffith).

City and Hackney's proposed Place-based Partnership governance within NEL ICS

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Strategic enablers:

- The **City and Hackney Health and Care Board** operates under a 'committees in common' structure with sub-committees from both the City of London Corporation and the London Borough of Hackney, allowing for delegated decision making for pooled budgets.

Red circle highlights changes post 1st July

= Formal meeting of NEL ICB relating to City and Hackney PBP

= Formal meeting of the City and Hackney Place-based Partnership

= Support meeting / function to the City and Hackney Place-based Partnership

City and Hackney priorities

“Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive”

Our population health priority outcome areas:

Giving every child the best start in life
(often by recognising the role of families)

Improving mental health and preventing mental ill-health

Improving outcomes for people with long-term health and care needs

The cross-cutting approaches we will take to do this:

Increasing social connection

Ensuring healthy local places

Supporting greater financial wellbeing

Joining up local health and care services around residents and families’ needs

Taking effective action to address racism and other discrimination

Supporting the health and care workforce

These priorities are drawn from local Health and Wellbeing Strategies and priorities of the wider ICS:

- =Hackney HWB focus area
- = Hackney HWB specific ‘lenses’: (approaches to reduce health inequalities)
- = NEL ICS four partnership priority areas
- = reflecting long term C&H partnership ambitions

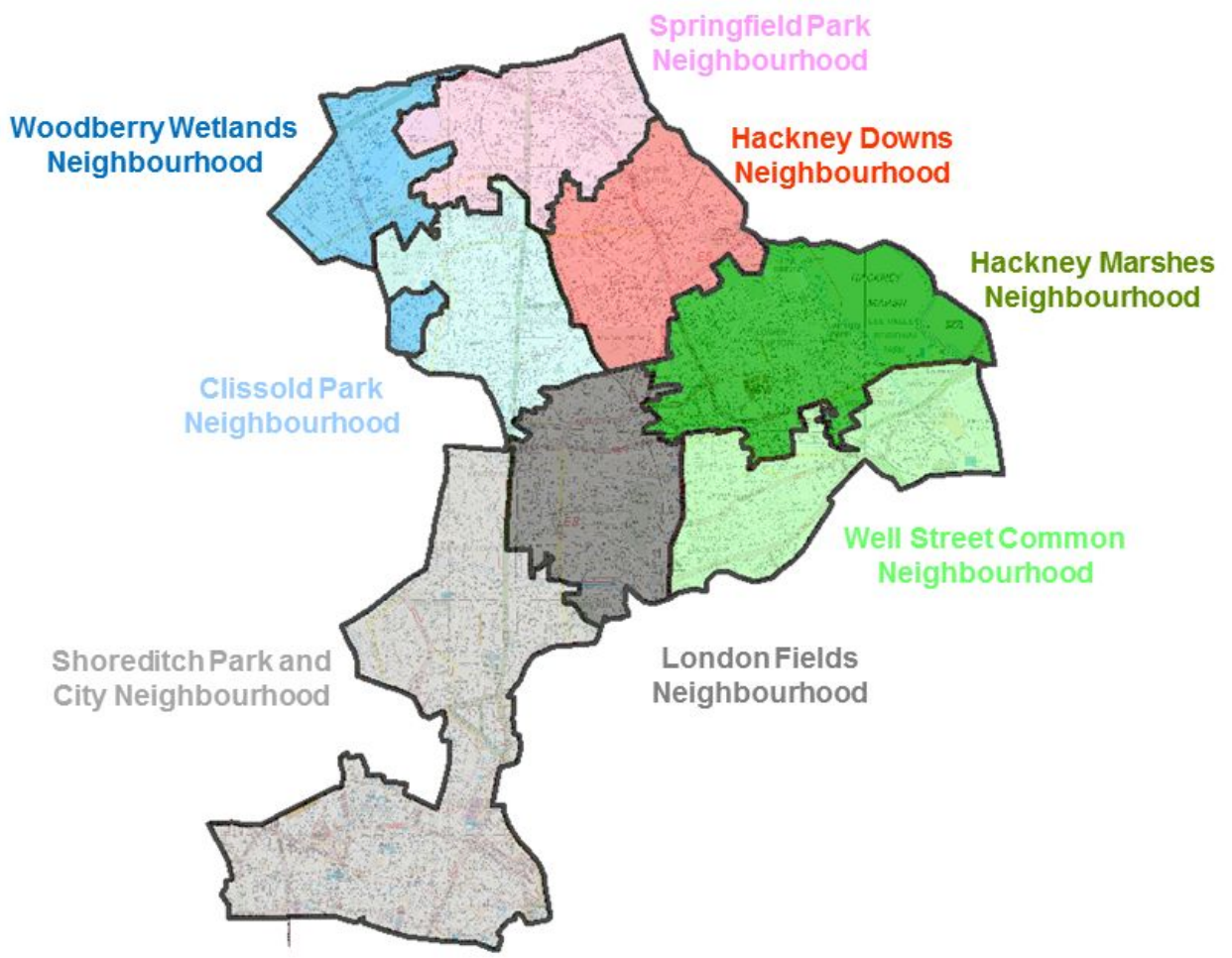
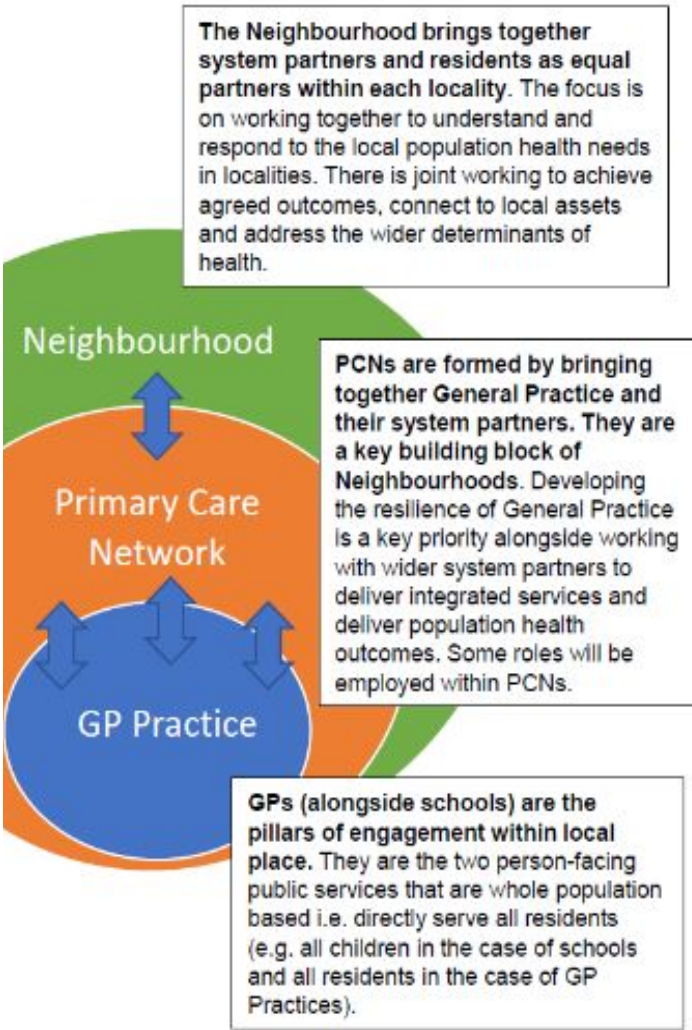
City and Hackney Integrated Delivery Plan

We have developed an Integrated Delivery Plan which sets out what we will do as a partnership to deliver the priorities – the following are the Big Ticket Items within this plan:

- Delivery of our Neighbourhoods Model (see next slide)
- Support for children with Special Education Needs
- Whole system approach to emotional and mental well being for children
- Increasing uptake of vaccinations and immunisations
- Improving discharge from hospital
- Improving outcomes for people who are homeless or vulnerably housed (including asylum seekers)
- Improving outcomes for people with Serious Mental Illness (SMI)
- Improved prevention and management of long term conditions
- Implementing a Personalised Care approach

City and Hackney's eight Neighbourhoods

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<p>Health in Hackney Scrutiny Commission</p> <p>16 November 2022</p> <p>NHS Dentistry in Hackney – Panel Discussion</p>	<p>Item No</p> <p>5</p>
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PURPOSE OF THE ITEM

To hear from the commissioner, local dentists, Public Health and Healthwatch on the current provision of dentistry and oral health services in Hackney.

OUTLINE

Members, Healthwatch and the Clinical Lead for City and Hackney for NHS NEL have all drawn to our attention challenges with the current provision of dental services in Hackney and we have invited all the key stakeholders to a panel discussion to discuss the issues. **Attached is a schedule and list of participants.**

Attached also are

5a - Background note setting out the context

5b - Data sheet from the current commissioner - NHS England London

5c - Note from the sub region NHS North East London Primary Care Team (the ICS) who will soon be taking on the commissioning

5d - Note from NHS NEL '*Roadmap to Recovery of Dental Services the next 5 years*'

5e - Note from Public Health on *Hackney and City Oral Health Prevention and Promotion Service*

5f - Report from Healthwatch Hackney '*Access to dental care in Hackney – when, where, how*' from January 2022.

ACTION

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

Schedule and Participants

Time	Title	Name	Position	Organisation
19.30	Introduction by Chair	Cllr Ben Hayhurst	Chair	HiH Scrutiny Commission
19.31	NHS dentistry in City and Hackney - the scale of the challenge	Dr Stephanie Coughlin GP	Clinical Director for City & Hackney	Local GP/ NHS NEL
19.40	Overview of oral health in Hackney - Public Health view	Dr Sandra Husbands	Director of Public Health	City and Hackney Public Health
19.45	Local Dentists - view from the LDC	Tam Bekele	Secretary	East London and City Local Dentistry Committee
19.50	A Hackney dentist	Dr Dewald Fourie	Partner at Clapton Dental Surgery	Chair of East London and City LDC
19.55	A Hackney dentist	Dr Reza Manbajood	Clinical Director at Odontica, Stoke Newington	Treasurer of East London and City LDC
20.00	View from the Current Commissioner (what is commissioned and overview of General Dental Services Contract and what is shaping the future of commissioning)	Jeremy Wallman	Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy	NHS England - London
20.10	View from NHS NEL Primary Care Commissioning, the next commissioners	Siobhan Harper Richard Bull	Transition Director Primary Care Primary Care Commissioning	NHS North East London Primary Care Commissioning
20.15-20.55	PANEL DISCUSSION - What should be the focus and priorities for the new commissioner?			

Also taking part in the discussion will be:

Catherine Perez Phillips, Deputy Director (Operations), Healthwatch Hackney
Cllr Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture

Dr Kirsten Brown, Primary Care Lead for City and Hackney, NHS NEL

Health in Hackney Scrutiny Commission Meeting on 16 Nov 2022

Item 6 - PANEL DISCUSSION on Provision of NHS Dentistry in Hackney

Briefing note compiled with information from NHSE London and from the East London and City Local Dentistry Committee

Context: General Dental Practitioners are the main providers of Primary Dental Care through a General Dental Services (GDS) NHS contract with 86 dentists working in 34 practices across City and Hackney (see NHSEL note and spreadsheet for the data).

The Clinical Lead for City and Hackney for NHS NEL and our Cabinet Member for Health have drawn our attention to the point that NHS work is paid on a 2006 contract which is based on 2003/4 treatment levels. Also that dentists do not have catchment areas like GPs, so population specific data does not appear to be collected.

We understand that NHS work is paid per unit of dental activity (UDA) e.g. check up and cleanse = 1UDA, doing up to 3 fillings = 3UDA, fixing a root canal = 7UDA and payments for these have not kept up with the cost of providing the treatment. BDA advice to members appears to be to encourage members to do more private work to make up the shortfall.

We note that Dental practices pay business rates at roughly the same percentage level as they have NHS patients on their books - so if you are 40% NHS on your list you get about 40% reduction on business rates.

We've learned that successive Public Health Reports have indicated that the oral health of local children is poor with a high dental caries rate. Many of these children do not attend dental practices and therefore the disease remains untreated. A recent Adult Dental Health Survey for East London reported periodontal disease to be the most prevalent condition requiring treatment with the majority needing more treatment than just a scale and polish and over 80% in total requiring some form of periodontal treatment.

