# 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 8 February 2023**

**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://www.youtube.com/watch?v=mWBBIZecP-I

Back up live stream link: https://www.youtube.com/watch?v=quhfuZ-6Cpc

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**



Hackney

# 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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| **Health in Hackney Scrutiny Commission**<br><br>8 February 2023<br><br>**Tackling inequalities in local mental health services - work of ELFT** | Item No<br><br>**4** |

**PURPOSE OF ITEM**

To discuss with senior officers from ELFT the work they have been doing on tackling inequalities in the provision of local mental health services in Hackney, in particular the Patient and Carers Race Equality Framework.

**OUTLINE**

The issue has come up from Members (e.g. "language and cultural barriers in mental health commissioning and provision") but also from our Annual Scrutiny Survey. The aim is to get an overview of the work strands or programmes ELFT has in place on tackling inequalities in East London, with particular reference to Hackney.

For some time there have been concerns about how recovery outcomes for Black African and Afro Caribbean Heritage Men in particular have been poorer than for the rest of the population. What progress is being made here? Members would like to hear what the latest data is in terms of which groups are prioritised for action.

The aim in the discussion is to explore with ELFT such aspects as:

- cultural awareness (among staff and co-producing organisations)
- accessibility of your community services and treatment pathways
- trends in re-admission rates or average lengths of stay across ethnicities
- trends in the use of force across different ethnic groups
- the role of unconscious bias on perceptions of risk (what learning are you applying)
- having a holistic understanding of issues such as stigma within certain communities and how you address that
- aversion to use of medication in certain groups and how you address that

Members appreciate that a wider conversation with commissioners and other mental health partners is needed but for this item we would like to focus on ELFT our largest local mental health provider.

Attached please find a briefing paper *Tackling inequalities in local mental health services.*

Attending for this item will be:

**Paul Calaminus,** CEO, ELFT
**Lorraine Sunduza,** Chief Nurse and Deputy CEO, ELFT
**Dean Henderson,** Borough Director for City and Hackney, ELFT

**ACTION**

Members are requested to give consideration to the discussion.

East London
NHS Foundation Trust

# Tackling Inequalities in Local Mental Health Service

Presentation to Health in Hackney Scrutiny Committee – 8th February 2023



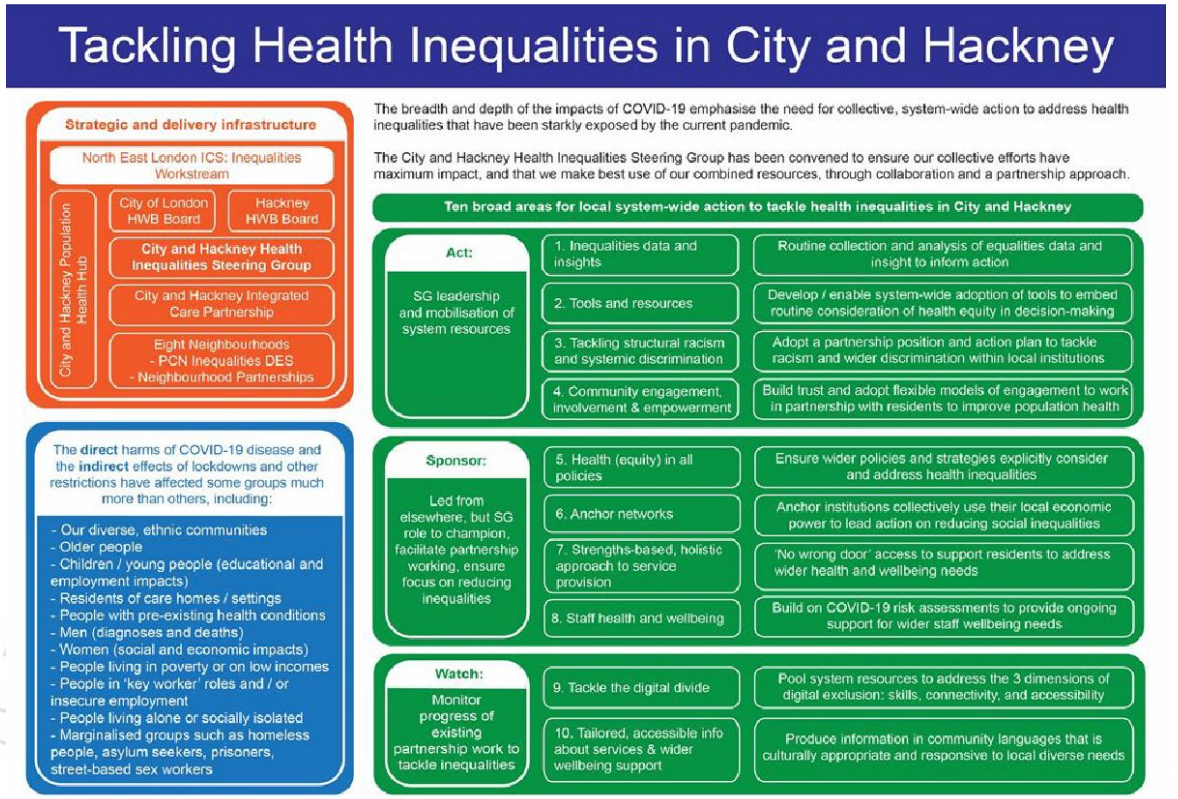
Dean Henderson – Service Director City and Hackney Mental Health

Lorraine Sunduza – Chief Nurse and Deputy CEO

# Equalities is integral to our service goals

East London NHS Foundation Trust

- **Neighbourhood community connectors and links with VCS (Derman, Irie Mind, etc.)**
- **Neighbourhood Approach – addressing the social determinants of Health & Inequality**
- **System wide focus on Tackling Health Inequalities**






Ask about the #ELFTPromise

We care
We respect
We are inclusive

*"It is widely known that mental health services struggle to meet the needs of Black, Asian and minority ethnic groups. Despite this knowledge and previous attempts to engage with the BAME communities, many of the same issues remain: difficulties engaging the BAME community, an overrepresentation of BAME people in acute settings and an underrepresentation in psychological therapies."* - **Lets Talk Report**



***In Feb /March 2021 – A Series of focus groups were held with BAME Service Users across East London to understand their experience of Mental Health Services – and views on what would make then more accessible and culturally appropriate for service users from BAME communities . – This lead to the "LetsTalk Report"***

***Over the last 12 months ,Our Clinical Director has lead a Working Group about how we can implement the recommendations from this report***

## A Service with Cultural awareness, empathy and compassion

***Participants in all boroughs highlighted a lack of cultural awareness as a key issue. Misunderstandings, and a lack of knowledge about different cultures was thought to perpetuate stereotypes and reduce compassion and empathy.***



## *Our Response*

- Planning to pilot Cultural Awareness training, Train the Trainer and to then spread in teams
- Spreading existing good practice – SPS Race and privilege discussions, HTT cultural exchange day
- BAME Access Psychologists - presentation at DMT
- White allies discussion

# Lets Talk Report - Key Themes – and our Response

East London NHS Foundation Trust

## Improving Accessibility

***Accessibility of services was also a key issue for participants who highlighted specific barriers for BAME people.***

## Our Response

- Blended teams, partnering with voluntary sector – Bikur Cholim, Derman, Mind IRIE, HCVS, Gypsy and Traveller community
- Open access service

## Providing Services in welcoming Community spaces

***The importance of being able to access support within their communities***

## What currently Exists

- Core Arts
- Hatch
- St Mary's Secret Garden

# Lets Talk Report - Key Themes – and our Response

East London NHS Foundation Trust

## Accountability

***The accountability of staff was another key concern highlighted by participants across the three boroughs. Participants spoke the difficulty of holding staff members to account, particularly those in powerful positions, and highlighted that the lengthy complaints process made this even harder.***

***What we need to do***

- Learning lessons from complaints on the theme of discrimination
- Need to increase access to advocacy

## Holistic understandings

***Participants felt that a more holistic understanding of distress was needed both for professionals and for the community to reduce stigma, increase understanding, and allow services users to be "seen" in their entirety.***

**Initiatives that address this challenge**

- ELFT Carers strategy
- Pharmacy input and outreach

# A Glimpse into the Future

East London NHS Foundation Trust

- Our **EQUIP** ( Early Intervention Service ) for people experiencing First Episode Psychosis and our Early Detection Service – **Heads Up** may be beginning to break down the “Circles of Fear” in Black and other BAME Communities which mean they are fearful and distrustful of Mental Health Services -consequently they do not seek help and come into services in Crisis often detained under the Mental Health Act.

- Our **EQUIP** ( Early Intervention Service ) supports service users for between 2 – 3 years . They provide the type of comprehensive “ holistic offer” BAME Service Users are asking for including CBT for Psychosis and Family Therapy

- **EQUIP** staff work hard to build links with Local BME Communities

- They have looked critically at how they work with young black men and woman to try and ensure that their approach is culturally appropriate and inclusive

- Audits of the Psychology offer in the Team demonstrate the Black Men and Woman in the service are accessing both CBT for Psychosis and Family Therapy more than White Service User in EQUIP

# The Mental Health Units (Use of Force) Act 2018



Olasen “Seni” Lewis was a 23 year old black man who died as a result of prolonged restraint by police officers in a Hospital in  on 31st August 2010.  Investigations following his death were critical of how the restraint was carried out.  The Mental Health Units (Use of Force) Act 2018 (‘the Act’) was enacted on 1st November 2018.  Guidance on the implementation of the Act was issued in December 2021 with an aim to start implementation from 31st March 2022.



## The Act’s objectives of reducing and ensuring accountability and transparency about the use of force in mental health units

