

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 26 April 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://youtu.be/QjRbJgLmDNs>

Back up live stream link: https://youtu.be/xxS_AnXzfZA

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

Contact:

Jarlath O'Connell

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Mark Carroll

Chief Executive, London Borough of Hackney

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

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.01)**
- 3 Declarations of Interest (19.01)**
- 4 Update on new Integrated Mental Health Network (19.02)** (Pages 9 - 14)

- 5 **Panel Discussion on ‘Housing Regeneration and options for future proofing for adult social care needs’ (19.30)** (Pages 15 - 46)
- 6 **Minutes of the Previous Meeting (20.50)** (Pages 47 - 58)
- 7 **Health in Hackney Scrutiny Commission Work Programme (20.51)** (Pages 59 - 68)
- 8 **Any Other Business (20.55)**

ACCESS AND INFORMATION

Public Involvement and Recording

Public Attendance at the Town Hall for Meetings

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

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

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

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

The Council will continue to ensure that access to our meetings is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice. The latest general advice can be found here - <https://hackney.gov.uk/coronavirus-support>

Rights of Press and Public to Report on Meetings

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

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

start of the meeting.

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

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

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting.

Disruptive behaviour may include moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

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

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

Providing oral commentary during a meeting is not permitted.

Advice to Members on Declaring Interests

Advice to Members on Declaring Interests

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Further Information

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

Getting to the Town Hall

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

Accessibility

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

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

Further Information about the Commission

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

[Health in Hackney Scrutiny Commission](#)



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<p>Health in Hackney Scrutiny Commission</p> <p>26 April 2023</p> <p>Update on new Integrated Mental Health Network</p>	<p>Item No</p> <p>4</p>
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PURPOSE OF ITEM

To receive an update on the implementation of the new Integrated Mental Health Network from the commissioner and the lead provider.

OUTLINE

At our meeting on 21 Sept ‘22 we discussed the specification for the new *Integrated Mental Health Network* service to replace the old ‘Wellbeing Network’. We heard from the commissioners in Public Health and from CHWF Mind who were the previous providers. The Council was about to go to tender and Public Health officers explained the context for this service and how it will align with the mental health services delivered by ELFT and the IAPT service delivered by Homerton Healthcare.

The IMHN service provides mental health support and recovery services to City and Hackney adult residents with complex mental health needs. The service is delivered by a number of specialist providers managed by CHWF Mind which secured the contract as the lead provider.

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

Attached please find an update report.

Attending for this item will be:

Jennifer Millmore, Senior Public Health Specialist, LBH

Andrew Trathen, Consultant in Public Health, LBH

Vanessa Morris, CEO, Mind in the City, Hackney and Waltham Forest

ACTION

Members are requested to give consideration to the presentation.

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Health in Hackney Scrutiny Commission Briefing

City and Hackney Integrated Mental Health Network

26th April 2023

Introduction

The service recommissioning process is now complete and, following a high quality bid, the contract has been awarded to Mind CHWF as the main contractor. The following local VCS organisations will be subcontractors:

- African Community School
- Bikur Cholim
- Centre for Better Health
- Core Arts
- Derman
- Hackney Chinese Community Services
- Immediate Theatre
- IRIE Mind CIC
- Rainbow Mind
- Shoreditch Trust

This represents both an increased number of subcontractors, as well as an increase in the share of the service that is provided by them.

The mobilisation period is underway and will run until 1st July 2023, when the new service officially commences.

Target population and support provided

- The new service will primarily support people with complex mental health needs, who do not meet the threshold for secondary care but who are also too complex for NHS Talking Therapies services (IAPT, which supports people with mild to moderate mental ill health).
 - There are also a wide range of preventative mental health resources available locally and nationally. The new service will add to this offer, help to support local initiatives and improve communications around what is available to residents.
- Complex mental health needs are where other challenges or issues intersect with a person's mental health problems. As a result, addressing their mental health condition in isolation is usually not effective. These other factors can include housing difficulties, substance misuse, low income and debt, unemployment isolation, experience of domestic violence, physical health conditions or disabilities, learning disabilities or neurodivergence, experience of discrimination or being digitally excluded.

- Over the last few years, services have reported a significant increase in the number of people with complex mental health needs, and the current cost of living crisis means that this is likely to continue for some time.
- The long-term ambition is to move towards a more preventative mental health system in Hackney and this service, while primarily supporting complex mental health needs, will prevent these clients from worsening to a point that they require secondary care and will help them to become able to lead healthy lives, independently from support services.
- By supporting people with complex mental health needs, the service will also contribute towards reducing health inequalities locally.

The new service - the Wellbeing Network

- The service will continue to be known as the Wellbeing Network. A name change was considered but after consulting on this, it was agreed that the negatives of doing so outweighed any advantages. However, engagement work will be undertaken to ensure that local partners are aware of the service and understand what it offers.
- The core service will support at least 1,800 City and Hackney residents at any one time, with more supported through its preventative initiatives.
- The support provided will be holistic, whole person mental health support. Each client will receive a care plan made up of therapeutic interventions, activities and 1:1 coordination.
- Residents can be referred into the Wellbeing Network by other local service providers and they can also self-refer.
- The service will be monitored through KPIs that assess areas such as improving the mental health and wellbeing of its clients, supporting improvements in training and employment skills, physical health and social connectedness. The service must also ensure that its clients represent the Hackney population. It will also be required to deliver this care in a joined up partnership approach with other local service providers.

Strengths retained from the original service

Stakeholder engagement made clear that the current service is widely valued in the community and therefore many aspects of it were retained in the new design:

- **Flexible offer**
 - Wide range of therapeutic interventions (beyond the IAPT offer) - both individual and group.
 - Many non-therapeutic support interventions that are just as important

for long-term good mental health e.g. learning and skills based. These interventions are also important for people who may be reluctant to access psychological therapies.

- **Holistic and person centred approach**
 - All clients will receive 1:1 coordination and support, and each client will attend the interventions that best meet their needs - there is no single standard offer.
 - Addressing underlying factors influencing mental health, such as employment, debt and isolation. These are vital for achieving long-term change.
 - Group and 1-1 peer support, to help consolidate recovery, focus on strengths and aid social connection.
- **Focus on recovery and independence from support services**
 - Many MH and wellbeing interventions result in short-term positive outcomes but these can fade once attendance ends. The aim of the service is to address underlying issues, such as trauma and external factors, and to provide clients with skills, knowledge and techniques, as well as social connections, to help to remain mentally well independently from the service.
- **Cultural / community specific offer**
 - Wide range of community based providers offering alternative ways into the service and culturally specific interventions, allowing clients to feel supported within the communities where they feel comfortable. The Network now includes 3 new providers that are Black African/ African Caribbean heritage and South East Asian led and focused.
- **Alternative to the NHS**
 - Some residents do not trust the NHS and the service provides an alternative community offer that some residents may be more comfortable attending.
 - It also is able to support residents with mental health needs who don't necessarily have a diagnosed mental health condition.

All of the above factors also help the service in addressing health inequalities.