Last month the Government introduced a new proposal to address waiting list difficulties however the profession reacted negatively on grounds that the proposal contained no additional investment. Over 44 million NHS dental appointments have been lost since lockdown in England alone, which equates to more than a year's worth of care in pre-COVID times. Due to its chronic deprivation the impact on City and Hackney is far higher.

1.) Note from Jeremy Wallman, Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy, NHS England – London Region

City & Hackney detail as follows:

29 GDS Contracts including 1 additional Orthodontic service and 1 Sedation practice

2 x Orthodontics

1 x Minor Oral Surgery

1 x Endodontic

Attaching a spreadsheet for reference with the above details.

Additionally Paediatric and Special Care Services are delivered by Kent Community Health NHS Trust from St Leonards Hospital and Acute (Hospital) Dental Services are provided by Homerton Hospital.

2) Note from East London and City Local Dentistry Committee

NHS Dentistry in Hackney - the local context:

- **86** dentists working in **34** practices across City and Hackney
- All of them have NHS and private patients
- Nationally 90% of dentists are not taking new adult patients and LDC estimate only 3 or 4 in C and H are
- NHS work is paid on a 2006 contract which is based on 2003/4 treatment levels!
- The British Dental Association (BDA) described the recent changes as "tinkering around the edges"
- Dentists do not have catchment areas like GPs so population specific (e.g. City and Hackney residents who are registered with a dentist) data is not collected!
- NHS work is paid per unit of dental activity (UDA) e.g. check up and cleanse = 1UDA, doing up to 3 fillings = 3UDA, fixing a root canal = 7UDA and payments for these have not kept up with the cost of providing the treatment so the most recent BDA advice to members is "take on more private patients and do less NHS work"
- Practices pay business rates at roughly the same percentage level as they have NHS patients on their books - so if you are 40% NHS on your list you get about 40% reduction on business rates
- In City and Hackney most NHS patients leave it until they are in pain to visit a dentist so the level of preventative work is low
- There is a huge shortage of dentists, dental nurses and hygienists, especially since Brexit

The responsibility for the commissioning of NHS work sits with NHS England, but it is planned that this will be devolved to NEL ICS in the next 6 months. One of the key challenges is that the commissioning has up to now been based on outdated data and a poorly upgraded general contract.

Key priorities for the future include the need for earlier preventative work and oral hygiene education, especially with children and this needs to be prioritised in the NEL ICS Strategy work and by the City and Hackney Health and Care Board in their priority planning.

A small part of our Public Health budget is dedicated to a targeted programme of work with children in communities with particularly poor dental health but it is nowhere near universal.

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STP	Health Body	Borough Name	Name of Contractor	Contract Type	Service One	Service Two (if applicable)	Dental Practice Name	Practice Address 1	Patients Seen in practice
North East	QMF	City and Hackney	MR H AL-HARIRI and MISS N AL-HARIRI	GDS Contract	Mandatory		Dentessentials Dental Care	75 Curtain Road	All
North East	QMF	City and Hackney	ROY, PATEL & ALLOUB	GDS Contract	Mandatory		E8 Dental Care	380A Mare Street	All
North East	QMF	City and Hackney	M & D Healthcare LTD	GDS Contract	Mandatory		Bradbury Dental Surgery	72 Dalston Lane	All
North East	QMF	City and Hackney	Davidoff Dental Practice	GDS Contract	Mandatory	Orthodontics	Davidoff Dental Practice	103 Stamford Hill	General & ortho
North East	QMF	City and Hackney	Stoke Newington Dental Practice	GDS Contract	Mandatory		Stoke Newington Dental Practice	121 Stoke Newington High Street	All
North East	QMF	City and Hackney	Well Street Dental Care	GDS Contract	Mandatory		Well Street Dental Practice	220 Well Street	All
North East	QMF	City and Hackney	Donnelly Dental Practice	GDS Contract	Mandatory		Donnelly Dental Practice	139 Well Street	All
North East	QMF	City and Hackney	NEWHAM FAMILY DENTAL CARE LTD	GDS Contract	Mandatory		Newham Family Dental Care	16-18 Goswell Road	All
North East	QMF	City and Hackney	S Cowley, J Angelo, R Ingham	GDS Contract	Mandatory		Vital Dental Care	169 Stoke Newington Road	All
North East	QMF	City and Hackney	Cosmo Clinic Ltd.	GDS Contract	Mandatory		Cosmo Clinic Ltd	167-169 Kingsland Road	All
North East	QMF	City and Hackney	MR H AL-HARIRI and MISS N AL-HARIRI	GDS Contract	Mandatory		Dentessentials Dental Care	75 Curtain Road	All
North East	QMF	City and Hackney	MR RI HINTZEN and MR F MIAN	GDS Contract	Mandatory		F Mian Dental Surgery	257C Mare Street	All
North East	QMF	City and Hackney	Mr Jinesh Patel	GDS Contract	Mandatory		Dental Care	177 Homerton High St	All
North East	QMF	City and Hackney	Woodberry Downs Dental Practice	GDS Contract	Mandatory		Woodberry Downs Dental Practice	307 Seven Sisters Road	All
North East	QMF	City and Hackney	Drs D & J Levenstein	GDS Contract	Mandatory	Sedation	EC1 Dental	344 Old Street	General & sedation
North East	QMF	City and Hackney	Sohail Moulana	GDS Contract	Mandatory		Hackney Dental Practice	319A Mare Street,	All
North East	QMF	City and Hackney	Dental Beauty Dalston	GDS Contract	Mandatory		Dental Beauty Dalston	33 Kingsland High Street	All
North East	QMF	City and Hackney	MR A KOUCHEKIAN SABOUR	GDS Contract	Mandatory		Orchid Dental Care	1 Balls Pond Road	All
North East	QMF	City and Hackney	Nile Street Dental Practice	GDS Contract	Mandatory		Nile Street Dental Practice	77 Nile Street	All
North East	QMF	City and Hackney	Upper Clapton Dental Surgery	GDS Contract	Mandatory		Upper Clapton Dental Surgery	83 Chatsworth Road	All
North East	QMF	City and Hackney	Pura & Sage	GDS Contract	Mandatory		Clapton Dental Surgery	77 Upper Clapton Road	All
North East	QMF	City and Hackney	MR S DODHIA	GDS Contract	Mandatory		Dental Surgery	84 Lower Clapton Road	All
North East	QMF	City and Hackney	Kingsland Dental Surgery	GDS Contract	Mandatory		Kingsland Dental Surgery	535 - 537 Kingsland Road	All
North East	QMF	City and Hackney	Mr Victor Akinsola	GDS Contract	Mandatory		Trinity Dental Care	167 Clarence Road	All
North East	QMF	City and Hackney	Smile and Shine Dental Practice	GDS Contract	Mandatory		Smile and Shine Dental Practice	288 Seven Sisters Road	All
North East	QMF	City and Hackney	Stoke Newington Dental Practice	GDS Contract	Mandatory		Stoke Newington Dental Practice	83 Stoke Newington High Street	All
North East	QMF	City and Hackney	Dental Beauty Dalston	GDS Contract	Mandatory		Dental Beauty Dalston	33 Kingsland High Street,	All
North East	QMF	City and Hackney	Ailesh Shah	GDS Contract	Mandatory		Abney Dental Practice	Unit 4, 230 Stoke Newington High Street	All
North East	QMF	City and Hackney	MR L MASHENSKY	GDS Contract	Mandatory		City Smile Dental Practice	37-39 Mare Street	All

Orthodontics	QMF	City and Hackney	Barbican Orthodontic Ltd	84-85 Long Lane	London	EC1A 9ET
Orthodontics	QMF	City and Hackney	Dr Yousif Daniel	48 Woodberry Grove	London	N4 1SN

Minor Oral Surgery		AF Dental, 14 Collett Street, E9 6SG	Bradbury Dental, 18 Bradbury Street, Dalston N16 8JN
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Endodontics		Newham Family Dental Care 2 Burges Road East Ham E6 2BH	Practice 2: Barbican Dental Centre, 16-18 Goswell Road, London EC1M 7AA
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Update from the Region – NHS NEL Primary Care Team

Primary dental care practices are currently working at 95% of their pre-pandemic activity and this unfortunately means that access to services is reduced. Practices are working extremely hard to deal with urgent and outstanding courses of treatment and, while some are in position to offer routine appointments within a reasonable timeframe, this is not uniform across London and therefore it is quite possible that if a patient wishes to be seen sooner, private treatment may be offered outside of normal working hours as an alternative. The pandemic has undoubtedly affected the recruitment of dentists and there have been a total of seven terminations of existing contracts, where providers have simply surrendered their contract on the basis that they do not have the required workforce to fulfil it.

Patients who need to see a dentist for urgent care (for example those in pain or with facial swelling) in London can use the NHS 111 service that diverts patients to the dental triage service. These services are in operation 24/7 for patients who do not routinely attend a practice and have an urgent need and are unable to find a local practice which has capacity. If the triage service assesses that the issue is urgent, an appointment at an urgent dental care centre will be arranged. The UDCH will continue to provide these services in line with the road map.

NHS England (London) has devised a 'roadmap' for the recovery of dental services (attached), which is already in operation. We are also looking at need, current capacity and utilising any additional funding to support additional access. As an example of this, during February £50million was made available nationally for the remainder of 2021/22 to fund initiatives to increase access for patients. In London, more than 200 practices signed up to deliver these services through to the end of March including practices in NEL. The uptake in the capital was extremely encouraging, with practices coming forward to provide both weekend and evening clinics, with an emphasis on stabilising patients dental needs rather than just providing urgent care. As a result, an additional 30,000 appointments were provided utilising this additional investment.

We intend to invest additional resources during 2022/23, with an emphasis on stabilisation to ensure the dental health of patients is maintained; this investment will include the procurement of new dental practices or additional resource in areas of the highest need with existing contracts and capacity to provide new additional access, utilising resources freed up by practices that surrendered their NHS contracts and thus ensuring that these resources are re-invested in dental services across London. The following boroughs will have some additional funds invested in NEL, Tower Hamlets and Redbridge following a needs assessment that was carried out to identify the areas of need across London (also Haringey but not NEL).

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Roadmap to recovery of Dental Services 3 - 5 Years

Phase 1	Phase 2	Phase 3	
Here and Now	Recovery Phase	Normalisation	Risks
<p>Primary Care: Currently Practices have been working between 85% for the last quarter of 2022, with huge backlogs. UDCH and 111 ongoing to ensure emergencies are seen ASAP to prevent A & E attendances. Access issues in most areas of London due to 3 month closure of practices. UDCH have been extended to March 2023 to ensure cover for patients in pain are seen asap. Procurement of new practices where loss of services have occurred and where highest needs have been identified. Stabilisation of patients for patients that are unable to find a dentist and need treatment following urgent dental care.</p> <p>Intermediate: Currently IMOS accepting direct referrals as per pre-pandemic. Endodontics accepting patients by direct referral and via triage through the Hospital based centres. Backlogs and ongoing reduced capacity due to current ICP. Orthodontics working at 80% with many treatments delayed from 2020</p> <p>Community Dental Services: Capacity is currently reduced and poor access to GA continues to increase waiting times for paediatric and special care patients. Focus on clearing backlog with strict adherence to acceptance criteria (this may impact primary care).</p> <p>Secondary Care: Block contracts continue nationally. Activity targets are being agreed. Majority of dental patients are P3 & P4 priority within trusts causing issues with access to theatres & GA. Open bays causing capacity to be reduced in line with AGP and social distancing protocols. Mitigation through speed reducing hand pieces. Focus on clearing backlog. Strict adherence to acceptance criteria will have some impact in primary care. Teaching hospitals accommodating undergraduates where possible.</p>	<p>Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services. This may include flexible Commissioning for new patients, Oral Health services for those in most need, vulnerable groups and a review of all General Dental Services along with a needs assessment re ensure demand is met where possible. Dental Access via UDCH to ensure both UDCH and routine is being carried out for all patients. (Time limited contracts to 2026 with the option to extend if necessary). OOH Services as part of the UDCH will continue for the same period.</p> <p>Needs assessment for London. Patients being stabilised where they are unable to find a local NHS Dentist.</p> <p>Intermediate care: Continuation of IMOS & Endodontic service working focusing on reducing backlog. Orthodontics focusing on delayed care & backlog</p> <p>Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes. Focus on paediatrics ensuring appropriate care is delivered by GDPs and increasing secure access to GA facilities. Focus on backlog if not already addressed.</p> <p>Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list initiatives.</p>	<p>Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of OH Services, Innovative Commissioning including Prevention and flexible Commissioning schemes</p> <p>Intermediate care: IMOS, Endo & Ortho return to normal</p> <p>Review of all Dental Services and the possibility to close/reduce the OOH and UDCH Services.</p> <p>Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services.</p> <p>Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible.</p> <p>Ventilation works required at many sites to obtain sustainability.</p>	<p>Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis.</p> <p>The following would have an impact:</p> <p>Dental Funds/allocations</p> <p>Changes to the targets</p> <p>Increased need due to deterioration of oral health during pandemic</p> <p>Oral Health inequalities highlighted as a result of pandemic</p> <p>Capacity in teams (NHSI PHE)</p>