**Use of Force” refers to;**

- the use of physical, mechanical or chemical restraint; or

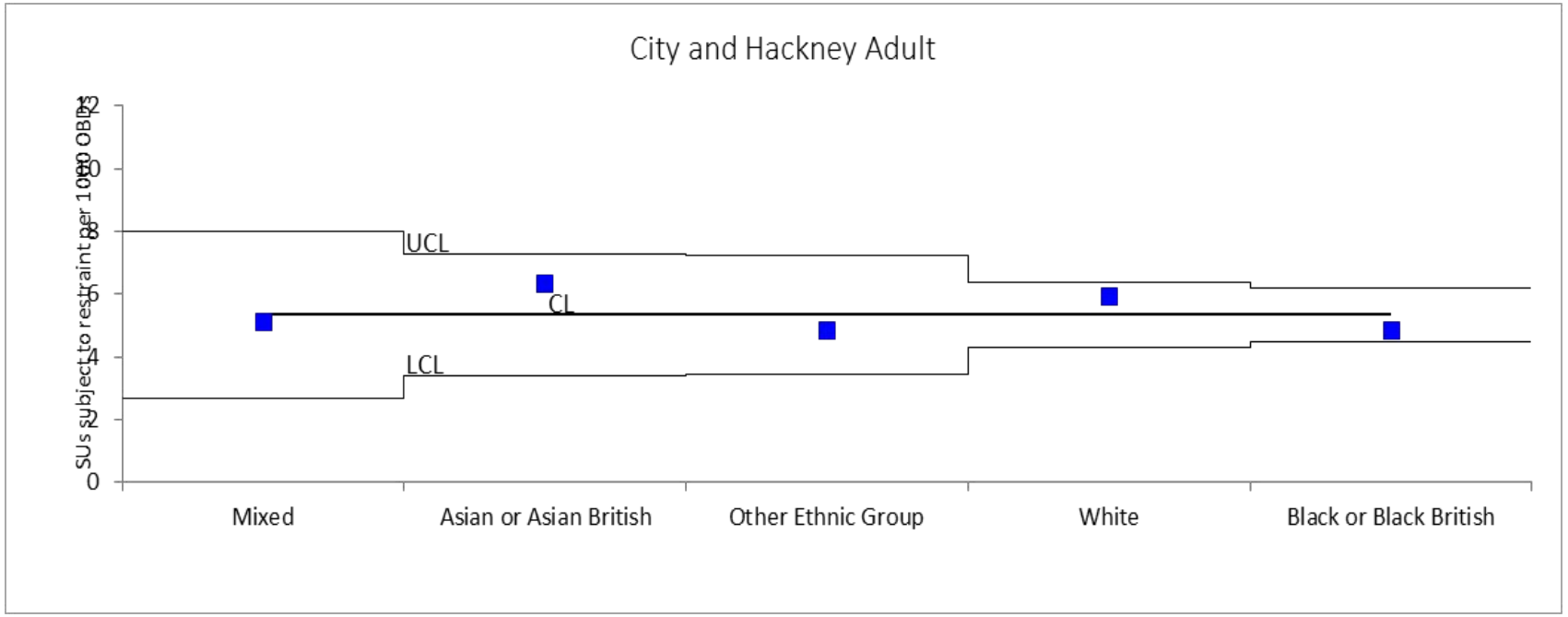
- the isolation of a patient

- ‘Physical restraint’ means physical contact which is intended to prevent, restrict or subdue movement of any part of a patient’s body.

- The purpose of the Act, is to clearly set out measures intended to reduce the use of force, prevent the inappropriate use of force, and ensure accountability and transparency about the use of force in mental health units.

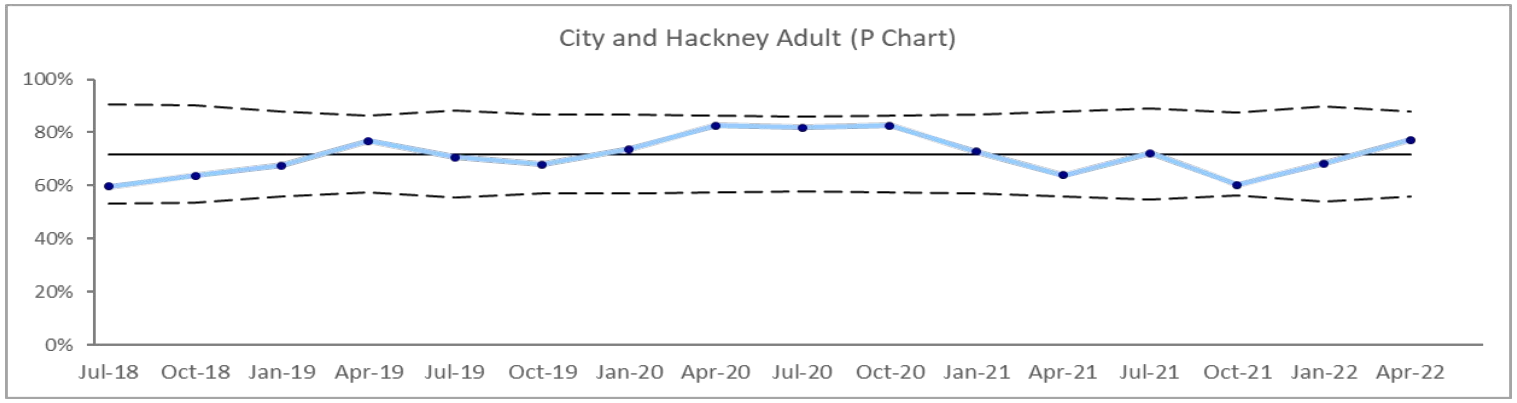
1. Learning together and developing our workforce
2. Data
3. Leadership
4. Working with service users and families.
5. Trauma Informed Care
6. Rigorous debriefing.

Service users subjected to restraint per 1000 occupied bed days July 2018 – June 2022 by Ethnicity



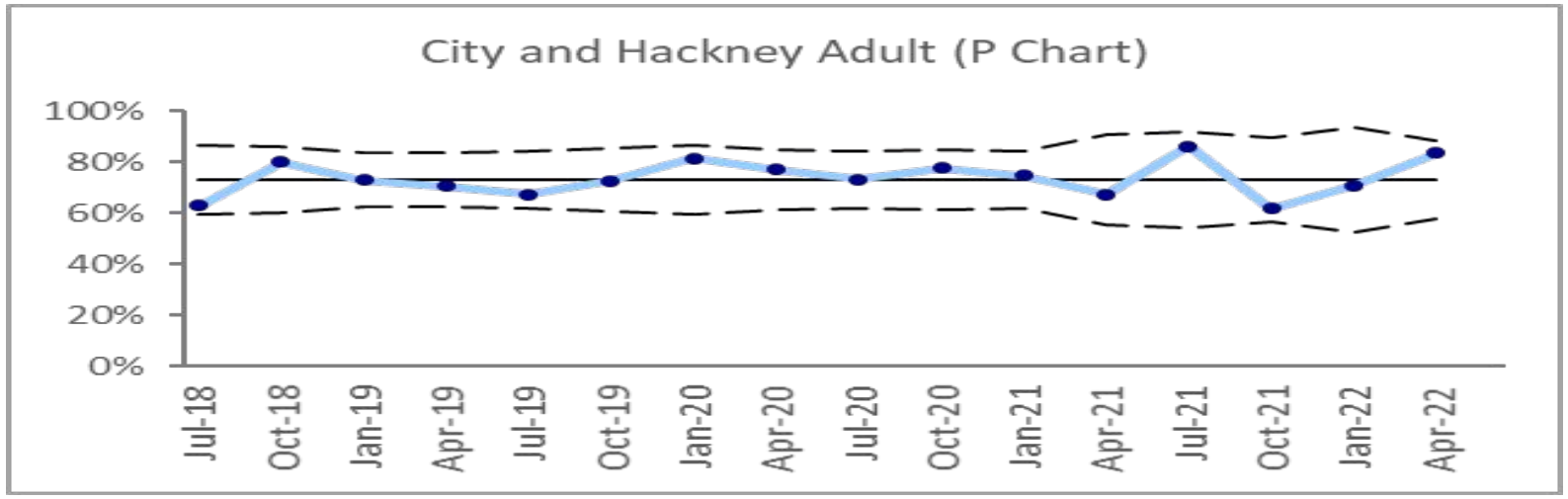

The Data shows variation within normal limits with no one group greater impacted.

Total seclusions preformed on ethnic minorities July 2018 – June 2022




The data for seclusion rates shows in-between April and December we saw a higher percentage of seclusions preformed on ethnic minorities.

Total Rapid Tranquilisation performed on ethnic minorities July 2018 – June 2022




In City and Hackney we have seen a gradual rise in rapid tranquilisation performed on ethnic minorities in the last 3 qyarters

# PCREF
# Patient and Carers Race Equality Framework

East London NHS Foundation Trust

The East London NHS Foundation Trust has piloted the PCREF (Patient and Carer Race Equality Framework) in its London Boroughs. At its core, the PCREF aims to support NHS Mental Health Trusts to:

1. Improve their interaction with racialised and ethnically and culturally diverse communities,
2. Raise awareness of organisations' own cultural and racial bias and provide a framework to reduce them
3. Improve governance, accountability, and leadership on improving experiences of care for racialised and ethnically and culturally diverse communities



Existing monitoring of PCREF metrics has been identified across various systems in ELFT including health and safety, operational performance, and quality improvement reporting.

PCREF work will be streamlined and monitored within the Trust's Equality Governance Framework. In addition, ELFT recognises the bilateral relationships that ELFT holds with other trusts within their joint geographical boundaries. As a result, ELFT is working closely with North East London Foundation Trust and Oxleas NHS Foundation Trust on implementing PCREF.

These meetings provide an opportunity to share learning in a space with experts by experience and PCREF leads from all three sites.

# Part 1: Leadership and Governance



The PCREF framework has been embedded into our 3-year Patient and Carers Equality Strategy and is supported by our 5-year Carers Strategy.

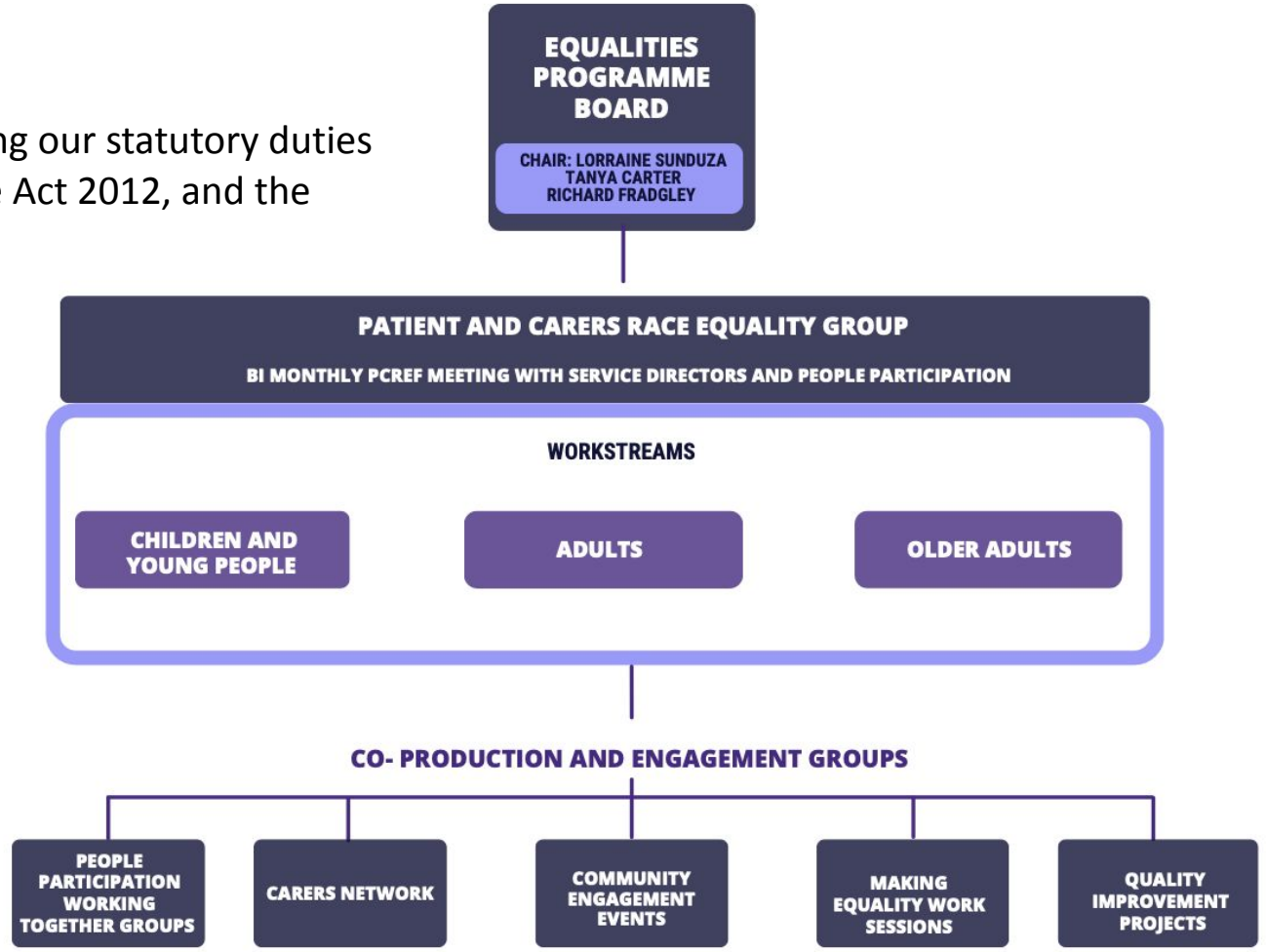
This will ensure that ELFT meet the national expectations in fulfilling our statutory duties under core pieces of legislation, such as the Health and Social Care Act 2012, and the Equality Act 2010.