Key changes for the new service

All the changes have been implemented following stakeholder engagement and review of the current service and local needs:

- Increased focus on complex needs.
- More support for preventive and small community initiatives
- Innovative therapeutic supports to aid engagement for people with limited time to engage with services- FORWARD model.

- Stronger emphasis on partnership working:
 - Care plans will (where appropriate) include interventions from external services
 - Formal joint care plans with other services where there is a joint need e.g. with substance misuse
 - Inclusion of IAPT preparation and increased integration with IAPT services, allowing clients to access IAPT therapies as part of their holistic offer.
 - Improved pathway from CYP services
 - Improved transfer between local services - supported by trusted referral systems.
- More integrated and efficient service
 - Greater integration within the service, increasing efficiencies and preventing silo working, while maintain benefits of having smaller providers
 - An integrated cross provider assessment and keyworking team
- More flexibility to adapt to population need and external changes
 - Some flexibility in funding is built into the contract. If changes to the population, emerging needs or potential service improvements are identified, funding can be more easily shifted towards these areas
- Better promotion of the service and making clear what the offer is



<p>Health in Hackney Scrutiny Commission</p> <p>26 April 2023</p> <p>Panel Discussion on ‘Housing Regeneration and options for future proofing for adult social care needs’</p>	<p>Item No</p> <p>5</p>
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PURPOSE OF ITEM

To discuss with *Adult Services* and with *Economy Regeneration and New Homes* possible approaches to future proofing housing in order to better accommodate the growing demand for adult social care or housing-with-care type support. This would ultimately help to reduce the demand for expensive residential care. The focus of this session is to better understand the adult social care challenge, the housing context and the use of the capital programme.

OUTLINE

Attached please find two presentations. The running order and contributors for the session are as follows:

1. Adult Social Care and Accommodation - Planning for future need

Theme	Presenter	Timing
<p>Adult Social Care and Accommodation - Planning for future need</p> <p><i>(Context; Hackney Profile 2020-2040; ASC Reform White Paper; A Place we can call home; Context and vision; Other types of options for ASC clients; Other options for other clients with needs; What do we offer currently; What are the benefits; Identify future needs)</i></p>	<p>Georgina Diba Director - Adult Social Care and Operations</p> <p>Helen Woodland Group Director, Adults, Health and Integration</p>	<p>19.30</p>

2 The Housing Context - Regeneration and Delivery

<i>Theme</i>	<i>Presenter</i>	<i>Timing</i>
Housing Regeneration and Delivery <i>(Our building programme; Objectives; Manifesto targets; New sites; Adaptable homes; Our commitments; Housing Needs Survey; Different clients with different evolving needs; Working on making a proportion of new build homes wheelchair adaptable and accessible; The commissioning framework; How Sheltered Housing is delivered)</i>	Stephen Haynes Strategic Director, Economy, Regeneration and New Homes James Goddard Strategic Head - Strategy, Assurance and Private Sector Housing	19.45

3. The General Fund Strategic Property Context

<i>Theme</i>	<i>Presenter</i>	<i>Timing</i>
Strategic Housing and corporate landlord context <i>(The funding challenge; What can be serviced; Overview of current work across the services)</i>	Chris Pritchard Director of Strategic Property	20.00

4. Panel Discussion (c.20.10-20.50)

ACTION

Members are requested to give consideration to the briefings and the discussion.

Adult Social Care & Accommodation: PLANNING FOR FUTURE NEED

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Context

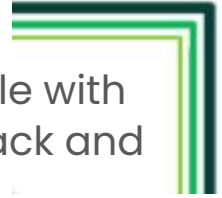


- ASC supports approx. 3300 individuals a year.

25% Increase since 2020

- ASC is the largest budget in the council's general fund, making up approx. 40% of the entire budget but supporting less than 2% of the population. Demand for ASC services is increasing, and as with all departments in the council the budget is decreasing.
- To be eligible for ASC individuals need to be assessed to determine whether they are eligible for support under the Care Act (2014).
- The Care Act (2014) requires us to consider the least restrictive option when providing care and support for all eligible adults.

Hackney Profile 2020 - 2040



- In the 2021 Census the borough had an estimated population 282,365 people with more than 89 languages spoken and around 46.7% of our residents from black and global majority ethnicities.
- Hackney has a relatively young population with People aged 55+ making up only 17% of the population.
- Hackney was the 22nd most deprived local authority in England and the 2nd most deprived in London.
- In 2021 14.3% of Hackney Residents said they were disabled (30,020 people).
- In Hackney 2016-18 life expectancy was 79.6 years for men and 83.7 years for Women. Life expectancy in Hackney is below the London average for women by six months, and men by one year and one month.
- Hackney remains the 3rd most densely populated local authority after Tower Hamlets and Islington.

ASC Reform White Paper



People at the Heart of Care: adult social care reform December 2021

- White paper sets out 10 year vision for social care reform
- Project demand for supported housing set to increase by 125,000 by 2030
- Focus on supporting communities to build partnerships and boost availability of specialist housing.
- Investment of £300 million over 3 year period to enable vision of integrated housing into local health and care strategies, with focus on boosting supply of specialist housing

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“Every decision about care is also a decision about housing”

A place we can call home



Commission on the Role of Housing in the Future of Care and Support. Report November 2021 titled 'A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people.'

Focus on embedding housing as part of the local health and care system with a range of recommendations, including:

- Page 21
- Increasing supply and 'levelling up' supply in areas
 - Combining capital spend and revenue spending that obliges partners to pool funding and work together
 - Strengthening guidance on access requirements and design principles
 - Local information, advice and advocacy that support with housing with care options and moves.



The Hackney vision for clients of Adult Social Care for residents is:

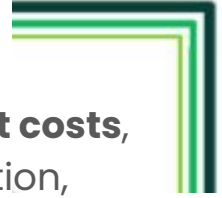
Building on Strengths, Making Connections

We want you to achieve what matters to you, in partnership with our communities in Hackney. Where you need support, together we can find a solution that keeps you safe, well and independent.

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Context



- The cost of residential and nursing placements is made up of **care and support costs**, and what are known as **'hotelling' cost**, i.e. costs associated with accommodation, food and utilities.
- Where an individual is placed in a residential or nursing placement, the entire cost of the placement is funded from the ASC budget, individuals do not have a tenancy and it is more difficult to provide truly personalised care. Due to lack of legal tenancy, individuals are not eligible for most welfare benefits.

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Where an individual is placed in other accommodation with care options, the person holds a legal tenancy (usually AST) and can tailor their care and support to their own requirements. Individuals are eligible for all usual welfare benefits, for example housing benefit and council tax benefit.

- By separating accommodation from care & support costs, supporting individuals in accommodation with care settings delivers significant efficiency savings for Adult Social Care (ASC) budgets, as the ASC budget is only required to pay for the care element of the service, with accommodation costs being recovered through housing and other benefits. The average saving is £300 per week (although this is variable).

What are other types of options for ASC clients?



The types of accommodation can be summarised as follows:

- Extra Care Sheltered Housing (ECSH) – these are larger schemes (40+ units) for people aged 50 and over who have significant Care Act eligible care and support needs. A characteristic of ECSH is that each unit is self-contained, meaning everyone has their own front door. Schemes are mixed client group use, meaning they can support older people with learning disabilities and mental health issues as well as frail elderly people without those additional needs.

