



# Health & Wellbeing Board

## AGENDA REPORTS PACK

**Meeting of the Health and Wellbeing Board.**

**The Council Chamber, Hackney Town Hall,  
London, E8 1EA**

**Thursday, 21 September 2023 at 3.00 pm.**

**The Live Steam link can be view here:**

Main: <https://youtube.com/live/jeHZQXI0uvI>

Backup: <https://youtube.com/live/yNBUXVPOZtg>

Contact: Mark Agnew  
Governance Services Officer  
Tel: 020 8356 2398  
Email: [governance@hackney.gov.uk](mailto:governance@hackney.gov.uk)

**Dawn Carter-McDonald**  
**Interim Chief Executive**  
13 September 2023

**The press and public are welcome to attend  
this meeting**

# Health & Wellbeing Board

## Board Membership and Additional Attendees

<b>Board Members</b>	
<b>Dr Stephanie Coughlin</b> (Co-Chair) Clinical Director, City & Hackney Place Based Partnership	<b>Cllr Christopher Kennedy</b> (Co-Chair) Cabinet Member for Health, Adult Social Care, Voluntary and Leisure
<b>Mayor Philip Glanville</b> Hackney Council	<b>Cllr Anntoinette Bramble</b> Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care
<b>Jacquie Burke</b> Group Director, Children and Education, Hackney Council	<b>Dr Sandra Husbands</b> Director of Public Health, City & Hackney
<b>Helen Woodland</b> Group Director, Adults, Health and Integration, Hackney Council	<b>Vacancy</b> Healthwatch Hackney
<b>Cllr Susan Fajana-Thomas</b> Cabinet Member for Community Safety and Regulatory Services	<b>Cllr Carole Williams</b> Cabinet Member for Employment, Human Resources and Equalities
<b>Louise Ashley</b> Chief Executive, Homerton Healthcare NHS Foundation Trust	<b>DCS James Conway</b> BCU Commander, Hackney and Tower Hamlets, Metropolitan Police Service
<b>Mary Clarke</b> Director of Nursing and Corporate Development, GP Confederation	<b>Nina Griffith</b> Director of Delivery, City & Hackney Place Based Partnership
<b>Frances Haste</b> VCS Leadership Group, Hackney CVS	<b>Stephen Haynes</b> Strategic Director Inclusive Economy, Corporate Policy and New Homes, Hackney Council
<b>Rosemary Jawara</b> VCS Leadership Group	<b>Dalveer Johal</b> Pharmacy Support Manager, City & Hackney Local Pharmaceutical Committee
<b>Andreas Lambrianou</b> Chief Executive Officer, City & Hackney GP Confederation	<b>Chris Lovitt</b> Deputy Director of Public Health, City & Hackney
<b>Jessica Lubin</b> Director of Health Transformation, Hackney Council for Voluntary Service	<b>James O'Neill</b> Borough Commander, London Fire Brigade
<b>Paul Senior</b> Interim Director of Education, Hackney Council	<b>Shilpa Shah</b> Chief Officer, City and Hackney Local Pharmaceutical Committee
<b>Dr Kathleen Wenaden</b> Clinical Director for Primary Care Network, NHS Primary Care Networks	
<b>Independent Advisers</b>	
<b>Jim Gamble</b> Chair, City and Hackney Safeguarding Children Board	<b>Adi Cooper</b> Chair, City and Hackney Safeguarding Adult Board

## **AGENDA** **Thursday, 21 September 2023**

### **ORDER OF BUSINESS**

<b>Item No</b>	<b>Title</b>	<b>Page No</b>
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<b>3</b>	<b>Declarations of Interest - Members to Declare as Appropriate</b>	
<b>4</b>	<b>Minutes of the Previous Meeting</b>	<b>7 - 14</b>
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# Health & Wellbeing Board

## Public Attendance

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.



# Health & Wellbeing Board

## 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:

- Acting 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.



# Health & Wellbeing Board



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 Governance Services via email [governance@hackney.gov.uk](mailto:governance@hackney.gov.uk)





**DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD  
THURSDAY, 29 JUNE 2023 AT 3.00PM**

THE COUNCIL CHAMBER  
HACKNEY TOWN HALL, HACKNEY E8

- In Person:
- Dr Stephanie Coughlin (Co-Chair), ICP Clinical Lead, (City and Hackney)**
  - Cllr Christopher Kennedy (Co-Chair), Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Hackney Council)**
  - Cllr Anntoinette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care (Hackney Council)**
  - Dr Sandra Husbands, Director of Public Health (City and Hackney)**
  - Chris Lovitt, Deputy Director of Public Health (City and Hackney)**
  - Raj Radia, Chair (Local Pharmaceutical Committee)**
- Officers in Attendance:
- Mark Agnew, Governance Officer (Hackney Council)**
  - Froeks Kamminga, Senior Public Health Specialist (Hackney Council)**
  - Dr Sadie King, Neighbourhoods Programme Lead (City and Hackney)**
  - Emmanuel Ross, Programme and Projects Officer (City and Hackney)**
  - Basirat Sadiq, Deputy Chief Executive (Homerton Hospital)**
  - Dr Danny Turton, Public Health Registrar (City and Hackney)**
- Virtually:
- Jacquie Burke, Group Director, Children and Education (Hackney Council)**
  - Frances Haste, VCS Leadership Group (Hackney VCS)**
  - Mario Kahraman, Senior ICT Support Analyst (Hackney Council)**
  - Hilary Ross, Director of Strategic Development (North East London Health and Care Partnership)**
  - Dayle Speed, Superintendent (MPS)**
  - Tony Wong, Chief Executive Officer (HCVS)**
  - Helen Woodland (Group Director, Adults, Health and Integration - Hackney Council)**

## **1. Changes to the Board Chair and Membership, Updated Terms of Reference**

- 1.1 Dr Stephanie Coughlin, as Chair, introduced the item and began by noting that Mayor Phillip Glanville had stepped down as Co-Chair, and formally thanked the Mayor for his energy, enthusiasm and the drive he injected into the work of the Health and Wellbeing Board (HWB). The Mayor would remain a member of the HWB, and Cllr Christopher Kennedy would take up the role of Co-Chair representing Hackney Council.
- 1.2 Dr Coughlin also confirmed that Andreas Lambrianou had joined the HWB to represent the GP Confederation, and that Jessica Lubin had joined representing HCVS. In addition Nina Griffith was also appointed to the HWB in her new capacity as Director of Delivery, City and Hackney Place Based Partnership.
- 1.3 Dr Coughlin thanked Raj Radia for his work with the HWB on behalf of the London Pharmaceutical Committee.
- 1.4 The HWB agreed the new Terms or Reference, which had been updated to reflect changes in legislation.

## **2. Apologies for Absence**

- 2.1 Apologies for absence were received from Mary Clarke, Cllr Fajana-Thomas, Mayor Glanville, Nina Griffith, Stephen Haynes, Rosemary Jawara, Jessica Lubin, James O'Neill, Paul Senior, Dr Kathleen Wenaden, and Cllr Carole Williams.
- 2.2 In addition apologies for absence were also received from Lousie Ashley, who was represented by Basirat Sadiq, and Det Chief Superintendent James Conway, who was represented by Superintendent Dayle Speed.

## **3. Declarations of Interest - Members to declare as appropriate**

- 3.1 There were no declarations of interest.

## **4. Minutes of the Previous Meeting**

**RESOLVED: That the minutes of the meeting held on 8 March 2023 be agreed as a true and accurate record of proceedings.**

## **5. Action Log Review**

- 5.1 Dr Coughlin confirmed that the actions from the previous meeting had been completed and that items on the action log should be actions relevant to the work of the HWB as a whole.

**RESOLVED: To note the Action Log.**

**6. Questions from the Public**

6.1 There were no questions from members of the public.

**7. NEL Joint Forward Plan**

7.1 Hilary Ross, Director of Strategic Development, North East London Health and Care Partnership, introduced the report which was a first draft of the proposed five year Joint Forward Plan. The Joint Forward Plan would be refreshed annually and work had begun to ensure that time would be available to support engagement and link the overall five year plan with annual operational plans.

7.2 Overall the feedback received indicated the need to align the programmes set out in the Plan with agreed strategies, to strengthen Social Care input via Place-based Partnerships, and that although the level of detail in the Plan had been appreciated, there was a need for it to be more accessible. As a result the final version would be shorter when it went live.

7.3 Feedback from the City and Hackney Place-based Partnership had already seen changes to strengthen sections on sustainability, health inequalities, and research and learning.

7.4 Feedback from the HWB was provided by Cllr Kennedy, Frances Haste, Chris Lovitt, and Dr Coughlin, who highlighted;

- that the City and Hackney system had a strong story to tell in relation to helping the NHS to support broader social and economic development;
- that there were discrepancies between references to capital expenditure in the Plan;
- that the Plan seemed to be primarily related to service provision rather than health and wellbeing;
- there was little reference to prevention or voluntary sector involvement;
- the Plan mentioned 'co-production' but did not explain what that might mean, and;
- the NHS Long Term Workforce Plan was a huge opportunity and it would be good to have it reflected in the NEL Joint Forward Plan.

7.5 The Director of Strategic Development thanked Board members and confirmed that;

- sections on health inequalities had been strengthened;
- sections related to the cost of living crisis had also been strengthened;
- there was funding to tackle health inequalities over the next 3 years, which recognised the key role played by the voluntary sector;
- there was active discussion with NHS England re. capital budgets;
- public events in each part of the system would be organised to hear more from local people;
- workforce was absolutely critical and a workforce strategy for North East London was being developed in parallel, and;

- the final version would be published soon, and that it would be appropriate to return to the HWB in the Autumn when work would have begun to plan for the next year.

**RESOLVED: The Health and Wellbeing Board is recommended to:**

- **Consider and comment on the NEL JFP and how it aligns with City and Hackney local priorities**
- **Identifying any potential gaps**

**8. Director of Public Health Annual Report “Health Sexually”**

8.1 The draft report was introduced by Dr Sandra Husbands who confirmed that this was the statutory annual report from the Director of Public Health, provided as an independent professional, and published by the Local Authority.

8.2 Dr Danny Turton, Public Health Registrar, presented the report on sexual and reproductive health, with a focus on younger people and sexually transmitted infections. Dr Turton confirmed that in the City and Hackney there were significant sexual health needs in comparison to other areas in London and England, and that younger people accessed sexual health services more than the rest of the population, and were more likely to require treatment.

8.3 The report made five broad recommendations;

- Community involvement was essential to providing high quality services;
- Services must be easily accessible to young people;
- Young people must be aware of when and how to access support;
- Focus on enhancing collaboration and partnership working;
- Continue to identify and address inequalities in Sexual and Reproductive Health (SRH).

8.3 It was agreed that questions related to this agenda item would be considered jointly with questions related to agenda item 9.

**RESOLVED: The Board to take note of the recommendations made in the report and to make any observations or suggestions, as appropriate, relating to their implementation. Members of the Board are asked to continue their support of work in the field of sexual and reproductive health.**

**9. Sexual and Reproductive Health Strategy/Framework**

9.1 Froeks Kamminga, Senior Public Health Specialist, introduced the presentation on the strategy seeking approval for a 12-week consultation, and highlighted the high need in the City and Hackney, the inequalities relating to access to contraception and reproductive health services, and the pressure on finances and resources.

9.2 The presentation confirmed the themes of the strategy, which were;

- Healthy and fulfilling sexual relationships;

- Good reproductive health across the life course;
- Sexually Transmitted Infections (STI) prevention and treatment;
- Getting to zero new HIV transmissions by 2030;
- Vulnerable populations.

9.3 It was confirmed that the first four themes aligned with the priorities of a NEL-wide strategy on SRH that was also under development, and that the fifth theme was added to ensure that different groups with more complex needs would be reflected in services.

9.4 The themes had helped to identify issues such as;

- the need to improve knowledge of contraceptive choices and where to access them;
- high STI reinfection rates amongst young people, and gay, bisexual and men who have sex with men;
- the need to improve testing rates for heterosexual men, who traditionally have the worst health seeking behaviour;
- progress had been made on HIV prevention and treatment, but testing needs to continue to prevent late diagnosis;
- vulnerable populations were often small, so there was a challenge to understand them better and to serve them better.

9.5 Questions and comments for agenda items 8 and 9 were provided by Raj Radia, Tony Wong, Chris Lovitt, Dr Coughlin, Basirat Sadiq, Frances Haste, and Cllr Anntoinette Bramble who asked;

- that the strategy reflect that community pharmacies were now part of a nationally commissioned service to provide oral contraceptive;
- what work had happened in relation to older people who were entering new relationships without the sexual education of younger people;
- about the different infection rates for people from different backgrounds;
- how the Voluntary and Community Sector (VCS) could be involved in co-production;
- where the resources would come from, recognising that they were under pressure, and how the HWB could provide support;
- what could be done to address the reluctance of heterosexual men to access services;
- how to make the strategy a reality and whether the action plan will highlight when actions would begin, and;
- what approaches were available to increase the levels of testing, especially in communities where this issue may be considered taboo.

9.6 In response the Senior Public Health Specialist and Chris Lovitt, Deputy Director of Public Health, confirmed that;

- there was recognition of the important role that pharmacies played in this area of healthcare provision;
- the annual report focused on younger people, but the strategy was for the whole life course, from pre-conception through to older people;
- the strategy was supported by a comprehensive needs assessment;



- it was recognised that the strategy could not be delivered in isolation but that sexual health was an example of an area that benefited from lots of different commissioners coming together to provide services in partnership;
- the strategy was comprehensive but would be supported by an action plan and the HWB would have to decide on resources and priorities to ensure delivery and that partners are true to their commitments;
- the Women's Health Hub was a good example of a service that was designed around the needs of the individual, followed by joining up relevant commissioners;
- there was a need to be more creative about speaking to heterosexual men to understand their reluctance to access testing and treatment;
- sexual health was a good test of the effectiveness of the HWB because it required successful partnership working, and;
- local community organisations were being commissioned through the co-production processes to develop action plans to identify approaches to support smaller communities.

**RESOLVED: To ask for approval of a formal 12-week consultation to be held on the proposed five-year sexual and reproductive health strategy for City and Hackney, to commence on 1 July 2023.**

#### **10. Neighbourhoods Programme Response to the HCVS Connect Hackney Recommendations.**

- 10.1 Dr Sadie King, Neighbourhoods Programme Lead, introduced the report highlighting the main recommendations that were made relating to;
- Home visits
  - Provision of community languages;
  - Solutions to barriers to navigating community activities;
  - Embedding recommendations related to social isolation;
- 10.2 The Neighbourhoods Programme Lead provided some detail, including that home visit capacity could be increased through the new outreach service, which was recruiting volunteers and improving the links between services and navigators; there was a pilot on inclusive recruitment that was developing materials that valued the lived experience; there was also a pilot on anti-racist service design to identify barriers and co-produce more relevant services; that Renaisi had undertaken a research project looking at barriers to accessing preventative services in the 50+ age group; there was significant work being undertaken in relation to the proactive care pathway, which was to identify a cohort in each neighbourhood of moderately frail residents over 65 to be engaged.
- 10.3 Question and comments were provided by Dr Husbands, Tony Wong, Cllr Kennedy, and Dr Coughlin, who;
- sought clarification on why people weren't taking up the offer of home visits;
  - wanted to highlight the difference between loneliness and isolation;

- confirmed that this work would form an important part of the work the Council was doing on social connections and with the social isolation group;
- highlighted the transformative impact of home visits, many that were not sought but were referred, and;
- explained that there were c1,500 housebound patients on GP practice registers who were visited proactively four times a year.

## **11. The Future of the Health and Wellbeing Board**

11.1 This item was introduced by Dr Coughlin who informed the HWB that the aim was to develop an approach to their work that made sure that as members their time and energy was being directed into areas where they could make the greatest difference. The relationship between the HWB, the Health and Care Boards (HCB), and other groups and partners would be examined to ensure that future HWBs were an effective use of time and would have the most impact.

11.2 Comments and observations were provided by Cllr Kennedy, Basirat Sadiq, Dr Husbands, Chirs Lovitt, Tony Wong, who highlighted;

- that the HWB should be looking at strategy and wider determinants of health,
- that HCBs should focus on delivery and quality assurance;
- that functions related to delivery that should be considered by the HWB could be delegated to the HCB for consideration;
- this process was about clarifying roles and functions and reflecting the role of the Corporation of London;
- the need to clarify where priorities were set, and by whom;
- that the HWB had successfully been able to bring a single focus on a small range of subjects and had been able to learn lessons about what approaches had worked;
- that integration would remain an important area of focus for the HWB, and;
- the importance of ensuring the boards were linked together in relation to safeguarding concerns.

11.3 Conversations with partners would happen over the following months and any proposed changes would be considered by a future meeting of the HWB.

## **12 Matters Arising**

12.1 There were no matters arising for consideration.

## **13 Dates of Future Meetings**

13.1 The next meeting of the Health and Wellbeing Board would be 21 September 2023 at 3.00pm.

**Duration of Meeting:** 3.00pm - 4.41pm



Meeting Date	Agenda Item	Ref	Action	Responsible Officer	Action to be completed by	Notes	Status	
08.03.2023	6: Hackney Council's Eliminating Violence Against Women and Girls Strategy	1	The Service Manager, Domestic Abuse Intervention Service, to contact the Money Hub to link into work to support individuals at the point of crisis	Cathal Ryan	ASAP	Cathal followed up with Money Hub on 9th March. Cathal presented to the Poverty reduction: Tools for work with residents who are struggling forum on 20th April about recognising and responding to domestic abuse and the offer of training available to the partnership and community from the Council's Domestic Abuse Intervention Service. Cathal organised for the Money Hub to present to staff across local domestic abuse agencies in Hackney on 19th April and has disseminated Money Hub training slides to the Hackney domestic abuse partnership. This action is complete	Complete	As agreed on 06.2023
		2	The Service Manager, Domestic Abuse Intervention Service, to make contact with Raj Radia to discuss the role of community pharmacies in domestic violence	Cathal Ryan	ASAP	Cathal followed up with Raj on 8th March and has followed up again since then. Cathal has also followed up with Public Health colleagues regarding pharmacies and has asked Raj and Public Health to help map recognition and response to domestic abuse. This strand of work is ongoing	Complete	

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<b>Title of Report</b>	CHSAB Annual Report
<b>For Consideration By</b>	Health and Wellbeing Board
<b>Meeting Date</b>	21 Sep 2023
<b>Classification</b>	Open
<b><u>Ward(s) Affected</u></b>	
<b>Report Author</b>	Shohel Ahmed

Is this report for:

•	Information
•	Discussion
•	Decision

Why is the report being brought to the board?

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what it has achieved in respect of adult safeguarding in the previous year.

This report outlines the key achievements of the Board, areas for further development as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the London Borough of Hackney is also included for reference.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

This report will be on the agenda for the following committees:

- ELFT Safeguarding Committee
- Hackney Cabinet
- CoL Health & Wellbeing Board

- City & Hackney Safeguarding Children's Board
- Hackney Community Safety Partnership Board
- Children, Adults and Community Health
- CoL Members Safeguarding Sub-Committee
- Hackney Policy & Strategy Group

## 1. Background

- 1.1. The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults with care and support needs who are at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person centred care for all adults experiencing abuse or neglect. The annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2022/23.

### **City and Hackney Safeguarding Adults Board Annual Report 2022/23**

## 2. Key achievements

- 2.1. In line with its strategy, some of the key achievements for the Board in 2022/23 include:
- The Board commissioned one Safeguarding Adults Review which was published in March 2023 and held two learning events to help embed learning from the Phillip SAR and the Daniel SAR in 2022/3. The Independent Reviewers worked through the findings and the recommendations from the review with staff from the agencies involved.
  - The SAR action plan group measured how well learning had been embedded into practice. This was done by undertaking feedback exercises with frontline staff and partners to understand how well SARs were known and perceived across the City and Hackney.
  - The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 different safeguarding courses delivered quarterly, including a new course on trauma informed approaches to safeguarding. In total, 135 people attended training in 2022/23.
  - The Board has commissioned a new training system so that all training will be presented in the same place. This system allows delegates to browse and book themselves on to training modules.
  - The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 160 professionals attended these sessions.
  - The Board provided funding for 3 community organisations to hold their own Safeguarding Adults Awareness events across Hackney, in total



these events had over 60 guests, the Board provided these events with posters and safeguarding information resources.

- The Board undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool, which was assessed by an independent reviewer and the findings presented during the partnership development day in March 2022.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.
- The Board worked with the City and Hackney Safeguarding Children's Partnership to update the Think Family guidance, which will be signed off by both partnerships in 2023.
- The Board has trained a group of 5 Safeguarding Champions who have started to deliver 90 minute safeguarding awareness sessions in the community. The Board is continuing to promote this across Hackney and City.

### 3. Data sets for 2022/23

#### 3.1. Key data was collected in relation to safeguarding for the London Borough of Hackney :

- 1774 safeguarding concerns were raised in Hackney. The number of accepted section 42 enquiries was generally in line with the previous two years.
- Self-neglect continues to be the most common form of abuse reported into adult safeguarding. Neglect and Acts of Omission and Financial or Material abuse make up the second and third most common types of abuse, in line with what we saw last year.
- The data continues to show that most abuse occurs within the home by someone known to them.
- In 85% of concluded section 42 enquiries, adults were asked what their desired outcome was. Of the 85% that were asked, 88% had their desires partially or fully achieved.

### 4. Priorities for 2023/24

#### 4.1. The Board has set itself the following strategic priorities for 2023/24:

- 1) To continue to raise awareness in relation to mental capacity assessment.
- 2) To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.
- 3) To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.
- 4) To identify and respond to the needs of people who are at the 'edge of care' and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.

- 5) To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.
- 6) To support frontline professionals to respond to complex issues relating to self-neglect
- 7) To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.
- 8) To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.

5. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

•	Improving mental health
•	Increasing social connection
•	Supporting greater financial security
•	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

•	Strengthening our communities
•	Creating, supporting and working with volunteer and peer roles
•	Collaborations and partnerships: including at a neighbourhood level
•	Making the best of community resources
•	All of the above

5.1. Equality Impact Assessment (EIA)

Has an EIA been conducted for this work?

•	Yes
•	No

5.2. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

•	Yes
•	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

•	Yes
•	No

5.3. Sustainability

<b>Report Author</b>	Shohel Ahmed
Contact details	shohel.ahmed@hackney.gov.uk
Appendices	CHSAB Annual Report 2022/23

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# CHSAB Annual Report 2022–23

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

# Accessibility statement

If you require this document in a different format, please email



**CHSAB@hackney.gov.uk**

We will consider your request and get back to you in the next five working days.

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## Introduction by the Independent Chair



I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2022/23 (the Board), which is a key statutory duty. As the Independent Chair of the Board, I am extremely grateful to all partners for their continued engagement and support to safeguard people living in the City and Hackney in the wake of the Covid-19 pandemic and ongoing challenges in responding to changing safeguarding risks and needs. The relationships between the Board's partners continue to be positive and collaborative, and appropriately challenging when seeking assurance that we are all meeting our safeguarding responsibilities. The annual report describes what the Board has been doing as well as what individual partners have achieved during 2022/23. It provides a picture of who is safeguarded and why. This helps to inform the Board's annual strategic plan and priorities for 2023/24. There continues to be learning from Safeguarding Adults Reviews that provide a focus for improvements in safeguarding practice and process. This is reflected in the annual strategic plan and out priorities for 2023/24. There continue to be significant contextual factors that impact on people's lives and potentially increase safeguarding risks, such as the rise in energy prices, the ongoing increases in the cost of living, and the legacy of the Covid-19 pandemic. The Board and its members continue to address these challenges and seek ways in which residents experiencing risks of abuse or neglect can be supported and protected. I want to use this opportunity to thank all the practitioners and staff from the wide range of partner organisations and agencies, volunteers and residents in City and Hackney who are committed to keeping people safe in the City and Hackney. They have supported and continue to support people at risk of abuse or neglect, often without recognition, and make a huge and significant positive contribution to many peoples' lives.