## ELFT Equality Governance Structure

Bi-monthly reporting and review of PCREF inequality metrics and quality of data.

Three workstreams designed to ensure the experiences of particular groups are included, and intersectionality is considered.



## Initial Engagement

Led by Mina and Jennifer, two experts by experience (South Asian and Black women respectively) , the first stage of ELFT's PCREF engagement was a questionnaire which closed in October 2021.

This was followed by consultation with six charitable organisations. These organisations serve different but often overlapping communities.

- **Mind in Tower Hamlets & Newham**
- **East London Mosque**
- **Coffee Afrique**
- **Solace Women's Aid**
- **London Black Women's Project**
- **JAMI**

Also, feedback from existing internal groups such as **Making Equality Work**

# Part 2: Organisational Competency



**A: ELFT have engaged with racialised and ethnic minority communities to identify and agree core organisational competencies requiring further development.**

## National

- Cultural Awareness
- Staff Knowledge and Awareness
- Partnership Working

## Local

- Trauma Informed Care
- Intersectionality
- (Identify any additional competency specific to the needs of children and young people; and older adults)



- Co-production
- LFT PCREF
- Coaching

**B: ELFT PCREF workstreams to agree measurable and practical actions to define and develop Organisational Competencies in local PCREF Plan.**

Experts by experience have created a report from the patient and carers lens defining:

- What does good look like?
- What does outstanding look like?

# Part 3: The Patient and Carers Feedback Mechanism



The Patient and Carers Feedback Mechanism, seeks to embed patient and carer voice at the heart of the planning, implementation and learning cycle. This part of the framework is heavily supported by NHSE to encourage standardisation and improved quality of data.

**Patient Report Experience Measures**

ELFT routinely monitors differential experience and outcome measures, disaggregated by ethnicity, across all service pathways within the trust

This is currently done at directorate level, also Trust-wide reports are produced for board. This will become a permanent agenda item at the Trusts Equality Governance Structure.

**Working Together Groups:**

With consideration of intersectionality, there are specific People Participation Workers for population groups facing health inequalities, including older adults, young adults, carers, Complex Emotional Needs, Disordered Eating, Carers, BME groups and those accessing MH rehab.

# Next Steps



## Learning so far:

There should be recognition of learning during the London pilot and what could be improved, such as

- Accessibility
- Breadth and awareness of previous research
- Service user “Survey fatigue”
- The impact of COVID-19 lockdowns and lack of face-to-face engagement
- Language barriers
- Digital poverty
- BAME LGBTQ community - and faith
- Voices of CYP
- Intersectionality - a definition, as well as examples of intersectionality (i.e., a Black disabled lesbian have different experiences from a white disabled lesbian)

## In Progress:

CAMHS services scoping with CYP to identify any additional Organisational Competencies specific to the needs of CYP.

Bedfordshire and Luton services to test local organisational competencies and PCREF implementation plan.

QI Project: Mixed approach of co-producing in-house training and outsourcing training for Cultural Awareness, Humility and Safety in each London borough.
(Tower Hamlets have secured 100places in partnership with The Islamic Centre).

Development of an Equity section of our Community Mental Health Analytics Dashboard in Power BI, showing breakdown of caseload and waiting list by ethnicity, age, gender and deprivation decile.

Somali task and finish group to develop cultural awareness for the whole Trust

Providing microgrants to grassroots organisations

- Questions

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| **Health in Hackney Scrutiny Commission**<br><br>8 February 2023<br><br>**Homerton Healthcare - future options for soft facilities services - VERBAL REPORT** | Item No<br><br>**5** |

**PURPOSE OF ITEM**
To ask questions of Homerton Healthcare on the current status of proposals for the future of the soft facilities services at the Trust including possible insourcing. Soft services refer to catering, portering, cleaning, security etc.

**OUTLINE**

The aim is to follow up on discussions the Commission had with the then Chief Executive and CFO of Homerton on **9 July 2020** about the then 5 year extension granted to ISS for Soft Facility Services at the Trust. As the Covid pandemic intervened we did not follow this up in the usual way and so have asked for an update. We noted that at a recent INEL JHOSC, Shane DeGaris (Group CE of Barts and BHRUT) spoke about Barts Health's positive experience of insourcing their Soft Facility Services.

We recall that a 5 yr contract extension was signed in summer 2020 and so Members would like to ask whether plans have advanced in terms of options from Summer 2025?

Here is a link to the papers and video of that meeting:
https://hackney.moderngov.co.uk/ieListDocuments.aspx?CId=124&MId=4956

The minutes of the previous discussion are here
https://hackney.moderngov.co.uk/mgAi.aspx?ID=36857

Attending for this item will be:
**Louise Ashley,** CE of Homerton Healthcare and Place Based Leader for City and Hackney, NHS NEL
**Rob Clarke,** Chief Finance Officer, Homerton Healthcare
**Breeda McManus,** Chief Nurse/Dir of Governance, Homerton Healthcare

**ACTION**

Members are requested to give consideration to the discussion.

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| **Health in Hackney Scrutiny Commission**<br><br>8 February 2023<br><br>**Community Diagnostic Centres - impact on Hackney - VERBAL REPORT** | Item No<br><br>**6** |

**PURPOSE OF ITEM**
To receive an update on the Hackney aspect of NHS NEL's wider plans for Community Diagnostic Centres.

**OUTLINE**

The development of Community Diagnostic Hubs or Centres has been discussed at **INEL JHOSC** a few times, most recently on **25 July 2022** when the following information was presented by NHS NEL:

***Proposed changes to healthcare – community diagnostic hubs***
*• Over the next three years the NHS in North East London expects to receive £39 million from central NHS funds to build and run Community Diagnostic Centres (CDCs).*
*• CDCs would be able to carry out imaging (such as x-rays and MRI scans), pathology (e.g. taking blood samples to check for diseases) and physiological measurements (such as heart rates). Our proposal is that medium-sized CDCs don't include endoscopy (using a camera on a flexible tube) at the moment as we have sufficient capacity.*
*• It is possible that North East London may receive further funding, however this is not guaranteed. This year we propose to:*
*• Expand the two existing diagnostic sites at Mile End Hospital and Barking Community Hospital to become medium-sized CDCs.*
*• Look at the feasibility, costs and benefits of developing other sites in the next few years. We are looking in particular at King George Hospital in Ilford and/or St George's Health and Wellbeing Hub in Havering, St Leonard's Hospital in Hackney and on the Whipps Cross Hospital site.*
*• We may also look at developing smaller centres in shopping centres – for example Canary Wharf, Westfield Stratford and Liberty Romford.*
*• CDCs are extra facilities that would provide patients with quicker, simpler, easier, more integrated and more personal service; improve health outcomes; reduce inequalities; and improve efficiency. Patients would still be able to get tests in hospital and at GP surgeries. The public consultation on these proposals is anticipated to close in mid-September*

The minute relating to CDC is here:

*6.10 Cllr Adams asked about the Community Diagnostic Hub being mentioned for St Leonard's and how this aligns with the Homerton's own plans for the site. He also asked about the robustness of the response to the monkeypox virus. Nicholas Wright replied the St Leonard's was just one of the many possible sites for future expansion as Community Diagnostic Hub 3,4 or 5 and they were working with the Homerton and local stakeholders on any decision to site the centre there. Westfield in Stratford and St George's sites were no further advanced as yet but they were looking at a number of possibilities. Ann Hepworth (Director of Strategy and Partnerships at BHRUT and the SRO for Community Diagnostic Centres in NEL) described the work being done trying to identify possible sites. Population Health Need was the main driver as was the need to increase access and make more diagnostics available.*

Then, at **City and Hackney Health and Care Board meeting on 10 Nov 2022** the following was noted in the minutes:

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**Community Diagnostic Centres**

*Daniel Young (Associate Director of Access, Homerton Healthcare) provided the HCPB members a verbal update and highlighted that:*

*• The Community diagnostic centres come from Prof Mike Richards report from a few years ago, looked at diagnostics as a whole and put forward a solution of community diagnostics centres that both supported overall gains in the amount of capacity in diagnostics.*
*• There was a lot of work around looking at places where health inequalities were leading to differences in waiting times, not purely capacity and making sure that we were out in the community as opposed to just beefing up acute centres to also help people in terms of transport.*
*• There are two Community diagnostics centres, one is at Mile End and one is at Barking Hospital and they were early adopters, and now looking at third site in NEL.*
*• The Homerton Hospital and City and Hackney have been working together with representatives of both organisations, putting together an outline business case which has done assessments of four sites in NEL, assessments are still taking place, but have started initial assessment of four sites and looking to put forward an outline business case to the NEL planned care board for support of City and Hackney being the location of a third site.*
*• There are multiple reasons to have a centre in City and Hackney, two or three of the main reasons is that the acute site at the Homerton is not the largest site in comparison to some of the other sites we have in NEL, so continuing to build additional diagnostic capacity on those sites is much more limited than somewhere*

*such as King Georges that has a lot of land outside of the actual physical hospital and its grounds.*
*• City and Hackney is the second most deprived borough, so if areas of health inequalities are targeted directly, City and Hackney should be quite high on the list. The population growth that we expect to see within City and Hackney over the next 10 to 20 years is extremely high and will need to invest in diagnostic capacity to be able to maintain the high levels of performance had historically.*
*• NE London has shortlisted 9 sites across the whole patch, two of which are in City and Hackney, they are the St. Leonards site and the Lower Clapton site.*
*• The stage this is at, currently putting together internally a communications plan and going to be going out to the public and others to consult on the various sites that are available in NE London.*

*Comments and questions from the Board included:*
*• It is positive to have new community diagnostic centre in City and Hackney.*
*• The HCPB asked if there is a workforce plan in place for this.*
*• There are a number of key clinicians on steering group who have helped pull together a workforce plan, there will be a standard recruitment process, looking to increase 14 capacity in terms of our recruitment plans and plan is to move to an apprenticeship model within radiography training existing workforce staff.*
*• Workforce is a considerable risk re: reporting radiographers.*
*• In terms of the decision-making NE London Planned Care Board met last night to agree the kind of scoring matrix for how they select someone, expecting to receive go ahead in the next two weeks.*
*• A formal business case will need to be approved by the trust in February. With that also then being approved again by NHS England as a full business case as opposed to an outline business case in March, the building work would then start and the plan is to have a site opened in April 2024, but fully operational by September 2024.*
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Attending for this item will be:

**Louise Ashley,** Chief Executive, Homerton Healthcare and Place Based Leader for City and Hackney
Breeda McManus, Chief Nurse and Director of Governance, Homerton Healthcare
Rob Clarke, CFO, Homerton Healthcare

**ACTION**

Members are requested to give consideration to the discussion.