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24hr Supported Living – these are smaller schemes for people with mental health issues, learning disabilities, dual diagnosis (mental health and substance misuse), autism, sensory impairment and physical disabilities. Schemes are usually, although not exclusively, for working age adults, and support younger people with disabilities who are transitioning from children’s services to adult services. Residents must have significant Care Act eligible care and support needs to be suitable for these schemes, and schemes are designed to deliver more of a family, or small community environment.

- 9-5 Supported Living – these are schemes for people of working age with physical disabilities, who do have significant Care Act eligible needs, but who are able to live more independently with some support. Schemes are smaller in size and are designed to offer a community environment.

What are other types of options for other clients with needs?

There are also a range of clients who have 'support needs' but whose needs are not at a level where they will be eligible for adult social care. For example, this might include people with a mental health issue who need additional support before they can live totally independently, or people with a learning disability who will need ongoing support to maintain a tenancy. Traditionally, these types of needs have been supported through the Housing Related Support grant (HRS).

Types of accommodation and support for people with need, but not ASC eligible needs can be summarised on the next slide.

HRS is a non-ring fenced grant, and is currently £6.9m, but this has been reduced significantly over the past 5 years. In Hackney, just over £1.2m of the HRS grant has been mainstreamed into the Housing Needs service to support hostel provision for homelessness, and just under £900k is spent on assistive technology to support people to remain safe at home. Therefore £3.8m is spent specifically on accommodation based and housing support provision.

What are other types of options for other clients with needs?

Types of accommodation and support for people with need, but not ASC eligible needs can be summarised as follows:

- Floating support – the majority of HRS funding is directed to the delivery of floating support services. These are services for individuals with a tenancy who are supported by a support worker to ensure that their tenancy is maintained, this might for example include activities such as supporting an individual with learning disability to pay their rent, supporting an older person with minor repairs to a home to make it safe (such as changing light bulbs, repairing flooring to avoid trips or maintaining boiler and heating systems). Support is tiered, and usually reduces over time. So people with low needs will usually get up to 2 hrs support a week, those with medium needs get up to 5 hrs support a week, and those with high needs can get up to 7 hrs support a week.
- Move on Supported living – we provide some placements in supported living facilities, where individuals do have their own tenancy, but there is also support on site (usually 24hrs, but can be 9-5 in some cases). These types of supported living differ from ASC eligible supported living because the main aim of these types of placements is that people do not stay longer than 3yrs and the support is aimed at supporting individuals to prepare them to live entirely independently. This type of support is called 'move on' provision. This type of provision is often most appropriate for individuals with mental health issues.

What do we offer currently?



- 16 residential care homes with 283 beds, ranging from 4 bed homes for younger adults with learning disabilities to 4 larger care homes (40+) for older adults
- 443 individuals in residential and nursing placements at present, many of these placements outside the borough
- No nursing homes in Hackney
- 318 Housing with Care units, across 16 schemes, with 218 residents currently in units and 56 voids - units are owned and managed by four housing associations and Hackney Council care staff provide the care and support. Many of the schemes are very old and unmodernised and/or in locations that are not convenient or desirable to older people - not all current residents are in receipt of ASC support.
- We have approx. 200 younger residents with a learning disability or mental health issue in other supported living, although not all of these are within Hackney

Placement Numbers - source Mosaic

Long Term Residential	01/10/2018	01/10/2019	01/10/2020	31/03/2023 <small>(includes short and long term placements)</small>	Ave. Cost
LD 18-64	119	111	110	96	£1,777
PD 18-64	6	7	7	12	£1,233
MH 18-64	52	47	47	52	£1,286
OP 65+	155	168	160	223	£894

Long term Nursing	01/10/2018	01/10/2019	01/10/2020	31/03/2023 <small>(includes short and long term placements)</small>	Ave. Cost
LD 18-64	2	2	2	2	£5,584
PD 18-64	7	7	6	9	£975
MH 18-64	0	0	0	3	£1,109
OP 65+	157	147	111	133	£988

What are the benefits?



A strategic programme to develop a range of housing with care options would support the department to manage increasing demand on the budget and projected increases in demographic demands both now and in the future by avoiding expensive residential placements wherever it is possible, appropriate and safe, and supporting better management of the challenging residential care market through reducing demand for placements in a sector with finite and limited supply, which often drives higher cost.

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Significant budget savings to the council

Secure tenure in purpose built, good quality accommodation within the community for residents offering a home, with support, for life.

- Personalised care and support for residents
- The ability to plan and deliver schemes centred in our communities, supporting diverse communities and community cohesion
- Ability to support Hackney residents to remain in Hackney for their entire lifespan

Identify future need



- Review of current purchasing patterns against what what are optimum arrangements in future, by different cohorts (learning disability, mental health, physical disability, older person)
- Develop a strong and integrated view of data, to track trends and performance, enabling real time future planning
- Building the relationships - with the market, housing and regeneration - to set out investment required
- Setting out how we do this with residents in a way that is genuinely co-produced

Housing Regeneration and Delivery

Rachel Bagenal - Strategic Head of Housing Regeneration and Delivery

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Our building programme

- More than 3,400 homes across more than 30 sites
- A mix of large and small sites - including estate regeneration, infill and brownfield
- Social rent, shared ownership and outright sale to pay for it
- A portfolio, self-funding approach
- ERP and HSP 50% affordable
- New programme 75% SR

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Colville
Estate

Our objectives

- **Deliver mixed tenure developments** including homes for social rent, shared ownership and outright sale alongside a range of non-residential uses, public realm improvements and socio-economic outputs
- **Provide additional, high quality homes** within existing estates by building on underused land, typically car parks, garages and depots.



Frampton
Park Estate

Manifesto targets

- During the last manifesto period, **2018 - 2022** target of 1,984 homes
- Of these homes, 956 are affordable - Social Rent and Shared Ownership
- The current manifesto **2022 - 2026** target is to deliver **1,000 new SR homes**
- Our current and new sites building programmes are contributing 568 SR homes to this target



Colville Estate

New sites

- In Dec 2022 Cabinet approved the new Council House Building Programme
- 15 small sites
- 15 homes
- 75% SR
- Will contribute 313 new SR homes to 2022-2026 Manifesto target of 1000 SR homes