**Dr Adi Cooper OBE,**

Independent Chair, City and Hackney Safeguarding Adults Board

June 2023

## What is the Safeguarding Adults Board?

### Role of the Safeguarding Adults Board

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

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

- 1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
- 2) Publish an Annual Report detailing actions that the Board has taken to safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to lead or undertake work in respect of any other adult safeguarding issue it feels appropriate.

### Membership

The CHSAB has three statutory partners: the Local Authority, Integrated Care Board (health), police, and a wide range of non-statutory partners.

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

2022-23	
Independent Chair	100%
London Borough of Hackney Adult Social Care	100%
City of London Corporation	100%
North East London Integrated Care Board	100%
Homerton University Hospital	100%
Barts Health NHS Trust	25%
East London NHS Foundation Trust	100%
London Fire Brigade	25%
Metropolitan Police	100%

2022-23	
City of London Police	75%
Hackney Community and Voluntary Service	100%
London Borough of Hackney Housing	100%
Age UK	50%
Turning Point	100%
Department for Work and Pensions	100%

## Principles

The Board's strategy and annual strategic plan is underpinned by the six safeguarding principles:

- **Prevention** – It is better to take action before harm occurs.

*“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*
- **Empowerment** – People are supported and encouraged to make their own decisions and informed consent.

*“I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”*
- **Proportionality** – The least intrusive response appropriate to the risk presented.

*“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*
- **Protection** – Support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*
- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

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

- **Accountability** – Accountability and transparency in delivering safeguarding.



*“I understand the role of everyone involved in my life and so do they.”*

## Board Governance

### Subgroups

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

#### **Quality Assurance:**

The group examines quantitative and qualitative data to help identify safeguarding trends and issues across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board.

#### **Safeguarding Adults and Case Review:**

The group fulfils the Board's s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers a SAR is required. It also monitors the embedding of action plans from reviews that have an adult safeguarding theme to them.

#### **Workforce Development:**

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

#### **Transitional safeguarding:**

The task and finish group was set up to identify how to better support young people aged 16 - 25 years old with their safeguarding needs around exploitation and abuse.

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

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

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

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

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor the progress of work undertaken by the groups and identify any other work the Board needs to undertake. The Executive group is attended by statutory partners, the Independent Chair and the Board Manager.

There are also quarterly CHSAB meetings attended by the whole partnership, this allows for discussions on key safeguarding issues, networking and identifying further opportunities for partnership working.

### ***City of London Adult Safeguarding Committee***

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where partners share their responses in relation to different safeguarding issues and provide updates in respect of their progress against the Board's strategic priorities.

### ***CHSAB strategic links***

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

## Budget

In 2022/23 the budget was £216,775 from the partners listed below:

Partner contributions to the CHSAB	CHSAB Partnership 2022/23 (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
North East London Integrated Care Board	(20,000)
Metropolitan Police Authority	(5,000)
Barts Health NHS Trust	(5,000)
City of London Police	(4,400)
LB Hackney	(113,000)
<b>Total income</b>	<b>216,775</b>

The expenditure for the Board in 2022/23 was £215,645

The Board have made the decision to keep the partner contributions the same, on the basis that there is a current reserve of £199,396, to meet any unplanned expenditure that may be incurred in this financial year.

## Supporting the CHSAB

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



## Case Study 1:

### London Borough of Hackney Adult Social Care

**William** is an elderly gentleman living with a diagnosis of Charles Bonnet syndrome, macular degeneration of the eyes and Glaucoma. He lives alone in council owned accommodation, and presents symptoms consistent with short term memory loss and forgetfulness in the context of his daily functioning. There were reports of long standing issues with the council regarding outstanding disrepair issues in the kitchen and bathroom area of his property. William was in the process of being evicted from his home as a result of rent arrears and had previously been served eviction notifications. Following a referral to Adult Protection services to investigate the concerns into Williams ability to manage his finances, his views were that he was unwilling to pay his rent unless housing services addressed the disrepair issues in his property. It was also



revealed that he was subject to financial exploitation from his neighbour who attempted to defraud him out of his life savings. William reported that he does experience forgetfulness which appears to contribute to the possibility of short term memory issues. Although this was not a formal diagnosis, this did appear to have a debilitating impact on his cognitive functioning. He was identified for a social care assessment during a section 42 safeguarding enquiry and was assessed to lack decision making capacity to manage finances independently. Adult Social Care undertook multiple home visits once the referral was raised, and an ongoing assessment is currently in place to establish a formal diagnosis of cognitive impairment.

## Case Study 2:

### North East London Integrated Care Board

**Tom** is a young man who resides at a local supported living accommodation. Tom's life changed when he experienced a brain injury which affected his cognitive functioning. He is largely independent but struggles with some aspects of his life including, maintaining his home environment. However, he does not always wish to engage with support around his needs. Tom is supported by staff at the residential centre, his neuro-navigator at the Continuing Health Care Team and his family. Tom's support team became concerned about food shortages which were caused by his difficulties with budgeting. His family manage his finances and release money to him at regular intervals but this does not appear to be sufficient for his needs. There were ongoing concerns about Tom gifting money to others and then being left without money for his daily needs. Staff at the residential centre raised their concerns with Tom about food shortages and his frustrations when he was without money. Tom reported to staff that he owed money to a friend, and that he had been buying large items for a friend. This conversation triggered a wider concern about risks of possible financial exploitation. A safeguarding meeting was convened to share concerns about Tom and assess the level of risk. Tom's family were part of the meeting and described how Tom's anxiety around money would cause hostility and tension in their relationship as he would call frequently requesting more money and become angry if it was withheld. Each member of the team around Tom sought to support his needs around financial management and improve his quality of life. The residential care home staff used key working sessions to discuss Tom's pattern of lending money to others. The community policing unit were advised of a particular person whom Tom reported he had been giving money to – and that person was advised that they would not be welcome at the residential centre. Tom's family increased the frequency of Tom's payments and also directed a fund to the residential centre to be used for grocery shopping. All parties agreed to continue to monitor the situation.

Tom reported that his 'friend' no longer hassled him for loans and felt relieved by this.



## CHSAB Achievements for 2022/23

### *Safeguarding Adults Review (SARs)*

- The Board commissioned one Safeguarding Adults Review which was published in March 2023.
- The Board held two learning events to help embed learning from the Phillip SAR and the Daniel SAR in 2022/3. The Independent Reviewers worked through the findings and the recommendations from the reviews with staff from the agencies involved.
- The SAR action plan group measured how well learning had been embedded into practice. This was done by undertaking feedback exercises with frontline staff and partners to understand how well SARs were known and perceived across the City and Hackney.

### *Training and engagement with professionals*

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 different safeguarding courses delivered quarterly, including a new course on trauma informed approaches to safeguarding. In total, 135 people attended training in 2022/23.
- The Board published quarterly bulletins for frontline staff providing them with updates on adult safeguarding issues.
- The Board has commissioned a new training system so that all training will be presented in the same place. This system allows delegates to browse and book themselves on to training modules.

### *Safeguarding Adults Week 2022*

- The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 160 professionals attended these sessions.
- The Board provided funding for 3 community organisations to hold their own Safeguarding Adults Awareness events across Hackney, in total these events had over 60 guests, the Board provided these events with posters and safeguarding information resources.
- A number of posters and promotional resources were circulated across all staff at the London Borough of Hackney.

### *Quality Assurance*

- The Board undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool, which was assessed by an independent reviewer and the findings presented during the partnership development day in March 2022.

- There was a review of how well the Board was meeting its statutory obligations under the Care Act 2014 and Care Act statutory guidance.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.

### ***Multi-agency working***

- The Board worked with the City & Hackney Safeguarding Children's Partnership to update the Think Family guidance, which will be signed off by both partnerships in 2023.
- There was Board attendance at a number of partnership groups including the suicide prevention group, death in treatment panel, community safety officer group and domestic abuse work streams.

### ***Anti-Social Behaviour and Safeguarding Task and Finish Group***

- The group worked on the escalation protocol which was signed off and promoted widely from April 2022. This protocol has been utilised once so far with positive outcomes.
- The group worked on mapping the high risk panels currently existing in Hackney, to share across the partnership.
- This group finished its regular meeting in April 2022 and agreed to meet again annually to review the impact of the work streams.

### ***Transitional Safeguarding Task and Finish Group***

- The group has undertaken extensive scoping work, with some challenges in data collection due to the Cyber attack.
- The group worked with the Advocacy Project to identify the advocacy rates among young people, which highlighted the need for more promotional work among young people.

### ***Resident engagement***

- The Board has commissioned a voluntary sector agency, The Advocacy Project, to obtain feedback from residents who have lived experience of safeguarding processes.
- The Board has trained a group of 5 Safeguarding Champions who have started to deliver 90 minute safeguarding awareness sessions in the community. The Board is continuing to promote this across Hackney and City.
- The Board continues to publish quarterly newsletters to residents and also provided an article to the Older People's Reference Group on keeping safe over the Christmas period.



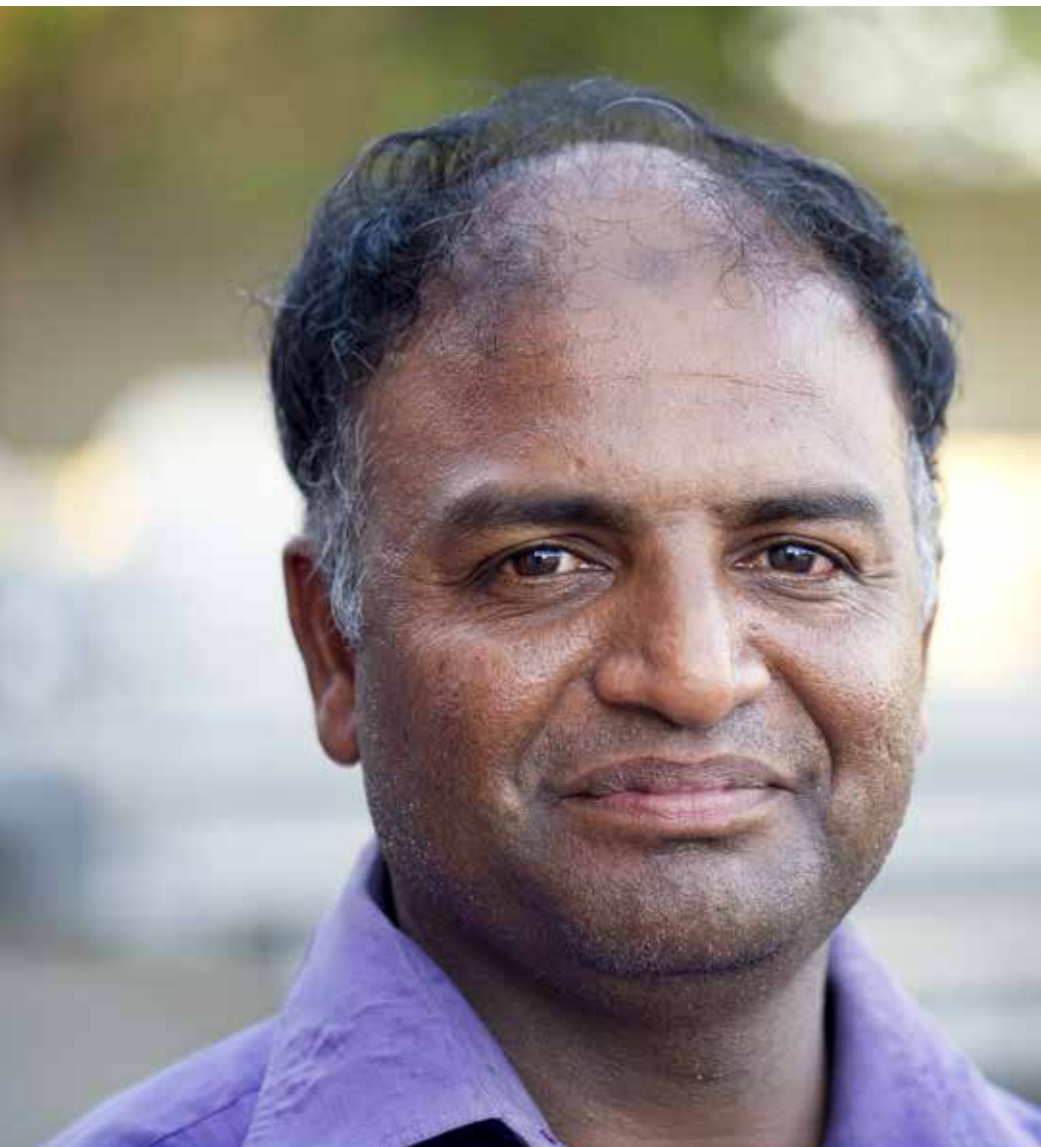


### Case Study 3: Metropolitan Police

**Tanya** reported to police that she had been the victim of rape by a male who worked for the same company as her, a couple of months previously. A complicating factor was that the suspect's children went to the same primary school as Tanya's and this meant that there was quite the potential for crossing paths. Tanya was late in reporting this to police due to uncertainty of what would happen to her or her children if she did, and for fears of repercussions should she see this suspect again either at work or on the school run. The stress of this caused her to suffer significant mental health difficulties which had gone untreated. The police supported Tanya to provide her evidence in a video recorded interview, and identified early on that she did not have anyone to turn to for emotional support. The police ensured a Merlin was completed and her situation raised with the local community mental health team. As a result Tanya was able to receive professional support for her deteriorating mental state. The police were further able to safeguard Tanya by discreetly arranging with the school for her children to be able to leave school via a separate exit whilst the investigation was ongoing to reduce the likelihood of seeing the suspect or his partner, which again was causing anxiety and stress. On Tanya's behalf, the police also arranged for her to be allowed to work from a separate site within her company where there would be no way for her to bump into the suspect, doing so in a manner which ensured the sensitivity of the situation was only shared with Tanya's direct line manager (with her consent). As a result of these actions, Tanya was not only protected from the potential of further offences by an alleged perpetrator known to her, but was supported in her mental health recovery.

## Case Study 4: Age UK

**Robert** was referred to Age UK by the City of London Adult Social Care team. Robert was noted to have a tendency for self-neglect and needing blitz cleaning in his home. Regular cleaning of his flat had been added to his care package, to help him prevent the continuation of the problem which would cause hygiene and health issues if left untreated. Robert was feeling socially isolated due to spending time at home alone, and found it hard to access social activities and volunteering opportunities due to his poor health and mobility issues. Robert was provided with transport support through City Advice by a successful Dial A Ride application, and was able to pick some activities which he could get involved in. Robert chose a poetry club and a drop in cafe, which he attributes to helping him with making social connections and allowing him to socialise again.



*“Due to the support I receive, I feel that I’m starting to get my life back.”*

### Neighbourhoods Team

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board.
- The Neighbourhoods Team were involved in the Board's Development Day safeguarding audit.

### Engagement and partnership work

- The Board expanded its professionals mailing list and networks to ensure that all professionals in the City and Hackney are up to date with safeguarding news. If you would like to join this network please contact: **chsab@hackney.gov.uk**.
- The Board is part of a wider range of different stakeholder groups that includes the: Carers Partnership Board, Death in Treatment Panel and domestic abuse work streams.

### National work

- Members of the Board attend a number of national work streams including, the London Safeguarding Adults Board, National Network of Chairs of SABs, SAB Manager Networks and Local Government Association and the Association of Directors of Adult Social Services Safeguarding workstream.
- Members of the Board have presented at national safeguarding events that have occurred across England.

## Safeguarding Adults Reviews (SARs)

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

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

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

In 2022/23, the Board published three [Safeguarding Adults Review](#). Of the three reviews, two were SAR's as defined under section 44 of the Care Act and the other was a discretionary review. The Board did not initiate any new reviews during this period.



Angela was discharged with an allocated social worker...

### Case Study 5:

#### Barts Health NHS Trust

**Angela** was a female patient with complicated cardiac history and poorly controlled diabetes. Angela had a history of adverse childhood experiences, trauma and mental ill-health, including several long admissions to SBH over a 3 year period. Angela had a very difficult and complicated relationship with professionals, often exhibiting challenging behaviours and variable engagement. There were concerns regarding self neglect and emotional abuse at home, but Angela did not consent for a referral to adult services. Angela was deemed to lack mental capacity in regard to an adult services referral and was discharged with an allocated social worker, and an agreement in place regarding a personal care budget.



## CHSAB Strategy 2020-25

Under the Care Act 2014, Safeguarding Adults Boards are required to publish a strategy outlining how it will meet its obligations in respect of adult safeguarding. The Board renewed its Strategy in 2020 and published a five year plan on how it will deliver its goals.

In the forthcoming year (2023/24) the Board will focus on the following priorities:

1. To continue to raise awareness in relation to mental capacity assessment.
2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.
3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.
4. To identify and respond to the needs of people who are at the 'edge of care' and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.
5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.
6. To support frontline professionals to respond to complex issues relating to self-neglect.
7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.

## CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2022/23:

### *London Borough of Hackney*

- We improved the way that we learn from the experience of local people who may be at risk of or experience abuse. We did this by bringing in a new local system for auditing local practice, looking at cases both as individuals and peer audits across teams. This helps us to understand if we are always using the principles of Making Safeguarding Personal, and helping people to achieve the outcomes that matter to them. Our safeguarding data demonstrates that in the majority of instances, people fully or partially achieve the outcomes they want.
- We have worked closely with staff and our partners to update some of our key policies and procedures in safeguarding. There are some areas of practice which are complex because of how the law is interpreted for people with particular needs. Doing targeted work with staff, we improved understanding of fire safety and have rewritten the policy on self-neglect for all CHSAB partners. This work will also enhance our preparation for the forthcoming Care Quality Commission assurance of local authorities adult social services.
- Over the past year, we continuously reflected on our safeguarding practice and identified ways in which we can speed up decision-making in the system. If we can do things quicker while paying attention to 'quality' then it means that we can reach more people and empower them to make decisions about how to keep themselves safe. So we commenced a journey of culture change in the way we use data on safeguarding. We aligned this with regular forums for the managers who make safeguarding decisions. This has given them the opportunity to discuss their cases and begin developing a shared understanding of the issues that are referred to the local authority for safeguarding interventions.

### *City of London Corporation*

- The City of London has realigned its Adult Social Care service to enable a stronger focus on early intervention and prevention. This is in line with the second principle of safeguarding in the Care Act; it is better to take action before harm occurs. Occupational Therapy capacity has been increased and a new innovative Strengths-based practitioner role created. The Strengths-based practitioners provide intensive early intervention with a reablement type ethos supporting people with low level support needs, clutter or hoarding tendencies and self-neglect to improve their wellbeing and achieve their personal goals. The Strengths-based practitioners undertake welfare calls and visits where risk is identified in situations such

as hospital discharges. They also act as Trusted Assessors providing equipment to increase independence and safety, including Telecare and Fire detection or prevention equipment. Following a successful pilot, a new Early Intervention approach has been adopted across Adult Social Care aimed at improving wellbeing and reducing risk. The approach is to trust in the expertise of the practitioner and the expressed outcomes of the adult with care and support needs to identify low-cost one-off interventions which may improve their independence and wellbeing while increasing safety and mitigating risk. The majority of adults benefitting from the approach are those considered to be at the edge of care where risks may be present that, while not meeting formal safeguarding criteria, may benefit from interventions to reduce risk and improve safety. A review of the initial pilot showed the approach to have a demonstrable impact for relatively low cost and was welcomed by practitioners with positive feedback from the adults concerned.

- The City has responded to the challenges of the cost-of-living crisis setting up a steering group to plan and oversee the provision of universal information and advice around benefits and personal finance, and enlisting Green Doctors to help residents stay well and warm at home and save money on their household bills. Extra contingency payments were made for all adults with direct payments to ensure support could be purchased when needed. Additional one-off payments were made to informal carers to relieve pressures and help support continuity in their caring role. Winter weather packs were distributed to those most at risk containing thermal blankets, socks, hats, gloves and hand warmers. Residents with electric fan heaters or other types of heaters with high fire risks were offered free replacement oil filled radiators which are both low fire risk and more economical.
- The City of London continued to drive forward initiatives to support and safeguard those who were homeless or rough sleeping in the square mile. Work has been informed by post pandemic learning along with that from the MS Safeguarding Adults Review and the more recent discretionary Daniel SAR. Multi-agency systems are in place and agencies continue to engage at a level which recognises the level of safeguarding risks and poor health outcomes experienced by this cohort. City of London have been working with partners across different local authority areas both at a strategic level in terms of short and longer accommodation options, and at an operational level working across boundaries on s42 safeguarding enquiries as well as completing and sharing portable Care Act assessments. Homelessness services have also started piloting a new Strengths Based Practitioner post to work alongside the Social Worker for Rough Sleeping and Homelessness offering more intensive and personalised early intervention support which mirrors the approach in Adult Social Care

### ***North East London Integrated Care Board (NEL)***

- NEL has established a clear safeguarding accountability structure leading to the Chief Nurse. NEL has appointed a Designate Safeguarding Adult Manager at each place and these individuals are working collaboratively to where possible in developing a safeguarding response. There are 8 clinical reference groups leading our work and development on specific areas of safeguarding need including for example health inequalities, domestic abuse; and learning from enquiries.
- NEL ICB coordinated a health response locally when the Home Office established two hotels in Hackney as accommodation centres for their clients. This includes urgent response in commissioning primary care outreach to the residents, site visits to support with staff safeguarding development and public health oversight. This response extended to lobbying the Home Office against particular hotels thought to be unsuitable for this purpose.
- NEL included responding to the experience of inflation as a key strategic objective. Work in this area included a NEL wide conference to share local initiative and plot strategic responses. NEL actions included a review of the impact of prescription charges on specific medicine usages, and crisis support for providers including nursing homes.

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

- Increase in uptake of clinical practitioners trained in level 3 adult safeguarding. Over 25% of all applicable staff have now received level 3 training.
- Safeguarding adults' team has commenced Simulation training - Funded communication simulation course to help health care professionals explore communication strategies to better manage any challenging conversation in the assessment of mental capacity.
- Raising awareness of the adult safeguarding agenda which has led to an increase in concerns raised by HHFT this year.

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

- ELFT Safeguarding Lead has provided one to one support to Ward and Community staff in managing complex safeguarding cases.
- Rio systems have developed to the point that each team /ward has easy access to information relating to safeguarding for their service.
- Carers support workers are now routinely Involved in supporting safeguarding cases and professional meetings where carers are involved.

*“My social worker has helped me to build my confidence and to start the process of returning to work.”*



### Case Study 6:

#### City of London Corporation

**John** was referred to the City of London Adult Social Care for self neglect. John was living alone and was reported to be a binge drinker, which had led to a deterioration of his mental and physical health. A social worker was allocated and a safeguarding enquiry was undertaken; working in partnership with John and other relevant services. John had difficulty holding down a job and his ability to socialise had been impacted because of an unaddressed post traumatic stress disorder. The social worker completed a Care Act assessment with John and continued to work with him, focusing on employing relationship-based practice and supporting him to be motivated and focused on his goals. As a result of his drive and determination, John is now abstinent and is planning to return back into work.



## Case Study 7:

### Homerton University Hospital Foundation Trust

**Kim** is an elderly women with a background of learning disabilities, epilepsy and personality disorder, who was referred to Homerton due to vulval intraepithelial neoplasia. When Kim was seen in April 2022 it was noted that she lacked capacity to consent to the therapy she needed. As a result, a best interest meeting took place where it was decided to go ahead with the therapy, to prevent a risk of cancer developing in the future. At the meeting, Kim's carer advised that she would no longer be able to stay with him in his flat as he felt he wouldn't be able to support her.



After her therapy, Kim was medically fit for discharge but needed to remain an inpatient until a discharge destination could be identified. A subsequent occupational therapy functional assessment concluded that Kim would benefit from housing with care.

During the course of Kim's admission, she became more agitated and verbally and physically aggressive with staff on occasions. A psychiatry review was requested, which assessed that Kim was displaying acute psychotic features stemming from a mix of mental health causes. A first recommendation was made for Kim to be detained under section 2 of the Mental Health Act. Kim was transferred to an acute mental health unit in a patient bed later on in the year.