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**NEL Community Diagnostic Centre Update**

**Health in Hackney Scrutiny Meeting**

**2nd February 2023**

**Summary**

Several options for additional North East London Community Diagnostic Centre (CDC) sites are still under consideration to be presented to the ICB/NHSE for approval. These are:

1. A spoke site at St George's community hospital, Havering

2. A CDC site at Lower Clapton, Hackney

3. A CDC at King George's Hospital

Funding is being sought centrally and a decision is expected in mid to late February 2023.

**Context**

There is a need for an increase in diagnostic capacity to improve accessibility to core diagnostics nationally. There is a national programme taking place to develop Community Diagnostic Centre and hubs to tackle the demand for diagnostic services in England as demand has risen at a greater rate than increases in diagnostic capacity. Year on year there has been an increase in demand for diagnostic services, especially for CT and MRI diagnostic tests.

Two CDCs have already been approved in North East London and are in the process of being commissioned – one at Mile End hospital and one at Barking community hospital. A further NEL CDC is being considered.

**Hackney**

A CDC outline business case for Hackney was approved by Homerton on 7th October 2022. This was submitted to NEL outlining the position on the risks involved and potential actions if they were to be realised.

The NEL CDC programme board agreed a scoring system that looks at various metrics with the 6 criteria listed below:

1. Catchment (Proximity to other CDC sites)
2. Estates (Type of site i.e., community or acute)
3. Accessibility (Transport accessibility rating – known as PTAL rating)
4. Deliverability (Timeframe for site ownership and construction)
5. Financial (Estimated cost)
6. Strategic Alignment (Aligns with CDC programme's aims and objectives)

Following the initial assessment the Hackney option, which would be based at Lower Clapton, was scored within the top 7 community and acute sites along with St. Georges Hospital, Hornchurch (SGH) and several independent sector community sites within Havering, Redbridge and Waltham Forest, and King Georges Hospital (KGH).

Further scoring was then applied for the criteria which put Lower Clapton and St George's Hospital as the preferred options for the next CDC sites within NEL. KGH was initially discounted due to being collocated on an acute site.

SGH space is limited so that would only constitute a spoke service as it would not have capacity for a full CDC.

The NEL paper was discussed with NHS providers in December 2022. Each considered the case and scoring was put forward for each site. After further discussion it was agreed that KGH would be added and included as an option.

**Options**

Following on-going discussions at various levels, the 4 options below were presented and agreed to be considered:

**I. A spoke sites at St. Georges Hospital**

II. **A site at Lower Clapton Health Centre in Hackney**
III. **A diagnostic hub at KGH**
IV. **2 independent sector spokes in shopping centres**

Discussions and decision around allowing further CDCs on acute sites has yet to be confirmed and previously NHSE have indicated they would not support further CDCs being built on acute sites.

NEL have indicated that a decision should be made by late February 2023 and a short form business case will need to be submitted thereafter. If agreed some initial funds would be released in April 2023.

**Funding**

Any bid is contingent on funding being sufficient. This is not currently the case and further central funding is being sought. The NEL CDC team are expecting to be able to access central CDC funding that has not been allocated in order to increase this envelope significantly.

There is a central commitment also to provide additional revenue funding to the successful provider to support the delivery of services in any new CDC.

Homerton Healthcare
NHS Foundation Trust

**Health in Hackney Scrutiny Commission Briefing**

**Report on St Leonard's**

Contained within this report is a briefing on the work being undertaken in relation to the St Leonard's site and an update on current work within the organisation.

St Leonard's Hospital continues to be a hospital with considerable affection by the local community and concerns are building within the community regarding the future of the site – its condition, use and ownership. Campaign groups, such as Hackney Keep our NHS Public, are becoming increasingly vocal and are calling upon Mayor Glanville and the Council to redevelop the site and prevent the sale of any land for housing. The site remains in a poor state of repair, but NHS PS have commenced a programme of remedial works (committing £2.4m over two years) and are undertaking various essential capital works to improve the core condition of main buildings.

Since September 2022, greater collaboration between the Integrated Care Board (ICB), NHS Property Services (NHS PS) and Homerton Healthcare has led to a working group of these parties being established to review and align around the current condition of the site and initiate progress in key areas to maximise site utilisation where possible. The primary themes relate to:

- The proposed asset transfer of St Leonard's to Homerton Healthcare
- Review of admin spaces for opportunities, efficiencies and possible consolidation
- Homerton's short and medium term site utilisation plans
- Review of void spaces to identify potentially usable vs dilapidated space
- Current view of the one-three year maintenance requirements for the site
- Condition surveys of buildings (which will feed into maintenance schedules)

**Asset transfer**

On 30th January 2023, the Department of Health and Social Care (DHSC) closed the 'property transfers policy', which means that it is no longer possible to transfer ownership of the St Leonard's site from NHS PS to Homerton Healthcare and it will, therefore continue to remain under NHS PS's ownership. The DHSC's decision was based on a lack of interest (nationally) and because the introduction of Integrated Care Boards (ICBs) now ensures that the necessary conditions are in place for partnership working at the local level irrespective of property ownership status. We are, therefore, closing the business case and concluding this workstream. The commercial and financial liability for the upkeep of the site and listed buildings will remain with NHS PS.

**What happens next**

We continue to recognise the value of the St Leonard's site for the local community and have commenced several workstreams in line with the themes stated above:

- We are moving administration functions from St Leonard's to our Orsman Road offices to consolidate administration services into one centre.
- We will conduct a review of historical medical records stored at St Leonard's and either scan, dispose of or archive these records in accordance with Information Governance regulations. Clearing this space will enable reconfiguration of our clinical services on the site.

- These moves and clearances will enable the remaining clinical services to reconfigure their location on site for better access, flow and create efficiencies in terms of site utilisation. This will also enable us to hand back a small volume of space / leases, reducing our financial commitments.

In parallel, we are committed to a longer-term review of site utilisation in line with population growth estimations for North East London. We are actively assessing options for increasing the range of clinical services which could operate at St Leonard's and expansion of existing services, for example, the potential opportunity for Locomotor services to expand into the vacated GP surgery.

Any lease hand back (by Homerton Healthcare or any other tenant) may result in cost savings for NHS PS if space can be 'moth-balled', even temporarily. These savings could be repurposed and fund refurbishment of other areas, for example the vacated GP surgery. These arrangements are yet to be agreed and are part on ongoing dialogue.

We are working with the ICB to determine new guidelines for space and budget allocations in North East London, as indicated by the DHSC, rather than the historical need for contractual and complicated lease arrangements – in line with local partnership working aspirations.

Despite the asset transfer no longer proceeding, we continue to be a key partner, involved with complex strategic discussions regarding future use of the site and further engagement will continue to be sensitively managed in a co-ordinated and empathetic way.

Louise Ashley

CEO/ Place base leader

2nd February 2023

Hackney

| Health in Hackney Scrutiny Commission<br><br>8 February 2023<br><br>**Impact of new hospital discharge funding scheme - briefing from Adult Services - VERBAL REPORT** | Item No<br><br>**7** |
|---|---|

**PURPOSE OF ITEM**

To receive an update from the Group Director AHI on the current status of the latest Hospital Discharge Funding Schemes and how they might impact on Hackney. This is an evolving situation hence a verbal update.

**OUTLINE**

On 9 Jan 2023 the SoS for Health allocated an additional £200m discharge fund to Integrated Care Systems nationally. This was publicised as the NHS purchasing additional social care beds. This is on top of a November announcement of what is normally called 'winter pressures' funding.

On 18 Nov 2022, the Government announced £500m to support social care to speed up discharge across mental and physical health pathways. The spend has to be incurred to 31 March 23. The funding is also to be pooled into the Better Care Fund (BCF), so both elements of this funding must be agreed between local health and social care leaders. The Partners were required to submit a planned spending report by 16 December '22 with Health & Wellbeing Board signoff followed afterwards. The spending of that tranche was as follows:
Total Allocation: Hackney - £1,974,856 City of London - £86,165

On 12 January 2023 the **City and Hackney Health and Care Board** agreed the spending on the first tranche and the detailed report on that is here, from p.17
https://hackney.moderngov.co.uk/documents/s79842/ACFrOgCgZlb8WALcz-oM2RRi0C6d-dcp8VlXeO9qA89jHqy_aMG8Avmh1J8clLLzQPAtdH9bzPNk8qaPwcaZ3aoSluD8k1NLovqY.pdf

Adult Services have been awaiting further information and regulations on the additional funding.

This issue has achieved national media attention because delayed discharges of care in some trusts nationally have been significant.

Members have had concerns about about the haste and effectiveness of this spending and the impact on local systems, such as:

a) Will the new system circumvent current arrangements if NHSE decides to pay care homes directly using the latest urgent £200m fund.
b) How does this latest accelerated discharge fund align with earlier funding announcements.
c) Can we assume all those discharged would accept temporary moves into care homes and what if they don't? Can it always be even appropriate?
d) What follow up is there for patients in care homes paid for directly by NHSE when that funding runs out, is it then back on to councils? What about managing patient expectations?
e) Are there capacity issues and how are Adult Services and the Homerton performing vis a vis others?

Attending for this item will be:

**Helen Woodland,** Group Director Adults Health and Integration
**Georgina Diba,** Director Adult Social Care and Operations

**ACTION**

Members are requested to give consideration to the discussion.