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Hackney and City Oral Health Prevention and Promotion Service

Update for Health in Hackney Scrutiny Commission meeting, 16th November, 2022

1. **Oral health in Hackney and City of London:** Hackney and City Public health team had carried out an Oral health needs assessment in 2021-22 ¹ and below are some of the key findings:

1.1. Epidemiology of oral health in Children in Hackney

- Hackney and City had 27% of five year old children with dental decay in 2015, which decreased to 22.9% in 2017 and then increased to 28% in 2019.
- Hackney and City has a higher percentage of five year olds with dental decay than Islington, Haringey and Waltham Forest, but lower than Tower Hamlets, and Newham in the 2019 survey.
- Hackney has a higher rate of hospital admissions for dental caries amongst five year old children as compared to England.
- The mean decayed, missing or filled tooth per child aged 5 years in Hackney and City has increased from 0.97 in 2014-15 to 1.10 in 2018-19, with a reduction during 2016-17 to 0.74. These are similar to that of London and England.
- There were 432 Looked After Children in Hackney and 25 in the City of London as of 31st March, 2020.
- 69% of the Looked After Children and young people in Hackney had a dental check in 2019-20, which has dropped from 87% in 2014-15. During 2020-21 the number of Looked After Children who had a dental check dropped during quarters 2 and 3 due to the impact of Covid.
- During the 12 months prior to 2019-20, 30,817 which is 41% Hackney and City children and young people in the age-group of 0-19 years accessed dental care, whereas in the 12 months prior to 2020-21, this number dropped to 10,409 which is 14.6% based ONS population estimates. (Access is measured by the number of distinct patients seen during the 12 month period. This is based on NICE guidelines of 12 months being the maximum recommended dental recall time for children).
- 6 out of 10 five year old children in the Charedi community had tooth decay compared to 3 out of 10 in Hackney during 2017-18. 4 out of 10 children had incisor decay compared to 1 in 10 in Hackney.

1.2 Epidemiology of oral health adults

- In the 24 months prior to 2019-20, 59403 Hackney and City residents accessed dental care, with an access rate of 27.5%, similar to the London access rate of 28.8% but lower than the England rate of 37.8%. Whereas in the 24 months prior to 2020-21, this number dropped to 27,836 with an access rate of 12.9%. (Access is measured by the number of distinct patients seen by dentists during the 24 month

1

<https://www.cityhackneyhealth.org.uk/wp-content/uploads/2022/03/Hackney-and-City-Oral-Health-Needs-Assessment-2022-5.pdf>

period. This is based on NICE guidelines of 24 months being the maximum recommended dental recall time for adults).

1.3. Oral health of older adults

- Older people 65 years and above, living in deprived wards of Hackney and City were adversely affected in accessing dental services during 2020-21.
- 48.2% of the mildly dependent older adults living in supported accommodation in Hackney and City of London had not seen a dentist in the last two years of the survey conducted in 2016. Of these, 11% said they found it difficult to go to and from the dentist, while 7.4% said they couldn't afford NHS charges. 14.3% of the mildly dependent older adults had an urgent need for treatment.

2. Current Oral Health Prevention and Promotion Service in Hackney and City of London:

Currently, Kent Community Health NHS Foundation Trust has been commissioned to provide oral health promotion and prevention services in the London borough of Hackney and City of London. The main services include:

- Oral health promotion and awareness raising on oral health amongst parents, carers, older and vulnerable adults;
- Oral health training of children and vulnerable adult workforce
- Distribution of fluoride toothpaste and brushing for life packs to children and older and vulnerable adults
- Supervised Tooth Brushing Programme in Special Schools and Orthodox Jewish nurseries
- Fluoride Varnish Programme in primary schools
- Fluoride Varnish Programme in Orthodox Jewish Independent Schools

3. New Oral health prevention and promotion service to start from January 2023:

Hackney and City Public health has recommissioned a new Oral health prevention and promotion service, which will continue to be provided by Kent Community NHS Foundation Trust. The new service has been commissioned based on findings from the oral health needs assessment and learnings from the current service and stakeholder engagement and underpinned by national guidance. The new services will include the following:

3.1. Universal services will include:

- Training of children and adults' as well as wider workforce using the train the trainer and Making Every Contact Count approach
- Oral health promotion and distribution of fluoride toothpastes and toothbrushes amongst children, adults and older populations
- Strategic work and partnership building

3.2. Targeted interventions will include:

- Supervised toothbrushing programme amongst 2-4 year old children in nurseries including Orthodox Jewish nurseries and childminding day nurseries; all children in Special Education schools and Pupil referral units.
- Fluoride Varnish programme amongst all primary schools (including independent schools) to children in Reception and Year 1 (4-6 years of age)
- Fluoride Varnish programme amongst all Orthodox Jewish primary schools to children in Reception and Year 1 (4-6 years of age)
- Targeted oral health promotion amongst the Orthodox Jewish communities to be delivered by Orthodox Jewish organisations, including children, parents and carers as well as teachers.
- Supporting care homes and supported living settings in the implementation of Oral health Care homes NICE Quality Standard QS151. <https://www.nice.org.uk/guidance/qs151>

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Access to dental care in Hackney

WHEN, WHERE AND HOW?



healthwatch
Hackney

January 2022

Introduction

We appreciate the difficulties all health and care services have experienced since the start of the pandemic. We are grateful for their hard work and commitment to support and accommodate the needs of Hackney residents.

According to Healthwatch England, dentistry is now the number one issue patients raise concerns about. From April to June 2021, feedback received was up 55% on the previous three months, and 794% higher when compared with the same period in 2020. Nearly 4 in 5 people (79%) of respondents said they found it difficult to access timely care.

Healthwatch England Chair Sir Robert Francis QC said: “The Government needs to use the forthcoming spending review to provide vital investment in services like dentistry that help keep us all healthy and ensure we build back better for current and future generations.”

Healthwatch England has co-signed an [open letter to the Chancellor of the Exchequer with the British Dental Association](#), highlighting the impact on patient care of a decade of cuts and over 30 million lost dental appointments since the first lockdown. In their letter, they have called for investment to underpin the recovery and the promised reform of NHS dentistry.

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.

“I’ve called approximately 15 dentists from the NHS ‘find a dentist’ website and none are taking NHS patients.”

In October 2020, we [published a report](#) investigating access to dental care during COVID-19 and the impact of the pandemic on people’s dental care. This update:

- Highlights that many of the issues we have previously reported are unresolved
- Reviews the current availability of urgent and non-urgent dental care in Hackney
- Explores in more depth people's experience of accessing NHS dental care and treatment

Access to NHS dentistry continues to be the biggest issue for most people who contacted us. Common challenges people face include finding a dental surgery which is accepting new NHS patients and long waiting times for treatment. The unaffordability of private treatment has also been mentioned often.

Recommendations

In order to improve access to local dental care based on patient feedback and our observations, we would strongly recommend that:

Recommendations to the NHS England Commissioners for London

- The NHS Commissioner should ensure that every dental surgery in London checks and updates information on the NHS Find a Dentist website page at least every 90 days.
- The NHS Commissioner should ensure parity of esteem between NHS and private dental care and treatment, so that patients are never able to access dental care and treatment more quickly by paying for private treatment from a practice that is contracted to provide NHS care and treatment.
- NHS Commissioning of Dentistry should be transferred from NHS England to local Clinical Commissioning Groups/Integrated Care Systems.
- All dentists providing NHS care in Hackney should have a website with detailed information about the services provided, preventative dental care and a copy of Healthwatch Hackney's Complaints Charter.
- NHS Commissioners should require all NHS dental practices to have maximum waits for appointments for routine, urgent and emergency care for all patients that seek care and treatment from them.

Recommendations to patients

1. If after contacting several dental surgeries a resident still cannot find a dentist accepting NHS patients, they should call NHS England's Customer Contact Centre on 0300 311 2233 (*see page 4 for more detail*)
2. If suffering from dental pain or other serious dental conditions patients should call 111 or go to the website: 111.nhs.uk

Recommendation for Healthwatch Hackney

- Follow up on the surgeries we were unable to reach during this research to make sure that they are communicating with patients and vice versa.

We have sought a response to our recommendations from **Jeremy Wallman**, Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy, NHS England and NHS Improvement - London Region.

Unfortunately, Jeremy was not able to respond due to the extra workload caused by the Coronavirus pandemic.

As soon as we receive his response, we will be able to update the report.

Our aim

The main purpose of this review was to collect information on services to enable Healthwatch Hackney to respond to the many enquiries we receive about availability and access to dental care in Hackney.

We undertook a review to:

- assess the availability of all NHS-commissioned dental surgeries in Hackney to provide treatment to NHS patients on their list and new patients seeking treatment.
- determine levels of access to emergency dental care and options during the COVID-19 pandemic.

We wanted to find out about:

- the waiting times for non-urgent appointments for NHS patient already on a practice's list
- the waiting times for non-urgent appointments for private patients already on a practice's list
- accessibility/availability of care and treatment under the NHS for new patients. When is the first available appointment?
- accessibility/availability of care and treatment as a new private patient. When is the first available appointment?

Methodology

Between 1st of November and 23rd of December 2021 our staff and volunteers called the 27 dental surgeries in Hackney commissioned by the NHS, to identify the current services offered, whether they were accepting new NHS patients and the earliest date for a non-urgent routine appointment.

Staff/volunteers placing the calls introduced themselves and made it clear that they were calling from Healthwatch Hackney. Phone calls to all surgeries were undertaken on weekdays, in the mornings and the afternoons, between 9 am and 4 pm. Data collection sheets were provided for all calls to ensure as much consistency as possible in the information collected.

We asked the following questions:

- What is the waiting time for non-urgent treatment for NHS patients already on the surgery's list e.g., regular check-up?
- What is the waiting time for non-urgent treatment for private patients already on the practice list e.g., regular check-up?
- What is the waiting time for urgent appointments for NHS patients already on the surgery's list?
- What is the waiting time for urgent appointments for private patients already on the surgery's list?

- Is the surgery accepting new NHS patients and if yes, when might be the first available date for a non-urgent appointment?
- Is the surgery accepting new private patients and if yes, when might be the first available date for a non-urgent appointment?
- Where would patients be signposted to if unable to be seen by the surgery?
- Is the surgery working regular working hours?

We also analysed data received from different routes between October 2021 and November 2021 using the following keywords:

#Registration, #Registering, #Cost, #Afford, #Money, #Private, #NHS dentist, #NHS care, #Access, #Available, #Phone, #Call.

We also reviewed the websites and the pages of 27 local dental surgeries on the [Find a dentist](https://www.nhs.uk/service-search/find-a-dentist) - NHS services pages at: <https://www.nhs.uk/service-search/find-a-dentist> to find out what information is provided on new NHS patient take-up.

Our team

A small project team was assembled to undertake this project comprised of Healthwatch Hackney staff and volunteers.

Individual meetings were held to brief team members on the project, provide a full understanding of the objectives and methods to be used, and allow familiarisation with the supporting documentation.

Healthwatch Hackney undertook the review during November and December 2021 across 27 dental surgeries in Hackney.

Limitations

We were unable to reach 5 out of 27 dental surgeries in Hackney due to their busy working schedule as well as the festive season closure.

Some staff members were not able to give an estimated waiting time for treatment due to staff illness (including dentists) and uncertainty around the new NHS contract arrangements, which are due to be reviewed.