### **Barts Health NHS Trust**

- Barts Health established an onsite safeguarding advisor to provide support, advice and training to the St Bartholomew's hospital team.
- Devolving of safeguarding to trust sites in order to focus on issues specific to each site and to provide timely and focused advice to staff.
- The Trust participated in a 360 assurance audit regarding MCA/DoLS, which helped inform the work plan for 2023-24.

### **Metropolitan Police Service**

- Police in Hackney achieved the second highest sanctioned detection rate for Domestic Abuse (DA) in the MPS of 14.3% for the financial year. This stood at 16.2% for 2021/22.
- Maintaining 'business as usual' high level of service throughout the cost of living crisis and associated increased societal unrest.
- Delivering and overseeing an effective MARAC process to support those deemed at the highest risk of DA whilst ensuring all key partners take part in a holistic approach to long-term safeguarding.

### **City of London Police**

- The City of London Police (CoLP) completed a small study on the negative effect that those in crisis have with police due to the process that many officers have to complete in order to safeguard individuals. Where a patient has been defined as a "high intensity user" of the service (someone that comes to notice more than three times and presents in risky locations), CoLP identified that those individuals tend to be drawn into a repeating pattern of behaviour to sustain their need for interaction. In doing so the patient will place themselves at substantial risk and by default, any person potentially trying to interact or rescue them. To adopt a more holistic approach to those who find themselves in crisis, CoLP's P&P hub worked with the Mental Health Street Triage service to triage these patients away from the place of risk and then worked to arrange regular interactions with the patient to build their confidence with the police and to establish a more suitable risk-reduced alternative when they felt that they were in crisis. As a result, the rate of reattendance reduced in 15 cases.
- The CoLP initiated a monthly partnership operation, tackling different themes all within the Violence Against Women and Girls (VAWG) workstream to 'Reframe The Night'. Under this operation, the Night Time Economy (NTE) is facilitated and not just policed. By bringing all responsible authorities together out in the NTE, everyone gets to understand what the realities are and how this feeds into the requirements of their areas, for example, lighting, cleansing, Anti-Social Behaviour (ASB). A safe space for women and vulnerable people was also created in the NTE. The results of Operation Reframe are published and fed into the Licensing Committee and PAB.

- Operation Luscombe is an initiative designed to combat begging by targeting beggars with a traffic-light system of tickets, utilising powers under the Antisocial Behaviour, Crime and Policing Act. Recipients of tickets are initially invited to attend a bi-weekly intervention hub attended by support agencies, those found persistently begging are required to attend the intervention hubs. The intervention aspect is crucial to the initiative and aims to effectively connect individuals to and readily available services that may be able to assist with any factors that are causing that individual to beg. A bid for funds to continue the initiative for another year has been approved at CoLP's Tactical Tasking and Coordination Group.

### **Age UK**

- Age UK improved connection to hospital social workers in order to aid safer hospital discharge.
- Age UK provided a range of preventative services which helped safeguard residents.
- In response to unprecedented demand and complexity of need, Age UK adopted a RAG rated, risk based approach to triaging all incoming referrals. This ensured that those most at risk were responded to first.

### **Turning Point**

- Appointed a transitional age specialist substance misuse worker to support young people to address their alcohol and drug use, to reduce the harm it causes them and prevent it from becoming a greater problem as they get older. City and Hackney recovery service operates as part of a wider network of universal and targeted prevention services, which aim to support young people with a range of issues including housing, mental health, employment and support them in their identified recovery path.
- Turning Point continued to recruit new team members, induct and allocate service users as part of their caseload, allowing colleagues to have more manageable caseloads of high-risk individuals.
- Continuation of supporting individuals and working in a multi-disciplinary way for those who are identified 'at the edge of care'. City and Hackney have a hospital liaison team who work closely with hospital safeguarding, IDVA, main City and Hackney team and homeless contacts to support transition back to community following admission. City and Hackney Recovery Service's Rough Sleeper team continue to work effectively with a number of services- housing, street outreach teams, health, voluntary sector to provide engagement with hard to engage individuals – most of whom have a long history of rough sleeping, complex needs and difficulties with substances and mental health.





...Rosie was moved to a higher needs supported accommodation, which was deemed most appropriate to meet her mental health needs...

### Case Study 8: East London Foundation Trust

**Rosie** is a middle-aged woman well known to mental health services. A safeguarding enquiry for physical abuse commenced following an incident report where Rosie reported she was assaulted by an unknown female and man at her property.

Rosie was a sex worker, and had reportedly been assaulted in drug related incidents in the community. Rosie who was known to take illicit substances.

Following recommendations from the Court of Protection, to assign a waking night staff to stop Rosie from having male visitors overnight in her accommodation, she began meeting with her friends in the community instead, raising concerns she was at risk from the same physical/sexual abuse and financial exploitation that was believed to be occurring at supported accommodation. There had been 7 prior safeguarding enquiries for Rosie, around areas of concern including sexual abuse, financial abuse, cuckooing and self-neglect. Rosie declined all support and services relating to her sexual and physical wellbeing, and engaged solely with an advocate where she was able to convey that she understood the risks associated with her lifestyle. Rosie was moved to a higher needs supported accommodation, which was deemed most appropriate to meet her mental health needs and minimise her safeguarding risks. As a result, the risk of physical abuse was significantly reduced. It was also agreed that any remaining risks would be managed via care coordination under case management.

# Safeguarding data for 2022/23

The safeguarding data for 2022/23 is presented separately for the City and Hackney. This data is submitted to NHS Digital's Safeguarding Adults Collection, which collects statutory returns on safeguarding.

## City of London

**50** safeguarding concerns were raised

**24** of the concerns led to Section 42 Enquiry

**29** concluded S42( S2) enquiries in 2022-23 compared to **35** the previous year. **72%** of adults were asked about their desired outcomes and they were expressed. **88%** had their outcomes fully or partially met.

### Concerns and Enquiries

The trend over the last five years shows, concerns have **increased by 11 cases and enquires by 2 cases** with a **gradual decrease** of the conversation rate since 2020-21.

The concerns rate per **100,000** has been increasing in line with the national average in the last seven years with a slight decline in 2022-23 given the intervention work from the service. The national average increased by **9%** from 2020-21 and is yet to be updated later this year.

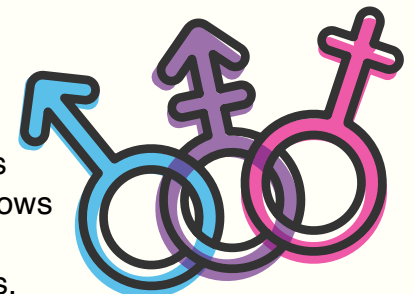


### Ethnicity

The population adult structure of city of London is mostly from the white ethnic background. The data shows the consistency that adults at risk to be mostly from the white background. Out of **44** individuals that had a concern in the year, **32** were from a white ethnic background. Of which **17** met s42 enquiries.

### Gender

The male population in the City of London Corporation makes up **55%** in the **18+** group in the 2021 Census. The data shows the male clients had slightly more safeguarding concerns this year than female clients which is similar to previous years.



The data shows of the **44** individuals who had a concern raised during the year 2022-23, **21** were in the **25-64** age grouping. Although this is consistent with previous years, there has been a decrease of concerns in this group compared to the **34** individuals in 2021-22.



## Type of Risk

Neglect has been the highest risk registered this year in safeguarding concerns and enquires which is similar to the national average in 2021-22. Neglect and acts of omissions had **15** cases and **18** people were at a risk of self-neglect, to make **63.5%** of all concerns. There is a slight rise in self-neglect in concerns by **10.6%** from 2021-22.

## Source of Referral and Risk

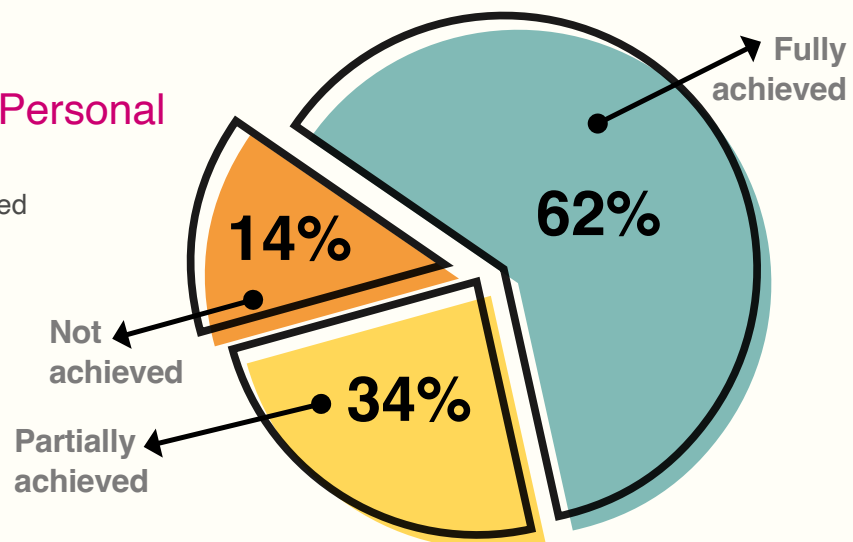
There was an increase in other referrals by **9%** from the previous year. The 'Other' category included concerns being reported in by the Home Office and London Fire Brigade. The health services, police and service providers are the top sources of referral. **It is positive to see a wider range of agencies refer concerns into the City of London Adult Safeguarding.** In line with the national and London average, the data shows **74%** of the client's risk comes from someone known to the individual. This is a decrease from the previous year 2021-22 which was **80%**. There has been a slight increase in risks reported regarding service providers at **24% compared to 13%** the previous year.

## Location of Risk

The **majority** of safeguarding concerns related to alleged abuse that happened within the **person's own home**. The continued increase in cases in people's own home this year is related to the **increase in neglect**. This is consistent with national data which identifies that **abuse typically happens within someone's own home**.

## Making Safeguarding Personal

% outcomes of concluded S42 enquiries where an adult was asked their desired outcomes and the outcome was expressed.



There were **29** concluded S42 enquiries in 2022-23 compared to thirty-five the previous year. **72%** of adults were asked about their desired outcomes and they were expressed. Of which, **86%** had their outcomes fully or partially met. **The local management system recording has been improved to capture the outcomes better than in previous years** and there has been some discussions at Safeguarding Adults Board Quality Assurance group around whether further improvements could be made to the form data fields to capture a more in-depth understanding of the MSP data.

# London Borough of Hackney

Data has been collated from three different sources for this reporting year, as the Local Authority changed how data was recorded during the year.

## Concerns and Enquiries

**1774** safeguarding concerns were raised

The number of accepted section 42 enquiries is generally in line with the previous two years.

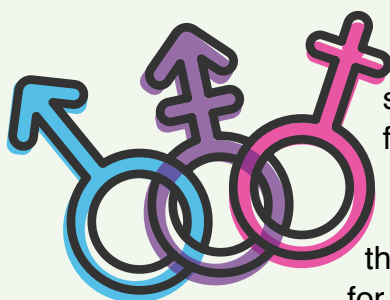


## Ethnicity

The proportion of concerns broken down by ethnicity for 2022/23 is very similar to 2021/22, except that the proportion without a declaration has dropped significantly. This is due to the usage of a better case management system, which was better able to capture ethnicity compared to the interim systems used in 2021/22. The most concerns continue to relate to adults from a White or Black African, Caribbean, or British background. This is generally consistent with the demographic profile of Hackney.



## Gender



The proportion of concerns split by gender shows a slight increase in the number of women being referred into adult safeguarding; increasing from **52.1%** last year to **55.9%** for 2022/23. This is consistent with the 2021 census for Hackney which highlights there are more females living in the Borough and therefore there is an expectation that there would be a higher proportion of safeguarding referrals for females.



The highest number of concerns being raised in respect of age has remained the same as last year; those between the ages of **26-64**. This contrasts with the national picture of safeguarding, which highlights that abuse is typically experienced by older adults. The younger demographic within Hackney could be an explanation for this. Concerns raised within the age band **75-84** has increased most significantly from last year, going up from **15.9% to 20.9%**.

## Type of risk

Self-neglect continues to be the most common form of abuse reported into adult safeguarding as a concern. Neglect and Acts of Omission and Financial or Material abuse make up the second and third most common types of abuse, in line with what we saw last year. Interestingly, Domestic Abuse has overtaken Psychological Abuse as the fourth most common form of abuse; increasing from **5.4%** in 2021/22 to **14.9%** in 2022/23. A possible explanation for this could be the impact of Covid-19 and lockdown leading to an increase in the number of domestic abuse cases being reported. The Board will continue to review trends over the forthcoming years.



## Source of Referral and Risk

The data shows that the source of risk is most likely to be someone known to the individual, which makes **78%** of concerns referred to adult safeguarding. There has been a significant increase in the service provider being identified as the source of risk, from **4%** in 2020/21 to **9.4%** in 2021/22 to **15%** in 2022/23. The Board will continue to review this trend.

The number of safeguarding concerns from Hospitals have overtaken Health Professionals and Other Commissioned Service compared to 2021/22. There continues to be a consistent number of concerns raised by friends and family, which is encouraging for the Board and evidence of the engagement work done with many community groups in Hackney.

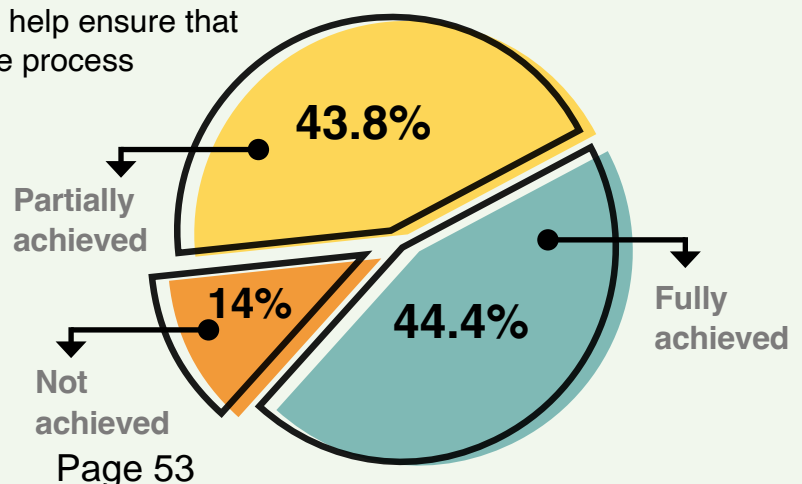
## Location of Risk

The data continues to show that most abuse occurs within the home. This could correlate with the increase in the cases of self-neglect, which tend to occur within peoples own homes.

## Making Safeguarding Personal

In **85%** of concluded section 42 enquiries, adults were asked what their desired outcome was. This is slightly down from the previous year's figure of **92%**.

Of the **85%** that were asked, **88%** had their desires partially or fully achieved. This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.



% outcomes achieved for concluded S42 enquiries where an adult expressed desired outcomes.



# East London NHS Foundation Trust (ELFT)

## 249 safeguarding concerns were raised

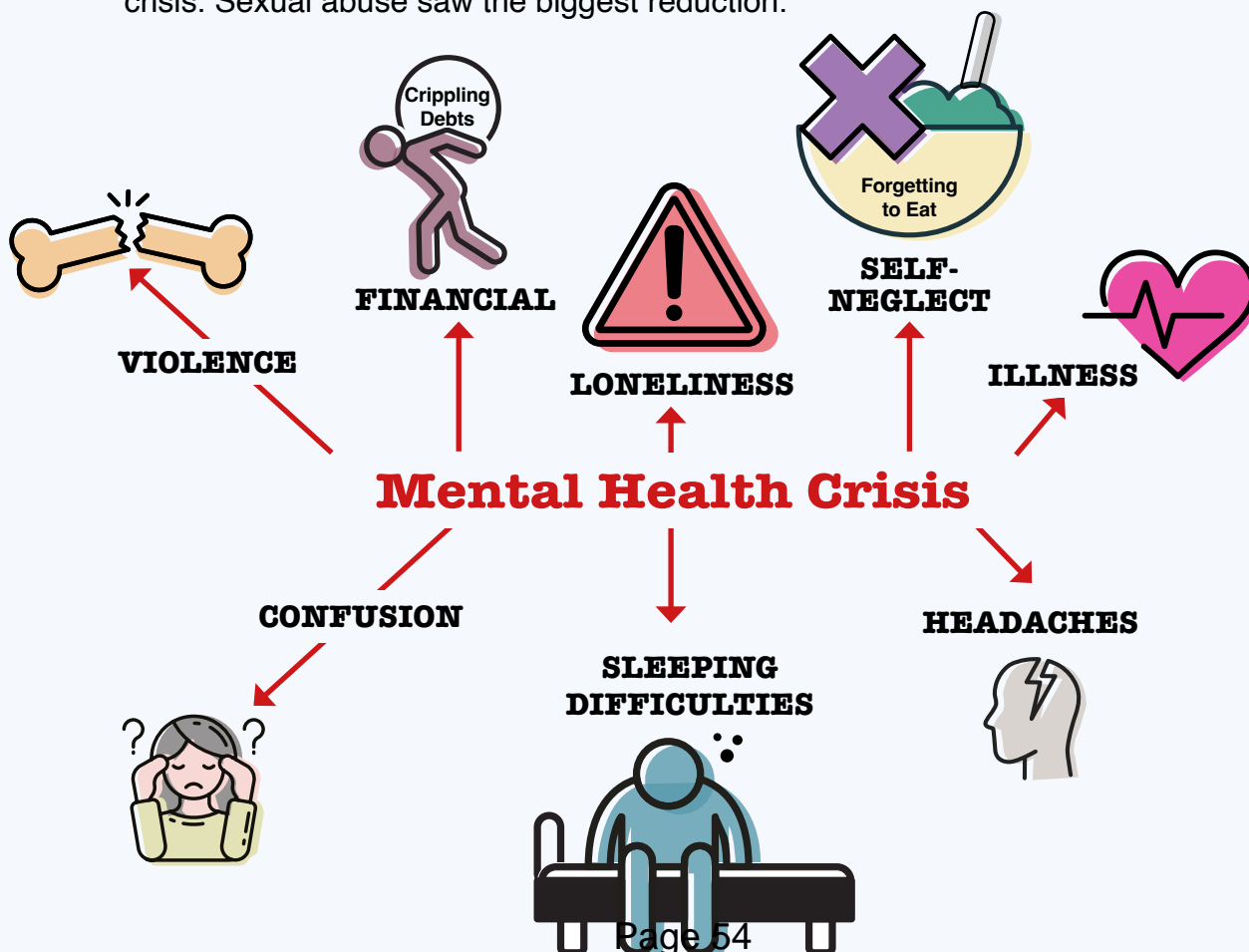
The number of accepted section 42 enquiries is generally in line with the previous two years.

A large number of safeguarding concerns received by ELFT are raised in relation to mental health crises and have often been acted upon when the safeguarding concern is received. This might explain the number of concerns that are not registered as s42 enquiries. It is worth noting that the level of complexity being managed in the communities has risen sharply within mental health services over the last year and many issues often in the safeguarding domain are managed under care coordination in community teams.



### Type of Abuse

Since the pandemic, there have been increasing reports of financial abuse and self-neglect in the community. The high levels of physical abuse will be impacted by incidents of violence on the psychiatric wards and mental health crisis. Sexual abuse saw the biggest reduction.

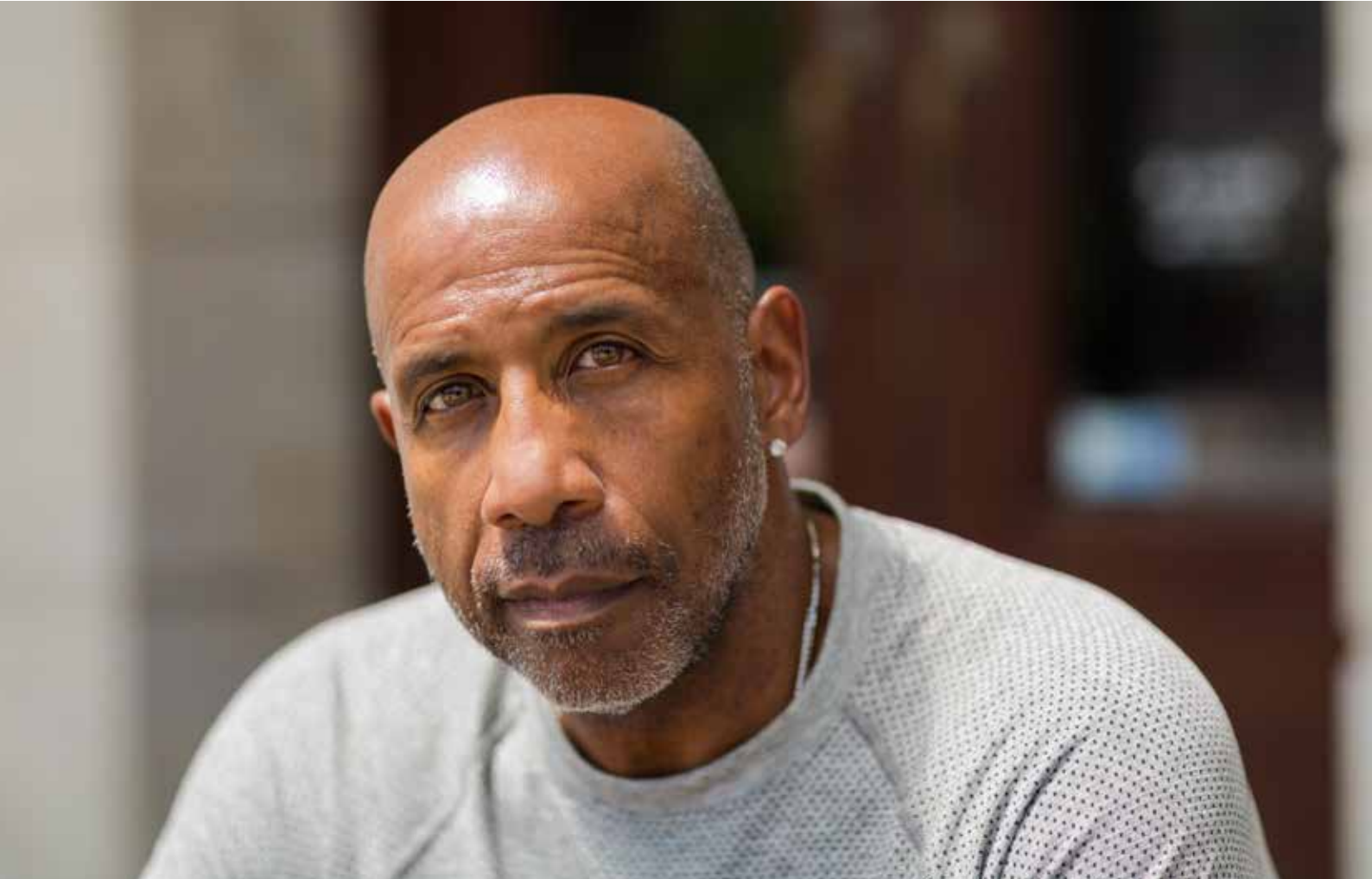






## Case Study 9: Turning Point

**Alex** is a middle-aged man known to drug and alcohol services in the borough. Alex resides in a one bedroom, private rented flat, and has a care package.



He has had 14 hospital admissions across a number of London hospitals in the last 6 months, but often discharges himself prior to clinical treatment/input being completed.

Requests made were for the hospital to carry out capacity assessments to determine whether Alex has capacity to make decisions relating to his physical health. Turning Point queried if his Care Act assessment, and social services assessment include a long-term plan around the collection and administration of his methadone in the community. His methadone is a health treatment, and due to his difficulties around his memory and alcohol use, methadone could not be administered in the community without supervision. Concerns were also raised about the position of the private landlord, in terms of this vulnerable adult living alone in the property, and seemingly not being able to manage in terms of his physical health. The consultant psychiatrist advised community prescribing would recommence if Alex resided in a supported living environment. In addition, interim supported living arrangements were being made for Alex to safeguard his wellbeing.