**Health in Hackney Scrutiny Commission - Questions about Discharge funding**

February 2023

Authors: Cindy Fischer

Mark Watson

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**Funded Schemes**
**Adult Social Care Discharge Fund: November £500m allocation announcement**

**Local Hackney planned spend: £1,975,274**
**LBH allocation: £1,170,836**
**ICB allocation: £804,438**

| Scheme ID | Scheme Name | Source of Funding | Planned Expenditure (£) |
|---|---|---|---|
| 1 | Goodmayes interim accommodation for working age adults | ICB allocation | 69,152 |
| 2 | Housing with Care Flats | Local authority grant | 149,336 |
| 3 | Rose Court Extra Care- to support interim flats | ICB allocation | 52,795 |
| 4 | Care packages for 4 weeks post discharge | ICB allocation | 346,463 |
| 5 | Care package costs post 4 weeks | Local authority grant | 253,616 |
| 6 | Age UK East London - Take Home and Settle Service | ICB allocation | 38,733 |
| 7 | Integrated Community Equipment Service | ICB allocation | 16,800 |
| 8 | Move on Team | Local authority grant | 127,506 |
| 9 | Brokerage capacity | Local authority grant | 32,501 |
| 10 | Hygiene Services **(Blitz cleans; decluttering and re-hoarding)** | Local authority grant | 96,000 |
| 11 | Workforce training - Lifting and handling | Local authority grant | 8,568 |
| 12 | Intermediate Care Team | Local authority grant | 185,589 |

| | | | |
|---|---|---|---|
| 13 | Pharmacy Capacity | ICB allocation | 48,000 |
| 14 | Discharge team and hub capacity | ICB allocation | 48,000 |
| 15 | CHC Nurse Assessor capacity | ICB allocation | 40,000 |
| 16 | Discharge Improvement Project (Homerton) | ICB allocation | 75,000 |
| 17 | Reablement Pilot | Local authority grant | 20,000 |
| 18 | Housing Discharge Fund (ELFT Care Packages costs new and increase for 4 weeks) | Local authority grant | 45,590 |
| 18 | B6 Pharmacy Technician (ELFT) | Local authority grant | 22,825 |
| 19 | Enhancing Discharge (ELFT - 1 staff grade doctor and 1 B7 Link Worker) | ICB allocation | 61,005 |
| 20 | Crisis Home Treatment Team (ELFT - 3 WTE Band 6 staff to help facilitate earlier discharge by providing intensive input to support patients at home) | Local authority grant | 68,474 |
| 21 | Discharge Team Posts (ELFT 2 SW and 2 support workers to cover all wards) | Local authority grant | 89,601 |
| 22 | Peer support workers to support discharge back into the community (ELFT Scheme they have a regular intake of Peer Support workers from its in-house programme.<br>We recruit and then those successful undergo a training programme co-designed with service users, ELFT and a local college.<br>The ward PSWs come from this regular intake.) | Local authority grant | 54,530 |
| 23 | Sundries (Winter packs for discharge; items needed urgently to get someone home (e.g fridge for someone who is on insulin for storage) helps to unblock delays) | Local authority grant | 5,000 |
| 24 | Administration fee | ICB allocation | 8,490 |
| 25 | Administration fee | Local authority grant | 11,700 |

**January Announcement £200m Funding**

| Scheme ID | Scheme Name | Source of Funding | Planned Expenditure (£) |
|---|---|---|---|
| 1 | 3 Beds with Lukka Homes | ICB | £32,400 |
| 2 | 0.5 WTE Social Worker | ICB | £6,000 |
| 3 | 4 week packages of care | ICB | TBC |

**Interim Accommodation**

| Name | Target Pop | Original number | New with 500m Discharge | Extra with 200m Step down beds | Total |
|---|---|---|---|---|---|
| Acorn Lodge and Mornington Hall | People identified as needing Nursing Care Homes | 3 | | 3 | 6 |
| Goodmayes | Working age adults NOT homeless but can't go home (Hoarding; repairs; | 6 but due to close 1st October | 9 | | 9 |
| Overbury | Alcohol related brain condition 55+ | 0 | 1 | | 1 |
| Peppie Close | Housing with care Afro-Caribbean (55+) | 0 | 1 | | 1 |
| Lowrie House | Homeless Pathway (6 week stay only and claim Housing benefit) | 5 + 1 NRPF | | | 6 |
| Housing with Care Rose and Leander | People age 55+ who can't go back to their home-disrepair; | 30 | Is helping to fund this 30 | 0 | 30 |

| | | | | | |
|---|---|---|---|---|---|
| | alterations; hoarding or assessment for full time HWC | | | | |
| Total | | | | | 53 |

**Impact of the new national discharge scheme locally** :

a) Will the new system circumvent current arrangements if NHSE decides to pay care homes directly using the latest urgent £200m fund. We appreciate this is a moving picture....

**Answer:** We are purchasing the beds via our usual mechanisms and we will be invoicing the ICB to reclaim all costs.

b) How does this latest rush for accelerated discharge dovetail with the SoS's November funding announcement. We note that at HCB this morning they approved spend and S75 variations for Hackney's part of that Discharge Fund.

**Answer:** We have been very clear that these two funds need to dovetail locally and therefore local planning between the ICB and ourselves has meant that we have been able to ensure both funding streams complement each other.

c) Can you assume all those discharged would accept temporary moves into care homes and what if they don't? Can it always be even appropriate?

**Answer:** Quite rightly not all patients are suitable to be moved into these extra beds. How this is operating locally is that the multi disciplinary team discuss with the family and patient their needs and if a care home is agreed to be the best place for the individual and all other options have been exhausted (care in their own home; Housing with care and residential) then those people will be asked to consider moving into one of these beds while their preferred home does the assessment and giving the family time to view local care homes. This can take a number of days and that is where hospital bed days can be saved.

d) What follow up is there for patients in care homes paid for directly by NHSE when that funding runs out, is it then back to councils? What about managing patient expectations?

**Answer:** With this funding we asked for additional funding to build on our new move on team. This is a small team with Social Workers; Social Worker assistant; Housing officer

and Occupational Therapist (OT Post vacant). who are responsible for further assessing all clients in interim accommodation including care homes.

The guidance does say that if a delay post 4 weeks is caused by NHS CHC assessments being delayed the NHS will pick up these extra care costs post 4 weeks.

The guidance is very clear however that funding for care packages post 31st March will not be paid for. To mitigate the risks of LBH picking up these additional costs we will close the extra 3 care home beds to new admissions 3 weeks prior to the end of the financial year. If it is not possible to move someone on within 4 weeks, there is some funding available from the ICB through a section 256 agreement put in place last year.

e) Are you having capacity issues and how is Homerton performing vis a vis others

**Answer:**

**Our performance:**

The pressure on the Homerton has reduced over the last few weeks and the number of out of borough patients has decreased slightly. The Trust generally performs well against London benchmarking. **We are consistently the best performing partnership for Length of Stays over 7 and 14 days.**

**There are on average 15 patients from other NEL/NCL boroughs in the Homerton no longer meeting the criteria to reside every day.**

**UEC dashboard for the week ending 29th January (all data shown is avg per day for the week)**

| Trust Name | Occupancy | 7+ LoS occupancy % | 7+ number | 14+ LoS occupancy % | 14+ number | 21+ LoS occupancy % | 21+ number | % of beds occupied by COVID | Beds occupied by COVID pts | % beds occupied by patients NOT meeting criteria to reside | Number of patients NOT meeting criteria to reside | 4hr% month to date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| London | 94.11% | 55.05% | 7313 | 34.24% | 4549 | 23.31% | 3096 | 2.94% | 391 | 11.5% | 1525 | 68.11% |
| Barking, Havering and Redbridge University Hospitals NHS Trust | 95.94% | 50.05% | 476 | 29.06% | 277 | 19.27% | 183 | 0.77% | 7 | 15.8% | 151 | 57.56% |
| Barts Health NHS Trust | 89.73% | 53.15% | 809 | 33.26% | 506 | 22.58% | 344 | 2.20% | 33 | 8.4% | 128 | 70.07% |
| Chelsea and Westminster Hospital NHS Foundation Trust | 97.90% | 58.80% | 423 | 35.25% | 254 | 23.41% | 168 | 2.68% | 19 | 11.9% | 86 | - |
| Croydon Health Services NHS Trust | 97.16% | 54.39% | 264 | 35.82% | 174 | 25.09% | 122 | 3.98% | 19 | 7.0% | 34 | 74.51% |
| Epsom and St Helier University Hospitals NHS Trust | 84.76% | 55.41% | 299 | 38.35% | 207 | 26.45% | 143 | 4.79% | 26 | 19.3% | 104 | 73.20% |
| Guy's and St Thomas' NHS Foundation Trust | 92.38% | 61.92% | 551 | 38.37% | 342 | 26.16% | 233 | 1.81% | 16 | 10.4% | 93 | 79.65% |
| Homerton Healthcare NHS Foundation Trust | 90.74% | 36.56% | 91 | 19.54% | 49 | 11.40% | 28 | 1.20% | 3 | 8.9% | 22 | 82.98% |
| IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 87.21% | 62.74% | 579 | 39.08% | 361 | 30.15% | 278 | 5.40% | 50 | 15.9% | 146 | - |
| King's College Hospital NHS Foundation Trust | 97.30% | 56.32% | 678 | 37.11% | 447 | 26.26% | 316 | 4.19% | 50 | 12.3% | 148 | 58.45% |
| Kingston Hospital NHS Foundation Trust | 93.03% | 53.82% | 205 | 31.54% | 120 | 19.18% | 73 | 2.32% | 9 | 15.2% | 58 | 78.83% |
| Lewisham and Greenwich NHS Trust | 97.18% | 60.36% | 541 | 37.44% | 335 | 25.55% | 229 | 0.45% | 4 | 11.2% | 100 | 66.37% |
| London North West University Healthcare NHS Trust | 95.06% | 53.82% | 517 | 30.38% | 292 | 17.86% | 171 | 2.90% | 28 | 10.0% | 96 | 72.67% |
| North Middlesex University Hospital NHS Trust | 98.57% | 57.20% | 299 | 36.65% | 192 | 25.42% | 133 | 0.74% | 4 | 10.4% | 54 | 64.33% |
| Royal Free London NHS Foundation Trust | 98.73% | 57.83% | 567 | 34.42% | 337 | 22.49% | 220 | 4.42% | 43 | 10.2% | 100 | 68.66% |
| St George's University Hospitals NHS Foundation Trust | 96.40% | 50.38% | 414 | 32.06% | 264 | 22.80% | 187 | 2.00% | 16 | 10.5% | 86 | 80.22% |
| The Hillingdon Hospitals NHS Foundation Trust | 89.83% | 46.67% | 154 | 29.17% | 96 | 18.97% | 63 | 3.85% | 13 | 7.1% | 23 | 71.67% |
| University College London Hospitals NHS Foundation Trust | 96.31% | 49.30% | 320 | 32.82% | 213 | 22.83% | 148 | 3.74% | 24 | 10.0% | 65 | 72.02% |
| Whittington Health NHS Trust | 98.26% | 48.64% | 125 | 32.78% | 84 | 21.52% | 55 | 9.65% | 25 | 11.1% | 29 | 62.49% |

**Capacity Issues :** The number of interim accommodation placements appears to be meeting the demands. All schemes funded via the extra discharge funding; however, report difficulties in recruitment, especially due to the short nature of the funding.

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Hackney

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| **Health in Hackney Scrutiny Commission**<br><br>8 February 2023<br><br>**Minutes of the previous meeting and matters arising** | Item No<br><br>**8** |

**OUTLINE**
Attached please find the draft minutes of the meeting held on 12 Jan 2023.

**Matters Arising from 16 Nov**

Action at 4.4e

| | |
|---|---|
| *ACTION:* | *CE of Homerton Healthcare to provide breakdown of the elective care waiting list by category.* |

This is awaited.

Action at 5.11

| | |
|---|---|
| *ACTION:* | *The Chair to write to the CE of NHS NEL to progress the issues on changes to dentistry commissioning arising from this discussion.* |

This is in progress.

**Matters Arising from 5 Dec**

Action at 5.4q

| | |
|---|---|
| *ACTION:* | *Group Director AHI to provide a brief update to the Chair on the funding position for next year (on Fair Cost of Care) once it is known.* |

This will be followed up.