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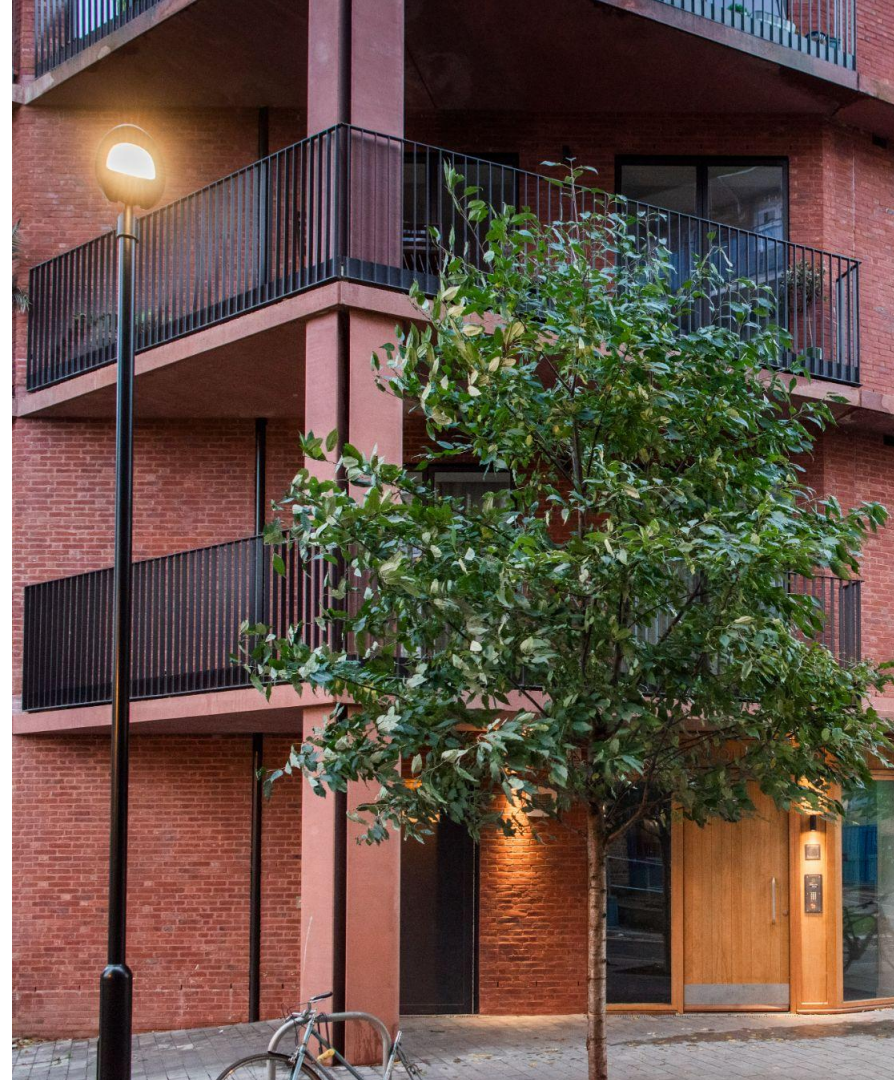


Great Eastern Buildings

Adaptable homes

- 10% of the new homes we build are wheelchair adaptable
- Comply with requirements of M4(3) set out in Approved Document M of Building Regulations

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Taylor and
Chatto Courts



Colville
Estate

#HACKNEYISBUILDING



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Chowdhury
Walk

#HACKNEYISBUILDING

Our commitments

Not for profit

Building homes for outright sale to pay for social housing

Council-led

Without private developers or by selling off Council land.

Council land

Making the most of the land we have available.

First dibs for local people

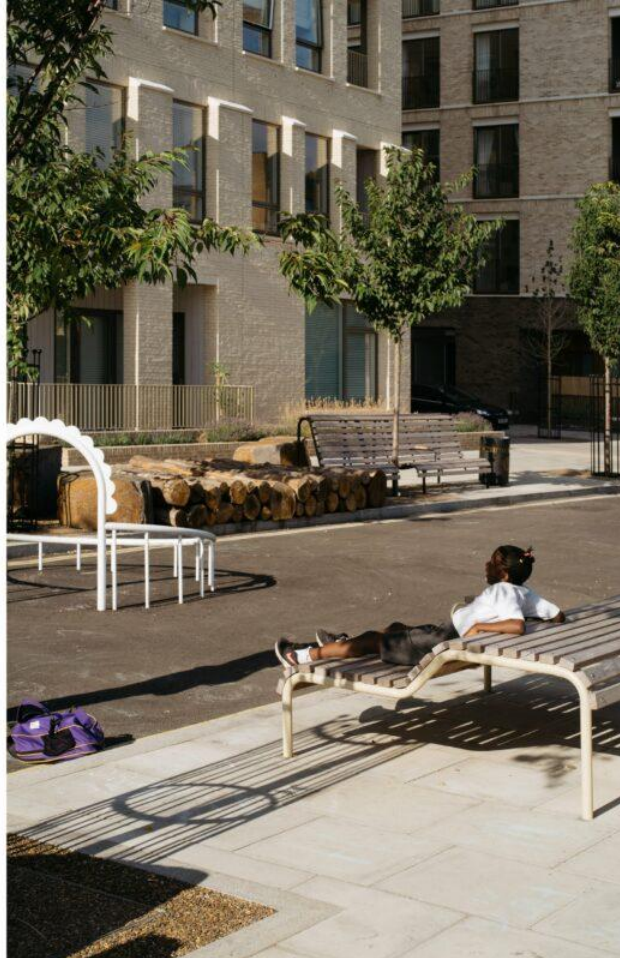
Right to return and local letting policies

Working together

Collaborating with local residents



#HACKNEYISBUILDING



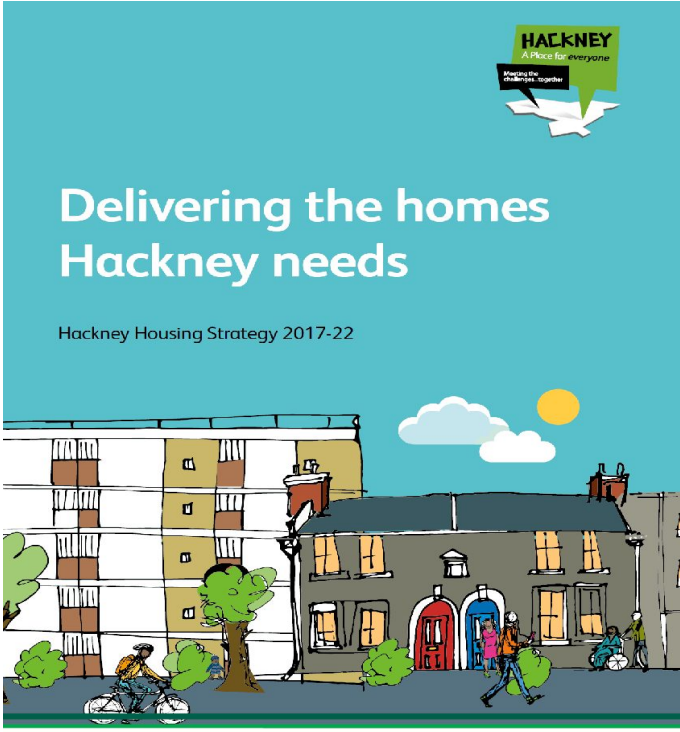
St Leonards Court

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Housing Strategy

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Key Actions

Housing Needs Survey

Strategic Housing Market Assessment

Stock Condition Surveys

Page 45

- Review supported housing needs and develop an older persons housing strategy (HS 22 AP4)
- Work in partnership with housing providers to promote health and employment initiatives (HS 22 AP5)

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<p>Health in Hackney Scrutiny Commission</p> <p>26 April 2023</p> <p>Minutes of the previous meeting and matters arising</p>	<p>Item No</p> <p style="font-size: 48pt; text-align: center;">6</p>
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OUTLINE

Attached please find the draft minutes of the meeting held on 15 March 2023.