# Appendix A:

## CHSAB Annual Strategic Plan 2023-2024

## CHSAB Annual Strategic Plan 2023 – 2024

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

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland / Georgina Diba / Godfred Boathen	City of London Corporation (CoL)	Chris Pelham
City and Hackney ICB	Diane Jones / Celia Jeffreys / Mary O'Reardon	Hackney Metropolitan Police (MPS)	Ralph Coates
City of London Police	Kelly Fisher	Homerton University Hospital Foundation Trust (HUHFT)	Breeda McManus / Jennie Wood
Barts Health NHS Trust	Clare Hughes	East London Foundation Trust (ELFT)	Dinh Padicala
London Fire Brigade (City of London and Hackney)	James O'Neill	Age UK	Larissa Howells
National Probation Trust	Stephanie Salmon	Department of Work and Pensions	Laura Anderson
Healthwatch Hackney	Sally Beaven	Healthwatch City of London	Rachel Cleave
Hackney CVS	Tony Wong	The Advocacy Project	Judith Davey
London Borough of Hackney and City of London Public Health	Andrew Trathen	London Borough of Hackney Benefits and Housing Needs	Jennifer Wynter
Turning Point (substance misuse service)	Jude Unsworth	City and Hackney Safeguarding Children's Partnership	Jim Gamble
Older Person's Reference Group	Cynthia White	City of London Commissioning	Sacha Lewis
Commissioning LBH	Zainab Jalil	City of London Housing	Liam Gillespie

Task & Finish Groups	Chair
Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Safeguarding and Anti-Social Behaviour	Dr Adi Cooper

Sub-group	Chair
SAR & Case Review	Chris Pelham
Quality Assurance	Godfred Boahen
SAR Action Plan Group	Mary O'Reardon

Sub-Committee	Chair
City of London	Dr Adi Cooper

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>1. To continue to raise awareness in relation to mental capacity assessment. Please see section 6 on self-neglect for aligning actions.</b></p>	<p>1.1 The workforce development leads will review and commission training in relation to mental capacity assessment, to ensure that it provides practical approaches to responding to complex issues relating to mental capacity.</p>	<p>CHSAB Manager (Shohel Ahmed) / Head of Adult Safeguarding (Godfred Boahen) (Ian Tweedie) City of London and London Borough of Hackney</p>	<p>1. There is assurance that mental capacity training gives staff practical advice on how to apply the Act and key learning around mental capacity. 2. There is more support offered to residents who have fluctuating or lack executive capacity.</p>	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.</b></p>	<p><b>2.1</b> The Board will support the cohort of Safeguarding Champions to deliver safeguarding awareness sessions across the community.</p>	<p>CHSAB Manager (Shohel Ahmed) / HCVS (Tony Wong)</p>	<p>1. There will be increased awareness of adult safeguarding amongst residents in the City and Hackney</p>	
	<p><b>2.2</b> The Board will create a feedback loop with voluntary sector staff and volunteers so that safeguarding issues and intelligence can be routinely shared with the Board.</p>	<p>CHSAB Manager (Shohel Ahmed)/ HCVS (Tony Wong)/ The Advocacy Project (Ritu Guha)/ Age UK (Larissa Howells)</p>	<p>1. There will be a better understanding of the safeguarding issues affecting residents in the City and Hackney. 2. There will be increased engagement with the Board's work.</p>	
<p><b>3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.</b></p>	<p><b>3.1</b> The Advocacy Project will deliver the Lived Experience of Safeguarding Service, obtaining feedback on people's experiences of safeguarding. As part of this, the organisation will be required to provide quarterly feedback on the delivery of the service.</p>	<p>The Advocacy Project (Ritu Guha)</p>	<p>1. The Board will be able to identify how to improve adult safeguarding services for residents 2. The Board will be able to ensure that safeguarding services are person centred.</p>	

<b>Principle 2: Empowerment...</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
	<p>3.2 The Board Manager will work with corporate communications teams to set up a system of yearly consultation to ensure that residents in the City and Hackney are given the opportunity to influence the work of the Board.</p>	<p>CHSAB                      Manager (Shohel Ahmed)/                      London Borough of Hackney                      corporate teams/ City of London Corporation</p>	<p>1. The Board's annual strategic plan will reflect the needs and concerns of residents within the City and Hackney.</p>	

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>4. To identify and respond to the needs of people who are at the ‘edge of care’ and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.</b></p>	<p>4.1 To audit concerns that do not reach the criteria for a s42(2) Enquiry under the Care Act 2014 to identify whether there are any particular groups that are ‘at the edge of care’ to be a focus for preventative support.</p>	<p>Quality Assurance Subgroup, London Borough Hackney Adult Social Care (Godfred Boahen) / City of London Corporation Adult Social Care (Ian Tweedie)</p>	<p>1. The Board will better understand which groups require support in terms of prevention 2. The Board will be able to identify key priorities for future years.</p>	
	<p>4.2 To develop a pathway for people who may have safeguarding needs but are not eligible for support under s42(2) of the Care Act 2014 so that frontline staff know how to support this cohort.</p>	<p>Quality Assurance sub-group</p>	<p>1. There is more equitable access to safeguarding services for all residents 2. Professionals will have a better understanding of how to apply legislation around the Care Act 2014, therefore leading to greater compliance with statutory duties.</p>	



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

Priority	Action	Lead	Intended Impact	Update
<b>5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.</b>	<b>5.1</b> The Board will work with the London Borough of Hackney and the City of London to ensure that safeguarding issues arising from the economic crisis are identified and addressed.	Executive Group / Poverty Reduction Strategy Leads	<ol style="list-style-type: none"> <li>Safeguarding influences the Poverty Reduction Strategy</li> <li>The Board is aware of arising issues relating to the economic crisis and puts tools in place to mitigate this risk.</li> </ol>	
	<b>5.2</b> The Board will seek assurance on the impact of out of borough placements on the wider supported housing pathways.	CHSAB Manager (Shohel Ahmed) / Executive Group	<ol style="list-style-type: none"> <li>The Board has better oversight on out of borough placements and is assured that there are effective protocols in place.</li> </ol>	
	<b>5.3</b> To develop a multi agency dashboard that has a clear focus on outcomes and helps identify emerging safeguarding risks and trends.	Quality Assurance subgroup	<ol style="list-style-type: none"> <li>The Board is better able to respond to emerging risks and trends within the community.</li> </ol>	
	<b>5.4</b> The Independent Chair will review partners contributions to the Board and will identify how key roles (e.g. chairing task and finish and sub-groups) can be evenly distributed amongst partners.	Independent Chair of the Safeguarding Adults Board (Dr Adi Cooper)	<ol style="list-style-type: none"> <li>The work of the Board is evenly distributed across Board partners and strategic priorities meet the needs of all partners.</li> </ol>	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”				
Priority	Action	Lead	Intended Impact	Update
6. To support frontline professionals to respond to complex issues relating to self-neglect.	6.1 The Board Manager will promote the Board's resources available to support staff to respond to cases involving self-neglect.	CHSAB Manager (Shohel Ahmed)	<ol style="list-style-type: none"> <li>1. Professionals are given the tools to ensure that they can effectively support residents experiencing self-neglect</li> <li>2. There will be improved outcomes for people experiencing self-neglect.</li> </ol>	
	6.2 A working group of Board partners will develop a toolkit to support staff to respond to self-neglect and mental capacity issues. This toolkit will bring together existing tools as well as new tools such as good practice case studies.	Adult Social Care London Borough of Hackney & the City of London Corporation (Ian Tweedie) (Shohel Ahmed)/ East London Foundation Trust / Turning Point / North East London CCG / London Fire Brigade	<ol style="list-style-type: none"> <li>1. There will be better outcomes for people who self-neglect</li> <li>2. Self-neglect is detected and disrupted at an earlier stage.</li> </ol>	

<b>Principle 5: Protection...</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
<b>7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.</b>	<b>7.1</b> A roundtable review will be undertaken into fire deaths that have occurred in the London Borough of Hackney and the City of London to assess how future fire deaths can be prevented.	SAR sub-group	1. There will be assurances that professionals understand fire safety risk and how to manage this effectively 2. There will be a reduction in fire related deaths in Hackney and the City of London.	
	<b>7.2</b> The board will aim to embed learning from SARs more effectively through learning events and 7 minute briefings.	SAR sub group	1. Agencies and professionals will be able demonstrate learning from SARs and improve safeguarding practice as a result.	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.</b></p>	<p>8.1 The Board to undertake a Making Safeguarding Personal temperature check with all partners.</p>	<p>Quality Assurance sub-group</p>	<p>1. MSP has been embedded into practice properly 2. The Board can identify areas where MSP needs to be strengthened.</p>	
	<p>8.2 Partners will report on preparation for the forthcoming Care Quality Commission assurance regime (London Borough of Hackney and City Adult Social Care, NEL ICB) as well as the Housing inspection.</p>	<p>London Borough of Hackney Adult Social Care (Godfred Boahen)/City of London Corporation (Ian Tweedie) NEL ICB</p>	<p>1. The Board will have assurance regarding delivery of adult safeguarding responsibilities.</p>	

## Case Study 10: City of London Police

**Helen** was a patient of the Dartmouth Park Mental Health Unit, diagnosed with an emotionally unstable personality disorder and Bi-polar. She had become disenfranchised with her crisis care team and would often refuse to engage with the team. Whilst in crisis, Helen would usually seek to end her life at various locations, with any intervention resulting in an aggressive response. Helen would repeatedly be sectioned and taken to the Homerton Mental Health suite, where she would be placed under section or discharged very quickly. The stress Helen would suffer during these incidents would usually exacerbate her mental state. The City of London Police worked with Helen and discussed what was causing her moments of crisis and what could be done. Since engaging with Helen on a one to one basis, her attendance at risky locations in London has stopped completely.



*“I'm still learning to love myself.”*

# Accessibility statement

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**CHSAB@hackney.gov.uk**

We will consider your request and get back to you in the next five working days.

**City & Hackney Safeguarding Adults Board**

1 Hillman Street

Hackney

London

E8 1DY

Email: [CHSAB@hackney.gov.uk](mailto:CHSAB@hackney.gov.uk)

Tel: 020 8356 6498





<b>Title of Report</b>	Better Care Fund Plan 23-25
<b>For Consideration By</b>	Health and Wellbeing Board
<b>Meeting Date</b>	
<b>Classification</b>	Open
<b>Ward(s) Affected</b>	All
<b>Report Author</b>	Mark Watson

Is this report for:

✓	Information
•	Discussion
•	Decision

Why is the report being brought to the board?

The BCF Policy Framework and Planning Requirements were published on 4 April 2023 and require the BCF Plan to be signed off by the HWB. In order to meet the deadline the Joint Chair, Cllr Kennedy signed the plan off and asked for it to be noted by the HWB at their next meeting.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

The ICB also need to agree to the plans and this has been done

## 1. **Background**

For the first time since 2017-19, this is a two year plan, covering 1 April 2023 - 31 March 2025.

There are a number of changes this year:

1. This is a 2 year Plan; however, there is recognition that funding plans in year 2 may change.
2. The introduction of the new Discharge Fund. This was split nationally with 60% going to ICBs and 40% to local authorities. This funding was to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. As in 2022-23 the ICB worked with local authorities on how the ICB element of funding will be allocated and is based on allocations proportional to local area need.
3. The requirement to complete a new tab - "Capacity & Demand" which sets out our planned capacity in the system against our predicted demand.

## 2. **2023-25 Annual Plan**

The annual plan is in 2 parts:

Narrative plan is [here](#).

Template return on Finance is [here](#)

The Health and Wellbeing Boards (HWBs) are asked to sign-off our local 2023-25 Better Care Fund (BCF) spending plans and assurances that we meet the 4 national conditions (See section 4).

The narrative plan is set out using headings from a national template which allows partnerships to give more details on their plans for integration and the use of the funding, including support for hospital discharge. The narrative plan has been written in partnership

## 3. **What is the Better Care Fund?**

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF requires Integrated Care Boards (ICBs) and local government to agree to a joint plan, owned by the health and wellbeing board (HWB), governed by an agreement under section 75 of the NHS Act (2006).

The BCF Policy Framework and Planning Requirements were published on 4 April 2023 and confirm the conditions and funding for 2023-2025. This includes two-year spending plans although the second year is provisional in some aspects.

The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.

The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Integrated Care Board (ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF). There is a new requirement that additional Discharge Funding must be pooled into the BCF.

#### **4. Four National Conditions**

The four national conditions require:

- Plans to be jointly agreed
- Enabling people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time
- Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

The Hackney Partnership meets all four national conditions.

## **5. Funding**

The pooled budget is made up of NHS funding as well as local government grants.

### **Disabled Facilities Grant:**

DFG is funded by the Department of Health and Social Care and since 2014 has been part of the Better Care Fund.

The DFG is pooled into the BCF to promote joined-up approaches to meeting people's needs to support more people of all ages to live in suitable housing so they can stay independent for longer. Creating a home environment that supports people to live safely and independently can make a significant contribution to health and wellbeing, and should be an integral part of integration plans, including social care, and strategic use of the DFG can support this.

This funding covers grants to residents and other direct support (additional detail is covered in the narrative plan).

### **NHS Minimum Contribution**

This is the funding that each ICB has to designate to the BCF funding pot from their national allocations. This includes the proportion that is transferred to the Local Authority. The total uplift to the BCF minimum allocation 5.66%

### **Improved BCF (iBCF)**

The iBCF was first announced in the 2015 Spending Review, and is paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan. The funding may only be used for the purposes of:

- meeting adult social care needs
- reducing pressures on the NHS, including seasonal winter pressures
- supporting more people to be discharged from hospital when they are ready
- ensuring that the local social care provider market is supported.

### **Additional Discharge Funding**

Funding is allocated to both ICB and LA's and locally pooled to maintain and develop discharge schemes previously covered by ad hoc winter pressures funding and COVID funding in previous years. This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds.

This is a National programme and Hackney has received the following funding:

Funding source	2023-24 Income	2024-25 Income
DFG	£1,730,686	£1,730,686
Minimum NHS Contribution	£25,789,837	£27,249,542
iBCF	£16,636,745	£16,636,754
Additional LA Contribution	£0	£0
Additional NHS Contribution	£0	£0
Local Authority Discharge Funding	£2,332,446	£3,871,120
ICB Discharge Funding	£1,103,268	£2,105,663
<b>Total</b>	<b>£47,592,982</b>	<b>£51,593,756</b>

## 6. The BCF Annual Plan Key Priorities:

BCF 2023-24 Priorities (1st Year)	How the Hackney BCF support the priority
<b>Implement the review of the discharge pathway</b>	<p><b>Why:</b> We commissioned PPL to review the current discharge pathway and results will be available at the end of June 2023. This also will help commissioners and partners understand the strengths and weaknesses of the current system and help ensure future spend is based on evidence of need.</p> <p><b>Outcome:</b> The main recommendation was to further develop an integrated discharge service and transfer of care hub, bringing everyone together to reduce hand-offs and increase safe discharges as well as Increased capacity of reablement and home care.</p>
<b>Use discharge funding to recruit more permanent staff in the adult social care discharge team</b>	<p><b>Why:</b> Many of the Social Work staff and move on team have been funded by short term funding, meaning we have only been able to recruit agency staff. Having 2 years funding means we can start to develop permanent teams and not rely on interim posts.</p> <p><b>Outcome:</b> Increased stability within the workforce.</p>
<b>Commission/Recontract discharge services</b>	<p><b>Why:</b> Similar to the staffing, short term funding, while welcome, has only allowed us to issue short term contracts.</p> <p><b>Outcome:</b> Increased stability within the market. This 2 year</p>

	funding will allow for extended contracts via new procurements. This includes bridging services; accommodation services and other discharge related schemes.
--	--

## 7. Assurance

The BCF Annual Plan was submitted on time - All Councils have been given extra time to gain HWB sign off.

The Hackney partnership has met all 4 national metrics. The annual return was fully completed as below:

	Complete:
<a href="#">5. Income</a>	Yes
<a href="#">6. Expenditure</a>	Yes
<a href="#">8. Metrics</a>	Yes
<a href="#">9. Planning Requirements</a>	Yes

There are no outstanding issues relating to this submission and we are confident that the partnership supports the return.

This has been signed off by the ICB.

**HWB is asked to note for information that the BCF 23-26 Narrative plan and National template had been signed off by the Co-Chair on behalf of the H&WB.**

**HWB are also asked to consider the proposal to agree the process of annual sign off becomes a delegated decision to the lead member for AH&I and the Group Director going forward with an annual update to the board.**

### 1.1. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

•	Improving mental health
•	Increasing social connection
•	Supporting greater financial security
•	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

•	Strengthening our communities
•	Creating, supporting and working with volunteer and peer roles
•	Collaborations and partnerships: including at a neighbourhood level
•	Making the best of community resources
•	All of the above

### 1.2. Equality Impact Assessment (EIA)

Has an EIA been conducted for this work?

•	Yes
•	No

### 1.3. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

•	Yes
•	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

•	Yes
•	No

### 1.4. Risk Assessment

N/A

### 1.5. Sustainability

The BCF schemes aim to work in a way that embeds and sustains a



commitment to reducing health inequalities and improving population health across  
City & Hackney.

<b>Report Author</b>	Mark Watson
Contact details	mark.watson@hackney.gov.uk
Appendices	<b>Narrative plan is <a href="#">here</a>.</b> <b>Template return on Finance is <a href="#">here</a></b>

## Overview

### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

### Checklist ([click to go to Checklist, included in the Cover sheet](#))

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

### 3. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

### 4. Income ([click to go to sheet](#))

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan
2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.
3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.
4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.
5. Please use the comment boxes alongside to add any specific detail around this additional contribution.
6. If you are pooling any funding carried over from 2022-23 (i.e. **underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.
8. For any questions regarding the BCF funding allocations, please contact [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (please also copy in your Better Care Manager).

### 5. Expenditure ([click to go to sheet](#))

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

[6. Metrics \(click to go to sheet\)](#)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

#### 1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions\*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:  
<https://future.nhs.uk/bettercareexchange/view?objectId=143133861>
- Technical definitions for the guidance can be found here:  
<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

#### 2. Falls

- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
  - This is a measure in the Public Health Outcome Framework.
  - This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
  - Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
  - For 2023-24 input planned levels of emergency admissions
  - In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)
  - The latest available data is for 2021-22 which will be refreshed around Q4.
- Further information about this measure and methodology used can be found here:  
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4>

#### 3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

#### 4. Residential Admissions:

- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

**7. Planning Requirements (click to go to sheet)**

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

**Better Care Fund 2023-25 Template**

**2. Cover**

Version 1.1.3

**Please Note:**

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCF) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Hackney
Completed by:	Mark Watson
E-mail:	<a href="mailto:mark.watson@hackney.gov.uk">mark.watson@hackney.gov.uk</a>
Contact number:	7595288950
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Fri 28/07/2023 << Please enter using the format, DD/MM/YYYY

**Complete:**

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Roles:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Christopher	Kennedy <a href="mailto:christopher.kennedy@hackney.gov">christopher.kennedy@hackney.gov</a>
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Ms	Zina	Etheridge <a href="mailto:zina.etheridge1@nhs.net">zina.etheridge1@nhs.net</a>
	Additional ICB(s) contacts if relevant	Ms	Nina	Griffith <a href="mailto:nina.griffith@nhs.net">nina.griffith@nhs.net</a>
	Local Authority Chief Executive	Mr	Mark	Carrol <a href="mailto:mark.carrol@hackney.gov.uk">mark.carrol@hackney.gov.uk</a>
	Local Authority Director of Adult Social Services (or equivalent)	Ms	Helen	Woodland <a href="mailto:helen.woodland@hackney.gov">helen.woodland@hackney.gov</a>
	Better Care Fund Lead Official	Mr	Mark	Watson <a href="mailto:mark.watson@hackney.gov.uk">mark.watson@hackney.gov.uk</a>
	LA Section 151 Officer	Mr	Ian	Williams <a href="mailto:ian.williams@hackney.gov.uk">ian.williams@hackney.gov.uk</a>
	ICB BCF Lead for Hackney	Ms	Cindy	Fischer <a href="mailto:cindy.fischer@nhs.net">cindy.fischer@nhs.net</a>
	Health and Wellbeing Board Chair (Joint Chair)	Dr	Stephanie	Coughlin <a href="mailto:stephaniecoughlin@nhs.net">stephaniecoughlin@nhs.net</a>

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

#N/A

	Complete:
2. Cover	Yes
4. Capacity&Demand	#N/A
5. Income	Yes
6. Expenditure	#REF!
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

## Better Care Fund 2023-25 Template

### 3. Summary

Selected Health and Wellbeing Board:

Hackney

#### Income & Expenditure

[Income >>](#)

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£1,730,686	£1,730,686	£1,730,686	£1,730,686	£0
Minimum NHS Contribution	£25,789,837	£27,249,542	£25,789,837	£27,249,542	£0
iBCF	£16,636,745	£16,636,745	£16,636,745	£16,636,745	£0
Additional LA Contribution	£0	£0	£0	£0	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£2,332,446	£3,871,120	£2,332,446	£3,871,120	£0
ICB Discharge Funding	£1,103,063	£2,105,663	£1,103,063	£2,105,663	£0
<b>Total</b>	<b>£47,592,777</b>	<b>£51,593,756</b>	<b>£47,592,777</b>	<b>£51,593,756</b>	<b>£0</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£7,345,893	£7,761,671
Planned spend	£15,852,197	£15,813,453

#### Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£7,154,783	£7,559,744
Planned spend	£9,917,537	£10,377,313

[Metrics >>](#)

#### Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	117.0	112.0	112.0	112.0

#### Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	959.6	940.4
	Count	182	178
	Population	18924	23175

#### Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.4%	93.9%	94.2%	94.4%



## Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	0	489

## Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.5%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

**Better Care Fund 2023-24 Capacity & Demand Template**

**3. Capacity & Demand**

Selected Health and Wellbeing Board:

**Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements**

**3.1 Hospital Discharge**

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template aligns to the pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of rehabilitation, respite and short term domiciliary care.

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHS Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

**3.2 Demand - Community**

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

**4. Metrics**

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS)
- Rehabilitation at home
- Rehabilitation at home
- Short term domiciliary care
- Respite in a bedded setting
- Rehabilitation in a bedded setting
- Short term residential/nursing care for someone likely to require a longer term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload\*days in month\*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LOS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

**3.3 Capacity - Community**

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:

- Social support (including VCS)
- Urgent Community Response
- Rehabilitation at home
- Rehabilitation at home
- Other short-term social care
- Respite in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload\*days in month\*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LOS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for length of stay and average number of hours committed to a homecare package that have been used to derive the number of expected packages.

Our capacity for social support refers to our Take Home and Settle Service with Age UK. We don't have another measure for other voluntary sector capacity which may support pathway 0 demand. Short term domiciliary care - There are two commissioned services offering hours on a block basis. Number of clients may vary based on number of care calls and whether they are single or double handed. One service supports people for a 72 hour period where done care agencies can't pick up immediately. The second service, Rapid Care, is part of our intermediate care team and has capacity for 168 hours per week. Otherwise care is booked on a spot purchase contract so capacity is available and greater than demand.