**Matters Arising from 12 Jan**

1) Actions were all work programme additions. See updated work programme.

2) **Response to written question from Cllr Binnie-Lubbock**

**Here is a written response on behalf of Cllr Kennedy to a written question from Cllr Binnie-Lubbock, asked by the Chair:**

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17 January 2023
Dear Cllr Binnie-Lubbock

You put the following question to Cllr Kennedy at Health in Hackney Scrutiny Commission meeting on 12 Jan as part of the Cabinet Member Question Time. The Chair asked this question on your behalf as you were unable to attend:

**"In all aspects of the Primary Care Network (including protecting a local voice for Hackney), can Cllr Kennedy reassure the public that there is a target-based plan to reduce dependence upon – and ultimately cease commissioning – any social care, health and mental health providers using zero-hour contracts, in Hackney?"**

Cllr Kennedy asked officers to contribute to his response and their replies are below:

From Helen Woodland (Group Director, Adults, Health and Integration)

*"It's a bit of a broad question, and as you know the health and care sector isn't homogeneous. In relation to Homecare, which is usually where we see most zero hour contracts, we already commission according to the Unison ethical care charter. This means that for providers we commission through our framework we pay LLW, and we ask them to minimise the use of zero hours contracts, amongst other things. However, if we spot purchase a homecare package, which we do for about 20% of our care packages currently, then we do not commission those according to the Unison Care charter.*

*We are re-commissioning all our homecare provision this year, so that it is a patch based model and that we do not do any spot purchasing except in exceptional circumstances (for example, very specialist care packages that cannot be provided by any providers on our framework). This means that all of our home care providers will be on a framework, and will be commissioned according to the Unison ethical care charter. However, there are occasions where workers want zero hours contracts because they suit their circumstances and lifestyle (for example, many of our care workers are parents or carers, and value the flexibility of being able to work irregular hours,or even work for multiple agencies). So we generally commission according to the principle that providers offer permanent contracts to any member of staff who wants that form of employment, but that they offer flexible forms of employment, which may include zero hours contracts, for those who want them. We do stipulate that we expect the majority of staff to be on more stable contracts however, and that we would expect no more that 20% of employment to be offered on a zero hours basis.*

*The majority of care homes are not commissioned by us as such, rather we purchase one or more beds for individuals in the home, so it is more difficult to influence employment terms and conditions. However, there is a shortage of staff across all care settings, so we have not found that there is a shortage of permanent contracts available in the care sector.*

*I am not aware of a significant amount of zero hours contracting in health, but Richard and Kirsten may want to comment more around that."*

Response from Richard Bull (Primary Care Commissioning, NHS NEL)

*"NHS NEL Primary Care Commissioning doesn't hold information on zero hour contracts within GP Practices and I doubt there is any. GP Practices of course can use bank staff or locums when they need staff on a temporary basis".* He added that *"NHS NEL would not have grounds to cease commissioning from a particular primary care provider if they were using (any) zero hour contracts".*

I hope this helps. It is a complicated situation across both adult social care and health on this point.

Regards
Jarlath

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**3. Copy of *City and Hackney Health Inequalities Summit - Case Studies Brochure t*abled by Cllr Kennedy on the night**

The "Case Studies Brochure" from the 11 Jan 2023 event was tabled by Cllr Kennedy as part of his Cabinet Member Question Time session and was discussed extensively. As it is very large file it isn't attached but can be linked to here
https://northeastlondon.icb.nhs.uk/news/first-city-hackney-health-inequalities-summit-takes-place/
A text only version is here
https://northeastlondon.icb.nhs.uk/wp-content/uploads/2022/12/Health-Inequalities-Summit-full-case-studies-outline.pdf

**ACTION**
The Commission is requested to agree the minutes and note the matters arising above and attached.

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Hackney

**London Borough of Hackney**
**Health in Hackney Scrutiny Commission**
**Municipal Year: 2022/23**
**Date of Meeting: Thu 12 January 2023 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 (Chair)** |
| **Cllrs in attendance** | **Cllr Kam Adams, Cllr Eluzer Goldberg, Cllr Deniz Oguzkanli and Cllr Sharon Patrick (Vice Chair)** |
| **Cllrs joining remotely** | **Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Ifraax Samatar** |
| **Cllr apologies** | |
| **Council officers in attendance** | **Helen Woodland, Group Director - Adults, Health and Integration**<br>**Chris Lovitt, Deputy Director of Public Health, City and Hackney** |
| **Other people in attendance** | **Sally Beavan, Engagement and Co-production Manager, Healthwatch Hackney.**<br>**Dr Kirsten Brown, GP at Spring Hill Practice and Clinical Lead for Primary Care for City and Hackney, NHS NEL**<br>**Richard Bull, Primary Care Commissioner, NHS NEL**<br>**Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture** |
| **Members of the public** | 33 views |
| **YouTube link** | The meeting can be viewed at: https://youtu.be/CBlQ4oyCEW4 |
| **Officer Contact:** | **Jarlath O'Connell, Overview and Scrutiny Officer**<br>jarlath.oconnell@hackney.gov.uk; 020 8356 3309 |

**Councillor Ben Hayhurst in the Chair**

## 1 Apologies for absence

1.1 Apologies for absence were received from Dr Sandra Husbands, Janet McMillan and Cllr Maxwell (Cabinet Advisor for Older People).

## 2 Urgent items/order of business

2.1 There was none.

## 3 Declarations of interest

3.1 Cllr Samatar stated she was a Wellbeing Network Peer Coordinator for Mind in City and Hackney.

## 4 Local GP Services - Access and Quality

4.1 The Chair stated that Members have been raising a number of concerns about GP access and quality and these are summarised on pp.12-14 of the agenda pack, and NHS NEL was invited to the meeting to address these.

4.2 He welcomed: Dr Kirsten Brown (**KB**), GP partner at Spring Hill Practice and The Lawson Practice and Primary Care Clinical Lead for City and Hackney, NHS NEl and Richard Bull (**RB**), Commissioner for Primary Care at NHS NEL, formerly at City and Hackney CCG

4.3 Members gave consideration to 2 reports: *Local GP Services - access and quality'* and *Patient feedback from Care Opinion,* both from NHS NEL Primary Care Commissioning.

4.3 KB took members through the report. She focused on workforce issues and the crisis in General Practice adding that the complexity of presentations at GPs was now much greater and that people were now living longer with Long Term Conditions, there were more mental health issues and high levels of deprivation such that people don't know where to turn for help. She noted how heart disease and diabetes for example wee now looked after in General Practice whereas they used to be in hospitals. In addition A&E was bursting at the seams and so there was a knock-on effect on primary care. She explained how Hackney had one of the highest GPs-Patient ratios in London. She explained that a key part of their response to this challenge was the recruiting of Additional Roles so that she now works as part of a multi disciplinary team, rather than a sole practitioner, which she found much better. On Patient Experience data, Hackney performs very highly vis a vis London and England and there were more GP consultations and Hackney has one of the highest rates of Face to Face appointments. On telephone triage there is no perfect system but they work continually to improve it. City and Hackney has very low levels of calls to NHS 111 within standard GP practice hours which is testament to high performance. She explained the Duty Doctor contract which is not universally available but a major part of the mix in Hackney.

4.4 Members asked Questions and the following was noted in the responses:

a) KB explained that Triage refers to all patients contacting primary care and the need to direct them to the right service. 'Duty Doctor' relates to urgent on-the-same-day care. Patients get called back within 2 hours as do paramedics or other professionals who require quick responses.

b) RB explained that the Duty Doctor was funded through the GP Confederation and they get extra money to ensure they can employ additional doctors to fulfil that role.

c) KB explained that there is a need to increase the understanding and awareness in the community about these additional roles and a need to continue to work with patients to make things as easy as possible.

d) RB explained that another indicator of high performance was not having any closures as a result of CQC inspections (unlike elsewhere) and additional investment has been put into PCNs and more communications were needed with the general public to help them understand the new model of care which is wider than just seeing a GP. The Chair commented that GPs in C&H have been able to receive up to 40% more funding on top of their core contract because of additional local investment.

e) RB explained about the Patient Volunteers Pilot (Together Better) run with Volunteer Centre Hackney which integrates Practices more into the community.

f) Cllr Adams detailed his personal experience with a local GP Practice where the performance on transferring him to a new Practice and on registration and on repeat prescriptions had been very poor. KB expressed regret about this but added that there would alway be a degree of variability in the way Practices are run and the important thing was for them to learn from each other.

g) On the prescription problems, KB explained that all GP Practices are now required to have Clinical Pharmacists working within them so there is no reason why there should have been problems with medication.

h) Members expressed concern about what having a Named Doctor actually means, and whether it was just a notional concept. KB explained that all Practices do it and the patient should also be informed of the name. Members' pursued if there was an issue about patient expectations here that needed closer attention. KB explained that she was passionate about continuity of care and while an individual won't necessarily see their Named Doctor at every consultation this process still has value. She also added that while she had initially been sceptical about the new roles in GP Practices she has been totally won over and sees they are now making a great contribution.

i) Members asked if GP:Patient ratio data could be seen by ward. RB replied that they could map wards on top of PCN boundaries and you could get a sense of GP-Patient differentials across areas.

j) Cllr Goldberg expressed a concern that the data in the report was not reflective of what they were experiencing on the ground in the north east of the borough. The rush to get through at 8.00 am, children taken to A&E because they couldn't get a GP appointment for simple things and now the influx of 15 new private GPs moving into the area, illustrated this. The Chair asked why performance in Stamford Hill consistently rated worst across the indicators in the report and was there a particular issue in the NE in terms of Access. RB replied that GPs in Stamford Hill would admit they were struggling and this was also reflected in the survey responses. Improvement plans were

in place and the GP Confed had a Resilience and Sustainability Fund to help Practices at times of need e.g. with recruitment problems. He added the variabilities in performance are normal and the majority were on an even keel. In that area they were under a lot of pressure from patient demographics. The number of children per family was high. The GP funding formula does not deal with the reality of large families (additional baby checks, immunisations etc). He added that additional money was going in.

k) The Chair commented how digital solutions had helped improve accessibility at Lower Clapton Practice and asked whether the responsiveness of same day callback was the same across online and phone requests. Cllr Goldberg added that most in Stamford Hill would not have digital access. KB responded that you need both and the key thing is to encourage those who can access digitally to do so which would free up phone lines for those who don't. She also said that Practices need to improve their telephone system to better monitor data and regretted the influx of new private GPs.

l) The Chair asked how they were analysing the 8.00 am call data. RB replied that use of electronic monitoring tools was common. Demand is generally largely predictable and they have commissioned expertise to help them to understand demand and capacity and respond accordingly, a recent challenge had been a huge increase in, for example, respiratory disease and in those circumstances some Practices will inevitably struggle.

m) Members asked about how information is made accessible to the very diverse communities in the borough where there are c. 86 languages. RB explained the approach and illustrated work such as the Volunteers in Primary Care Project which was up and running in 7 of the 8 Pilot Practices and will shortly be in 16. Delivered by Volunteer Centre Hackney it uses volunteers to lead support programmes in the Practices working with residents on such things as cooking or exercise programmes which ties them into practical health promotion activity.