Acknowledgment

Healthwatch Hackney would like to thank our volunteers Miranda Cobbs, Sarah Nsuguba and Jack Sayers for their support with this project.

We would also like to thank the staff from all the dental surgeries for their time and the information they provided. During the phone calls we made, every member of staff we spoke to was very polite and understanding.

Key findings from our phone calls to dental surgeries

- 13 (59%) dental surgeries in Hackney were not ready to accept new NHS patients for non-urgent treatment because of the COVID-19 backlog and pressures on their services
- 7 (32%) surgeries were accepting new NHS patients The waiting time for the first appointment varied from 2 weeks to one or two years
- 14 (70%) surgeries were ready to accept new private patients and in some cases were able to see the new patient within a week.
- Surgeries that were not able to see new or existing patients in a timely manner would signpost or refer them to NHS 111 or [NHS Find a Dentist](#) website
- Most surgeries were able to offer urgent appointments the same or the next day to NHS patients already on their list after a telephone triage.
- Most surgeries were prioritising urgent cases from their current patient list, both NHS and private
- Some surgeries told us that they received many calls from new patients unable to get treatment elsewhere
- A dentist in one surgery told us that a patient is accepted as being on their list if s/he had been with them for at least 2 years. Otherwise, patients could be removed and not classified as a patient of the surgery.
- All surgeries were working regular working hours, however, two surgeries said that sometimes they extend the hours if there was an urgent case.

Findings from the NHS [Find a dentist](#) website review

We found that out of 27 NHS dental practices in Hackney:

- 81% (22/27) of surgeries investigated had not provided up to date information on the provision of care and treatment to new NHS patients i.e. within the last 90 days
- 3 surgeries were not accepting any new NHS patients
- 2 surgeries were only accepting patients after a referral, e.g. from 111.

It is important that dental surgeries update their page on the [Find a dentist](#) - NHS services website with accurate information about their opening times, availability of appointments for dental care, as well as any special care and facilities available at the surgery.

Existing or new patients can also leave reviews and ratings on the Find a dentist pages.

Key findings from patient feedback

- Many people continue to struggle to access NHS dental treatment or to afford private treatment.
- Lack of information or poor information on surgeries' websites left people unsure if dentists are taking on new patients or offering routine care.

"It says on their website that they take on NHS patients, but when I called and asked, they said they were not acceting new patients and quickly hung up the phone."

" I am pregnant, and need to see a dentist as I think I need a filling. I've been with the surgery for three years. They did not make it clear on their website that they are not taking existing patients for routine examinations. The website has great directions for finding the surgery, and how to attend during COVID, but does say that there are no routine appointments until the end of the January 2022 at the earliest. Not sure what I'm supposed to do now that the dentists taking on new NHS patients don't seem to exist."

- Residents often contacted us because they did not know which NHS dentists had started to do routine check-ups and/or if any were taking on new patients.

"I was hoping you could help me - I've called approximately 15 dentists from the NHS dentist search directory and none are taking NHS patients. I have extensive dental problems and daily dental pain and really would like to see a dentist to start tackling my issues - I also have severe anxiety, so have been struggling to call them in the first instance at all. After managing to call so many and get nowhere I was wondering if you had any advice on who'll take me? "

- Pressure to go private: some patients have felt pressured to go private as dentists said that they could not provide NHS treatments but were able to do so if people were willing to pay private fees.

"Last year, I switched dentist from near my old office to a local dentist in Hackney. I never actually attended the new dentist, due to COVID backlogs. I have recently contacted them to arrange my first appointment, but they're insisting I pay privately (even though I'm in their NHS list)."

Unable to join the list as an NHS patient for over 2 weeks and in need of urgent root canal treatment. The dentist quoted over £1000 for private treatment.

The NHS suggests that if after contacting several dental surgeries you still cannot *find a dentist* accepting NHS patients, call NHS England's Customer Contact Centre on 0300 311 2233.

- Long waiting times. People are being asked to wait anywhere between a few months and three years to get an NHS appointment - some cannot even get on a waiting list.

“My daughter has been taken off our dentist’s list because she didn’t use their services over the last 6 months and they can’t take her take her back as their list is full and those on the waiting list are too many.”

“Just moved into the area, and as I walked past this dentist, on the window they advertise ‘we are now accepting new patients’. I called their number to request to make an appointment as they are only 10 seconds from me. I was told that: ‘we are not accepting new patients’. I requested to be added to their waiting list... was told: “no, we don’t keep a waiting list, you will need to call us every day.”

- Unable to afford private treatment, leaving patients unable to see a dentist.

“Not able to find a dentist to accept new NHS patients. Have been to 111 and an emergency hub and was told that I will need at least 5 visits to the dentist for treatment. The private offer was too expensive.”

“I need an appointment for my son who is 6 years old. We have been to a private dentist, non-NHS, and they suggested he needs 5 fillings and 4 sealants. But I can simply not afford a private dentist. And he needs the treatments as soon as possible as we have been delaying it for 3 months now because of Coronavirus.”

- Some patients have found that when they have tried to book a dental appointment, they have been removed from their practice list.

“... These people took me and my kids off their patients list without even notifying me of this. Luckily, I found a new dentist the same day, however, it was not easy. I had been with that dentist since my 12-year-old was a baby and they just took us off just like that, no warning, no notification... nothing.”

“ My daughter is at Uni and was previously with the local dentist. However, she had an urgent issue and when we called the dentist they said she has been taken off the list because she hadn’t used their services for the last 6 months.”

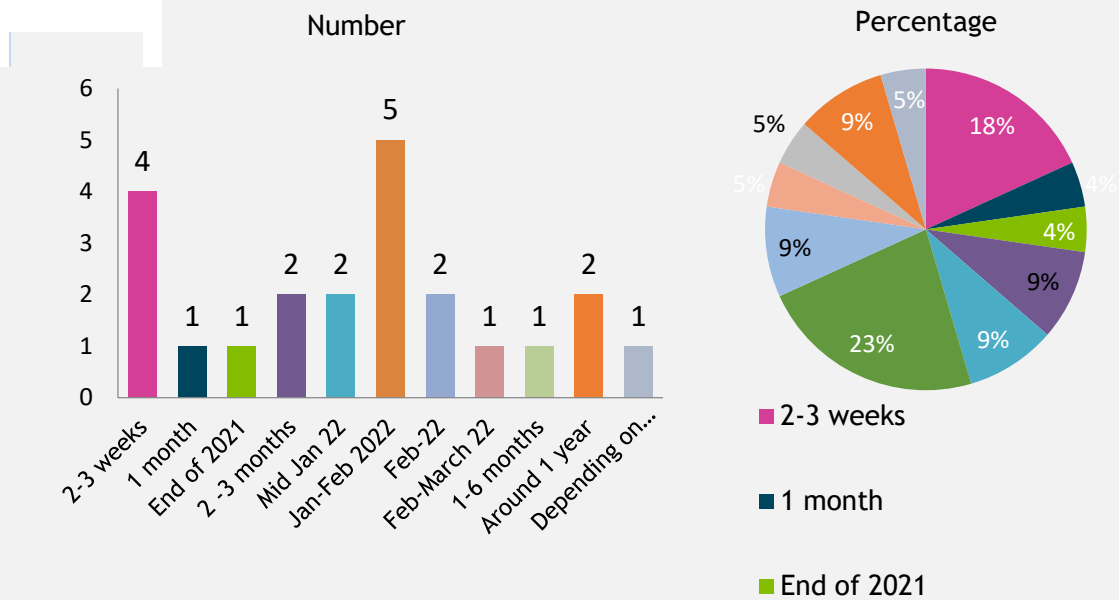
Dental surgeries are not bound to a catchment area. Therefore, you can join any dental surgery. Simply find a dental surgery that’s convenient for you, whether it’s near your home or work, and phone them to see if there are any appointments available.

To find an NHS dentist go to <https://www.nhs.uk/service-search/find-a-dentist>

Analysis of data collected in November and December 2021

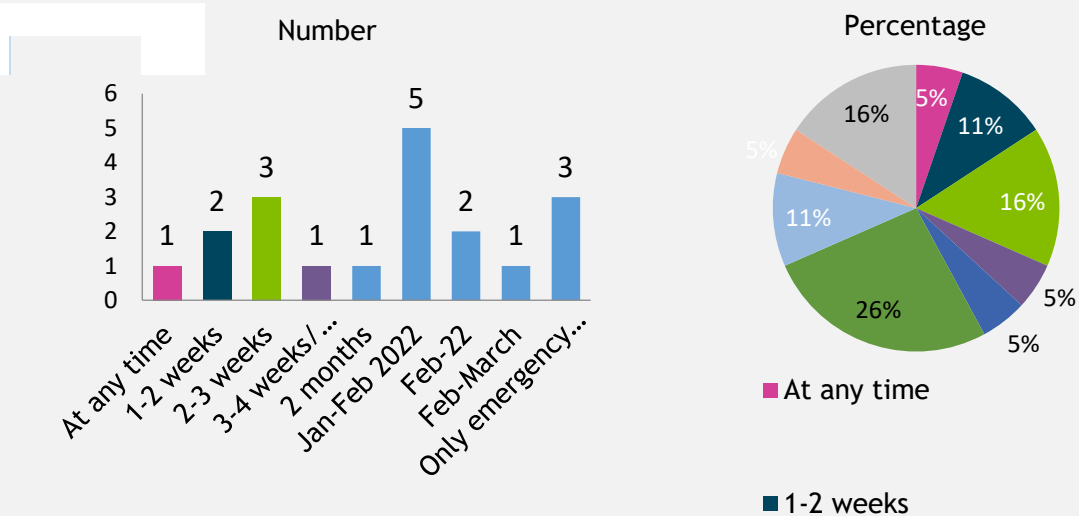
The data presented below details the results of the research.

What is the waiting time for non-urgent treatment for NHS patients already on the surgery's list e.g., regular check-up?



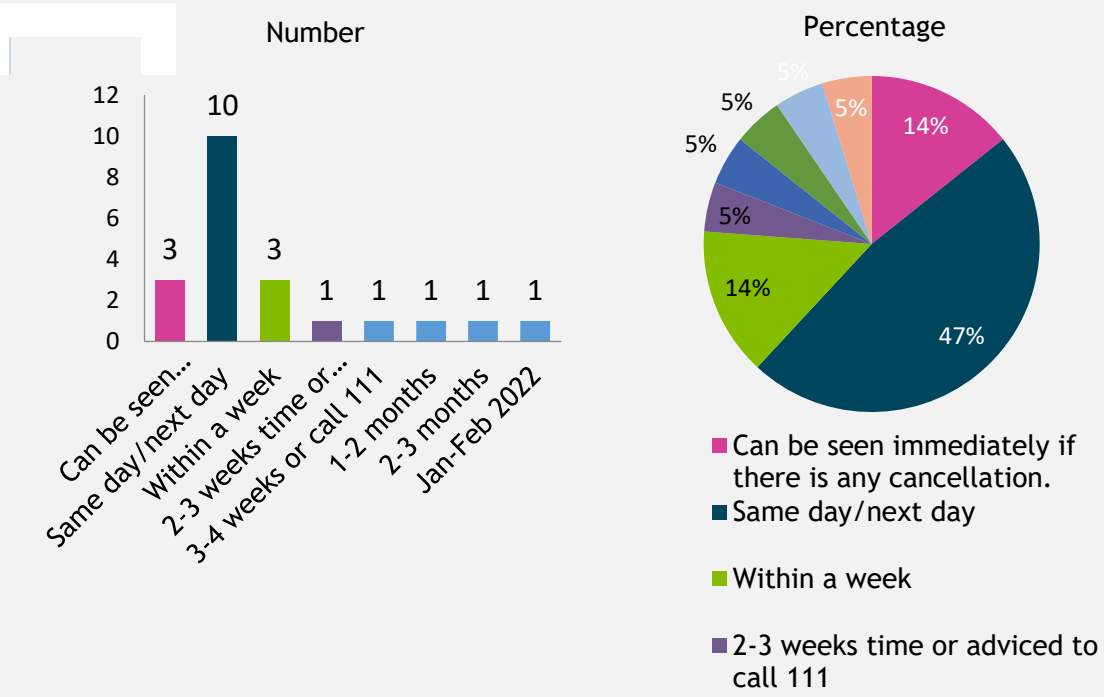
Sample: 22 *For detailed information see pages 12,13,14, 15*

What is the waiting time for non-urgent treatment for private patients already on the practice list e.g., regular check-up?