3.1	Complete
3.2	ICB/IA
3.3	ICB/IA
3.4	ICB/IA

**3.1 Demand - Hospital Discharge**

Trust Referral Source **Click on the filter box below to select Trust first!**

Trust Referral Source	Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
BARTS HEALTH NHS TRUST		1	1	1	1	1	1	1	1	1	1	1	1
HOMERTON HEALTHCARE NHS FOUNDATION TRUST		82	82	82	82	82	82	82	82	82	82	82	82
OTHER		0	0	0	0	0	0	0	0	0	0	0	0
HOMERTON HEALTHCARE NHS FOUNDATION TRUST		10	10	10	10	10	10	10	10	10	10	10	10
OTHER		2	2	2	2	2	2	2	2	2	2	2	2
BARTS HEALTH NHS TRUST		17	17	17	17	17	17	17	17	17	17	17	17
HOMERTON HEALTHCARE NHS FOUNDATION TRUST		42	42	42	42	42	42	42	42	42	42	42	42
OTHER		10	10	10	10	10	10	10	10	10	10	10	10
BARTS HEALTH NHS TRUST		21	21	21	21	21	21	21	21	21	21	21	21
HOMERTON HEALTHCARE NHS FOUNDATION TRUST		50	50	50	50	50	50	50	50	50	50	50	50
OTHER		13	13	13	13	13	13	13	13	13	13	13	13
BARTS HEALTH NHS TRUST		1	1	1	1	1	1	1	1	1	1	1	1
HOMERTON HEALTHCARE NHS FOUNDATION TRUST		1	1	1	1	1	1	1	1	1	1	1	1
OTHER		0	0	0	0	0	0	0	0	0	0	0	0
BARTS HEALTH NHS TRUST		2	2	2	2	2	2	2	2	2	2	2	2
OTHER		0	0	0	0	0	0	0	0	0	0	0	0
BARTS HEALTH NHS TRUST		2	2	2	2	2	2	2	2	2	2	2	2
HOMERTON HEALTHCARE NHS FOUNDATION TRUST		4	4	4	4	4	4	4	4	4	4	4	4
OTHER		1	1	1	1	1	1	1	1	1	1	1	1

**3.2 Demand - Community**

Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	106	106	106	106	106	106	106	106	106	106	106	106
Rehabilitation at home	13	13	13	13	13	13	13	13	13	13	13	13
Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

**3.3 Capacity - Hospital Discharge**

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity, Number of new clients.	83	83	83	83	83	83	83	83	83	83	83	83
Rehabilitation at home	Monthly capacity, Number of new clients.	15	15	15	15	15	15	15	15	15	15	15	15
Rehabilitation at home	Monthly capacity, Number of new clients.	57	57	57	57	57	57	57	57	57	57	57	57
Short term domiciliary care	Monthly capacity, Number of new clients.	84	84	84	84	84	84	84	84	84	84	84	84
Rehabilitation in a bedded setting	Monthly capacity, Number of new clients.	25	25	25	21	21	21	21	21	21	21	21	21
Rehabilitation in a bedded setting	Monthly capacity, Number of new clients.	4	4	4	4	4	4	4	4	4	4	4	4
Short term residential/nursing care for someone likely to require a longer term care home placement	Monthly capacity, Number of new clients.	7	7	7	7	7	7	7	7	7	7	7	7

ICB	Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
	LA	ICB	Joint
	100%	0%	0%
	0%	100%	0%
	100%	0%	0%
	0%	100%	0%
	0%	100%	0%
	50%	50%	0%
	0%	100%	0%
	8%	100%	0%

**3.4 Capacity - Community**

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity, Number of new clients.	263	263	263	263	263	263	263	263	263	263	263	263
Rehabilitation at home	Monthly capacity, Number of new clients.	5	5	5	5	5	5	5	5	5	5	5	5
Rehabilitation at home	Monthly capacity, Number of new clients.	10	10	10	10	10	10	10	10	10	10	10	10
Rehabilitation in a bedded setting	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation in a bedded setting	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity, Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

ICB	Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
	LA	ICB	Joint
	0%	0%	0%
	100%	0%	0%
	0%	100%	0%
	100%	0%	0%
	0%	100%	0%
	0%	100%	0%
	0%	0%	0%
	0%	0%	0%

**Better Care Fund 2023-25 Template**

**4. Income**

Selected Health and Wellbeing Board:

Hackney

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Hackney	£1,730,686	£1,730,686
DFG breakdown for two-tier areas only (where applicable)		
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£1,730,686</b>	<b>£1,730,686</b>

**Complete:**

Yes

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Hackney	£2,332,446	£3,871,120

Yes

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS North East London ICB	£1,103,063	£2,105,663
<b>Total ICB Discharge Fund Contribution</b>	<b>£1,103,063</b>	<b>£2,105,663</b>

Yes

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Hackney	£16,636,745	£16,636,745
<b>Total iBCF Contribution</b>	<b>£16,636,745</b>	<b>£16,636,745</b>

Yes

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	No
--	----

Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
<b>Total Additional Local Authority Contribution</b>	<b>£0</b>	<b>£0</b>	

Yes

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS North East London ICB	£25,789,837	£27,249,542
<b>Total NHS Minimum Contribution</b>	<b>£25,789,837</b>	<b>£27,249,542</b>

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No
---	----

Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
<b>Total Additional NHS Contribution</b>	<b>£0</b>	<b>£0</b>	
<b>Total NHS Contribution</b>	<b>£25,789,837</b>	<b>£27,249,542</b>	

Yes

	2023-24	2024-25
<b>Total BCF Pooled Budget</b>	<b>£47,592,777</b>	<b>£51,593,756</b>

**Funding Contributions Comments**  
Optional for any useful detail e.g. Carry over

Year 2 DFG assumed at same levels as year 1 since only confirmation is for the total £573m available same as 23-24. Year 2 iBCF assumed at same level as 23-24. Year 2 LA share of BCF assumed increase in same proportion 5.66% as whole BCF increase. ICB discharge funding based on 23/24 estimate -assumed same in both years, although this includes a NEL-wide project so may change. Year 2 LA allocation of discharge funding assumed same as year 1.

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2023-25 Template  
5. Expenditure

Selected Health and Wellbeing Board: Hackney

	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
Running Balances	£1,730,686	£1,730,686	£0	£1,730,686	£1,730,686	£0
DFG	£25,789,837	£25,789,837	£0	£27,249,542	£27,249,542	£0
Minimum NHS Contribution	£16,636,745	£16,636,745	£0	£16,636,745	£16,636,745	£0
Additional LA Contribution	£0	£0	£0	£0	£0	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£2,332,446	£2,332,446	£0	£3,871,120	£3,871,120	£0
ICB Discharge Funding	£1,103,063	£1,103,063	£0	£2,105,663	£2,105,663	£0
<b>Total</b>	<b>£47,592,777</b>	<b>£47,592,777</b>	<b>£0</b>	<b>£51,593,756</b>	<b>£51,593,756</b>	<b>£0</b>

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

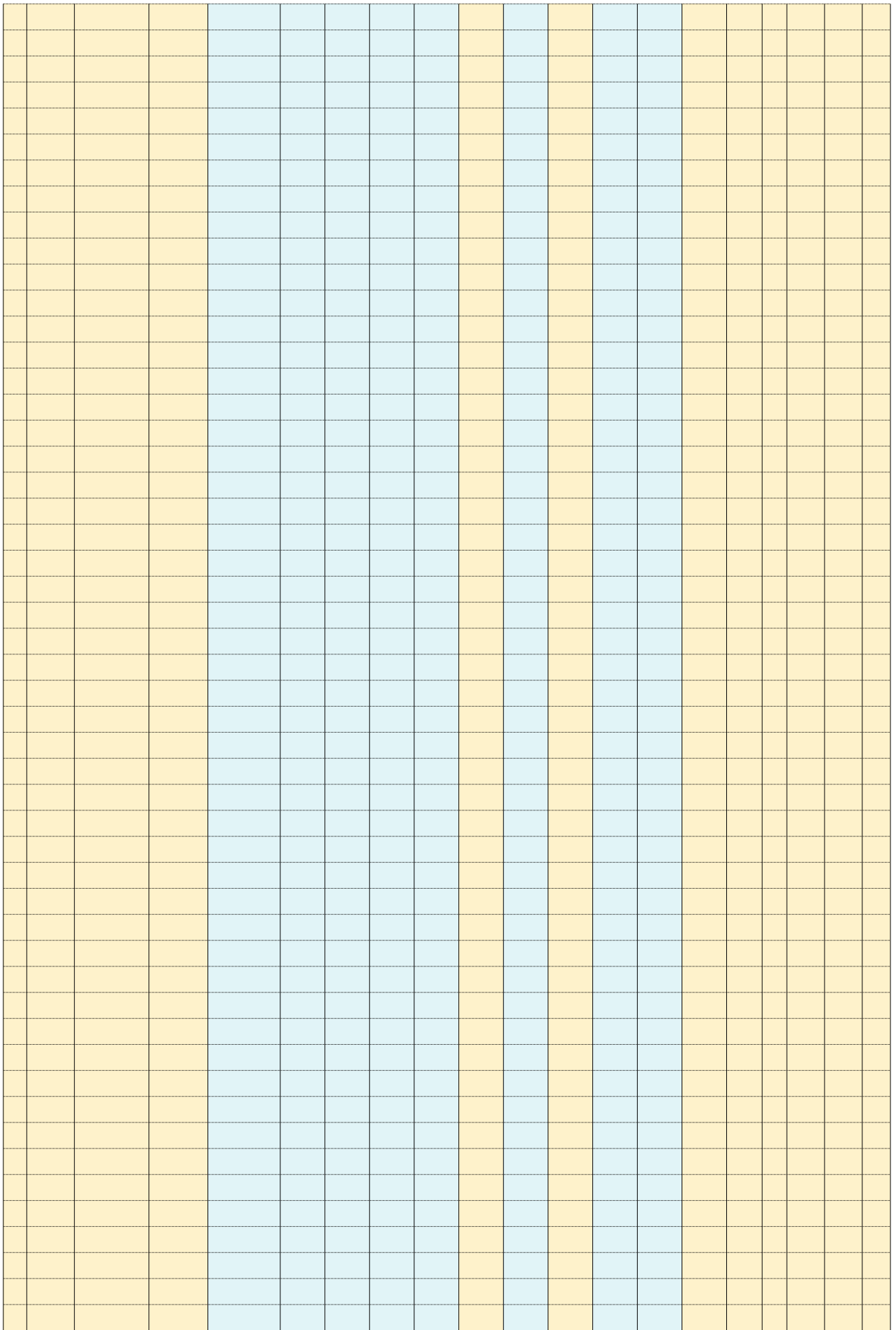
	2023-24			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,345,893	£15,852,197	£0	£7,761,671	£15,813,453	£0
Adult Social Care services spend from the minimum ICB allocations	£7,154,783	£9,917,537	£0	£7,559,744	£10,377,313	£0

Checklist

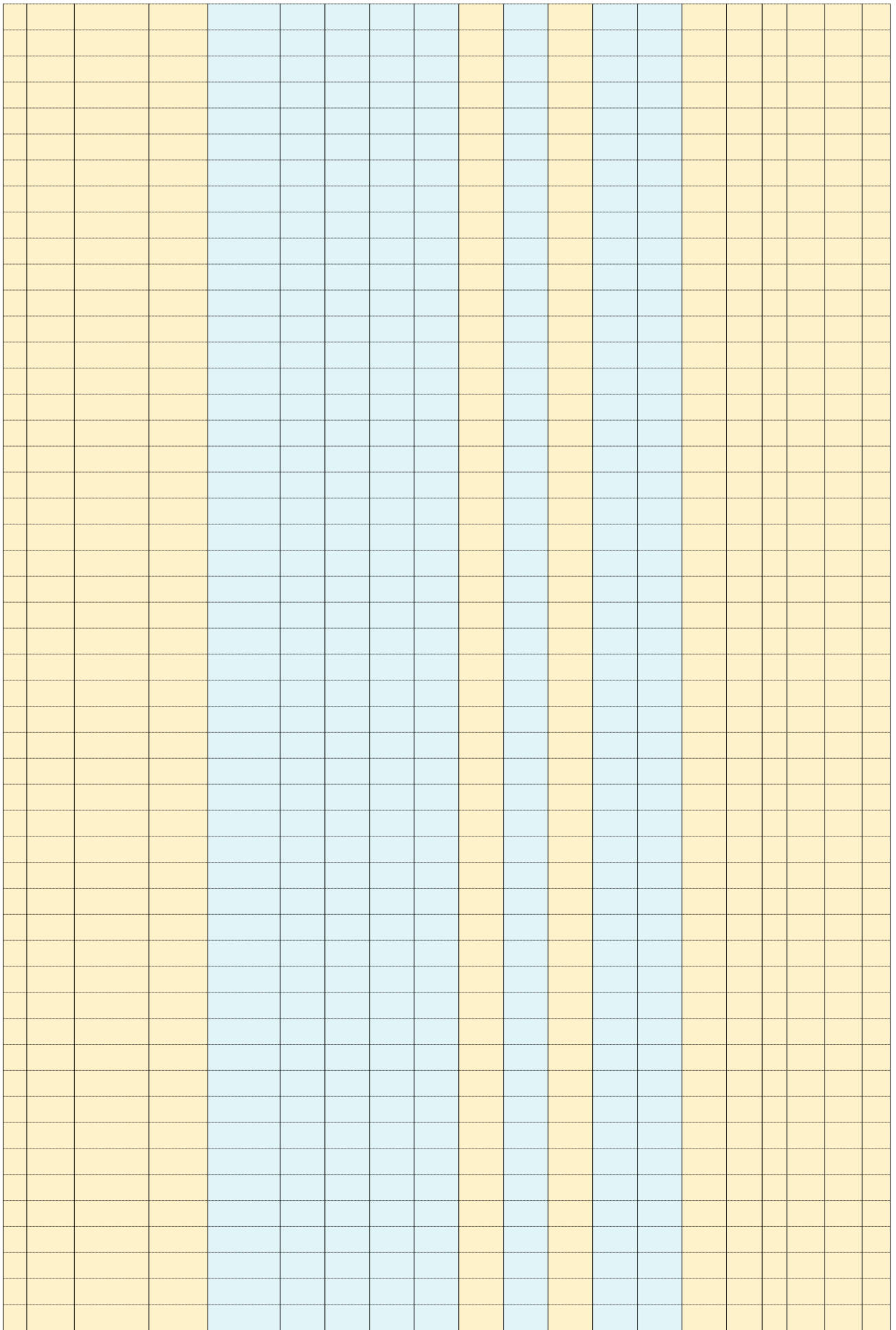
Column complete:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
III Critical errors detected!!!	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

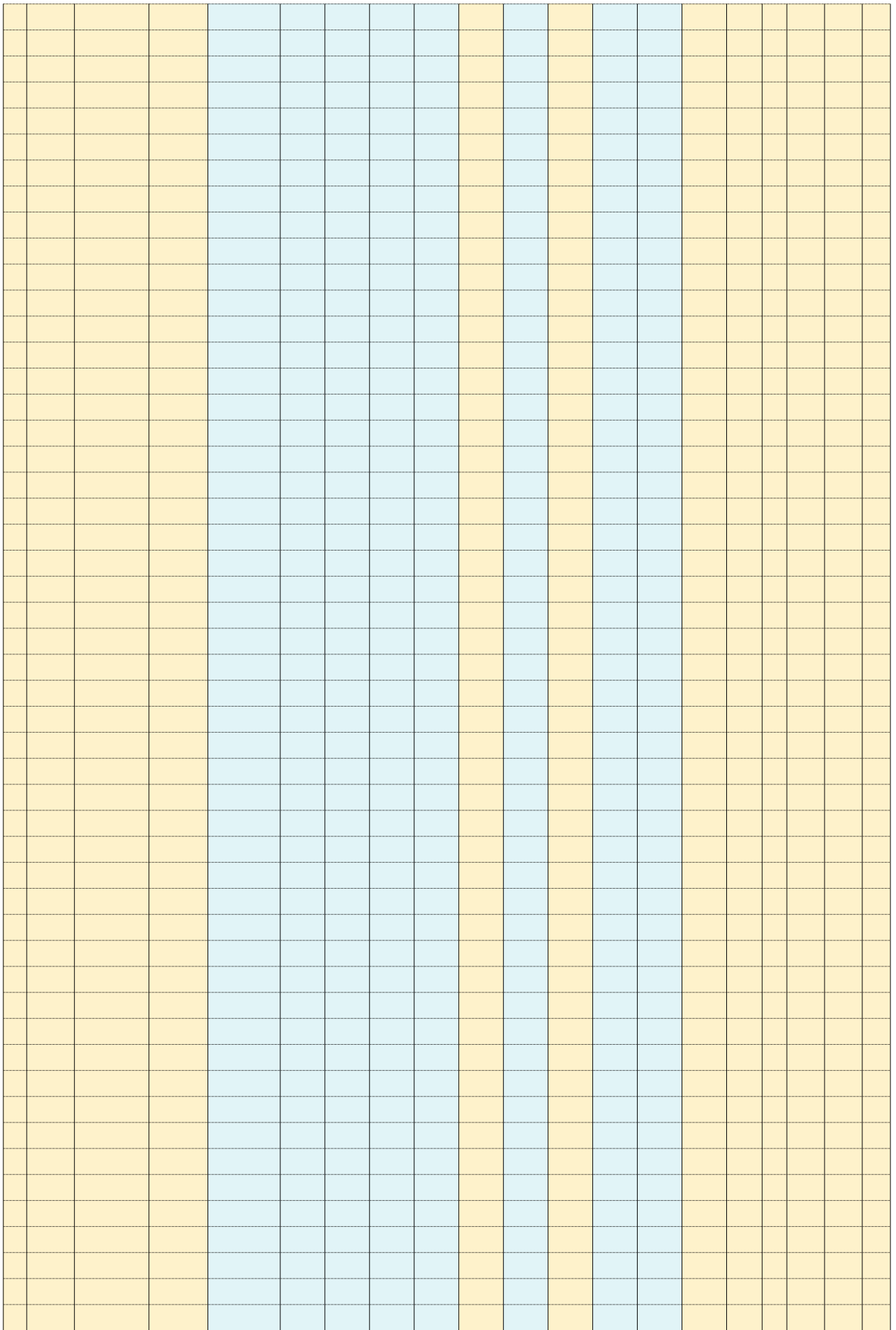
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'Other'	Commissioner	% NHS (if Joint Commission)	% LA (if Joint Commission)	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
1	Service to Support Carers	Carers services	Carers Services	Carer advice and support related to Care Act duties		601	601	Beneficiaries	Social Care and Third Sector		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£741,176	£741,176	100%
2	Community adaptations and equipment	Community equipment service	Assistive Technologies and Equipment	Community based equipment		16942	16290	Number of beneficiaries	Social Care		Joint	55.0%	45.0%	Private Sector	Minimum NHS Contribution	Existing	£2,427,894	£2,329,418	86%
3	Maintaining eligibility criteria	Packages of Care	Home Care or Domiciliary Care	Other	Packages of Care	234187	281390	Hours of care	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£4,683,758	£5,262,010	59%
4	Targeted Prevention Services	Housing related floating support, health and wellbeing activities,	Prevention / Early intervention	Other	Housing related floating support, health				Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£409,653	£409,653	47%
5	Telecare	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		3500	3500	Number of beneficiaries	Social Care		Private Sector			Private Sector	Minimum NHS Contribution	Existing	£352,468	£352,468	13%
6	Interim beds	Residential placements and step down accommodation	Residential Placements	Extra care		22	22	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£369,532	£369,532	2%
7	Management Officer Post	BCF Officer to support overall development and monitoring of BCF plan.	Enablers for integration	Programme management					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£73,000	£73,000	72%
8	Integrated Independence Team (LH)	Reablement service	Home-based intermediate care services	Other	Reablement at home to prevent	268	268	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,581,232	£1,581,232	38%
9	Integrated Independence Team (HH)	Intermediate care service - rapid response, rapid care and home treatment team	Home-based intermediate care services	Other	Rapid Response, rapid care and Home	1076	1076	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£2,618,352	£2,700,884	62%
10	Neighbourhoods Programme	Neighbourhoods is our major transformation programme for the redesign	Community Based Schemes	Integrated neighbourhood services					Other	Mental health, community health, social	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£979,637	£1,010,289	20%
11	Adult Cardiorespiratory Enhanced and	ACERS Respiratory Service a 7 day service, that provides care and support.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Other	Works across primary and secondary care	NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£735,904	£758,080	15%
12	Bryning Day Unit/Falls Prevention	The Bryning Unit is a multidisciplinary team running a weekly	Prevention / Early intervention	Other	physical health and wellbeing				Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£441,677	£454,987	51%
13	Asthma	This service will offer asthma expertise in the community in order to train	Community Based Schemes	Other	Education and training of HCP and patients.				Other	Works across primary and secondary care	NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£34,122	£35,150	1%
14	St Joseph's Hospice	Community-based and inpatient palliative care services	Personalised Care at Home	Physical health/wellbeing					Other	Charity	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£2,767,646	£2,860,608	47%
15	ParaDoc	The service provides an urgent GP and paramedic response service to patients	Urgent Community Response						Primary Care		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£928,157	£952,126	100%
16	Adult Community Rehab Team	To provide specialist interdisciplinary and multi-disciplinary rehabilitation to	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£3,075,843	£3,171,584	64%
17	Adult Community Nursing	To provide an integrated, case management service to patients living within the	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£2,638,274	£2,226,320	45%
18	Take Home and Settle	Take Home & Settle (TH&S) facilitates discharge from hospital and is for residents	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Other	Charity	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£215,058	£221,752	45%
19	Discharge Coordinators	Discharge Coordinators work within our integrated Discharge Service to plan	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£172,592	£177,793	36%
20	GP Out of Hours Home Visiting Service	Primary Care out of hours for patients requiring home visits. Delivered by a social	Personalised Care at Home	Physical health/wellbeing					Primary Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£345,329	£352,892	6%
21	Pathway Homeless Team ELT	Multidisciplinary hospital discharge team for homeless individuals. Also	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Other	Works across acute and mental health	NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£48,929	£0	10%
22	Pathway Charity Franchise Fee	Direct Support from Pathway's Support Service	Enablers for integration	Other	Data, evaluation, workforce				Other	Works across acute and mental health	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£17,460	£0	17%
23	DES Supplementary Care Homes	GP enhanced services within older adults care homes.	Personalised Care at Home	Physical health/wellbeing					Primary Care		NHS			NHS	Minimum NHS Contribution	Existing	£111,144	£113,578	2%
24	Fit 4 Health	'Fit 4 Health' is an evidence based programme including an individual assessment	Prevention / Early intervention	Other	Service reduces the risk of further				Social Care		LA			Local Authority	Minimum NHS Contribution	New	£20,000	£0	2%
25	IBCF - meeting adult social care need	Supporting general adult social care needs, including packages of care and	Residential Placements	Nursing home		210	210	Number of beds/Placements	Social Care		LA			Local Authority	IBCF	Existing	£10,904,652	£10,904,652	72%
26	IBCF reducing pressures on the NHS	Used to support discharge and enhanced care packages	Home Care or Domiciliary Care	Domiciliary care packages		120,700	120,700	Hours of care	Social Care		LA			Local Authority	IBCF	Existing	£2,256,967	£2,256,967	29%
27	IBCF stabilising the care market	Used to support increases in costs for packages due to above inflation increases	Residential Placements	Care home		67	67	Number of beds/Placements	Social Care		LA			Private Sector	IBCF	Existing	£3,475,126	£3,475,126	23%
28	Disabled Facilities Grant	To support disabled people to live more independently in their own home	DFG Related Schemes	Adaptations, including statutory DFG grants		94	100	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	Existing	£1,730,686	£1,730,686	100%
29	DF01 LH Lower Home (6 beds)	Step-down/up beds for homeless individuals.	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation accepting step up and step		48	48	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge	Existing	£184,618	£184,618	24%
30	DF 02 LH Lukka Homes 3 bed nursing block	Block booking of 3 nursing home beds for DDA.	Residential Placements	Short-term residential/nursing care for someone likely to require a					Social Care		LA			Private Sector	Local Authority Discharge	Existing	£78,210	£78,210	1%