Matters arising from 5 Dec

Action at 5.4g

<p><i>ACTION:</i></p>	<p><i>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.</i></p>
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This will be followed up.

Matters arising from 8 Feb

Action at 6.6

<p><i>ACTION:</i></p>	<p><i>CE of Homerton Healthcare to inform the Chair as soon as a decision was made on the siting of the proposed Community Diagnostic Centre.</i></p>
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This will be followed up.

Matters arising from 15 March

Action at 5.5e

<p><i>ACTION:</i></p>	<p><i>DPH to provide further details on the eligibility for free exercise classes beyond just '55 year olds and above' and also offers for cohorts such as those experiencing mental health challenges or who are isolated.</i></p>
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Reply below from Public Health on 11 April

Public Health have recently developed a new physical activity grants programmes, which is due to start in April 2023. This programme will be delivered over the next 2 years to test what works best to address inequalities in physical activity (informed by insight work that we did with residents and wider stakeholders at the end of 2021).

Older people, and indeed younger people/families and those with mental health issues have been identified (among other communities and groups) as groups we would like the VCS to focus their proposals on.

We are currently assessing applications grants assessment and panel taking place until 19th April 2023. The aim is to notify groups w/c 1st May and commence the contracting process. Groups should all have their grants in place and have been paid by mid-late May 2023. Programme will run until March 2025 and will be evaluated to understand impact on physical activity and inequalities.

Wider than this, Public Health also commission Young Hackney to work with schools to deliver the Daily Mile within schools across Hackney, and also provide Personal Bests, which provides fully inclusive opportunities for children aged 9-11 years old to increase their physical activity levels and develop their physical activity skills through a practical, guided physical activity programme through a school based programme that is delivered throughout the academic year.

Public Health also commission GLL to provide '[Healthier Together Hackney](#)', a programme which offers both Weight Management and Physical Activity on Referral programmes to support residents to achieve their personal goals whether that be losing weight or becoming more active for those who are 18+ .

We also commission Homerton Hospital to deliver '[Power Up!](#)', a service for families with children aged 5-19, that aims to build healthy diet and physical activity habits into their daily routines. Building confidence and social connections are an important element of both of these interventions.

Action at 6.5g

ACTION:	NG to provide further information on the timeline for the Free School Meals Task Group.
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To follow.

ACTION

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

London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2022/23
 Date of Meeting: Wed 15 March 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 and Cllr Sharon Patrick (Vice Chair)
Cllrs joining remotely	Cllr Grace Adebayo, Cllr Frank Baffour
Cllr apologies	
Council officers in attendance	Joia De Sa, Consultant in Public Health Nina Griffith, Director of Delivery C&H Place Based Partnership Dr Sandra Husbands, Director of Public Health, City and Hackney Chris Lovitt, Deputy Director of Public Health, City and Hackney Jenny Zienau, Strategic Lead (Change and Transformation), Policy and Strategic Delivery
Other people in attendance	Sally Beavan, Interim Exec Director, Healthwatch Hackney Krista Brown, Community Development Officer, Volunteer Centre Hackney Clare Ferrigi, Community Development Manager, Volunteer Centre Hackney Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture Caroline Millar, Chair, City & Hackney GP Confederation Cllr Claudia Turbet-Delof, Mental Health Champion, LBH
Members of the public	66 views
YouTube link	View the meeting att: https://www.youtube.com/watch?v=9f9QRvROXog
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer ☐ jarlath.oconnell@hackney.gov.uk ; 020 8356 3309
<u>Councillor Ben Hayhurst in the Chair</u>	

1 Apologies for absence

1.1 An apology for absence was received from Helen Woodland.

2 Urgent items/order of business

2.1 There was none.

3 Declarations of interest

3.1 There were none.

4 'Together Better' project - Volunteering in Primary Care

4.1 The Chair stated that Members' attention had been drawn to this project at the January meeting during discussions with Cllr Kennedy, the Cabinet Member, and it was decided to invite the leaders of it to come and describe the work.

4.2 He welcomed:

Care Ferrigi (CF), Community Development Manager, Volunteer Centre Hackney

Krista Brown (KB), Community development Officer, Volunteer Centre Hackney

4.3 Members gave consideration to the report "*Together Better Volunteering in Primary Care*'.

4.4 CF and KB took Members through the report in detail. It covered:

- The 7 GP Practices involved
- Number of volunteers
- The diverse range of activities and the numbers involved
- Project impact - what the patients say
- What the surgery staff say
- Project impact stories
- Contacts for further information

It was noted that the key to it was the excellent relationships with the GP Surgery Staff and that some of the volunteers on the project had also been given other volunteering opportunities and some have been taken on by the surgeries, which was not the original intention but was testament to the quality of their work. All the instructors who volunteer to give their time are fully qualified in their activity.

4.5 Members asked questions and the following was noted:

(a) The Chair asked how representative the participants were of their GP Practice area. CF explained that the majority were 45 yrs and above as the activities were during normal working hours but more surgeries were now also open at weekends. The range of ages was 45 to 95. The project was funded as a pilot by the ICB for two years for one surgery in each PCN area. They are now getting a second year of funding with half coming from the PCNs and half from the ICB i.e. NHS NEL.

(b) The Chair asked about the capacity of the project to expand to all Practices. CF explained that the project had doubled so they were now recruiting one more manager for each area, this would give the Community Engagement Workers more support and there were two of those working three days a week. They take referrals now from every PCN area. KB detailed how referrals for her are coming from other surgeries in her PCN area as she has a good relationship with the social prescribers. She described the work they did on International Women's Day when they had 11

nationalities involved, who all brought their national food, and the activities done during Black History Month. Diversity in all its forms was celebrated by the volunteers and participants.

(c) Members asked how the Practices were selected and if they were advertised in the local communities. CF explained that initially there wasn't general advertising as the provision was limited by which surgeries had the physical space to run activities. In the second round of the pilot the PCNs will choose themselves and they have begun some advertising as it will be going wider from April.

(d) Members asked about waiting lists and limits on attending multiple sessions. CF replied there was no limit and the information from patients also feeds back into the Neighbourhood Programme. While they've never had a waiting list, some event locations are now at capacity. The focus of the work is on encouraging those who are wary and reluctant to come along. Cllr Kennedy commended the project and said it was a great practical example of Prevention in action which the whole system was crying out for. He described the ambition nationally that if you were able to switch even 1% of NHS funding from treatment to prevention and you fund it for 5 years so programmes can bed in and grow it and then do your analysis, you will save more money in the long run. In time they might find there are other organisations that can deliver some of this better or who would be more suitable for working age populations, who need after-hours activities, but that will only become apparent with time. CF mentioned that finding space was an issue and some GP surgeries for example do not have full disability access so being able to use community halls would be a great bonus.

(e) The Chair asked about the need to map all hireable community spaces in the borough. Cllr Kennedy explained that Hackney Housing had just launched a new promotion for use of their halls but that often the prices and the requirements for risk assessments etc will present a challenge for many and so more needs to be done to join up systems and make better use of the facilities we have.