n) The Chair asked whether they have a strategic plan on culture and language barriers. KG explained that the GP Enabler Group had met the previous day to discuss this issue and in particular actions to improve health literacy, so it was in hand.

o) Members commented that it's about more than language because diverse communities have different needs and will need assistance for example in understanding their health records. KB replied that online access is just one aspect and the aim is to use that to free up the practitioners to work with those who might struggle.

p) Members asked what more is being done on Prevention and on supporting newly arrived migrants. KB explained the Proactive Care Contracts via the GP Confederation. Patients are called for proactive appointments mainly face to face or have home visits e.g. for the housebound and also the work of health

and wellbeing coaches helping with exercise, diet, improved social contact etc.

q) Sally Beavan (Healthwatch Hackney) commented that the trend in GP access is slowly and steadily improving. RB detailed the work they did with Healthwatch and how appreciative they are of their input.

r) The Chair asked if there was a standard hold message across all 41 Practices or some IT support for patients who might just need a little assistance to get up and running using digital channels. Cllr Kennedy explained that the Practitioner Forum he'd just attended had announced the appointment of a new Digital Inclusion Specialist to focus on this aspect.

s) Members asked about surveying patients and a need for psychotherapy support in GP Practices. RB explains how GP patients are surveyed nationally and locally and the use of the 'Friends and Families survey' and 'Care Opinion' adding that there are a whole range of methods of collecting patients' views. On the issue of wrapping more mental health support around GP Practices, KB explained that there are mental health workers now in all PCNs, not psychotherapists but other mental health workers and they also form part of Neighbourhoods Teams.

t) Members asked how central govt policies were helping/hindering the current pressures; about the impact of Brexit on GP recruitment, and on GPs now dealing with issues previously dealt with in Acutes. RB commented that there were no real new policy solutions coming downstream from central government that would immediately ease current pressures and added that he envisaged perhaps another top down restructure. KB explained that since Brexit, the schemes for overseas doctors require Practices to jump through even more hoops.

u) Members asked about funding flows and about patients having little confidence in using digital channels. KB replied that care closer to home is the right approach but waiting times for procedures for out patients are up. Locally she stated that the Homerton was performing well compared to other trusts but those pressures have no doubt had an impact on GP Practices as they have to help patients on waiting lists manage pain and manage conditions for longer.

v) The Chair asked if there was in effect a levelling down since the ICB, also if the GP Confederation was at risk and could PCNs backfill the work of the GP Confed. He asked further what staffing would Primary Care commissioning receive under the new structure. RB replied that GP Confeds do continue to have a future and NHS NEL would likely commission more directly from them

in future adding that there still remains a space for Confeds working jointly with the PCNs. The Chair added that he would like this to be a future item on the work programme.

w) KB added that residents do require better education/information on where, when, and from whom to seek care at any time. She reiterated her optimism about the greater opportunities that the newly created roles in GP Practices will provide.

4.5 The Chair stated that the data on NHS 111 calls and the patient survey analyses are testament to the excellent GPs Practices we have in Hackney and he thanked KB and RB for their excellent and detailed report and for their attendance. He added that he would like the Commission to revisit the issue of how PCNs are bedding down and how we can continue to protect the model we've got.

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| **ACTION:** | **To return to the issues of GP Access challenges specifically in the NE of the borough as well as the PCN-GP Confederation alignment at a future meeting.** |

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| **RESOLVED:** | **That the report and discussion be noted.** |

## 5 Cabinet Member Question Time - Cllr Kennedy

5.1 The Chair welcomed Cllr Chris Kennedy (**CK**), Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, adding that this is an annual item where all Cabinet Members are required to attend their relevant Commission. There is no written report but three topic areas are sent to the Cabinet Member in advance so that the discussion can be focused. The three questions are:

*Q1) How to protect a local voice for Hackney and to retain a meaningful element of local commissioning, fed by local knowledge, within the ICS*

*Q2) How to develop and expand Homecare and intermediate solutions (e.g. Housing with Care, step down flats) to reduce the growing need for Care Home places*

*Q3) How PCNs are working for the community and improving access to primary care*

Cllr Kennedy gave a detailed verbal response on the three topic areas and in the questioning the following was noted.

5.2 In a comment on the previous item CK reminded Members that England had lost 4000 EU national GPs post Brexit

5.3 In answer to Q1 Cllr Kennedy explained the NEL and City and Hackney Place Based Structures. There were now just 42 ICSs in the country with 5 in London. The main NEL ICB meets 4 times a year and the ICPB (above it) has about 40 members on it comprising all cabinet members for health, directors of adult and children services etc from the 8 authorities as well as VCS representatives and others. He explained the local end of the ICS is the City and Hackney Health and Care Board which is our local Place Based Partnership. At the main decision making ICB level there is 1 LA rep for inner NEL and it's on a rotating three year basis and the current rep is Mayor Glanville from Hackney. He is also on the important Treasury Sub Cttee of ICB so Hackney has a strong voice. In addition Dr Mark Rickets, our former CCG Chair, is one of two Primary Care reps for all of NEL on the NEL ICB.

5.4 The 4 core priorities of C&H HCB are: B*abies, children and young people; Long Term Conditions; mental health; and employment and the workforce.* ICB and ICPB are public meetings and papers are available. They do want to move to in-person and they want to encourage public attendance and public questions. Our old CCG got rated outstanding many times and it is very clear, he added, that the extra funding spent then is now reflected in the better outcomes for patients. Our worry is how to protect this level of quality, adding that the argument he makes is to remind people what happens to an acute hospital's performance when you invest in what happens outside of it in the wider community.

5.5 CK highlighted how the recent statistics on residency of patients presenting at the Emergency Department at the Homerton had shown that the percentage of City and Hackney residents had declined from 75% to 66% due to Homerton's mutual aid to neighbouring hospitals. His argument would be that you level up and give PCNs across NEL the same level of funding and that will greatly relieve stress in acute departments.

5.6 The Chair asked about what NHS NEL staffing would remain at Place Based Level i.e. in City and Hackney. CK replied that it was still unclear. The structure they had settled on in NEL was different from that in other ICSs. He described how City and Hackney had fought to retain the Director of Integration joint role and that the Place Based Leader be a Trust CE. Others had gone for an MD type role for the whole system.

5.4 The Chair asked if we were advocating that more staff should reside at Place. CK replied that it was yet unclear but they were trying to keep the staff who know about our 'Place' adding that our integrated teams have proven very successful e.g. the Integrated Independence Team (on learning disability) and we were pushing to scope out more joint commissioning arrangements at the local level. The Chair explained to Members that the change from commissioning more locally and knowing the local ecosystem and the 41 GP Practices, for example, to one of commissioning from above was key. It was not enough to say that 80% of funds will still come down to Place level if you

don't have people here with the requisite local knowledge. Staff resources were fundamental to 'Place' being a meaningful concept, he added. CK commented that the sudden and new Dame Patricia Hewitt report on ICSs for DoH was likely to confirm what a separate IFS study also found which was the admin costs have actually gone up 12% under ICSs, and while there was an argument to be made that this would level out after the initial stage of building up the new regime, it was not a good statistic.

5.5 The Chair asked what scope there would be for local innovation if all commissioning ended up being more centralised. CK replied that it would be where you genuinely do things at Neighbourhood or PCN level such as work on prevention or anticipatory care. The Together Better project between GP surgeries and Volunteer Centre Hackney using volunteers in GP surgeries and running such things as walking clubs or cooking clubs was a great example.

5.6 Members asked about aligning local needs to the objectives of NHS NEL. CK replied that there were two parts to it, firstly being bold enough to be really specific in each neighbourhood, which is what these projects in the Health Inequalities Summit exemplified. Also building further on the Covid Community Champions work would be key. These are now serving as Health Advocates engaged in peer mentoring of parents and people with health conditions. The other aspect of this was that you should be able to afford more local projects because you have availed of economies of scale at higher levels by becoming an ICS. With this you might have to make longer journeys for acute treatments but the things that will keep you healthier longer will be available closer to home, he added.

5.7 Members asked if there was a health emergency re GPs access should be declared in the North East of the borough. CK replied that without having a lot more information in front of him he would not advocate doing this and he would need to see much more detail on the help that is available to the surgeries which are currently struggling. He said it was good that they had admitted they were challenged and that there was some comfort that there is a Resilience and Sustainability Fund in place to provide initial support. He added that he understood Members' concerns and that the variations in performance in the NE needed closer attention.

5.8 Members asked how to improve messaging in diverse communities. CK replied that one of the best approaches was the Community Champions who are living proof that lifestyle change can lead to health improvements. People will always copy actions from those they trust and admire and therefore Peer Mentoring absolutely works.

5.9 Members asked what was the formula to allocate resources to Place Based Systems. CK replied that the full details on exactly what funding is available

and how it will be distributed but that for example the first funding from the government's Hospital Discharge Fund (previously called 'winter pressures') was out and City and Hackney had received £2m. Half of that is distributed on an age based formula and the full breakdown of that is in the papers which went to the 9 Jan Health and Care Board. The Chair added that the recent INEL JHOSC papers detailed that outer NEL boroughs with older populations were receiving extra top up support over more demographically deprived but younger-aged boroughs.

5.10 Members asked what more could we have done to retain the doctors lost due to Brexit. CK replied that leaving the EU was the reason for this exodus and a total lack of confidence about their security and freedom of movement to move back and forth and visit families was the main cause for the doctors' departure. A significant number felt they had been left with no choice but to go back to their home countries and this was a great loss to our health system.

5.11 CK responded in detail to Q2 '*How to develop and expand Homecare and intermediate care solutions to reduce need for care home places'.* He stated that this question mirrored the Manifesto Pledge 193. The point here is that it is not a binary home vs care home decision. Currently 1250 people receive Homecare with 210 in Housing with Care schemes and then 550 residents are placed in Residential Care Homes and two thirds of these have to be placed out of the borough. Most people do not want to end up in residential care, he added, and it was vital therefore to reduce the numbers and provide better and earlier alternatives. For this reason the Council was recommissioning Homecare services later this year. He added that although Housing with Care had been insourced, the Council does not own the 14 buildings involved which are split between four RSLs. The Council therefore is looking at better and more innovative solutions and working closely with RSLs.

5.12 CK added that there was a need to ask some difficult questions here and to interrogate, for example, our house building programme and the pledges we have made as a council to build 1000 new social homes. We need to ask where is the Supported Living in this mix? He stated that this was an area where officers were probably ahead of members on the need for an innovative approach and suggested the Scrutiny could perhaps do some further work on this. He cautioned that none of this would happen quickly however but we can improve the data we collect and do the appropriate modelling and future projections of need to help us win the argument. He added that there was greater scope for better use of assistive technology in homes to save work or the number of care visits. There was a need to look at the potential of new technology, used appropriately, and to embrace it. There was also a need to look more at cooperative models of working. He illustrated how some people

are able to recover some of their mobility and hence some of their independence and we need to look closely at those in Housing with Care for example and continually reassess and support.