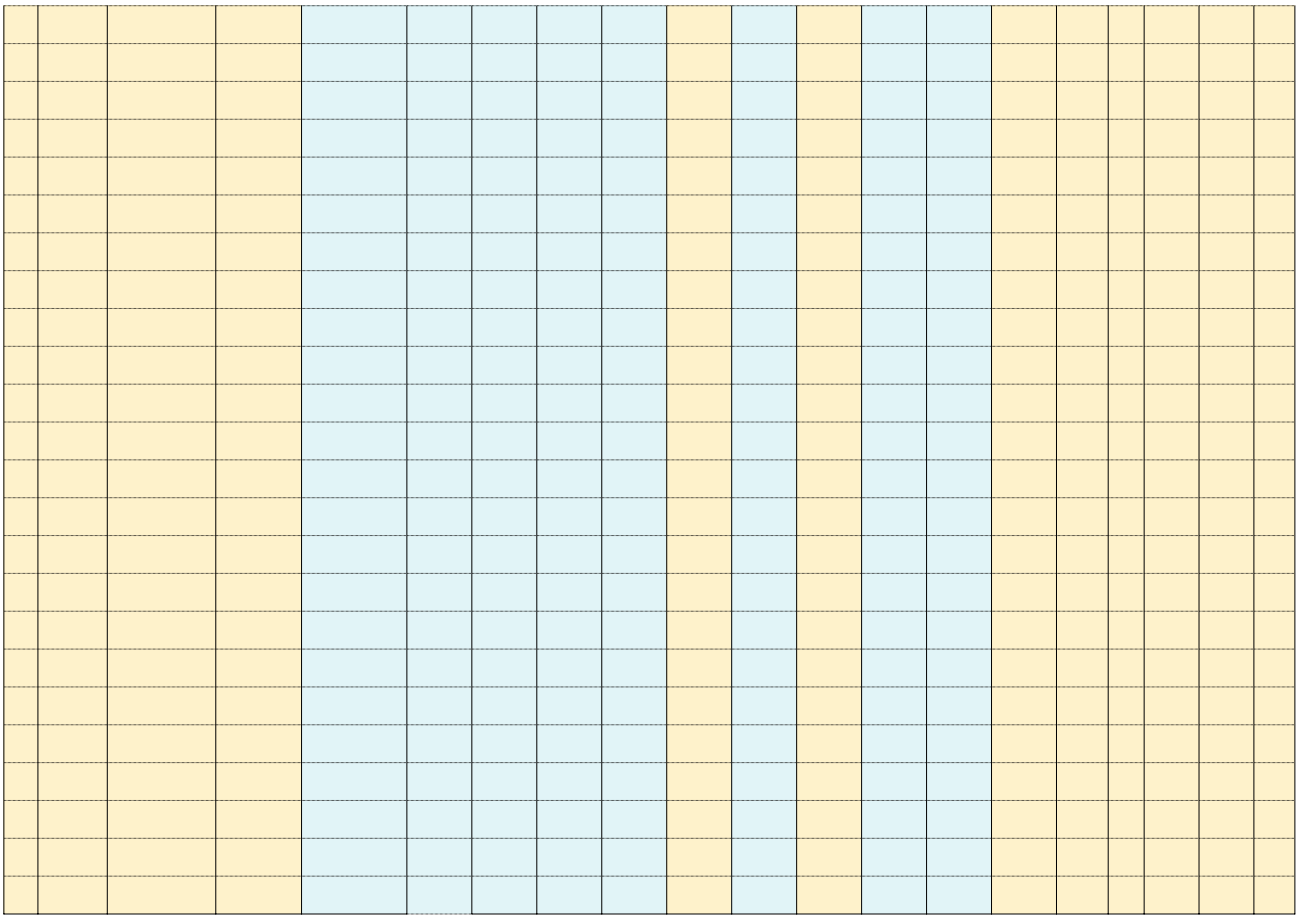
31	DF 03 LBH Goodmayes interim accommodation for working age adults - 28 Goodmayes Lane	9 flats for interim accommodation for people that can't go home due to hoarding or infestations, and for homeless people. Propose to reduce to 7 beds 03 onwards	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Other	Rehab or reablement isn't provided as it's outside of Hackney. Dom care can be provided.	91	91	Number of Placements	Social Care		LA			Private Sector	ICB Discharge Funding	Existing	£182,490	£182,490	24%
32	DF 04 LBH Goodmayes interim accommodation - Flats 12 Near 30 Goodmayes Lane	2 flats for interim accommodation for people that can't return home due to hoarding/infestations or are homeless. They are accessible for people with mobility issues.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Other	Rehab or reablement isn't provided as it's outside of Hackney. Dom care can be provided.	4	4	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£58,453	£58,453	8%
33	DF 05 LBH Housing with Care Flats	Leander Court - short-term accommodation to support DZA.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		5	5	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£83,002	£83,002	11%
34	DF 06 LBH Housing with Care Flats	Rose Court - short-term accommodation to support DZA.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		9	9	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£153,181	£153,181	20%
35	DF 07 LBH Housing with Care Flats	4 flats - short-term accommodation to support DZA.	bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		4	4	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£50,993	£50,993	7%
36	DF 08 LBH Housing with Care Flats	6 flats for interim accommodation to enable assessment of care needs: 4 - Standard; 1 - Alcohol Acquired Brain Injury (overbury); 1 - Ethnic Specific (Therapy).	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		2	2	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£25,071	£25,071	3%
37	DF 09 LBH HwC flat furnishing	Furnishing for accommodation.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Other	cost of furnishing	4	4	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£3,000	£3,000	0%
38	DF 10 LBH HwC utilities	Utilities for accommodation.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Other	cost of utilities	4	4	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£15,000	£15,000	2%
39	DF 11 LBH Bridging Service	Domiciliary care provider with block hours to support discharge.	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		624	624	Packages	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£175,190	£175,190	2%
40	DF 12 LBH Rose Court Extra Care to support	Domiciliary care agency to support interim placements in Housing with Care Flats.	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		624	624	Packages	Social Care		LA			Private Sector	ICB Discharge Funding	Existing	£175,190	£175,190	2%
41	DF 13 LBH Care packages for 4 weeks post	Residential placements	Residential Placements	Short-term residential/nursing care for someone likely to require a					Social Care		LA			Private Sector	ICB Discharge Funding	Existing	£238,535	£238,780	2%
42	DF 14 LBH Integrated Community Equipment Service	Equipment to support discharge	Assistive Technologies and Equipment	Community based equipment		210	210	Number of Beneficiaries	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£30,000	£30,000	1%
43	DF 15 LBH Move on Team	Staff to support assessment and flow through our step down units	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£474,561	£474,561	37%
44	DF 16 LBH Brokerage capacity	Brokerage staff	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£236,916	£236,916	19%
45	DF 17 LBH Hygiene Services	Cleaning services to enable discharge.	Workforce recruitment and retention						Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£97,750	£97,750	8%
46	DF 18 LBH Workforce training - Lifting	Training	Enablers for integration	Workforce development					Social Care		LA			Private Sector	Local Authority Discharge Funding	New	£11,475	£11,475	11%
47	DF 19 LBH Housing Discharge Fund	Funding for placements to patients to support safe and timely discharge of service.	Residential Placements	Other	B&B	125	125	Number of beds/Placements	Social Care		LA			Private Sector	Local Authority Discharge Funding	Existing	£30,000	£30,000	0%
49	DF 20 Age UK East London - Take Home and	38 extra hours of support worker per week and 5 extra handy person	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Other	Charity	NHS			Charity / Voluntary Sector	ICB Discharge Funding	Existing	£42,500	£42,500	9%
50	DF 21 LBH Care packages for 4 weeks post	Domiciliary care to support discharge to assess	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		28652	28652	Hours of care	Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£601,706	£2,140,380	8%
51	DF 22 ELFT Discharge Team Posts	Hospital discharge team, expediting discharge, offering practical support, Admin fee	Workforce recruitment and retention						Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	Existing	£314,348	£331,901	25%
52	DF 23 Administration fee		Other						Social Care		LA			Local Authority	Local Authority Discharge Funding	Existing	£23,320	£23,320	100%
53	DF 24 NEL Care Market project	All eight health and wellbeing areas in NEL have agreed to a small amount of	Workforce recruitment and retention						Social Care		LA			Local Authority	ICB Discharge Funding	New	£150,000	£150,000	12%
54	Out of Hours Rapid Response End of Life Care	The service offers rapid response overnight support, information and crisis	Personalised Care at Home	Physical health/wellbeing					Other	Charity	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	New	£0	£129,010	0%
55	Deloe Escalation Ward	22 Bed escalation unit that help manage flow and support discharge at the	Workforce recruitment and retention						Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	New	£0	£966,000	0%
56	DF 25 Transfer of Care Hub	Health and Social Care staff to work within the discharge/transfer of care hub to support discharge.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		NHS			NHS Community Provider	ICB Discharge Funding	New	£0	£324,275	0%
58	DF 26 ELFT Mental Health step down beds	5 beds for step-down from the Mental Health wards provided by Look Ahead.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		0	60	Number of Placements	Community Health		NHS			Charity / Voluntary Sector	ICB Discharge Funding	New	£0	£259,470	0%
59	DF 27 Pathway Homeless Team - ELFT	Multidisciplinary hospital discharge team for homeless individuals. Also provides support in step down accommodation.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Acute		NHS			NHS Acute Provider	ICB Discharge Funding	New	£0	£91,000	0%
60	DF 28 Pathway Homeless Team - H	Multidisciplinary hospital discharge team for homeless individuals. Also provides support in step down accommodation.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Acute		NHS			NHS Acute Provider	ICB Discharge Funding	New	£0	£121,000	0%
61	DF 29 Routes to Roots	Housing link workers who work with Pathway team to support discharge planning for homeless patients and continued inreach within step-down unit.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Charity / Voluntary Sector	ICB Discharge Funding	New	£0	£137,057	0%











## Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

### 2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> <li>1. Assistive technologies including telecare</li> <li>2. Digital participation services</li> <li>3. Community based equipment</li> <li>4. Other</li> </ol>	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> <li>1. Independent Mental Health Advocacy</li> <li>2. Safeguarding</li> <li>3. Other</li> </ol>	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> <li>1. Respite Services</li> <li>2. Carer advice and support related to Care Act duties</li> <li>3. Other</li> </ol>	Supporting people to sustain their role as carers and reduce the likelihood of crisis.  This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	<ol style="list-style-type: none"> <li>1. Integrated neighbourhood services</li> <li>2. Multidisciplinary teams that are supporting independence, such as anticipatory care</li> <li>3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0)</li> <li>4. Other</li> </ol>	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg. Integrated Neighbourhood Teams)  Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	<ol style="list-style-type: none"> <li>1. Adaptations, including statutory DFG grants</li> <li>2. Discretionary use of DFG</li> <li>3. Handyperson services</li> <li>4. Other</li> </ol>	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.  The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	<ol style="list-style-type: none"> <li>1. Data Integration</li> <li>2. System IT Interoperability</li> <li>3. Programme management</li> <li>4. Research and evaluation</li> <li>5. Workforce development</li> <li>6. New governance arrangements</li> <li>7. Voluntary Sector Business Development</li> <li>8. Joint commissioning infrastructure</li> <li>9. Integrated models of provision</li> <li>10. Other</li> </ol>	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.  Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> <li>1. Early Discharge Planning</li> <li>2. Monitoring and responding to system demand and capacity</li> <li>3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge</li> <li>4. Home First/Discharge to Assess - process support/core costs</li> <li>5. Flexible working patterns (including 7 day working)</li> <li>6. Trusted Assessment</li> <li>7. Engagement and Choice</li> <li>8. Improved discharge to Care Homes</li> <li>9. Housing and related services</li> <li>10. Red Bag scheme</li> <li>11. Other</li> </ol>	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> <li>1. Domiciliary care packages</li> <li>2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)</li> <li>3. Short term domiciliary care (without reablement input)</li> <li>4. Domiciliary care workforce development</li> <li>5. Other</li> </ol>	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg. supported housing units.
10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> <li>1. Care navigation and planning</li> <li>2. Assessment teams/joint assessment</li> <li>3. Support for implementation of anticipatory care</li> <li>4. Other</li> </ol>	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.  Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.  Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.

11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> <li>1. Bed-based intermediate care with rehabilitation (to support discharge)</li> <li>2. Bed-based intermediate care with reablement (to support discharge)</li> <li>3. Bed-based intermediate care with rehabilitation (to support admission avoidance)</li> <li>4. Bed-based intermediate care with reablement (to support admissions avoidance)</li> <li>5. Bed-based intermediate care with rehabilitation accepting step up and step down users</li> <li>6. Bed-based intermediate care with reablement accepting step up and step down users</li> <li>7. Other</li> </ol>	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	<ol style="list-style-type: none"> <li>1. Reablement at home (to support discharge)</li> <li>2. Reablement at home (to prevent admission to hospital or residential care)</li> <li>3. Reablement at home (accepting step up and step down users)</li> <li>4. Rehabilitation at home (to support discharge)</li> <li>5. Rehabilitation at home (to prevent admission to hospital or residential care)</li> <li>6. Rehabilitation at home (accepting step up and step down users)</li> <li>7. Joint reablement and rehabilitation service (to support discharge)</li> <li>8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)</li> <li>9. Joint reablement and rehabilitation service (accepting step up and step down users)</li> <li>10. Other</li> </ol>	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	<ol style="list-style-type: none"> <li>1. Mental health /wellbeing</li> <li>2. Physical health/wellbeing</li> <li>3. Other</li> </ol>	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> <li>1. Social Prescribing</li> <li>2. Risk Stratification</li> <li>3. Choice Policy</li> <li>4. Other</li> </ol>	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> <li>1. Supported housing</li> <li>2. Learning disability</li> <li>3. Extra care</li> <li>4. Care home</li> <li>5. Nursing home</li> <li>6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement</li> <li>7. Short term residential care (without rehabilitation or reablement input)</li> <li>8. Other</li> </ol>	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> <li>1. Improve retention of existing workforce</li> <li>2. Local recruitment initiatives</li> <li>3. Increase hours worked by existing workforce</li> <li>4. Additional or redeployed capacity from current care workers</li> <li>5. Other</li> </ol>	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermediate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

**Better Care Fund 2023-25 Template**

**6. Metrics for 2023-24**

Selected Health and Wellbeing Board:

Hackney

**8.1 Avoidable admissions**

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition	Complete:
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	216.2	149.9	186.3	112.0	The indicator values for 2023-24 are the previous targets from last year that have been rolled over as a continued ambition. The latest data set was reviewed and existing targets were not met in 22-23. Therefore it would be realistic to continue with previous targets as this still shows an ambition for improvement.	The following services funded are by the BCF and aim to support people living with long-term conditions and/or provide an urgent community response: • Neighbourhoods Programme • Adult Community Nursing Service • Adult Cardiorespiratory Enhanced + Responsive Service (ACERS) • Paradoc	Yes
	Number of Admissions	375	260	323	-			
	Population	281,120	281,120	281,120	281,120			
	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan				
Indicator value	117	112	112	112			Yes	

\*Q4 Actual not available at time of publication

>> [link to NHS Digital webpage \(for more detailed guidance\)](#)

**8.2 Falls**

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition	Complete:
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,175.9	959.6	940.4	The latest baseline data was reviewed in conjunction with local schemes to provide an improvement for 23-24 based on the estimated 2022-23 data.	Paradoc and the Integrated Independence Team comprise our urgent community response which includes a joint falls service. In addition to providing an urgent response if someone has fallen, they will also complete a falls assessment and make onward referrals as necessary. The Telecare service also provides the first	Yes
	Count	435	182	178			
	Population	21,958	18924	23175			

Public Health Outcomes Framework - Data - OHID ([phe.org.uk](http://phe.org.uk))

**8.3 Discharge to usual place of residence**

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition	Complete:
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.9%	93.4%	92.5%	95.1%	The 2023-24 plan is based on trends from the last 12 months of activity, which shows average increases in overall acute hospital activity (denominator).	We have a limited number of care homes and no local intermediate care beds which has reinforced our Home First approach. Our Integrated Discharge Service, Integrated Independence Team (intermediate care), Age UK Take Home & Settle, Continuing Healthcare Team and local home care agencies are key to enabling people to return home in addition to other community health	Yes
	Numerator	4,124	4,104	4,083	4,168			
	Denominator	4,438	4,394	4,413	4,383			
	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan				
	Quarter (%)	93.4%	93.9%	94.2%	94.4%	The number and percentage of patients being discharged to their normal place of residence has increased in 2022-23. This is reflected in line with local plans and ambitions.		Yes
	Numerator	4165	4145	4180	4,190			
	Denominator	4460	4416	4435	4,437			

\*Q4 Actual not available at time of publication

**8.4 Residential Admissions**

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition	Complete:
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	0.0	391.9	504.5	489.3	The latest data set was reviewed and existing targets were not met in 22-23. Therefore it would be realistic to continue with the output from 2022-23 as this still shows an ambition for improvement with the increase in population.	Following on from our PPL review we are planning transformational work programme which we hope will help address the use of residential admissions and improve this target.	Yes
	Numerator		94	121	121			
	Denominator	22,316	23,984	23,984	24,728			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:  
<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

**8.5 Reablement**

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition	Complete:
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)		90.0%	85.2%	88.5%	This is based on current performance and as we did not meet the target last year we have only added a slight increase to the target.	Again with both a review for PPL and a review funded by LBH we know that we need to change the numbers going through reablement and our transformational projects will help address this.	Yes
	Numerator		225	178	185			
	Denominator		250	209	209			

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- Actuals and plans for **Cumberland** and **Westmorland and Furness** are using the **Cumbria** combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

Better Care Fund 2023-25 Template  
7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Hackney

Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
NCL: Jointly agreed plan	P61	A jointly developed and agreed plan that all parties sign up to  Has a plan, jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA, been submitted? Paragraph 11  Has the HWB approved the plan/delighted approval? Paragraph 11  Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Paragraph 11  Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?  Have all elements of the Planning template been completed? Paragraph 12	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan	Yes	Slide 4 Planning Template completed			Yes
	P62	A clear narrative for the integration of health, social care and housing  Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:  • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs Paragraph 13  • The approach to joint commissioning Paragraph 13  • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include: - How equality impacts of the local BCF plan have been considered Paragraph 14 - Changes to local priorities related to health inequality and equality and how activities in the document will address these. Paragraph 14  The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS. Paragraph 15	Narrative plan	Yes	Joint approach & Joint Commissioning - Slides 9, 15  Health inequalities Slide 42-45 Changes to local priorities related to Equality Slide 44-45			Yes
	P63	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending  Is there confirmation that use of DFG has been agreed with housing authorities? Paragraph 33  • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? Paragraph 33  • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? Paragraph 34	Expenditure plan Narrative plan Expenditure plan	Yes	Slide 40			
Additional discharge funding	P64	A demonstration of how the services the area commissions will support people to remain independent for longer and where possible support them to remain in their own home  Does the plan include an approach to support improvement against BCF objective 1? Paragraph 26  Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? Paragraph 19  Does the narrative plan provide an overview of how overall spend supports improvement against this objective? Paragraph 19  Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learning from this exercise? Paragraph 66	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan	Yes	Prevention & support projects & Expenditure Slide 19  Capacity - slide 24 template -Capacity and demand tab and expenditure tab			Yes
	P65	An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for AIC and community based respite capacity to reduce delayed discharges and improve outcomes.  Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Paragraph 41  Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community based respite capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? Paragraph 41  Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? Paragraph 44  Has the area been identified as an area of concern in relation to discharge performance, relating to the Delivery plan for recovering urgent and emergency services? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? Paragraph 51  Is the plan for spending the additional discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans	Yes	Slide 29  We have not been identified as an area of concern for discharge.			Yes
NCL: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time.	P66	A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time  Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? Paragraph 21  Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? Paragraph 22  Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? Paragraph 24  Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learning from this exercise? Paragraph 66  Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? Paragraph 23	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan	Yes	Slides 21 - 33  HICM - Slide 35 & 36			Yes
	P67	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution  Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Paragraphs 52-55	Auto-validated on the expenditure plan	Yes				Yes
Agreed expenditure plan for all elements of the BCF	P68	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?  Do expenditure plans for each element of the BCF pool match the funding inputs? Paragraph 12  Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? Paragraph 12  Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Paragraph 73  Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Paragraphs 25 - 51  Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? Paragraph 41  Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? Paragraph 13  Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to care-specific support? - Respite? Paragraph 12	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan	Yes	Cares Slide 12 & 13  Respite in slides 10, 24-33			Yes
	P69	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?  Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? Paragraph 59  Is there a clear narrative for each metric setting out: - supporting rationales for the ambition etc. - plans for achieving these ambitions, and - how BCF funded services will support this? Paragraph 57	Expenditure plan Expenditure plan	Yes				Yes



# BCF Narrative Plan 23-25

## City and Hackney



Homerton Healthcare  
NHS Foundation Trust



City & Hackney  
GP Confederation  
A community interest company



VCS Leadership Group  
Tackling health inequalities  
together in City & Hackney



East London  
NHS Foundation Trust



North East London  
Integrated Care Board



# Contents

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1. City & Hackney strategic approach
2. National Condition 1
  - Priority schemes
  - Governance
  - Areas of development
  - Capacity and demand
  - Support to unpaid carers
  - Joint commissioning
3. National Condition 2
  - Our approach to integrating care to deliver better outcomes
4. National Condition 3
  - Discharge planning and service design
  - Assessment against High Impact Change Model (HICM)
5. Disabled Facilities Grant (DFG)
6. Equality and health inequalities

# The City and Hackney Place-based Partnership and Health and Wellbeing Boards

The City and Hackney Partnership brings together health and social care organisations who have committed to work together to support improved outcomes and reduce inequalities for our local population. It is one of seven Place Based Partnerships within the North East London Integrated Care System.

Page 101 The partnership is overseen by the City and Hackney Health and Care Board. The board has agreed a set of strategic focus areas and partners have developed an Integrated Delivery Plan that describes how we will deliver this strategy. The Integrated delivery Plan does not describe the totality of the work underway within each of our organisations. We have taken an outcomes led approach, meaning that we have developed actions that will address population health challenges.

The City of London is overseen by the City Health and Wellbeing Board.

Hackney is overseen by the Hackney Health and Wellbeing Board.

# Signing off the BCF Plan

The Hackney BCF plan is jointly written and goes through the following integrated sign off process:

1. BCF Partnership Group - (ICB & LBH Senior Partners)
2. ICB Leadership Team
3. LBH DAS and Head of Finance
4. Hackney Health and wellbeing Board

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The City Corporation BCF plan is jointly written and goes through the following sign-off:

1. Internal Integration Programme Board including Senior Leadership from the Department of Community and Children's Services and Finance
2. ICB Leadership Team
3. City of London Health and Wellbeing Board

# Stakeholder input into preparing the Plan

- Senior officers at the Councils, NHS NEL and Homerton Hospital
- Hackney Discharge Group
- LBH Housing Needs & Benefits Team
- North East London (NEL) and place-based Homelessness and Health meetings
- City and Hackney Neighbourhoods Health and Care Board
- City and Hackney Health and Care Board

**National Condition 1:**  
**Plans to be jointly agreed.**

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# BCF Governance

- There is huge amount of joined up working and cooperation happening within the place-based partnership and BCF funded schemes are fundamental to delivery of the integrated delivery plan.
- LBH Director's within ASC, Finance and BCF Lead meets quarterly with two NHS NEL Directors, Finance and BCF lead to monitor BCF schemes performance and sign-off returns. City of London Corporation staff also meet with NHS NEL leads for monitoring and sign-off.
- There is a bi-monthly Hackney Hospital Discharge Group which is comprised of system partners, including service users, Healthwatch and Age UK, in addition to statutory partners, which includes Head of Benefits and Housing needs. This group monitors any challenges within discharge pathways, and reviews progress against the NHS Discharge Policy and related BCF Metrics. The City of London Corporation has an internal hospital discharge group due to its more complex discharge pathways and its small numbers.
- Hackney DFG Governance includes a weekly adaptations panel to approve all major adaptations and collate soft spend, and a monthly contract meeting with representation from commissioning, housing team (Private Sector Housing) and Home Improvement Agency (HIA). In the City of London, the Assistant Director of People approves all DFG grants and spend is monitored in conjunction with the Capital Finance Team.