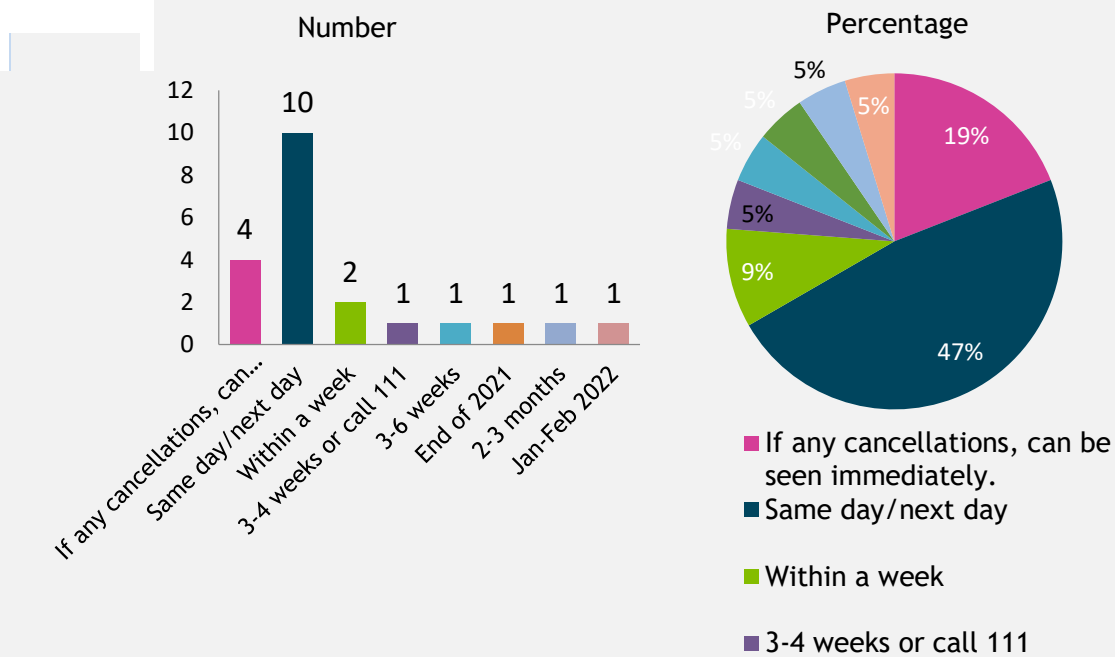
Sample: 19

What is the waiting time for urgent appointments for NHS patients already on the surgery's list?



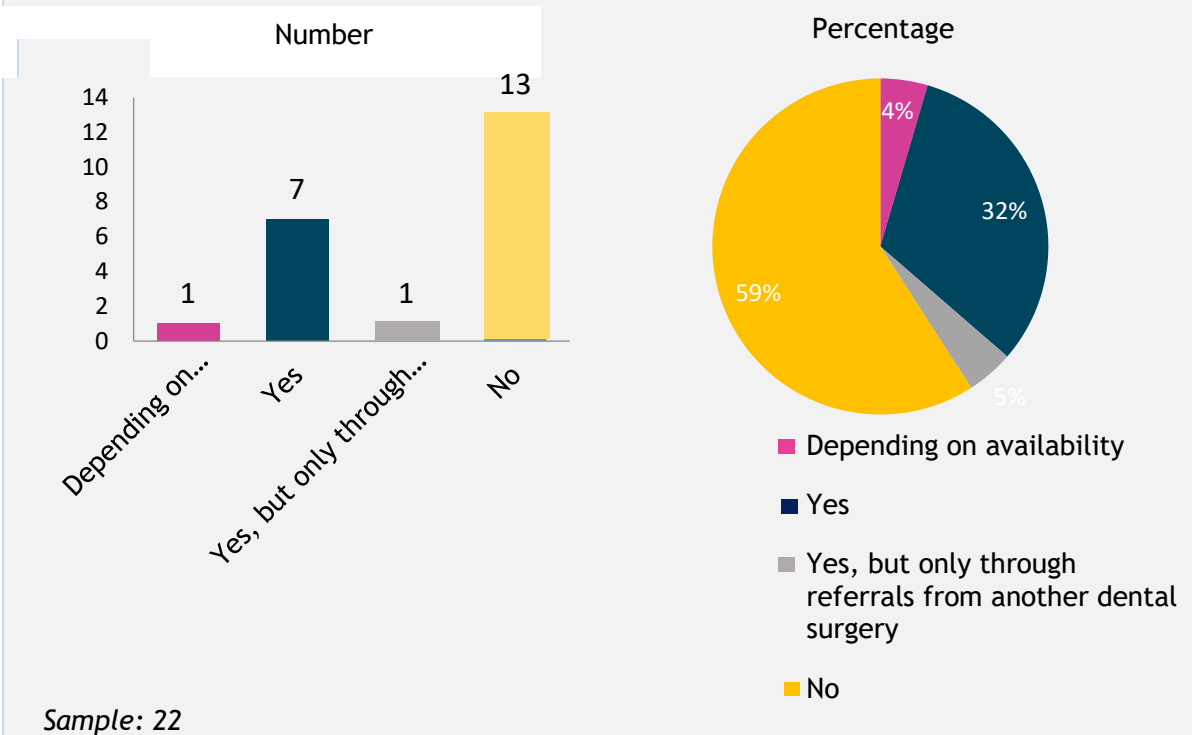
Sample: 21

What is the waiting time for urgent appointments for private patients already on the surgery's list?

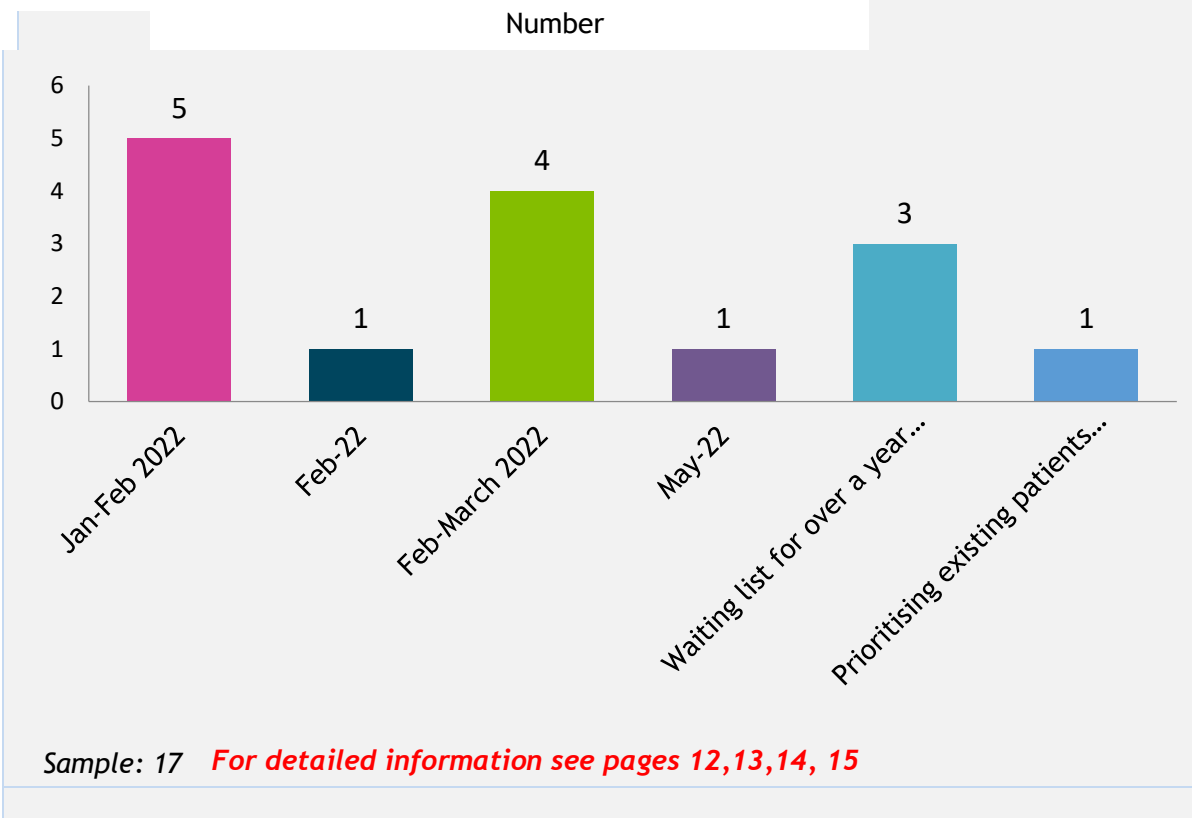


Sample: 21

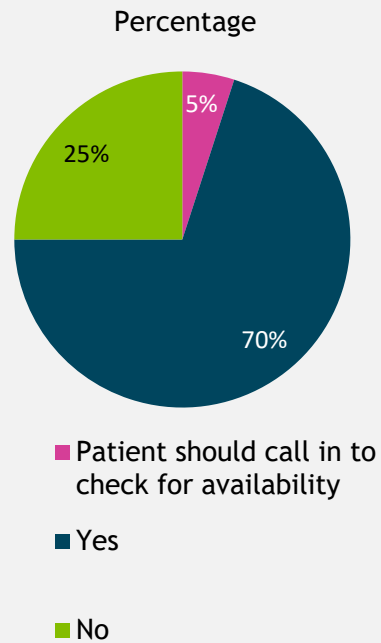
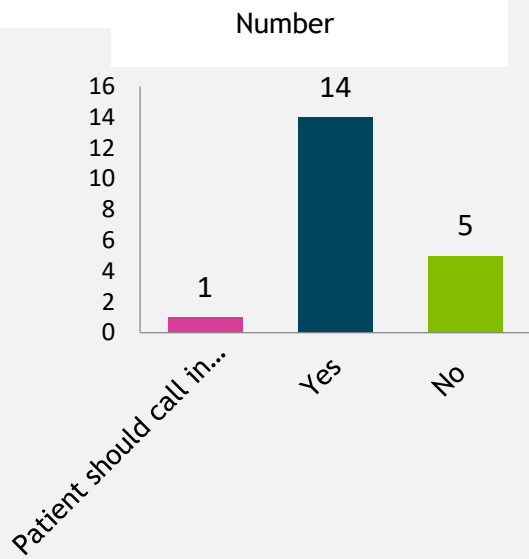
Is the surgery accepting new NHS patients?



If the surgery is accepting new NHS patients when might be the first available date for a non-urgent appointment?

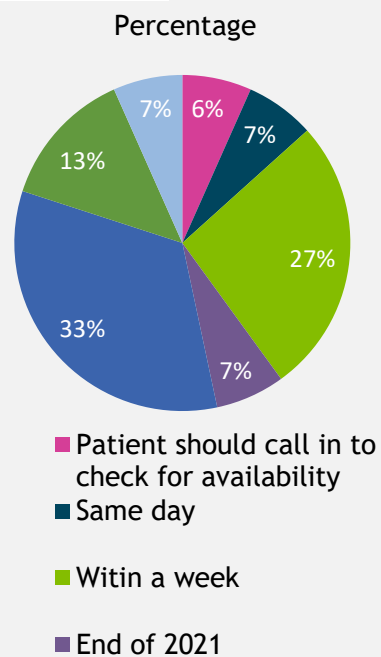
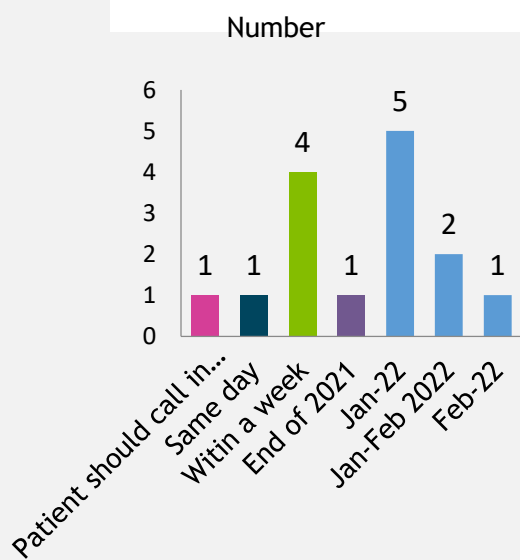


Is the surgery accepting new private patients?