5.12 CK responded on Q3 '*How PCNs are working for the community and improving access to primary care'.* The key to this he stated was the Additional Roles Reimbursement Scheme (ARRS) in GP Practices. This encompasses such roles as pharmacists, social prescribers etc. as well as helping the Neighbourhoods to develop further. The use of multi-disciplinary teams meeting on individual cases and work on anticipatory care is key. It is important too to constantly challenge health inequalities. He shared with Members the *C&H 'Health Inequalities Summit - Case Studies Brochure'* from 11 Jan 2022. That detailed an incredibly impressive range of local joint working and most of these came out of PCNs. He described some of them such as: 'Uncontrolled Blood Pressure in Black People' the 'Together Better' programme (referred to earlier) expanding to 16 GP surgeries; 'Nutrition management in Sickle Cell disease in Shoreditch Park and the City'; 'Improving Immunisation at Springfield PCN'. They all produced better outcomes for a relatively small spend and were contributing to the successes illustrated by the data in the previous item on GP Access.

5.13 Cllr Adams sought reassurance that the concerns he had raised would be acted upon. CK replied that he understood the frustration but that he was confident that Dr Brown and RB would act on the points raised. He also described the commitment to support Healthwatch's 'Patient Voice' work and welcomed SBs comments that the data on patient satisfaction levels on GP phone systems and GP access was on an upward trajectory, overall. He concluded that we will always want performance to get better and will continually look at those at the bottom of performance tables as well as those on top.

5.14 Members asked about plans to deal with increased dementia in the population. CK replied that a robust Dementia Strategy for the borough was in place which needed to be built upon. Looking to the future there was a need to rethink housing provision models and not just accept that all HRA funded building should go to straightforward residential homes. The Chair asked if there were examples in the UK of future proofing some housing with care options in new builds as part of any new HRA stock. CK replied there was and there was the potential to build much more variety into stock but there was a need to be bolder about this.

5.15 The Chair thanked Cllr Kennedy for his attendance and his insightful and helpful responses. He stated that he would explore inviting the Group Directors for Finance and Corporate Resources and for Adults Health and

Integration to a future item to explore this housing aspect further because there must be an 'invest to save' element here as it would generate significant savings on residential care placements in the future. He added that the Commission would take forward the following:

- Future proofing the house building/home regeneration programmes by building in a greater variety of housing stock in order to accommodate growing demand for adult social care/housing with care type support
- GP Access challenges specifically in the NE of the borough
- How will the future roles of the GP Confederation and PCNs align

5.16 The Chair stated that Cllr Binnie-Lubbock was unable to attend but had submitted a Question to Cllr Kennedy on *whether there is a target based plan to reduce or cease commissioning health and social care from any providers still using zero hours contracts?* CK responded that this would require a more detailed response than could be given at the meeting and undertook to provide a written answer.

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| **ACTION:** | **Additions to the work programme:**<br>**- Future proofing the house building/home regeneration programmes by building in a greater variety of housing stock in order to accommodate growing demand for adult social care/housing with care type support**<br>**- GP Access challenges specifically in the NE of the borough**<br>**- How will the future roles of the GP Confederation and PCNs align** |

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| **RESOLVED:** | **That the discussion be noted.** |

## 6 Health in Hackney Work Programme 2022/23

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

6.2 The Char outlined the planned items for the next meeting:
- Work by ELFT in tackling inequalities in local mental health services
- Future options for Soft Facilities Services at the Homerton
- Community Diagnostic Centres - local impact (Homerton update)
- New Hospital discharge funding scheme - Adult Services update

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| **RESOLVED:** | **That the work programme for 2022/23 be noted.** |

## 7 Minutes of the previous meeting

7.1 Members gave consideration to the draft minutes of the meetings held 5 December 2022 and the Matters Arising.

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| **RESOLVED:** | **That the minutes of the meetings held on 5 December 2022 be agreed as a correct record and that the matters arising be noted.** |

## 8. AOB

8.1 There was none.

Hackney

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| **Health in Hackney Scrutiny Commission**<br><br>8 February 2023<br><br>**Work Programme for the Commission** | Item No<br><br>**9** |

**OUTLINE**

Attached please find the latest iteration of:

HiH work programme 2022/23
INEL work programme 2022/23

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 | Clincial 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 |

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| | | | NHS NEL | Transition Director Primary Care | Siobhan Harper |
| | | | NHS NEL | Primary Care Commissioning | Richard Bull |
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| **5 Dec 2022** | **Integrated Delivery Plan for the C&H Place Based Partnership** | Briefing | C&H Place Based Partnership | Director of Delivery | Nina Griffith |
| deadline: 24 Nov | | | | Group Director AHI | Helen Woodland |
| | **Implementing new regime of 'Liberty protection safeguarding'** | Briefing | Adults Health and Integration | Director of ASC and Operaitons | Georgina Diba |
| | | | | Principal Social Worker | Dr Godfred Boahen |
| | **Adult Social Care reforms fair cost of care and sustainability** | Briefing | Adults, Health and Integration | Director of ASC and Operations | Georgina Diba |
| | | | | Head of Commissioning, Busine | Zainab Jalil |
| | | | | Financial Advisor | John Holden |
| | **Urgent Item on Mental Health Emergency Department Pressures** | | C&H Place Based Partnershipq | Director of Delivery | Nina Griffith |
| | **Refresh of Mayor of London's Six Tests for service reconfigurations** | Noting only | | | |
| **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 | | | | | |
| | **Local GP services - Access and Quality** | Briefing | NHS NEL Primary Care | Clincial Lead for Primary Care in City and Hackney and PCN Clinical Director | Dr Kirsten Brown |
| | | | NHS NEL Primary Care | Primary Care Commissioner | Richard Bull |
| | | | Healthwatch Hackney | | tbc |
| | | | GP Confederation | | tbc |
| **8 Feb 2023** | **Tackling inequalities in local mental health services - briefing from ELFT** | Discussion | ELFT | Chief Executive | Paul Calaminus |
| **deadline: 30 Jan** | | | ELFT | Borough Director for City and Hackney | Dean Henderson |
| | | | ELFT | Chief Nurse and Deputy CEO | Lorraine Sunduza |
| | **Future options for Soft Facility Services at Homerton Healthcare - update** | Verbal update | Homerton Healthcare | Chief Executive and Place Based Leader | Louise Ashley |
| | | | Homerton Healthcare | Chief Nurse and Director of Governance | Breeda McManus |
| | | | Homerton Healthcare | Chief Finance Officer | Rob Clarke |
| | **Community Diagnostic Centres - update from Homerton Healthcare** | Verbal update | Homerton Healthcare | Chief Executive and Place Based Leader | Louise Ashley |
| | **Impact of new Hospital Dischare Funding Scheme - update from Adult Services** | Verbal update | Adults Health and Integration | Group Director AHI | Helen Woodland |

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| | | | Adults Health and Integration | Operational Director, Adult Social Care and Operations | Georgina Diba |
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| **15 Mar 2023** | **tbc Housing regeneration and future proofing for adult social care needs** | | | | |
| deadline: 6 Mar | **tbc** | | | | |
| | **Health and Wellbeing Strategy 2022-26 one year on** | Update on outputs | Public Health | Director of Public Health | Dr Sandra Husbands |
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| **26 April 2023** | **New Integrated Mental Health Network** | Follow on from Sept 22 | Public Health | Senior Public Health Specialist | Jennifer Millmore |
| deadline:17 April | **Air quality - evidence base on the most affected areas and mitigation plans** | Follow up from 29 June | Climate Homes Economy | Land, Water, Air Team Manager | Dave Trew |
| | **How will the future roles of the GP Confederation and PCNs align** | Follow up from 9 Jan | NHS NEL | Clinical Lead for Primary Care | Dr Kirsten Brown |
| | **GP Access challenges specifically in the NE of the borough** | Follow up from 9 Jan | NHS NEL | Primary Care Commissioner | Richard Bull |

# ITEMS AGREED BUT NOT YET SCHEDULED

| **Possible date** | | | | | |
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| 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 | | |
| | **New CQC inspection regime for Adult Social Care** | | Adults, Health and Integration | | |
| | **Redevelopment of St Leonard's Site** | | Homerton Healthcare | CE | Louise Ashley |
| April 24 | **New commissioning arrangements for Dentistry one year on** | | NHS NEL | Commissioner | Jeremy Wallman |
| | **Estates crisis in Primary Care** | | NHS NEL | | |
| | **Outcomes Framework for City and Hackney Place Based System** | Follow up 5 Dec | Adults Health and Integration | Director of Delivery | Nina Griffith |
| | **Measuring the impact of anti racism actions in commissioning and service delivery in C&H Place Based System** | Follow up 5 Dec | Adults, Health and Integraton | Director of Delivery | Nina Griffith |

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| | **Liberty Protection Safeguards - progress on implementation of new system** | Follow up 5 Dec | Adults, Health and Integration | Principal Social Worker | Dr Godfred Boahen |
| | **Emergency Dept mental health in-patient capacity** | Follow up 5 Dec | Adults, Health and Integration | Director of Delivery | Nina Griffith |
| | | | ELFT | Borough Director Hackney | Dean Henderson |

# INEL JHOSC Rolling Work Programme for 22-23 as at 31 Jan

| Date of meeting | Item | Type | Dept/Organisation(s) | Contributor Job Title | Contributor Name | Notes |
|---|---|---|---|---|---|---|
| | **Municipal Year 2022/23** | | | | | |
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| **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 | |
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| | **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 | |
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| **15 Dec 2022** | **NEL Intgegrated Care Strategy - development** | Briefing | NHS NEL | CEO | Zina Etheridge, Hilary Ross | |
| deadline 5 Dec | **NHS NEL Health Updates** | Briefing | Various | | Shane DeGaris, Paul Calaminus, Jacqui van Rossum, Breeda McManus | |

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| | **What we are doing to improve access, outcomes, experience and equity for children, young people and young adults' mental health** | Briefing | ELFT | CEO | Paul Calaminus | |
| | **Financial Strategy for ICS** | Briefing | NHS NEL | | Henry Black | |
| | **Update on work of Whipps Cross JHOSC** | Standing item | Chair of the Whipps Cross JHOSC | | Cllr Richard Sweden | |
| **28 February 2023** | **Understanding ICS staffing a Place level** | Briefing | NHS NEL | | Zina Etheridge | |
| deadline 16 Feb | **NHS NEL Health Updates from the Trusts** | Standing item | Barts Health/BHRUT; ELFT/NELFT; Homerton Healthcare | | Shane DeGaris, Paul Calaminus, Jacqui van Rossum, Breeda McManus | |
| | **Additional hospital discharge funding at NEL** | Briefing | NHS NEL | | Clive Walsh | |
| Final meeting of the year | **Funding boost for health and care research in north east London** | Briefing | NHS NEL | | tbc | |
| | **Update on work of Whipps Cross JHOSC** | Standing item | Chair of the Whipps Cross JHOSC | | Cllr Richard Sweden | |
| | **ITEMS TO BE SCHEDULED** | | | | | |
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| | **Monitoring new Assurance Framework for GP Practices** | follow up from July 22 | | | | |
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| | **Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults'** | follow up from July 22 | | | | |
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| | **NEL Estates Strategy** | from 21/22 | | | | |
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| | **Acute Provider Collaborative** | follow up from Oct 22 | | | | |
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| | **Local Accountability Framework NEL ICS** | follow up from Dec '22 | | | | |
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| | **Financial Framework NEL ICS** | follow up from Dec '22 | | | | |