# Local governance - Hackney

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## BCF Partnership Board

Chair: Jenny Murphy (AS Commissioning LBH)  
Oversees S75 for BCF; BCF Planning and Finances



Senior Finance leads ICB & LBH  
BCF Officers ICB & LBH  
LBH Commissioning AD and Operations Director  
Section 75 Lead officer ICB

## Hackney Discharge Group

Joint Chair: Jenny Murphy (AD Commissioning LBH & Anna Hansbury Programme Manager Unplanned Care Workstream ICB)  
Oversees Local discharge service design; performance and monitoring



Homerton Senior Officers  
LBH Commissioning  
ICB Commissioning  
Experts by experience  
Age UK

## Weekly Stand Up (Discharge)

Joint Chair: Jonathan Carter LBH Discharge Team & Mark Watson LBH Commissioning



Discharge Lead for Homerton  
IDS Senior officer  
Age UK Senior staff  
Commissioning  
Equipment commissioning lead



# Delivery plan big ticket items: preventing and improving outcomes for people with long-term health and care needs

Area	Outcomes	Activities
<p>Enhanced Community Response - 2 hour</p> <p>Page 107</p>	<ul style="list-style-type: none"> <li>• Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach.</li> <li>• An improved health-related quality of life for people with long term conditions</li> <li>• A reduction in the inappropriate use of the urgent -and emergency care system</li> <li>→Reduced mortality / morbidity from emergency presentations</li> <li>• An improvement in patient experience of urgent care services</li> <li>• Resident knowledge of urgent and community care services and confidence in using them</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain and improve UCR to maximise benefits</li> <li>• ICB and Hackney Council to work in partnership to develop plans for Telecare Response Service that is integrated with urgent and emergency care services with pathways between services</li> <li>• Procurement of End of Life Rapid Response service</li> </ul>
<p>Homelessness and vulnerably housed</p>	<ul style="list-style-type: none"> <li>•A reduction in the number of residents in vulnerable housing</li> <li>•An improvement in the population</li> <li>•vaccination rates</li> <li>•An increased engagement with health, social care and wider services</li> </ul>	<ul style="list-style-type: none"> <li>• Continued delivery of and development of a business case for recurrent funding of Pathway Discharge team, Lowri House step down beds and Routes to Roots Housing Workers.</li> </ul>
<p>Discharge</p>	<ul style="list-style-type: none"> <li>•An improvement in health-related quality of life for people with long term conditions</li> <li>•Making sure more people are able to live independently for longer</li> </ul>	<ul style="list-style-type: none"> <li>•Hackney implementation of improvement plan / recommendations from Discharge Review</li> </ul>
<p>Long-term conditions</p>	<ul style="list-style-type: none"> <li>•A reduction in premature mortality from cardiovascular and respiratory illness</li> <li>•Improved blood pressure control in particular within black population</li> <li>•Improved diabetes outcomes (Blood glucose, blood pressure and cholesterol)</li> <li>•Accurate diagnosis of diseases to enable correct management and treatment in community – (avoid unnecessary hospital admissions)</li> </ul>	<ul style="list-style-type: none"> <li>•Implementation of Blood Pressure Monitoring (BPM) @ Home – Hypertension Specialist Nurse with ACERs</li> <li>•Implementation of 1 year pilot spirometry service to be delivered by ACERs in primary Care</li> </ul>

# Priority schemes - enabling people to stay well, safe and independent at home

## Hackney policy objective 1:

### 1. Implement the review of the discharge pathway

**Why:** We commissioned PPL to review the current discharge pathway and results will be available at the end of June 2023.

**Outcome:** further development of an integrated discharge service (and transfer of care hub). Increased capacity of reablement and home care.

### 2. Use discharge funding to recruit more permanent staff in the adult social care discharge team

**Why:** Many of the Social Work staff and move on team have been funded by short term funding, meaning we have only been able to recruit agency staff.

**Outcome:** Increased stability within the workforce.

### 3. Commission/Recontract discharge services

**Why:** Similar to the staffing, short term funding while welcome, has only allowed us to issue short term contracts.

**Outcome:** Increased stability within the market. This 2 year funding will allow for extended contracts via new procurements. This includes bridging services; accommodation services and other discharge related schemes.

## City of London policy objective 1:

### 1. Hospital prevention and discharge scheme (scheme number 4 in planning template, includes reablement)

**Why:** need is still there, shifting focus to early intervention and prevention. Strengthen social worker and OT within discharge and community.

**Outcome:** prevent hospital admissions where possible and continue to support Home First approach.

### 2. Commissioning Brokerage pilot (scheme number 3 in planning template)

**Why:** area identified for development. Strengthen our ability to deliver hospital avoidance support and/or facilitate hospital discharges more rapidly in order to maximise independence.

**Outcome:** stronger, co-produced and integrated services supporting the individual to maintain their levels of independence within their home environment.

# Areas for development - City of London

- DFG - we are developing a Housing Assistance Policy to allow more flexible use of DFG funding for self-funders to access more support with adaptations processes. This is because many people who may need adaptations are self-funders but would benefit from support. The policy will also consider whether a handy person scheme would be appropriate.  
The commissioning brokerage pilot will run for one year and be evaluated

# Carers - LB Hackney 23-25 Plans



(Funded scheme number: 01)

It's estimated there are over 19,300 people in Hackney providing care for a relative or friend. The BCF supports a carers budget that funds 3 elements, based on strength-based model

1. Prevention, Early Intervention and Outreach service - Provided by Carers FIRST
- Long Term Targeted Support Service and Carers Assessments - Adult Social Care
- Long Term Targeted Support Service - Mental Health - East London Foundation Trust (ELFT)

The key features of the service are as follows:

- Carers assessment
- Early intervention and prevention; signposting and advice
- Carers events and training
- Ongoing peer support and carers groups
- Maintaining a carers register
- Carers reviews
- Support planning
- Assigned practitioners for carers; however, this shall change to Lead Worker for LBH ASC and ELFT teams when the Care Act assessment is fully implemented.
- Contingency planning

## 23-24 Plans for Carers

- LBH will continue to provide support to informal carers
- The current contract is about to enter into its final year. Due to this LBH are reviewing the current model of delivery, with a view to take actions and make improvements where necessary to ensure that the support provided for informal carers continues to meet their needs.
- During the Covid 19 Pandemic, like many other services the delivery model was adapted to meet the needs of the carers. Feedback from carers to date has identified they may wish to have some of these changes extended but this will be considered as part of the service review.

# Carers – City of London

Supported under scheme 2

There were 496 City of London residents who self-identified themselves as unpaid carers in the 2021 census. Adult Social Care currently support 37 carers, with universal services supporting over 100 (with some cross-over). All assessments, support plans and reviews are carried out by social workers. The proportion supported by ASC is higher than neighbouring local authorities.

General carers wellbeing support is currently provided through City Connections, by Age UK and BCF funding contributes to this support. During 2022/23 a pilot for more intensive carer support was provided which was successful in identifying an additional 45 carers and providing more carer specific advice and support. This service will now be continued.

# Joint commissioning - Hackney

Examples of how LBH and the ICB work together to join up commissioning:

- Published our Market Position Statement (MPS) in 2023: [London Borough of Hackney Market Sustainability Plan](#)
- As part of Hackney's Market Sustainability and Improvement Fund work, our BCF Lead officer from the ICB was part of the working group. This was very useful in understanding the intentions of the ICB with their framework agreements in costs for Homecare and Care homes, as well as a shared understanding of both the market feedback and future direction.
- Commissioning across the discharge pathway will be planned together during the year, including any bridging service extension, temp accommodation and other services
- The Homeless pathway was jointly commissioned and will continue to be jointly supported.
- All our BCF hospital discharge services are jointly commissioned, or while led by one agency jointly agreed. (Scheme number 6;8;9;18;19 & 29-58)

# Joint commissioning - City of London



- Published our Market Position Statement (MPS) in 2023: [City of London Market Sustainability Plan](#)
- Aims of the MPS workstream include supporting choice and quality for those on Direct Payments as well as self funders within the City of London to ensure that they have access to, and can help shape, quality care provision within the City.
- We also commission a range of co-produced services to support unpaid carers as part of the BCF funding.
- We develop collaborative working with NEL partner authorities from a commissioning and finance perspective.



**National Condition 2:  
Enabling people to stay well, safe and independent  
at home for longer.**

# Priority schemes - City of London



BCF policy objective 2 - providing the right care, at the right place, at the right time.

- Care Navigator Service (scheme number 1 in planning template)
  - Why - build on existing service to reduce delayed discharge and provide links with reablement team.
  - Outcomes - supports safe hospital discharge for City of London residents and reducing potential delayed transfers of care.
- Carers' support (scheme number 2 in planning template)
  - Why - provide more specific extended support service for carers.
  - Outcomes - better, targeted support for carers. Better links to City Connections or ASC Voluntary sector service that links with acute hospitals and GP surgeries.
- Commissioning Brokerage pilot (scheme number 3 in planning template)
  - Why - area identified for development. Strengthen our ability to spot purchase planned and hospital discharge placements and find appropriate services quicker.
  - Outcomes - stronger, co-produced and integrated services and improved partnerships resulting in appropriate services being received quicker and supporting hospital discharge timeframes.
- Neighbourhood Programme (Scheme 18)
  - Why - development of community pharmacy support at a neighbourhood level
  - Outcomes - enhanced pharmacy access
- ParaDoc (Scheme Number 11)
  - Why - Continued implementation and development of our 2 hour community response is a system priority
  - Outcomes - Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach. A reduction in the inappropriate use of the urgent and emergency care system
- GP Care Home Scheme (Scheme 16)
  - Why - Enhanced access to health in care homes continues to be a national and local priority.
  - Outcomes - Providing care to care home residents in their own home environment. A reduction in the use of the UEC system

# National Condition 2: Enabling people to stay well, safe and independent at home for longer.

Our local BCF planning template sets out spending on prevention and support for people to remain at home. Those that support entirely this objective include:

- Neighbourhood Programme (Scheme 10)
- Bryning Unit/Falls Prevention Scheme (Scheme 12)
- ParaDoc (Scheme Number 15)
- Integrated Independence Team (Scheme 9, and together with ParaDoc provide a joint falls service)
- GP Care Home visit Scheme (Scheme 23)
- Fit 4 Health (Scheme 24)

Those that contribute partially to this objective include:

- Support to carers (Scheme 1)
- Funding of equipment services to enable people to stay at home (Scheme 2 & 5)
- DFG funding to enable people to stay in their own homes for longer.

**National condition 3:**

**Provide the right care in the right place at the right time**

# Hospital discharge - Hackney

Hackney partnership has employed PPL, a local consultancy firm to help review and carry out a diagnostic and review of our current hospital discharge pathway with a view of helping the Discharge Group and commissioners use the discharge money where it will have the most impact locally on meeting the national guidelines for safe discharge.

## Purpose of the Homerton Hospital Discharge Review

The purpose of the evaluation is to identify opportunities to better support people to be discharged at the **right place, at the right time and with the right support** that maximises their independence and leads to the best possible sustainable outcome.

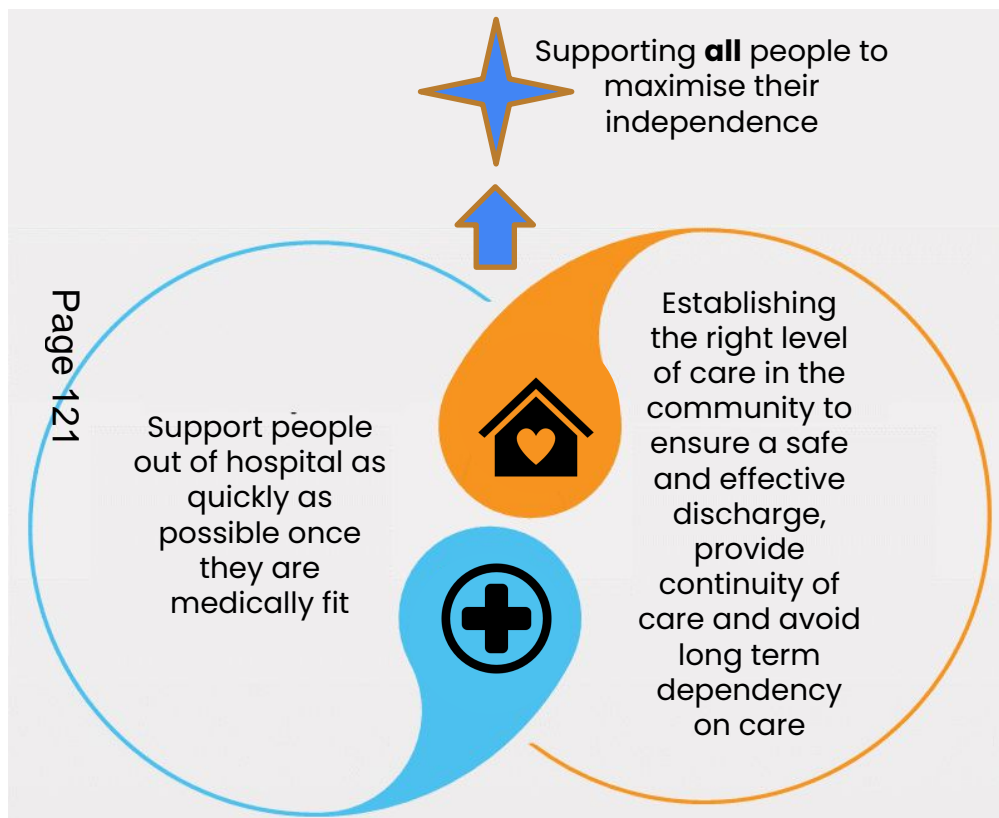
The evaluation will support this through:

- Creating a **shared understanding** across the local system.
- **Identifying and prioritising** areas of potential improvement, including information sharing solutions.
- **Quantifying the potential that exists** within each opportunity and detailing what challenges need to be addressed to deliver this.
- **Assessing the readiness for change** to understand the capability, capacity and specific barriers needed to be overcome.
- **Understanding and addressing the impact of inequalities** on experience and outcome for different communities and patients.
- **Providing an opportunity for a greater level of personalised care.**



# Diagnostic Stage

# What is the 'wicked problem' we need to solve?



Supporting people out of hospital and establishing the right ongoing care are not mutually exclusive or conflicting.

But in the current climate of increasing demand and financial challenge, these two elements can feel like interconnected but opposite forces. Despite this both objectives are working to a key shared outcome; to maximise a person's independence and ability to live happy healthy lives.

The next stage of the hospital discharge model must build on the strong foundations of partnership working to create a harmonious relationship between these two key objectives.

The ongoing national funding to support discharge provides an opportunity to do things differently to make this happen.

# Where are we now?

## Strengths in current practices

- Hospital spells at the Homerton are shorter than the average length of stay in other comparable hospitals, and London and national averages
- Collaboration and team working takes place across a multitude of organisational and system boundaries that in other places and historically have been siloed
- This is made possible by a well tested and developing infrastructure to connect the different parts of the system together
- There are a broad and varied range of services, including a mixture of intermediate services, to help people out of hospital
- This is supported by examples of shared/joint financial mechanisms
- The vast majority of people in Hackney return home

## Challenges and opportunities

- There is an increasing level of complexity in the needs of people leaving hospital, this is leading to increases in delays of discharging people
- This is driving the need for increasingly complex levels of care being established to support people home, and fewer people returning to their normal place of residence
- There is a risk that this is increasing the level of dependency of people discharged from hospital, reducing independence and creating a financial pressure
- While residential care demand matches capacity, affordability of placements is becoming an increased pressure on the system and are often outside of Hackney
- There is an opportunity to increase the number of people supported through reablement
- Key processes and enablers for people with complex needs can delay discharges including brokerage, equipment and transport



# Where do we go next?

## Strengthening the community 'pull' out of hospital:

working together to utilise system capacity dynamically to best meet the needs of the patients and get people home as quick as possible, and developing greater intermediate capacity to support independence

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Co-produced with our staff, patients and communities

## Supporting complex cases:

creating quicker decision making and developing more flexible capacity in the system for both interim and long-term care that supports D2A, maximises independence and provides consistency of care

## Utilising estates:

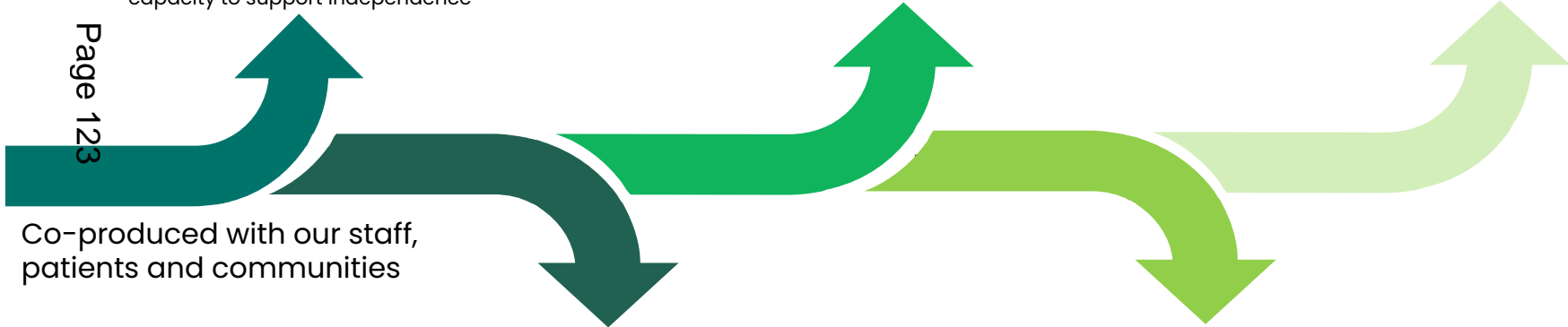
bringing staff together around the patient, capitalising on co-location and sharing of space where it will be of benefit to the patients/residents

## Addressing inequalities:

ensuring that our pathways have greater scope for personalisation, helping to support both our diverse communities equally and supporting our vulnerable residents

## Data and digital tools:

focus on pragmatic digital and data tools to support better visibility of patients across the system and allow a collective management of cases across teams and organisations



# Things to consider from the diagnostic

Those with reablement potential are **able to access care** that supports a journey to/towards independence

Care decisions to be taken **'as close to the patient' as possible**

**Utilisation of the voluntary and community sector** to support people back home and in a way that is culturally aware

**Access to equipment** to support people's needs at the right time and in the right place

**Developing** intermediate care services to meet all needs

**Utilising interim care in a way that supports discharge** from hospital and flow from interim to long-term care

**Flexible utilisation of all intermediate and interim support** to ensure patients receive the best care option at the time

**New or extended** roles to work differently

**Greater capacity** for specific teams

**Co-location of staff** at Homerton Hospital, with the appropriate access to resources and IT

An **active and brave approach** to managing risk

**'Live' system data sets**

A **co-produced approach** to patient choice, and the involvement of families and carers

New **ways of working** together

**Skills and training** for staff (e.g. Mental Health training)

**Collaboration between and integration** of key teams

**Digital tools** to provide a shared visibility of demand across the system and shared case management

**Reliability of transport from hospital** with more direct access from the community services

# Moving on from the diagnostic

# Suggested programme plan

## Workstreams and associated changes



### Working with patients

Greater communication on discharge updates

TOCH hotline and information pre-admission



### Integrated TOCH

Implement case load system

Greater integration of IIT, IDS and Rapid Care

Integration of neighbourhood and council teams

Integration of VCSE colleagues



### Independence Journey

Increase reablement and rehab capacity for complex cases

Establish performance framework to reduce care package

Develop capacity on wider wellbeing support

Increase access to equipment

Support people out of interim beds to back home



### Streamlined long-term care assessments

Implement policy and process for TOCH to deliver restarts

Reduce panel stages where appropriate

Implement trusted assessor models

This plan is the outcome of an extensive programme of engagement, including 1:1 interviews, focus groups and a system-wide workshop to improve the patient experience of discharge from the Homerton in Hackney.

# Discharge Funding

We have set out in the BCF Spending plan our initial spending plans to support safe and timely discharge.

Our initial plan was to continue to fund the majority of the winter pressure schemes that have been funded through various pots of non-recurrent funding throughout the last few years, in order for us to receive the review done by PPL. This will help commissioners plan how to fund any transformation needed and re-allocate budgets accordingly.

Q1 and Q2 funding will be spent as outlined in the spending plan.

Over the period of Q3 and Q4 we will see a change in funding as we transform the discharge pathway. Areas that we want to review spend include:

- Temporary accommodation post discharge (Scheme numbers 30 to 38)
- Bridging service (Scheme number 39)
- Review Mental health schemes as the roll out (Schemes 53 & 54)
- Increase access to reablement

The funding will help deliver the changes we wish to see which are covered in the previous slide (Slide 26)

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Change		Details of change	Benefits
Working with patients	Greater communication on discharge updates.	<ul style="list-style-type: none"> <li>Communications to be provided to patients and families by ward staff and/or TOCH staff as discharge plans develop (e.g. updates from board rounds).</li> </ul>	<ul style="list-style-type: none"> <li>Greater experience for patients and their families.</li> <li>Patients maintain agency through being involved in the process.</li> <li>Increased capacity for the team through reduction in family queries.</li> <li>Staff have a better working experience, resulting in greater staff retention.</li> </ul>
	TOCH hotline and information pre-admission.	<ul style="list-style-type: none"> <li>A transfer of Care Hub phone hotline to be introduced to provide updates to families and carers on patient progress.</li> <li>The hotline would also provide information pre-admission to connect people in to community support, potentially helping to avoid admission.</li> </ul>	<ul style="list-style-type: none"> <li>Greater experience for patients and their families as they're kept updated and connected to additional support.</li> <li>Increased capacity for ward staff through reduction in family queries.</li> <li>Better working experience for staff, resulting in greater staff retention.</li> <li>Higher utilisation of community assets.</li> </ul>
Integrated TOCH	Implement case load system.	<ul style="list-style-type: none"> <li>Management of a single case load across all teams, covering all discharge pathways</li> <li>A proportionate digital tool that will enable this to happen (interim tools may be required)</li> </ul>	<ul style="list-style-type: none"> <li>Flexible use of staff capacity ensuring a system, pragmatic and practical approach to tackling pressure points collectively</li> <li>Greater working experience for staff through collaborative approaches to tackling capacity issues</li> </ul>
	Greater integration of IIT, IDS and Rapid Care.	<ul style="list-style-type: none"> <li>Building on successful collaboration to date to continue to break down barriers between teams</li> <li>More flexible use of staff across the discharge pathways</li> </ul>	<ul style="list-style-type: none"> <li>Flexible use of staff capacity ensuring a system, pragmatic and practical approach to tackling pressure points collectively</li> <li>Greater working experience for staff through collaborative approaches to tackling capacity issues</li> </ul>
	Integration of neighbourhood and council teams.	<ul style="list-style-type: none"> <li>Integration of NHS neighbourhood representatives with the Transfer of Care Hub</li> <li>Integration of key council teams (e.g. Move on team) to the transfer of care hub (named individual per team).</li> <li>To create explicit links with Out of Borough Transfer of Care hubs or discharge functions (named links)</li> </ul>	<ul style="list-style-type: none"> <li>Smoother patient pathways in to the community, with the right care provided from discharge</li> <li>Increased experience for patients as they're able to receive tailored support</li> <li>Better working experience for staff, resulting in greater staff retention</li> </ul>
	Integration of VCSE colleagues.	<ul style="list-style-type: none"> <li>Identification of VCSE partnerships to support discharge</li> <li>Integration of VCSE colleagues to transfer of care hub, including organisations linked to key communities.</li> </ul>	<ul style="list-style-type: none"> <li>Providing a broader range of support for patients, tailored to their care needs and aligned to their cultural/social preferences</li> <li>Cost effective care</li> </ul>