Sample: 20

If the surgery accepts new private patients, what is the waiting time for a non-urgent appointment?



Sample: 17

Data was collected between November and December 2021

Dental surgery's name	Dental surgery's contact number	Dental surgery's address	What is the waiting time for non-urgent treatment for NHS patients already on the surgery's list e.g. regular check-ups?	What is the waiting time for urgent treatment for NHS patients already on the surgery's list?	Is the surgery accepting new NHS patients at the moment?	If the surgery is accepting new NHS patients when might be the first available date for a non-urgent appointment?
Hackney Dental Practice	020 8533 0816	319a Mare Street, Hackney, London, E8 1EJ	1-6 months. It depends on the availability	2-3 weeks or advised to call 111	Depending on the availability	Patient should call in to check for availability
E8 Dental Care	020 8985 4547	E8 Dental Care, 380a Mare Street, Hackney, London, E8 1HR	Feb-22	Can be seen immediately if there is any cancellation.	Yes	Feb-22
City Smile	020 7739 4275	37-39 Mare Street, London, E8 4RP	1 month	Same day/next day	Yes	3-4 weeks
The Dental Surgery	020 8533 1353	257c Mare Street, Hackney, London, E8 3NS	1 year	Same day/next day	No	Waiting list/1 year
Kumar S. Sehgal/ Lower Clapton Dental Surgery	020 8985 2490	84 Lower Clapton Road, Clapton, London, E5 0RN	End of 2021	Same day/next day	No	End of 2021
Homerton Dental Care	020 8985 6650	Homerton Dental Care, 177 Homerton High Street, Homerton, London, E9 6BB	Between 2-3 weeks	Less than 1 week	No	
Dental Beauty	020 7254 0898	33 Kingsland High Street, Hackney, London, E8 2JS	2-3 weeks	Same day/next day	Yes	Jan-Feb 2022

Dental surgery's name	Dental surgery's contact number	Dental surgery's address	What is waiting time for non-urgent treatment for NHS patients already on the surgery's list e.g. regular check-up?	What is the waiting time for urgent treatment for NHS patients already on the surgery's list?	Is the surgery accepting new NHS patients at the moment?	If the surgery is accepting new NHS patients when might be the first available date for a non-urgent appointment?
Clapton Dental Surgery	020 8986 5717	Clapton Dental Surgery, 83 Chatsworth Road, Clapton, London, E5 0LH	2 -3 months	Same day/next day	No	May-22
Stoke Newington Dental Practice	020 7254 7542	83 Stoke Newington High Street, London, N16 8EL	1-2 months/ 15 Jan	1-2 months	No	Feb-March
Stoke Newington Dental Clinic	020 7254 6503	169 Church Street, Hackney, London, N16 0UL	Jan-Feb 2022	Same day/next day telephone consultation	No	Feb-March
Bradbury Dental Surgery	020 7254 7322	18 Bradbury Street, Dalston, London, N16 8JN	Feb-March	Same day/next day	No	Over a year
Abney Dental Practice	020 7249 2939	230-240 Stoke Newington High St, Stoke Newington, London N16 7HU	Mid Feb	3-4 weeks or call 111	No	Feb-March
Manor Orthodontics	0208 800 8581	48 Woodberry Grove, Woodberry Down, London N4 1SN	Jan-Feb 2022	Within a week	Yes, but only through referrals from a dental practice	NA
Dent Essentials	020 7613 3399	75 Curtain Road, Shoreditch, London, London, EC2A 3BS	Depending on d availability, can be seen on the same or next day		Yes	Jan-22
Kingsland Dental Surgery	020 7254 7520	537 Kingsland Road, Hackney, London, E8 4AR	Jan-Feb 2022	Same day/next day	Yes	April 2022

Dental surgery's name	Dental surgery's contact number	Dental surgery's address	What is waiting time for non-urgent treatment for NHS patients already on the surgery's list e.g. regular check-up?	What is the waiting time for urgent treatment for NHS patients already on the surgery's list?	Is the surgery accepting new NHS patients at the moment?	If the surgery is accepting new NHS patients when might be the first available date for a non-urgent appointment?
Nile Street Dental Practice	020 7253 6454	77 Nile Street, Hackney, London, N1 7RD	The second week of Jan 22	Depending on the availability or will advise you to call 111	No	Priority was given to patients from last year. New patients will be added to a waiting list.
Upper Clapton Dental Surgery	020 8806 0106	77 Upper Clapton Road, Clapton, London, E5 9BU	Jan-Feb 2022	2-3 months	No	Jan-Feb 2022
Woodberry Down Dental Practice / Mr. Neil Shah Dental Surgeon	020 8800 2244	307 Seven Sisters Road, Manor House, London, N4 1QR	2 months	Same day/next day	Yes	Jan-Feb 2022
Cosmo Dental Surgery	020 7739 6574	167-169 Kingsland Road London E2 8AL	2/3 weeks	Same day/next day	No	Feb-March
Well Street Dental Surgery	020 8985 9828	220 Well Street, Hackney, London, E9 6QT	Jan-Feb 2022	Jan-Feb 2022	No	Jan-Feb 2022
Davidoff Dental Surgery	020 8800 0674	103 Stamford Hill, Hackney, London, N16 5TR	9/10 month	Will try to fit them in asap or 111	No	Waiting list for year or two
Trinity Dental Care	020 8985 4434	167 Clarence Road, Hackney, London, E5 8EE	2 weeks	Within a week	Yes	2 weeks

Dental surgeries we were unable to reach during the review in November and December 2021

Dental surgery's name	Dental surgery's contact number	Dental surgery's address	The reason
<u>St Leonard's Dental Practice / Community Dental Service</u>	0300 123 9277	St. Leonard's Special Care Dental Practice, 1st Floor, B Block, Nuttall Street, London, N1 5LZ	Not answering the calls. Calls were made on 15 November and 30 th November
<u>Orchid Dental Care</u>	020 7241 4161	Orchid Dental Care, 1 Balls Pond Road, London, N1 4AX	Not answering the calls. Calls were made on 10 November and 23 rd December
Smile and Shine Dental Practice / Mr. Daneshi Sadoh Dental Practitioner	020 8800 5080	288 Seven Sisters Road, London, N4 2AA	Not answering the calls. Only option was given to record messages for bookings. Calls were made on 10 November and 23 rd December
EC1 Dental Practice	<u>020 7739 2553</u>	344 Old St, London EC1V 9DS	Not answering the calls. Calls were made on 15 November and 23 rd December
Barbican Dental Centre	0207 253 3232	16-18 Goswell Rd, Barbican, London EC1M 7AA	Not answering the call. Calls were made on 22 nd and 23 rd December

Useful information

How do I find a dentist?

The easiest way to find an NHS dentist near you is to search online for dental practices near your postcode. This will show you all dental practices in the area, not only those providing NHS dental services.

To find practices which do offer NHS dental services the best place to look is on the NHS website <https://www.nhs.uk/service-search/find-a-dentist>.

You can also look on this NHS webpage and fill in the search boxes <https://www.nhs.uk/service-search/other-services>

There are no area restrictions on accessing NHS dental services. You can visit a practice wherever is most convenient to you.

What is the difference between NHS or private availability?

Practices may not be able to offer you an immediate NHS appointment but will be able to offer an appointment at some point. Practices may instead be able to offer an appointment privately at shorter notice. This is because the NHS does not own or run the practice, but contracts the practice to deliver a specific amount of NHS care in an area. The amount of care provided on the NHS is limited to a yearly amount, which is spread as evenly as possible throughout the year. The number of available appointments for NHS care varies from practice to practice and most will also provide private care. NHS appointments may get booked up quickly which can leave only private appointments available for quick access.

Do I need to register with a dental practice?

There is no registration at an NHS dental practice, but the term is still often used as it is one that people are familiar with. If you go to practice regularly and make an appointment after your last appointment the practice will consider you a regular patient. If you have not been to that practice for several years, the practice may not consider you one of their patients. When you attend a practice for the first time you will have to fill in some forms. This is not an NHS registration form. The information helps the dentist understand your needs and what treatments may be suitable.

When you leave the practice you should make another appointment in the timeframe recommended. If you do not, then the practice may consider the relationship to have ended.

What is the difference between NHS and private treatments?

It should be clear to you when you make an appointment whether your appointment is as an NHS patient or as a private patient. If it is not clear, please ask.

The NHS contracts dentists to provide all treatments that are clinically necessary for the maintenance of good oral health. Your dentist will discuss your clinical requirements with you and explain which treatments are available under the NHS and which are available privately only.

There are different levels of complexity of some treatments and practices may refer more complex cases to colleagues with specific contracts to deliver these more complex treatments.

More information about what dental treatments are available on the NHS are available from: <https://www.nhs.uk/nhs-services/dentists/what-dental-services-are-available-on-the-nhs/>

What are the NHS costs and exemptions from charges available?

Most people have to pay NHS dental charges. These charges are set by the NHS every year. There are three possible charges you could pay for NHS primary dental care, depending on what treatment you have. More detail about NHS Charge for primary care dentistry are available on the NHS website: <https://www.nhs.uk/nhs-services/dentists/dental-costs/understanding-nhs-dental-charges>

The dental practice website should also have information about NHS charges, and any private charges for private services they offer.

To check if you are eligible for exemption from NHS primary care dental charges you can use this online tool:

<https://services.nhsbsa.nhs.uk/check-my-nhs-exemption/start>

The NHS website also has a list of people who do not have to pay NHS primary care dental charges: <https://www.nhs.uk/nhs-services/dentists/dental-costs/get-help-with-dental-costs>

Practices will not be able to advise you on your exemption status.

How do I get dental care at home?

A general dental practice, a high street dental practice, will not be able to provide home visits on the NHS¹. Practices are unable to provide NHS care outside of the practice setting. They may provide home visits privately, however.

If a home visit is required because the patient is unable to leave their home, they will be able to access care from the Community Dental Services. These can be accessed following a referral from a dental practice. This is also the case for residents of care homes, and the care home should be able to arrange a visit from the Community Dental Services.

Access for babies and very young children

It is advised that new parents take their newborn to a dentist for their first check-up before their first birthday to receive preventive advice from a very young age and improve dental health. The Dental Check by One website has further information about this and also about how this initiative has been affected by the current pandemic: <https://dentalcheckbyone.co.uk>.

Further information:

The NHS Business Services Authority (BSA) has further information for patients about NHS dental services: <https://www.nhsbsa.nhs.uk/information-patients>

The Oral Health Foundation has information about oral health for patients: <https://www.dentalhealth.org>

¹ There are a small number of practices with NHS contracts allowing them to do so but these are rare and have very limited capacity.

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<p>Health in Hackney Scrutiny Commission</p> <p>16th November 2022</p> <p>Minutes of the previous meetings</p>	<p>Item No</p> <p>6</p>
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OUTLINE

Attached please find draft minutes of the meetings held on 29th June and 21st September 2022.

Matters Arising from 29 June

Action at 6.8b

ACTION:	<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

ACTION:	<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.

Matters Arising from 21 Sept

Action at 6.5

ACTION:	Update on New Integrated Mental Health Network to be added to work programme.
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Action at 7.10

ACTION:	In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.
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Action at 7.14

ACTION:	Update work of the GP Confederation-PCNs Steering Group to be scheduled for a future meeting.
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These have been added to the work programme.