(f) The Chair asked about funding and referred to a news story about a possible 30% cut to NHS NEL budget over the next two years. Cllr Kennedy clarified that this related to the support staff and structures of NHS NEL (the ICS) and not to the funding of services in the NEL area. The Chair asked if enough was being done to build the necessary evidence base to attract future funding. CF explained that they were continuously working on this and aware of the importance of data. They needed more input from surgeries but VCH itself would not want staff working on data inputting as they themselves did not have the capacity for that and it was not best use of the skills of their volunteers. She explained how they are working with surgeries on Frequent Attenders to get the number of unnecessary appointments down but also to monitor blood pressure and other physical signs of project participants which demonstrate the effectiveness of the scheme.

(g) Members asked about using community halls which are empty during the day and on coaxing those who are reluctant to take part. CF reiterated that choice of surgeries was dependent on availability of space and there was no money in the budgets for this project for hiring spaces. She added that a lot of patients, who they are trying to coax to take part, do feel safer and comfortable in their own GP surgery and wouldn't be in other spaces, so this has to be a factor. She described the additional project Our People which they are running in Kingsmead estate.

(h) The Chair asked whether health related projects could have their hire costs for halls reduced or waived. Cllr Kennedy acknowledged the point but replied that this has to be part of the wider conversation with Stephen Haynes on better use of council assets overall.

(i) Cllr Turbet Delof asked about expansion plans and current challenges with the scheme. CF replied that they are community development workers and are not clinically trained so working with mental health patients has been a challenge. She added that the cost of living crisis had exacerbated the problems and people were coming to them with a whole complex range of issues involving housing, legal advice, benefits. She explained how they don't give up on referrals who are not responsive and described how KB phoned one person 13 times before they agreed to join a walking group, which then really benefitted them. Some were just grateful for the call as they were so isolated.

(j) Members asked about extending course times to evenings to reach working age populations. CF explained that the number of evening activities e.g. sewing is increasing and they were working on tailoring more to working age populations. KD explained about people's hierarchy of needs. Some may not have heating or adequate food and the fundamentals have to be attended to before the person can agree to join a walking group.

4.6 The Chair thanked CF and KB for their excellent presentation and commended the work and the huge difference it was making to the residents involved. He asked if Members could get an update in perhaps a year to learn if the funding and facility challenges have been surmounted.

RESOLVED:	That the report and discussion be noted.
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5 Health and Wellbeing Strategy 2022-2026 - update one year on

5.1 The Chair stated that the purpose of this item was to receive an update on the Health and Well Being Strategy one year after it was adopted.

5.2 He welcomed for the item

Joia De Sa (JD), Consultant in Public Health
Dr Sandra Husbands (SH), Director of Public Health

5.3 Members gave consideration to 4 documents:

- A. Presentation on HWS one year on
- B. Note on 'Increasing social connections for the residents of Hackney'
- C. None on new City and Hackney Social Connection Leads Group - terms of reference
- D. Copy of the *Hackney Joint Health and Wellbeing Strategy 2022-26*

5.4 JD took Members through the presentation which covered:

- Background to the Health and Wellbeing Board
- Process to reach the Priorities and Progress to date
- The 3 Priorities: Improving mental health; increasing social connection; and supporting greater financial scrutiny
- *Priority 1 - Improving Mental Health*
- What we've heard from residents and stakeholders on what is important
- What we should focus on and how we are taking this forward
- *Priority 2 - Increasing Social Connections*
- What we've heard from residents and stakeholders on what is important
- What we should focus on and how we are taking this forward
- *Priority 3 - Supporting greater Financial Security*
- What we've heard from residents and stakeholders on what is important
- What we should focus on and how we are taking this forward

5.5 Members asked questions and the following points were noted:

a) The Chair asked about the approach to linking with or enhancing existing services, in relation to Priority 2 on 'Increasing Social Connections'. JD explained that a key element of this was service mapping but it was also about having clear thinking on what we're really defining as social connection and then benchmarking so we can benefit from learning elsewhere. She added that the key point was the quality of the interaction and the frequency

b) The Chair asked about building on the legacy of Connect Hackney. JD explained that this work is about building on the projects that came out of that and linking them to the wider work such as that done by Volunteer Centre Hackney. SH added that up to now the focus had been on service delivery but if we want to engender lasting social connections and create healthier communities and not just respond to immediate needs, we need to be more creative. It's about understanding what our role is in building social capital and not just providing a service, because those interventions are inevitably time limited and often about small groups rather than whole communities. We need to be able to support and strengthen social capital within discrete communities and between them, she added.

c) The Chair asked what a revised approach here would look like in practice. SH acknowledged that this was difficult to describe but what you will see is a

combination of greater social cohesion within communities, which is tangible and somewhat measurable, but also communities continuing to come together to support each other, in the way they did during the pandemic. The healthiest communities are the ones that have that sense of community empowerment and these will look and behave differently than they do now. Some communities can be very cohesive but have high levels of deprivation and large burdens of ill health.

d) Cllr Turbet-Delof (Mental Health Champion) asked about measuring the impact of outreach work. JD replied that this is something they want to develop further. There is some work on projections and there are proxy measures they can look at and begin to measure them over time. Cllr Kennedy commented that a very good example of this was an intervention by Housing where they've looked at everyone who lives on their own and who hasn't called in a repair in over 2 yrs and they've gone and knocked on their doors. Doing this they found a number of people who were severely isolated and or hoarding and who had given up on reporting repairs and who were living in very poor conditions. So, he added, there are certain metrics which can be used to measure the impact of this kind of outreach.

e) Members asked about the possible threat to funding due to the impact of inflation. They also asked about extending access to free local exercise classes beyond just over 55s and also about the financial viability of widening this offer. JD explained that the public health funding here referred to the co-ordination role and that would continue. On low cost exercise classes there was an offer, specifically related to the cohort for 'falls prevention' work and she undertook to examine this area further. SH replied that a real terms cut in funding would obviously impact services such as befriending or social prescribing but in terms of the wider programme of work the aim was not to focus on just 1:1 or even group activities but finding opportunities to support connections between people that are beneficial and lasting, and not just programmes that are only specifically designed for one purpose. In Public Health they attempt to add to their purpose in order to enhance the offer. Only certain age groups qualify for certain programs of course and that is always under review, she added.

ACTION:	DPH to provide further details on the eligibility for free exercise classes beyond just '55 year olds and above' and also offers for cohorts such as those experiencing mental health challenges or who are isolated.
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f) Members asked whether there was enough emphasis on mental health and how to integrate that better with other services. JD replied that mental health in and of itself does require a special consideration and it must be integrated across the piece and that is a focus of their work.

g) The Chair asked about the benefits if even 1% of funding was switched from Secondary care to Prevention and how Public Health evidences their case so that funding isn't always swallowed up by secondary care. JD replied that prevention and early intervention does always reap rewards for the system overall and this is particularly true for mental health. There are also strong cases to be made about the

impact of wider determinants of ill health and this is the ongoing task of the Public Health team

5.6 The Chair thanked the officers for their detailed update adding that it would be helpful to hear back in a year on the work done in reducing the gaps locally and how the investment of resources marries up with that gap analysis. It would also be interesting to see greater clarity too on the strategy for improving social connection.

RESOLVED:	That the discussion be noted.
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6 Cost of living crisis and health equity

6.1 The Chair stated that the purpose of this item was to receive an update from the Health and Care partners on the work of the Council and the NHS to support residents with the cost of living crisis focusing in particular on mitigating the health impacts.

6.2 He welcomed for the item:
Nina Griffith (NG), Director of Delivery, City & Hackney Place Based Partnership
Jenny Zienau (JZ), Strategic Lead (Change and Transformation), Policy and Strategic Delivery

6.3 Members gave consideration to two documents:

- A. Briefing note on *Cost of living and health equity*
- B. Executive Summary of Institute of Health Excellence report '*Rising Cost of Living: a review of interventions to reduce impact on health inequalities in London*'

6.4 NG took Members through the report in detail. The cost of living crisis locally had been the driver for this and the aim was to take a system level approach using collective levers of council and NHS to address the crisis. She took Members through the 4 key strands of the Poverty Framework namely: *Coordinating our system response; Equipping the resident facing staff; The crisis grants and income maximisation work via the Money Hub and the Use of Data and Insight*. JZ went on to explain outreach with VCS partners and importance of co-designing the Money Hub with them

6.5 Members asked questions and the following was noted in the replies:

a) Chair asked about referral pathways to the Money Hub, limits on access and how checks on further Benefit eligibility are done. NG detailed the process explaining that it was quite bespoke and that among the team there are for example experts on housing benefits, on disability allowances and sometimes input on case management. A large part of the work was around helping those with rent arrears.

JZ described how the Money Hub worked in close partnership with the VCS partners giving the example of the work at the Lubavitch Children's Centre. The outreach is carefully co-designed with partners in the relevant communities.

b) Members asked about barriers to access and how those with No Recourse to Public Funds are being supported. NG explained that there is a big focus on reducing barriers and they acknowledge that everyone has different levels of trust in the local authority and statutory services and so they recognise that not everyone will come forward when they need to, hence they work very closely with the relevant VCS partners who might have those trusted relationships in place. JZ explained that on the No Recourse to Public Funds cohort the challenge is that they can't give out money they can only support people to access what they are eligible for. They help them find support via homelessness services and charitable services and that the population is limited in terms of how much the Money Hub can increase their incomes. She explained that there were plans for a hardship fund specifically for this cohort utilising some windfall funding that came via NLWA and they hope to go live with that within a few weeks. They are very aware of the scale of the problem here and that it is a significant issue for many VCS partners who support these individuals via the food network, for example. Cllr Kennedy commented that the Money Hub was a great example of best practice in the sector and the fortnightly catch up sessions with the all provider partners were a great learning and sharing opportunity and he recommended Members to ask to listen in on these as it would help for example in clearing up Member case work.

c) Members asked about how much of the funding is being utilised and if any is under utilised. NG explained that one of the drivers for the Money Hub was that they could see that people were not accessing all the money they were entitled to and there was value in combining grants and funding there to assist these cohorts as well. She clarified that figure in 3.3 was the cash gone to households as a direct result of an intervention by the Money Hub. The Chair clarified the difference between the value of estimated unclaimed benefits, the funding of the Hub, and the grants involved. NG added that some of it is one off grants and other is ongoing uptake of entitled benefits. They supported £220k of one off grants and £240k of ongoing benefits

d) Members asked about the need for dedicated outreach to those living in the Private Rented Sector and on feedback so far from the new Warm Hub spaces adding that it was more difficult for those in the PRS to find out the information about access to grants and benefits. NG agreed and explained that they can access the Money Hub and there is specific outreach already but it needs to be built on. As regards the Warm Hubs, JZ added that Volunteer Centre Hackney, who we just heard from, were one of the providers. She added that some were obviously more sustainable than others and they were generally successful where community partners provided spaces that are already well used and familiar in the community

and that they were hoping to expand the offer. The offer also encompasses homework activities for children and some warm meals. One provider had purchased a washing machine to enable users to do their laundry whilst there. She added that Healthwatch would be helping with gathering insight data for the project. The system convenors who are funded by the council are finding out what is needed and what other outreach would be of benefit.

e) Members asked about targeting those in HMOs and those in small properties in the PRS who would be experiencing poverty and likely be more isolated. JZ replied that this was also a focus and they were utilising the licensing scheme in the north of the borough to reach people. She added that many in smaller and single properties were more likely to be in poverty and while Hackney Housing tenants get many newsletters those in PRS don't receive the same level of communications. NG added that this inequity of access would be addressed further.

f) Sally Beaven (Healthwatch Hackney) offered a quantitative survey on service users to build up the evidence base on the Money Hub and thus assist in future funding. The Chair encouraged further discussions between officers and Healthwatch on this.

g) Members asked about the timeline for the free school meals task group. NG replied that she would have to follow up on this.

ACTION:	NG to provide further information on the timeline for the Free School Meals Task Group.
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h) Members asked about security of future funding for the Money Hub project beyond October. NG stated that they were very aware that this is non recurrent funding route and the onus was on them to maximise the benefit of this while they have them and do a proper evaluation and use that to secure the funding they will need in future They will want to understand that there have been points of failure which led people to the Money Hub in the first place and the Council and partners need to think more about getting things right first time. They have mobilised a lot of service offers that support people with economic problems and they now need to look in the round at what has worked and what hasn't so that a cost effective offer can be put in place for the future.

i) The Chair asked about the funding. NG stated that it was joint Council and NHS and the project had pulled together existing teams to put the Hub in place as a single point of access. Health and Care Board partners had put in £509k which had come from some non recurrent funding streams that were available from underspends in some other areas.

6.6 The Chair commented that if, at the end of year, you're still helping people get unclaimed benefit at the same rate, then until that tapers off, this fully aligns with the requirements in the 3rd strand of the Health and Wellbeing Strategy and so should continue to be supported. He asked if he could be kept informed of what will happen to the funding for this and he thanked the officers for their detailed and helpful report.

RESOLVED:	That the report be noted.
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7 Minutes of the previous meeting

7.1 Members gave consideration to the draft minutes of the meeting held on 8 February 2023 and the Matters Arising.

RESOLVED:	That the minutes of the meetings held on 8 February 2023 be agreed as a correct record and that the matters arising be noted.
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8. Work programme for the Commission

8.1 Members noted the updated work programme.

RESOLVED:	That the updated work programme be noted.
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9. AOB

9.1 There was none.



<p>Health in Hackney Scrutiny Commission</p> <p>26 April 2023</p> <p>Work Programme for the Commission</p>	<p>Item No</p> <p>7</p>
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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	Clinical Director C&H and local GP	Dr Stephanie Couglin
			Public Health	Director of Public Health	Dr Sandra Husbands
			East London & City Local Dentistry Committee	Chair	Dr Dewald Fourie
			East London & City Local Dentistry Committee	Treasurer	Dr Reza Manbajood
			East London & City Local Dentistry Committee	Secretary	Tam Bekele
			NHSE London	Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy	Jeremy Wallman