ACTION

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

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London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2022/23
 Date of Meeting: Wednesday, 21 Sept 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 and Cllr Deniz Oguzkanli
Cllrs joining remotely	Cllr Grace Adebayo, Cllr Frank Baffour and Cllr Ifraax Samatar
Cllr apologies	Cllr Eluzer Goldberg and Cllr Sharon Patrick
Council officers in attendance	Georgina Diba, Director of Adult Social Care and Operations Dr Sandra Husbands, Director of Public Health Jennifer Millmore, Senior Public Health Specialist Helen Woodland, Group Director, Adults Health and Integration
Other people in attendance	Dr Adi Cooper, Independent Chair, CHSAB Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture Vanessa Morris, CE of Mind City Hackney and Waltham Forest Catherine Perez Phillips, Deputy Director of Operations, Healthwatch Hackney Laura Sharpe, Chief Exec, City and Hackney GP Confederation Cllr Claudia Turbet-Delof, Member Champion for Mental Health Devora Wolfson, Board Member, Mind City Hackney and Waltham Forest
Members of the public	46 views
YouTube link	The meeting can be viewed at: https://youtu.be/xOdXGzLwMzg
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer jarlath.oconnell@hackney.gov.uk ; 020 8356 3309
<u>Councillor Ben Hayhurst in the Chair</u>	

1 Apologies for absence

- 1.1 Apologies for absence were received from Cllr Patrick and Cllr Goldberg and Lloyd French (Interim Acting Chair of Healthwatch Hackney).

2 Urgent items/order of business

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

3 Declarations of interest

3.1 Cllr Samatar stated she was a Wellbeing Network Peer Coordinator at Mind in City Hackney and so would withdraw from item 6.

4 City and Hackney Safeguarding Adults Board Annual Report 2021/22

4.1 Members gave consideration to two reports:

- a) Summary report
- b) Full report *CHSAB Annual Report 2021-22*

4.2 The Chair welcomed:

Dr Adi Cooper (**AC**), Independent Chair, CHSAB

Georgina Diba (**GD**), Director of Adult Social Care and Operations

Helen Woodland (**HW**), Group Director Adults, Health and Integration

4.3 AC described the work of the Board and took Members through the reports.

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

- (a) The Chair asked about councils safeguarding role related to impact of the cost of living crisis e.g. in relation to increased fire risks. AC described the Boards work in relation to fire risks e.g. on inappropriate use of candles and heaters as we move into winter.
- (b) Members asked about the mental health impacts of the cost of living crisis in the community. AC described increased cases of self neglect and carers stress in the past year due to cost of living pressures. GD went on to describe the benefit of having a strong VCS sector in Hackney which contributes to the support provided and she detailed the increased cases of self neglect and of intergenerational abuse in the past year.
- (c) The Chair asked about the Council's Discretionary Fund not being taken up. GD described its operation and the information campaign which has been done about the offer e.g a new booklet which covers all the help that can be provided and this is being cascaded out even to those who do not meet the statutory threshold.
- (d) Members asked about the need for such communications to be better targeted to reach the diverse and multilingual communities. GD described how the Safeguarding Team works with all the partners and it is often the

community groups or neighbours who are reporting cases of possible self neglect, or hoarding or disrepair. In terms of communications they already work with those who may lack capacity or have learning difficulties so there are a range of approaches and skill sets.

- (e) The Member Champion for Mental Health asked about data quality; about how the need for mental health support might be identified earlier in the Safeguarding process; and on how ASB becomes identified as a safeguarding need. AC replied by explaining how the approach to data reporting is nationally mandated so there is no local flexibility. On ASB that piece of work came about because of the manifestation of ASB combined with mental health distress and looking at how such situations were being addressed by the services. GD added that data could be provided in next year's report on primary service user types and explained that approximately 25% of their safeguarding cases have a primary mental health need.
- (f) Cllr Kennedy (Cabinet Member) described the Income Maximisation Team's work to ensure there is take-up of Discretionary Fund. There will be a single webpage, phone number and application form. Chair added that we've failed as a council if there is any money left in that fund at the end of the year.
- (g) Members asked why City of London has a SAB sub cttee; and why are there 'discretionary' Safeguarding Adult Reviews; and on impact of lockdown causing greater intergenerational abuse. AC replied that City of London has its own sub cttee to address issues specific to them as their profile is different. The Care Act allows SARs to be discretionary, but there are also mandatory ones required when the conditions meet certain specific criteria and she detailed these.
- (h) Members asked how refugees and undocumented migrants are supported by Safeguarding services. AC replied that it was a big challenge especially for those coming from places where they may not be trusting of authority. She described the work of Community Champions who train peer educators to talk to resident and community groups about safeguarding. GD described that their service has a statutory duty to respond to all enquiries and to be flexible in service provision and they will not turn people away or leave people in crisis. They will always provide information or advice and will also signpost them.
- (i) The Chair asked about support for those with No Recourse to Public Funds. GD explained that with Adult Social Care they will assess all applicants under the human rights duty to ascertain if they have a statutory duty to provide for them. They won't leave people unattended but will look to link them into different networks or to legal advice, as appropriate.

- 4.5 The Chair thanked Dr Cooper and the officers for their report and their attendance.

RESOLVED:	That the reports be noted.
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5 Healthwatch Hackney Annual Report 2021/22

- 5.1 The Chair stated that Healthwatch Hackney has always worked closely with the Commission but that once a year it invites its leadership in to present its annual report and reflect on the past year. This is the report which they are required to submit to Healthwatch England. He added that Healthwatch was currently in a state of transition and would soon have a new Executive Director and Chair but he was pleased that the Deputy Director of Operations was able to attend. He welcomed to the meeting:

Catherine Perez Phillips (**CP**), Deputy Director of Operations

- 5.2 Members gave consideration to the *Healthwatch Hackney Annual Report 2021/22*.
- 5.6 A Member asked for Healthwatch's view on the issue of delayed waiting times and cancelled appointments for acute care and patients seeking alternatives abroad, giving an example of a resident who had passed while still on the list. CP replied that it was an area of great concern to Healthwatch but it was a multi faceted problem. She encouraged the public to use the feedback page on the Healthwatch website so they can build an evidence base to give the NHS on inadequate service. The Chair gave some context on this issue to the Member, including previous items on it and suggested that he could provide further background to the Member outside of the meeting.
- 5.7 A Member asked about what progress had been made on the redevelopment of the St Leonard's site as he was one of the ward councillors and there was concern that the site would end up as purely private residential accommodation. CP replied that Healthwatch do plan to build on their engagement work on the future of St Leonard's and will be doing Enter and View visits. The Chair explained how there were similar funding challenges recently from the Treasury around the redevelopment of the Whipps Cross Hospital site and that was much further along. He added that at the next meeting they would have the new Chief Executive of Homerton Healthcare (also the Place Based Leader for City and Hackney) and that he would be raising the issue with her as the Homerton currently held the ring on this redevelopment issue.
- 5.8 The Chair commended the work Healthwatch had done on ensuring that GP Practices no longer demand photo ID from patients attempting to join a Practice, which is discriminatory. He explained that the Commission had also taken on this issue and written to the CCG who had given undertakings to him

and to Healthwatch that the GP Practices who were outliers here would change their procedures. He asked CP if Healthwatch revisits this issue that they could keep the Commission update on progress. The Commission would also be following up on Healthwatch's report on Dentistry at the next meeting. Laura Sharpe (CE of GP Confederation) interjected that they had recently completed training with local GP Practices on patient registration and the law.

RESOLVED: That the report be noted.
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6 New Integrated Mental Health Network service

6.1 The Chair stated that the issue of the effectiveness of the local network for lower level mental health support was one which the Commission had covered many times and this new iteration of the mental health network was the third he had considered. He was pleased however that a new more integrated model had now been designed and was going out to tender.

6.2 Members gave consideration to a report *City and Hackney Integrated Mental Health Network*.

6.2 The Chair welcomed for the item two officers from Public Health who are re-commissioning the service as well as two representatives from Mind who were the previous leads for the Network.

Jennifer Millmore (**JM**), Senior Public Health Specialist

Dr Sandra Husbands (**SH**), Director of Public Health

Vanessa Morris (**VM**), Chief Executive of Mind City, Hackney and Waltham Forest

Devora Wolfson (**DW**), Board Member of Mind City, Hackney and Waltham Forest

6.3 JM and SH took members through the presentation.

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

- (a) The Chair asked why if the focus has shifted to those with much more complex needs how will the re-designed service continue to support the lower level need across the very culturally diverse groups in Hackney. JM explained that the new service would still provide support to those groups. It was a "low level IAPT" intervention as it contained pathways for mild to moderate. In the new iteration they would be focusing on people with complex needs because that's where the demand is and where there aren't any alternatives for this cohort locally. She added that IAPT services locally can provide the necessary

culturally competent offer already and have a number of providers embedded within local communities. She added that the local VCS also provide great community based interventions also and are better placed to provide those in many instances.

- (b) For the benefit of new Members the Chair detailed the history of the previous network. He asked if the commissioners were envisaging contracting the existing range of community organisations such as Derman to provide some services as part of the new IMHN. JM replied they were all able to bid. SH added that as commissioners they were addressing a need that had revealed itself over the past few years. They would also be expanding the offer to include more preventive work as there is a need to try and address all the gaps in provision. Once the network is in place they will continue to work with the new network and the partner providers to understand what the next iteration will need to be as it will be an ongoing process of improvement.
- (c) The Member Champion for Mental Health welcomed the report and added that as a new councillor she had not been aware of its existence. She asked at what point are patients referred from IAPT, expressing a concern at the long waiting lists for the latter. She also asked how do people who are not existing IAPT service users access the new network and is there a possibility that there could be more study done on local suicide rates among young people and on the barriers on them to access mental health services. JM explained that the threshold for IMHN service is over 18 but they will work with CYP services to make sure young people's services are linked in and explained for example that people can be referred before their 18th birthday. Another issue they were addressing was care leavers who are placed out of the borough can still access the Hackney service. The new Network will be carefully aligned with existing IAPT services (predominantly provided by the Homerton) and the acute provider, ELFT. New Trust referral protocols were being put in place and there would also be support for people while on waiting lists for full service.
- (d) A Member asked how the new services will assist Black Men in particular to access services and whether the number of IAPT therapy sessions will rise from 6 to 8 as the former is insufficient. JM explained the outreach work to ensure engagement with Black Men in particular and that it was a priority.
- (e) VM clarified that the nationally mandated IAPT model they work to is quite prescriptive but that for example with 'Step 3 mental health' the treatments can be up to 16 weeks. Mind has long campaigned for it to be variable and for the range of provision to be widened because of the increasing complexity of cases and the need to be more flexible.

- 6.5 The Chair thanked the officers and the representatives from Mind for their attendance. He added that after the contract has been awarded he would like officers and the new Network lead to come back to help Members better understand the nature of the new officer and how it will be run and this could take the form of a briefing or an agenda item at a future meeting.

ACTION:	Update on New Integrated Mental Health Network to be added to work programme.
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RESOLVED:	That the report and discussion be noted.
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7 How Primary Care can optimise new ICS structures - GP Confederation perspective

- 7.1 The Chair stated that in February and March the Commission had held in depth discussions on the future of Primary Care in Hackney. Hackney had benefited from a successful GP Confederation whose task was to drive up quality, and as its longstanding Chief Executive was about to retire, the Commission had invited her to come to the meeting to give a verbal presentation on her reflections as she departs and in particular on how primary care in Hackney can best optimise the new ICS structures to its own benefit.
- 7.3 He welcomed to the meeting Laura Sharpe (**LS**), Chief Executive, City & Hackney GP Confederation.
- 7.4 LS thanked Members for the invitation and gave a **verbal** presentation. She reflected that we do not know how the ICS will settle in or what will happen at NEL level and what will happen locally as a consequence. A key issue is the 80:20 split which NHS NEL has promised would be retained i.e. 80% of funding would come down to locality level with 20% being commissioned at sub regional level.
- 7.5 She explained that it was a very difficult time for General Practice with a perfect storm of massive and serious clinical need, combined with a workforce crisis. She described how normally they received many more applications than there are places for the local GP Salaried Scheme but this year they only received 1. Typically they would receive 12. New trainees were opting to take a year out as they were worried about the levels of pressure and stress. There is a vital need to take care of the primary care staff and keep the ones we have so they don't burn out, she added.
- 7.6 Another issue was how GPs can support patients through the cost of living crisis as the numbers of consultations are rising as a consequence.
- 7.7 She had a general concern with 'Access' being seen as the 'be all and end all' and worried that it was all the government talked about. She added that it

was only one part of the mix that comprises Quality of Care and this is getting lost in the conversation. There is a need to protect more time for those patients who need it more and if 'Access' becomes just about those who shout loudest then we all lose. The focus has to be about quality and continuity of care for those who need it most.

- 7.8 She expressed concern about the current 7 yr contracts with the GP Confederation which run out in 2025. These help manage such things as Long Term Conditions and Hackney does it really well and they need to be protected as it has taken 10 years or more to move to a more preventive approach to primary care in Hackney.
- 7.9 She added that City and Hackney is now a balanced ecosystem because it has high performing GPs, mental health services, community services and all this means that our key acute hospital (the Homerton) can work more efficiently. She added that Hackney has the lowest use of NHS 111 in east London which demonstrates that the other care pathways are working well.
- 7.10 In terms of things to keep an eye on, she described the findings of the Fuller Report which had written about continuity of care and care quality and desperate need to invest in clinical leadership and the Neighbourhoods concept as well as about complexity, fragmentation and health inequalities and she asked that as an Action if the Commission could use the core principles in the Fuller Report as the test to use on the new ICS.

ACTION:	In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.
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- 7.11 In relation to Clinical Leadership, she stated that the PCNs were bedding down well but were overwhelmed by the agenda they'd been given. Investing in those local leaders is key, she added. She urged Members to ask the searching questions and to demand the data to demonstrate that the 80:20 balance is maintained.
- 7.12 The Chair commented on the evolution of PCNs and expressed a concern that the ICS might say they duplicate the GP Confed and there is no need for the latter. He asked if other areas in east London had Confeds which were as active. LS replied that they have them but they don't do the range of work done in Hackney. They do support PCNS on extended access and Covid vaccinations but don't hold the contracts for the preventative type services as in Hackney. She added that the GP Confed works closely with Primary Care Commissioning in NHS NEL and with the Clinical Lead Dr Kirsten Brown to support Practices to close for staff training and to have protected learning times and to provide support on 'resilience'. The benefit the GP Confed brings is the borough wide view it has as well as oversight and management capacity, which the PCN organisations currently lack. If the 8 PCNs say they want to do 'x', they need a management infrastructure to make that happen - this could come from a Confed or an expanded Office of PCNs but currently

the staff there are quite junior, she added. The Chair added that we need to consider how best to integrate GP Confed and PCNs and LS explained that a Steering Group is already working on this.

7.13 Cllr Kennedy paid tribute to LS on her retirement particularly for her efforts on the successful Covid vaccination campaign. Dr Brown also paid tribute adding that her contribution to General Practice in Hackney has been immense. She added that she agreed on the need to progress the principles in the Fuller Report and that there is a vital need for a united voice so that primary care in Hackney can remain strong and be the centre of the local ICS system. The Chair paid tribute to LS for making such a great contribution to Hackney over the years and wished her well on her retirement.

7.14 The Chair asked Dr Brown if the Commission, in a future item, could hear back on the work of the GP Confed-PCNs Steering Group.

ACTION:	Update work of the GP Confederation-PCNs Steering Group to be scheduled for a future meeting.
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RESOLVED:	That the the discussion be noted.
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8 New DHSC Guidance on 'Health Overview and Scrutiny Principles' FOR NOTING

8.1 Members noted a document on new government guidance on how ICBs, ICPs and local health scrutiny committees should work together.

ACTION:	That the report be noted.
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9 Minutes of the previous meeting

9.1 Members gave consideration to the draft minutes of the meeting held on 29 June 2022 and the Matters Arising. As the meeting was not quorate at this point, formally agreeing these minutes was deferred to the next meeting.

10 Health in Hackney Work Programme 2022/23

10.1 Members gave consideration to the draft work programme for 2022/23.

RESOLVED:	That the Commission's rolling work programme for 2022/23 be noted.
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11 Any other business

11.1 There was none.

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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: https://youtu.be/SWCfoSgfJME
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer jarlath.oconnell@hackney.gov.uk ; 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.

RESOLVED:	That Cllrs Hayhurst, Patrick and Adams be appointed to serve as the Hackney members of INEL JHOSC for 2022/23.
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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; NO₂ in Hackney and Tower Hamlets; modelled annual NO₂ concentrations; NO₂ 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.

ACTION:	DT to provide further detail on the demographic breakdown of people taking up cycling.
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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.

ACTION:	Environmental Services and Public Health to provide an update on the implementation of the Air Quality Action Plan in July 2023.
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RESOLVED:	That the report and discussion be noted.
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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.

RESOLVED:	That the report and discussion be noted.
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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.

RESOLVED:	That the letters be noted.
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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.

RESOLVED:	That the minutes of the meeting held on 16 March be agreed as a correct record and that the matters arising be noted.
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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.

RESOLVED:	That the Commission's work programme suggestions and schedule for 2022/23 be noted.
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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.



Health in Hackney Scrutiny Commission 16 th November 2022 Work Programme for the Commission	Item No 7
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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
29 June 2022	Election of Chair and Vice Chair				
deadline: 20 June	Appointment of reps to INEL JHOSC				
	The science on the health impacts of poor air quality: expert briefing	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
	City & Hackney ICP / Place based partnership	Briefing			Nina Griffith
	Response to draft Quality Accounts	For Noting only			
21 Sept 2022	City & Hackney Safeguarding Adults Board Annual Report	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE
deadline: 12 Sept				Assistant Director, Quality Assurance, Safeguarding and Workforce Development	Georgina Diba
	Healthwatch Hackney Annual Report 21/22	Annual item	Healthwatch Hackney	Interim Chair	Lloyd French
				Deputy Director	Catherine Perez-Phillips
	New 'Integrated Mental Health Network' service	Briefing	Public Health	Director of Public Health	Dr Sandra Husbands
				Senior Public Health Specialist	Jennifer Millmore
	How Primary Care can optimise new ICS structures - GP Confed briefing	Verbal update	GP Confederation	Departing Chief Executive	Laura Sharpe
	New DHSC guidance on 'Health Overview and Scrutiny Principles'	For noting only		O&S Officer	
16 Nov 2022	Q&A with new Place Based Leader for City and Hackney	Briefing	Homerton Healthcare	Chief Executive (also Place Based Leader)	Louise Ashley
deadline: 7 Nov			Homerton Healthcare	Chief Nurse and Director of Governance	Breeda McManus
	Provision of NHS Dentistry in Hackney	Panel Discussion	NHS NEL	Clinical Director C&H and local GP	Dr Stephanie Couglin
			Public Health	Director of Public Health	Dr Sandra Husbands
			East London & City Local Dentistry Committee	Chair	Dr Dewald Fourie
			East London & City Local Dentistry Committee	Treasurer	Dr Reza Manbajood
			East London & City Local Dentistry Committee	Secretary	Tam Bekele
			NHSE London	Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy	Jeremy Wallman

			NHS NEL	Transition Director Primary Care	Siobhan Harper
			NHS NEL	Primary Care Commissioning	Richard Bull
5 Dec 2022	Integrated Delivery Plan for the C&H Place Based Partnership		Adults, Health and Integration	Director of Delivery	Nina Griffith
deadline: 24 Nov					
	Implementing new regime of 'Liberty protection safeguarding'		Adult Services	Assistant Director, Quality Assurance, Safeguarding and Workforce Development	Georgina Diba
	'Fair cost of care' - response to govt. proposals and market sustainability	Briefing	Adults Health and Integration	Group Director	Helen Woodland
	TBC				
12 Jan 2023	Cabinet Member Question Time: Cllr Kennedy	Annual CQT session	LBH	Cabinet Member for Health, ASC, Voluntary Sector and Culture	Cllr Chris Kennedy
deadline: 3 Jan	TBC Impact of the 'Care Cap' on charging for adult social care	Briefing	Adult Services		
	Language and cultural barriers in commissioning and delivery of mental health services	Briefing	ELFT		
	TBC				
8 Feb 2023	Estates crisis in Primary Care	Discussion			
deadline: 30 Jan					
	tbc				
15 Mar 2023	Air quality - evidence base on the most affected areas and mitigation plans				
deadline: 6 Mar	Outputs from GP Confederation-PCNs Steering Group on future of primary care	Follow on from Sept 22	NHS NEL	Clinical Lead for Primary Care in City and Hackney and PCN Clinical Director	Dr Kirsten Brown
	Health and Wellbeing Strategy 2022-26 one year on	Update on outputs	Public Health	Director of Public Health	Dr Sandra Husbands
26 April 2023	New Integrated Mental Health Network	Follow on from Sept 22	Public Health	Senior Public Health Specialist	Jennifer Millmore
deadline: 17 April					

ITEMS AGREED BUT NOT YET SCHEDULED

Possible date					
	Overview of capital build proposals in Adult Social Care	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland

				Director Adult Social Work and Operations	Ann McGale
Postponed from 1 May 2020	Tackling Health Inequalities: the Marmot Review 10 Years On	SCRUTINY IN A DAY	Public Health and others tbc	Director of Public Health	Dr Sandra Husbands
June/July 2023	Air Quality Action Plan 2021-25- update on Implementation		Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew
			Adults, Health and Integraton	Consultant in Public Health	Jayne Taylor
	Consultation on Changes to Continuing Health Care - the Hackney perspective		Adults, Health and Integration		
			NHS NEL		
	In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.		NHS NEL, PCNs and GP Confederation		

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

	THEME	General topic/issue	Origin
1	<i>Adult social care</i>	Waiting times for getting care assessments	Cllr Patrick
2	<i>Adult social care</i>	Provision of sufficient 'extra care' e.g. Supported Living	Cllr Patrick
9	<i>Adult social care</i>	How to manage the staffing challenge in Adult Social Care?	Cllr Kennedy
13	<i>Adult social care</i>	Addressing the key challenges for Adult Services: 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	<i>Adult social care</i>	Housing Services support for old and frail residents	O&S Consultation response
14	<i>Air quality</i>	Revisiting the <i>Air Quality Action Plan</i> 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	<i>Air quality</i>	Health impact of LTNs	O&S Consultation response
18	<i>Air quality</i>	LTNs	O&S Consultation response
20	<i>Air quality</i>	Air quality	O&S Consultation response

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

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

47	ICS impact	The new City & Hackney Health and Care Partnership (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	Integrating child health services	Integrated child health services - 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	Mental health	Mental Health support for professionals in health care, following the impacts of the pandemic.	Cllr Samatar
15	Mental health	Tackling the surge in demand for mental health services by young adults i.e. too old for CAMHS support	Ceylan Ismail - a 'Hackney Young Futures Champion'
32	Mental health	Mental health commissioning (out of borough etc)	Keep Our NHS Public
50	Mental health	Mental health and wellbeing - to understand plans for a more integrated approach, including preventive services and actions	Dr Sandra Husbands, Director of Public Health
25	Pharmacy	Hospital and GP Pharmacy services	Keep Our NHS Public
43	Post Covid	System recovery from Covid 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	Post Covid	Health protection - 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	Substance misuse	Substance misuse - 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	Substance misuse	Tobacco control (TC) , 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	Transport	Cycling infrastructure	O&S Consultation response
22	Transport	Cycling 'lobby' "undue influence"	O&S Consultation response
37	Transport	Impact of cuts on bus services	Keep Our NHS Public
8	Wellbeing Network	Recommissioning of Wellbeing Network	Cllr Kennedy
33	Women's health	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 8 Nov

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
Municipal Year 2022/23						
25 Jul 2022	Implementation of NEL ICS	Briefing	NHS NEL	Independent Chair	Marie Gabriel CBE	
			NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Chief Finance Officer	Henry Black	
	East London Health and Care Partnership updates inc.	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	
	Proposed changes to access to fertility treatment for people in NE London	Briefing	NHS NEL	Chief Nursing Officer	Diane Jones	
			NHS NEL	GP and Clinical Lead	Dr Anju Gupta	
19 Oct 2022	NHS NEL Health Updates	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 7 Oct	Trusts performance		Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Winter planning and resilience		NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Transformaton Director	Siobhan Harper	
	Vaccinations update - monkeypox and polio		NHS NEL	Chief Nursing Officer	Diane Jones	
	Developing ICS Strategy	Briefing	NHS NEL	CEO	Zina Etheridge	
	Acute Provider Collaborative - Developing Plans	Briefing	Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
15 Dec 2022	NEL ICS Strategy (final)	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 5 Dec	NHS NEL Health Updates					
	tbc					

	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
28 February 2023						
deadline 16 Feb						
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
	ITEMS TO BE SCHEDULED					
	Monitoring new Assurance Framework for GP Practices	follow up from July 22				
	Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults'	follow up from July 22				
	NEL Estates Strategy	from 21/22				