			NHS NEL	Transition Director Primary Care	Siobhan Harper
			NHS NEL	Primary Care Commissioning	Richard Bull
5 Dec 2022	Integrated Delivery Plan for the C&H Place Based Partnership	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
8 Feb 2023	Tackling inequalities in local mental health services - briefing from ELFT	Discussion	ELFT	Borough Director for City and Hackney	Dean Henderson
deadline: 30 Jan			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 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
			Adults Health and Integration	Director of Delivery, CHPBP	Nina Griffith
15 Mar 2023	Together Better project - volunteering in primary care	Briefing	Volunteer Centre Hackney	Community Development Officer	Krista Brown

deadline: 6 Mar			Volunteer Centre Hackney	Community Development Manager	Claire Ferrigi
	Cost of living crisis and health equity		C&H Place Based Partnership	Director of Delivery, CHPBP	Nina Griffith
			Policy and Strategic Delivery	Strategic Lead Change and Transformation	Jenny Zienau
	Health and Wellbeing Strategy 2022-26 one year on	Update on outputs	Public Health	Director of Public Health	Dr Sandra Husbands
			Public Health	Consultant in PH	Joia De Sa
26 April 2023	New Integrated Mental Health Network	Follow on from Sept 22	Public Health	Senior Public Health Specialist	Jennifer Millmore
deadline: 17 April			Public Health	Consultant in PH	Andrew Trathen
			Mind - City Hackney Waltham Forest	Chief Executive	Vanessa Morris
	Housing Regeneration and options for future proofing for adult social care needs		CHE	Strategic Director - Economy, Regeneration and New Homes	Stephen Haynes
			CHE	Interim Director Regeneration Housing Strategy and Policy	James Goddard
			FCR	Director of Strategic Property	Chris Pritchard
			AHI	Group Director AHI	Helen Woodland
			AHI	Director ASC and Operations	Georgina Diba

ITEMS AGREED BUT NOT YET SCHEDULED

Pencilled dates					
13 June 2023	Election of Chair and Vice Chair for 23/24				
13 June 2023	Appointment of 3 reps to INEL JHOSC for 23/24				
13 June 2023	Air Quality Action Plan 2021-25- update on Implementation	Follow up from 29 June 2022	Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew
			Adults, Health and Integration	Consultant in Public Health	Jayne Taylor
	<i>In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.</i>		NHS NEL, PCNs and GP Confederation		
13 June?	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
13 June?	GP Access challenges specifically in the NE of the borough	Follow up from 9 Jan	NHS NEL	Primary Care Commissioner	Richard Bull
	New CQC inspection regime for Adult Social Care		Adults, Health and Integration		
14 March 2024	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 Integration	Director of Delivery	Nina Griffith

	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	
10 January 2024	Future options for Soft Facility Services at Homerton Healthcare	Follow up 8 Feb	Homerton Healthcare	CE	Louise Ashley
			Homerton Healthcare	CFO	Rob Clarke
	Supporting the transgender community in local NHS Services		Homerton Healthcare	Chief Nurse	Breeda McManus
			NHS NEL	Chief Nursing Officer	Diane Jones
			ELFT	Chief Nurse	Lorraine Sunduza
			NHS NEL	Clinical Lead for Primary Care	Dr Kirsten Brown
	Consultation on Changes to Continuing Health Care - the Hackney perspective		Adults, Health and Integration		

INEL JHOSC Rolling Work Programme for 22-23 as at 18 April

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
Municipal Year 2022/23						
25 Jul 2022	Implementation of NEL ICS	Briefing	NHS NEL	Independent Chair	Marie Gabriel CBE	
			NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Chief Finance Officer	Henry Black	
	East London Health and Care Partnership updates inc.	Briefings	NHS NEL	CEO	Zina Etheridge	
	Trust updates and health updates		Barts Health/BHRUT	Group CFO	Hardev Virdee	
	Continuing Healthcare proposals		NHS NEL	Chief Nursing Officer	Diane Jones	
	Community Diagnostic Hubs		BHRUT/NEL ICS	Director of Strategy and Partnerships/ SRO for CDCs	Ann Hepworth	
	Operose and primary care issues		NHS NEL	Deputy Director Primary Care	Alison Goodlad	
			NHS NEL	Director Primary Care Transformation	William Cunningham-Davis	
			NHS NEL	Diagnostics Programme Director	Nicholas Wright	
	Whipps Cross redevelopment		Barts Health/BHRUT	Ralph Coulbeck	CE of Whipps Cross	
	Proposed changes to access to fertility treatment for people in NE London	Briefing	NHS NEL	Chief Nursing Officer	Diane Jones	
			NHS NEL	GP and Clinical Lead	Dr Anju Gupta	
19 Oct 2022	NHS NEL Health Updates	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 7 Oct	Trusts performance		Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Winter planning and resilience		NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Transformaton Director	Siobhan Harper	
	Vaccinations update - monkeypox and polio		NHS NEL	Chief Nursing Officer	Diane Jones	
	Developing ICS Strategy	Briefing	NHS NEL	CEO	Zina Etheridge	
	Acute Provider Collaborative - Developing Plans	Briefing	Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
15 Dec 2022	NEL Intgegrated Care Strategy - development	Briefing	NHS NEL	CEO	Zina Etheridge, Hilary Ross	
	NHS NEL Health Updates	Briefing	Various		Shane DeGaris, Paul Calaminus, Jacqui van Rossum, Breeda McManus	
deadline 5 Dec						

	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	CE	Zina Etheridge	
deadline 16 Feb	NHS NEL Health Updates from the Trusts	Standing item	Barts Health/BHRUT; ELFT/NELFT; Homerton Healthcare	All CEs	Shane DeGaris, Louise Ashley	
	Additional hospital discharge funding at NEL	Briefing	NHS NEL	Director of Performance	Clive Walsh	
Final meeting of the year	Improving quality of health and care research in north east London	Briefing	NHS NEL	Research and Innovation Lead North East London Health and Care Partnership	Dr Victoria Tzortziou Brown	
	Update on work of Whipps Cross JHOSC	Standing item, verbal update	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
	ITEMS TO BE SCHEDULED					
	Monitoring new Assurance Framework for GP Practices	follow up from July 22				
	Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults'	follow up from July 22				
	NEL Estates Strategy	from 21/22				
	Acute Provider Collaborative	follow up from Oct 22				
	Local Accountability Framework NEL ICS	follow up from Dec '22				
	Financial Framework NEL ICS	follow up from Dec '22				
	New Staffing Structure for NHS NEL	follow up from Feb '23 item on staffing at Place				
12 July	Election of Chair and Vice Chair for 23-24					
12 July TBC	Barts Health-BHRUT Collaborative work strands update from the Chair in Common	requested at Feb 23				
12 July TBC	Mental Health, Disabilities and Autism Collaborative' and the 'Community Health Collaborative' updates from NHS NEL, ELFT, NELFT	requested at Feb 23				
12 July TBC	NHS NELs response to the 'National Delivery Plan for Recovering Urgent and Emergency Services'	requested at Feb 23				
	Improving the performance of NHS 111 across NEL	requested at Feb 23				

March '24 mtg	Outcomes of the NEL Research and Engagement Network	follow up from Feb 23				
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