Change		Details of change	Benefits
<b>Indep ence journey</b>  <b>Page 129</b>	Increase capacity for reablement and rehab.	<ul style="list-style-type: none"> <li>Developing increase capacity for complex cases to go through reablement and rehab; including outcome based contracts and explicit incentives regarding care package reduction.</li> <li>Thresholds and process aligned to support more complex cases</li> </ul>	<ul style="list-style-type: none"> <li>Increased independence for the patient, resulting in a better quality of life and long term outcomes.</li> <li>Reduction in long term care costs as a result of patient independence.</li> </ul>
	Establish performance framework to reduce care package.	<ul style="list-style-type: none"> <li>Establish a clear and straightforward outcomes framework for care for all internal reablement and rehab support, to promote care reduction (aligned to increasing independence levels) during intermediate care</li> </ul>	<ul style="list-style-type: none"> <li>Increased independence for the patient, resulting in a better quality of life and long term outcomes.</li> <li>Reduction in long term care costs as a result of patient independence.</li> </ul>
	Develop capacity on wider wellbeing support.	<ul style="list-style-type: none"> <li>Develop capacity in cost-effective support focused on wider wellbeing (e.g. house maintenance, daily tasks, social isolation) to recognise and reduce the impact these have on health.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in care costs.</li> <li>Culturally sensitive and personalised support, resulting in an improved patient experience.</li> </ul>
	Increase access to equipment.	<ul style="list-style-type: none"> <li>Increase access to equipment- available to all staff that are 'leading' discharge planning (ward staff, transfer of care staff, neighbourhood teams).</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in lost bed days due to equipment.</li> <li>Greater experience for staff as less cumbersome process in place.</li> </ul>
	Support people out of interim beds back home.	<ul style="list-style-type: none"> <li>Support people in interim beds to return back to usual place of residence through collaboration in the transfer of care hub.</li> <li>This could be facilitated by community in-reaching and support from other groups.</li> </ul>	<ul style="list-style-type: none"> <li>Increased patient flow through the system.</li> <li>Reduction in lost bed days caused by delay in bed availability.</li> </ul>
<b>Streaml ined long term care assessm ents</b>	Implement policy and process for TOCH to deliver restarts.	<ul style="list-style-type: none"> <li>Develop and implement policy and processes to allow all transfer of care hub staff to restart packages of care, allowing a streamlined approach with effective risk management.</li> </ul>	<ul style="list-style-type: none"> <li>More efficient and effective use of team</li> <li>Less delays due to reduced process points</li> </ul>
	Reduce panel stages where appropriate.	<ul style="list-style-type: none"> <li>For cohorts of patients where appropriate risk share can be identified and implemented, reduce panel stages in care package delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in lost bed days due to reduced assessment process time.</li> </ul>
	Implement trusted assessor models.	<ul style="list-style-type: none"> <li>Streamline and align long term care assessments wherever possible</li> <li>Implement trusted assessor models within Hackney – allowing wider staff roles to assess patients, dependant on their needs</li> <li>Implement trusted assessor models for out of borough patients – agree with key borough social care teams that a trusted assessment can be used for certain levels of need/cohort of patients.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in lost bed days due to reduced assessment time.</li> <li>More efficient and effective use of team; including reduced duplication of assessments</li> </ul>

# Provisional timelines

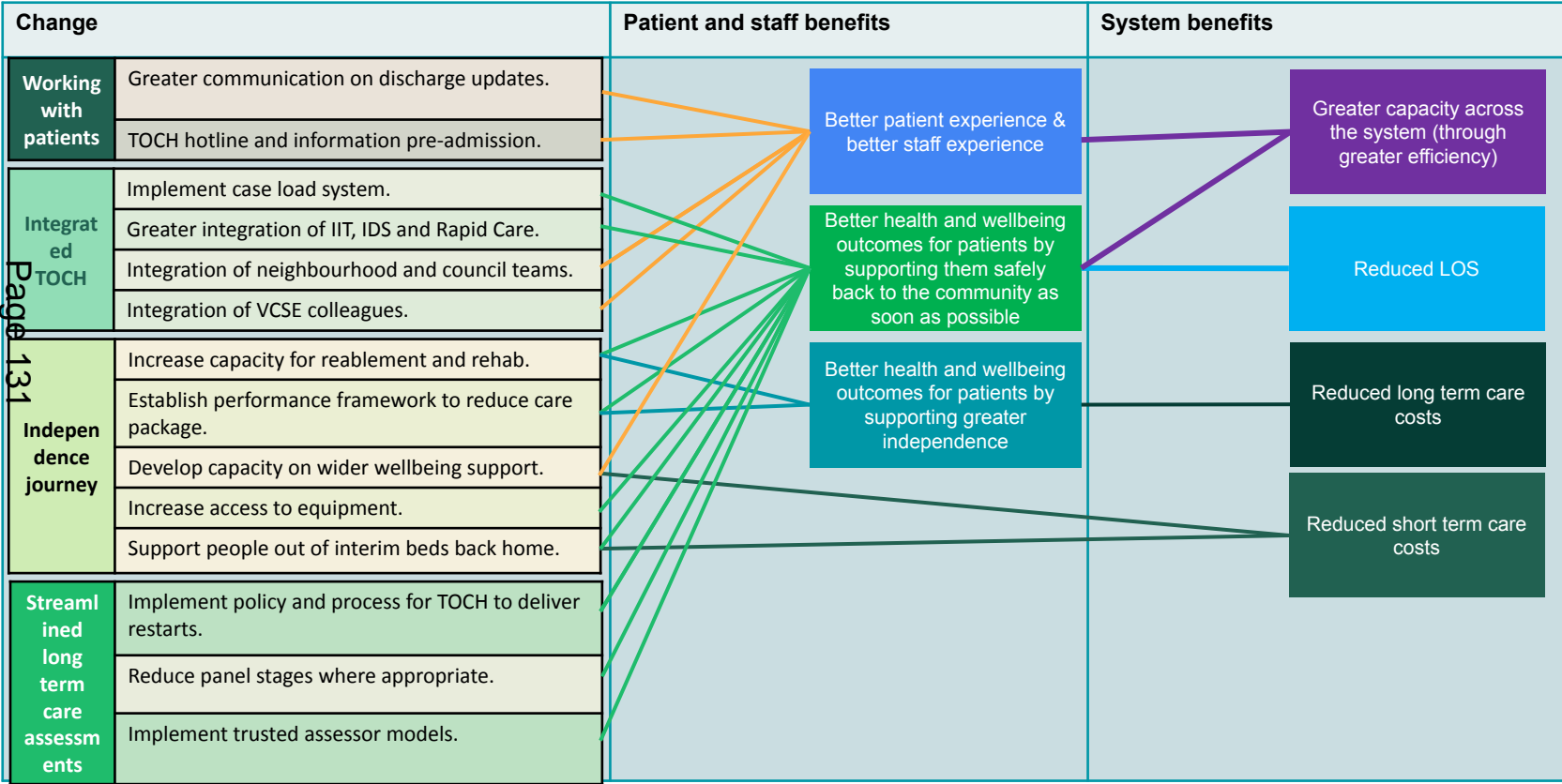
Benefits realisation

Implementation

	July '23	Aug '23	Sept '23	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24	
Greater communication on discharge updates.	Implement	Benefits realisation								
TOCH hotline and information pre-admission.	Design		Implement			Benefits realisation				
Implement case load system.	Design		Implement			Benefits realisation				
Greater integration of IIT, IDS and Rapid Care.	Implementation (PDSA)			Benefits realisation						
Integration of neighbourhood and council teams.		Implementation (PDSA)			Benefits realisation					
Integration of VCSE colleagues.		Implementation (PDSA)			Benefits realisation					
Increase capacity for reablement and rehab.	Prototyping and scaling				Benefits realisation					
Establish outcomes framework to reduce care package.	Design		Implement	Benefits realisation						
Develop capacity on wider wellbeing support.	Design	Implement			Benefits realisation					
Increase access to equipment.	TBC									
Support people out of interim beds back home.			Implementation (PDSA)			Benefits realisation				
Implement policy and process for TOCH to deliver restarts.	Implement	Benefits realisation								
Reduce panel stages where appropriate.	Design		Implement		Benefits realisation					
Implement trusted assessor models.	Design		Implement		Benefits realisation					



# Benefits map





# Hospital discharge - City of London

There were 107 hospital discharges in 2022/23 through the following pathways:

- Pathway 0 - 53
- Pathway 1 - 41
- Pathway 2 - 7
- Pathway 3 - 6

Our Discharge scheme provides an intensive discharge to assess offer and includes reablement and domiciliary care. As can be seen above, we adopt a home first model wherever possible and have a rapid response service that can provide up to 72 hours of care to facilitate Discharge to Assess etc. However early discharge planning means that we have often assessed people, at least initially, before they leave hospital. The providers of the rapid response service also provide our reablement service and this has added flexibility to meet people's needs.

The Care Navigator plays a key role in facilitating safe hospital discharge and the rapid response service has been strengthened to respond to the more complex cases which are discharged into the community as part of early discharge.

We have excellent performance on the 'still at home 91 days after discharge' metric (each quarter is always more than 95%) and we are also able to avoid hospital admissions with the use of our rapid response service.

The Adult Social Care Discharge Fund will be used to further support early discharge planning and our home first approach. The ICB allocation has been agreed by all partners across NEL and does meet the needs of the City.

Whilst it is low, that is partly because the City of London Corporation are not providing some of the infrastructure or step down capacity that their patients will benefit from – so for example they do not have an integrated discharge hub, but patients are managed through the Homerton or Royal London (or UCLH) hubs, likewise City do not directly procure step down beds but will access beds procured by other boroughs.

# High Impact Change Model self-assessment London Borough of Hackney



1	Early discharge Planning	We continue to identify who needs support early to ensure appropriate pathway in advance.
2	Monitoring and responding to system demand and capacity	We continue to have a joint approach to developing step down facilities, integrated health and social care support and work with Age UK. We are jointly planning step down care facilities, with LBH as the lead commissioner using intelligence from front line staff on weekly stand up calls and complex cases being fed back to commissioners. <b>Area to develop:</b> we need to develop stronger real-time data about demand and capacity - we hope taking an NEL wide approach this will become easier, along with the fortnightly reporting.
3	Multi-disciplinary work	Our review has concentrated on this and the future development of a transfer of care hub.
4	Home First (Discharge to assess)	The review also looked at this - we have built capacity in the market and have a resilient homecare market supported by a bridging service. The bridging service is under utilised and is not particularly a reablement model - we wish to increase the numbers of people being discharged home first with a reablement package.
5	Flexible working patterns (Formally 7 day working)	The services operate 7 days per week

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6	Trusted assessment	During COVID this worked well although more homes are now requiring that they conduct their own assessments. The difficulty for Hackney is we don't have many care homes in borough so a trusted assessor model for care homes is difficult to pursue.
7	Engage and Choice	Extensive work was carried during 2021-22 using social marketing techniques to co-design patient and family/carer information leaflets, posters and prompts for staff to promote the idea of discharge home to your own bed if possible. Materials have been printed and delivered to Homerton Hospital in July 2022 and again in 2023. Rapid change in staff has led to them not being used consistently and a refresh on getting the message across throughout the hospital is needed this year.
9	Improve discharge to care homes	We work on an individual basis with local care homes to improve relationships and processes which support discharge from hospital. Each care home also has an aligned GP and there is a DES Supplementary Care Home service for our nursing homes which helps to reduce unnecessary hospital admissions and support flow of information post discharge. Market developments with the Fair Cost of Care have improved the availability of care homes as new fees have been agreed.
9	Housing and related services	Extensive work has gone into this area jointly supported by Adult Social Care, NEL ICB and LBH Housing teams. We have established a Pathway Homeless team for homeless citizens, a step up and down accommodation based service and Routes to Routes link workers. We have also completed an evaluation of the first year of service. We also have a number of temporary housing with care flats available as part of our discharge pathway, 2 accessible flats for working age adults with mobility issues and, Ageing Well funding is supporting an early intervention hoarding project pilot.

# High Impact Change Model self-assessment

## City of London



Page 135	<p>1 Early discharge planning</p>	<p>We proactively manage early discharge planning in a number of ways:</p> <ul style="list-style-type: none"> <li>- Identification of cases through the care navigator and co-ordinating of the planning across social care, primary care services and the voluntary sector. Also allows identification of carers</li> <li>- Social workers visit people whilst still in hospital to facilitate a return home without D2A where appropriate</li> <li>- Involvement of OT at earlier stage as part of discharge planning and more equipment is purchased through a more efficient route</li> <li>- Expanded service with new homelessness social worker with link to ASC team</li> </ul> <p>(Schemes 1,2 and 4,19 and 20)</p>	<p>Next steps:</p> <p>Care navigator service to be recommissioned in 2024 as part of City Connections contract</p>
	<p>2 Monitoring and responding to system demand and capacity</p>	<p>There are no acute hospitals within City of London boundaries</p>	<p>Next steps: N/A</p>
	<p>3 Multi-disciplinary work</p>	<p>We are proactively involved in:</p> <ul style="list-style-type: none"> <li>- Practice MDTs - Social Worker and Care Navigator attends</li> <li>- Neighbourhood MDMs - Team Manager and Deputy Team Manager attend. Social workers present complex cases with multi disciplinary agreement on who will lead on the case and assign actions to different partners. This has improved working relationships and accountability</li> </ul> <p>(Schemes 1,2 and 4,19 and 20)</p>	<p>Next steps: Continue to engage with MDMs and range of health professionals.</p>

4	Home First (Discharge to assess)	<p>A rapid response service is in place providing up to 72 hours of assessment and then onward pathway. Also prevents admissions to hospital by providing care interventions.</p> <p>(Scheme 4)</p>	Next steps: Keep under review
5	<p>Flexible working patterns</p> <p>Discharge scheme.</p>	<p>Our hospital discharge service model provides a full discharge service 9-5 Monday to Friday with a clear expectation that there is flexibility outside of these hours subject to demand. Friday pressure points are expected and ASC cover enables weekend discharge arrangements to be secured. Our Rapid Response provider can support pre-arranged weekend discharge.</p> <p>(Scheme 4)</p>	Next steps: Continue with discharge service model and rapid response provision.
6	Trusted assessment	<p>There are two strengths based practitioners and 1.6 occupational therapists (OT) plus an additional 0.6 OT funded through iBCF.</p> <p>(Scheme 6)</p>	Next steps: Consider training all staff in team to be trusted assessors
7	<p>Engagement and Choice</p> <p>Discharge scheme. LA discharge fund. ICB discharge fund.</p>	<p>The strengths-based approach is used as part of early discharge planning to promote engagement and choice around the appropriate pathway.</p> <p>(scheme 4, 19 and 20)</p>	Next steps: Continue to develop and implement a strengths-based approach.

8	Improve discharge to care homes	<p>There are no care homes within City of London boundaries and all of our care home provision is spot purchase. This is built into early discharge planning with commissioners.</p> <p>Our brokerage pilot is designed to improve the efficiency of the process of purchasing placements, especially when placements are rapid. The pilot will also strengthen quality assurance.</p> <p>(Scheme 3)</p>	Next steps: evaluation of pilot
6 Page 137	Housing and related services	<p>We are reviewing our DFG process and developing a Housing Assistance Policy to make best use of our DFG as many people are self funders. None of our hospital discharges have needed a DFG but we have undertaken some deep cleans and provided equipment to facilitate discharge.</p> <p>We work with our housing service on urgent adaptations to our own stock and our OT is involved in this.</p> <p>Our early intervention project can provide things that facilitate a return home e.g. a microwave, supporting a better discharge pathway.</p> <p>(Scheme 5)</p>	Next steps: DFG review and development of Housing Assistance Policy

# Disabled Facilities Grant (DFG) in Hackney

**Aim** The Disabled Facilities Grant (DFG) provides funding to enable disabled residents to live in their homes as safely and independently as possible.

The local authority Occupational Therapists [ot@hackney.gov.uk](mailto:ot@hackney.gov.uk) carry out assessments and make recommendations for a range of adaptations such as wet floor showers, ramps, stair lifts, ceiling track hoists and through floor lifts. The adaptations are then sent to the Private Sector Housing Team (PSH) [pshgrantsfolder@hackney.gov.uk](mailto:pshgrantsfolder@hackney.gov.uk) who arrange for the works through the commissioned Home Improvement Agency (HIA)

London Borough of Hackney (LBH) has a **Housing Grants and Assistance DFG policy** which is underpinned by the council's vision of "building to make Hackney a place for everyone" and objectives set out in [Hackney Community Strategy 2018-2028](#) such as helping disabled people to stay active and healthy, both physically and emotionally. The policy uses the powers set out under the Regulatory Reform Orders to provide more flexibility in the delivery of the DFG. The policy was signed off by housing authorities in LBH.

## Key inclusions in the policy

- Joint working with health to prioritised assessments and adaptation delivery for residents discharged from hospital - which include works such as deep cleaning and boiler replacements.
- The £10,000 is not means tested, and this will be reviewed in September 2023
- Relocation grants of maximum £20,000
- Innovative adaptations designs for Hackney's 'period' housing stock



# DFG - City of London



As noted in the HICM self-assessment, we provide deep cleaning, decluttering and aids and minor adaptations to facilitate discharge. To date no major adaptations have been required to facilitate discharge. Most of our DFGs come from housing association stock in the City of London - the private sector is very small and most owner occupiers would be self-funders and do not approach in the first place.

The OT works well and closely with our housing department to support appropriate adaptations in our own stock.

DFGs are held and managed within our ASC Team and the use of an external support agency. Through our other work such as the SADM and MDTs and general collaboration with health, where appropriate, there is joint working around adaptations.

There were 9 DFG cases in 2022-23. 1 was for an under 18 year old, 1 was for the 19-64 age range, and 7 were for 65 and overs. 5 had been completed, 1 was closed, 3 remain open.

However, we want to do more. The City of London is reviewing its DFG process as part of its ASC Transformation and Change Programme. The review includes analysing and learning from good practice, identifying how we can increase awareness and take-up of the DFG, especially with regards to the use of assistive technology and infrastructure and developing a Housing Assistance Policy to help encourage greater uptake and use surplus DFG funding more effectively to meet wider needs (e.g. self funders).

# Tackling Health Inequalities in City and Hackney

The breadth and depth of the impacts of COVID-19 emphasise the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic.

The City and Hackney Place-Based Partnership and both Health and Wellbeing Boards have adopted a population health approach that aims to improve physical and mental health outcomes, promote wellbeing, and reduce inequalities.

The City and Hackney Health Inequalities Steering Group has been convened to ensure our collective efforts have maximum impact, and that we make best use of our combined resources, through collaboration and a partnership approach.

## Strategic and delivery infrastructure

North East London Health and Care Partnership: Population Health and Health Inequalities Steering Group

City of London HWB Board

Hackney HWB Board

City and Hackney Health Inequalities Steering Group

City and Hackney Place-Based Partnership

Eight Neighbourhoods  
- PCN Inequalities DES  
- Neighbourhood Partnerships

Hackney Population Health Hub

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## Ten broad areas for local system-wide action to tackle health inequalities in City and Hackney

### Act:

Health Inequalities Steering Group leadership and mobilisation of system resources

1. Inequalities data and insights

Routine collection and analysis of equalities data and insight to inform action

2. Tools and resources

Develop / enable system-wide adoption of tools to embed routine consideration of health equity in decision-making

3. Tackling structural racism and systemic discrimination

Adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions

4. Community engagement, involvement & empowerment

Build trust and adopt flexible models of engagement to work in partnership with residents to improve population health

### Sponsor:

Led from elsewhere, but Health Inequalities Steering Group role to champion, facilitate partnership working, ensure focus on reducing inequalities

5. Health (equity) in all policies

Ensure wider policies and strategies explicitly consider and address health inequalities

6. Anchor networks

Anchor institutions collectively use their local economic power to lead action on reducing social inequalities

7. Strengths-based, holistic approach to service provision

No wrong door access to support residents to address wider health and wellbeing needs, include building a preventative approach across all public services

8. Staff health and wellbeing

Build on COVID-19 risk assessments to provide ongoing support for wider staff wellbeing needs

### Watch:

Monitor progress of existing partnership work to tackle inequalities

9. Tackle the digital divide

Pool system resources to address the 3 dimensions of digital exclusion: skills, connectivity, and accessibility

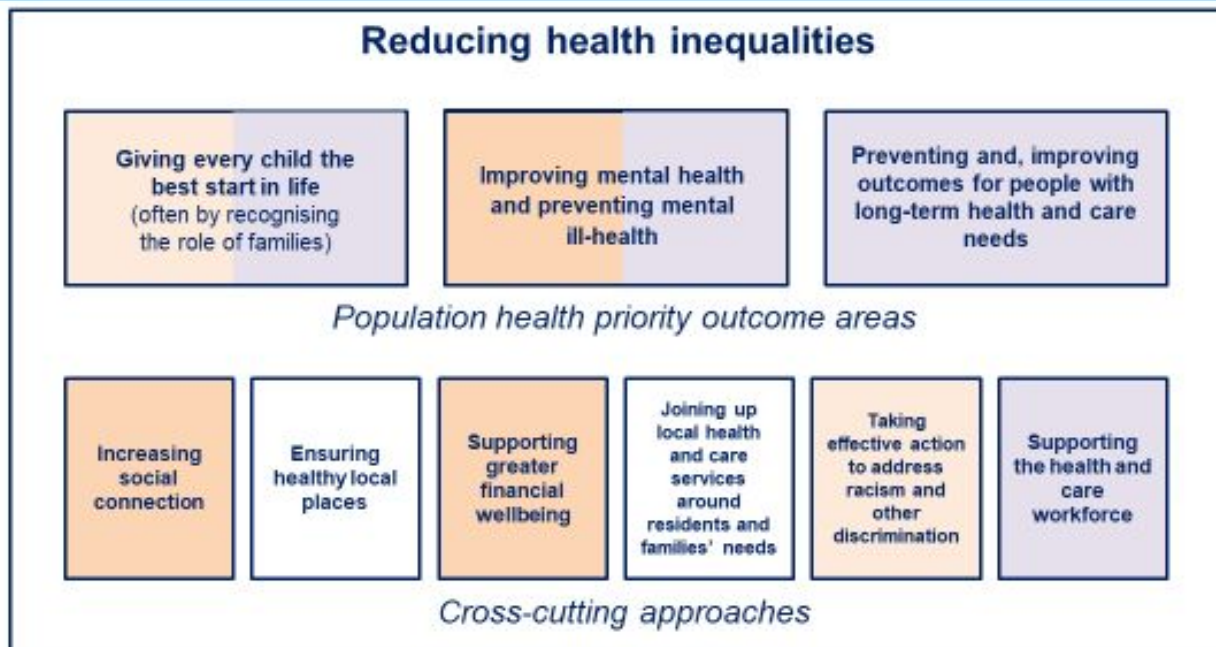
10. Tailored, accessible info about services & wider wellbeing support


Produce information in community languages that is culturally appropriate and responsive to local diverse needs

The direct harms of COVID-19 disease and the indirect effects of lockdowns and other restrictions have affected some groups much more than others, including:

- Our diverse, ethnic communities
- Older people
- Children / young people (educational and employment impacts)
- Residents of care homes / settings
- People with pre-existing health conditions
- Men (diagnoses and deaths)
- Women (social and economic impacts)
- People at risk or poor mental health
- People living in poverty or on low incomes
- People in 'key worker' roles and / or insecure employment
- People living alone or socially isolated
- Marginalised groups such as homeless people, asylum seekers, prisoners, street-based sex workers


# Strategic focus areas for the City and Hackney Place-based Partnership



 = Hackney HWB focus area

 = Hackney HWB specific 'lenses': (approaches to reducing health inequalities)

 = NEL ICS four partnership priority areas

 = reflecting LTP response / long term C&H partnership ambitions / Neighbourhoods Programme vision

# Equality and health inequalities



National priorities (e.g. Core20Plus5), local data on health needs, insight on what is important to residents, and insights from the voluntary sector have informed partnership decisions on non-recurrent funding to support projects that need investment to address health inequalities.

Where any new BCF schemes are developed or commissioned an Equality Impact Assessment (EIA) is carried out. One of the schemes in the BCF are identified as having a negative impact on any protected characteristic groups. Several of the services (e.g. CoL care navigator scheme) are universal and available to those who require it.

The following BCF schemes play a core part in reducing health inequalities and disparities for the local population, taking account of people with protected characteristics:

- DES Supplementary Care Homes Service for older adults (CoL scheme 16 , LBH scheme 23 )
- Neighbourhood approach to population health that addresses the variation seen between populations at the 30-50,000 level (CoL scheme 18, LBH scheme 10)
- End-of-life care through St Joseph's Hospice and Marie Curie Rapid Response End of Life service (CoL scheme 10/22, LBH 14/54 )
- Adult Cardiorespiratory Enhanced and Responsive Service (ACERS) and Asthma services aim to reduce inequalities in management of long-term conditions CoL 7/9, LBH 11/13)

# Equality and health inequalities - BCF



- The Homelessness Pathway team and Lowri House step-down accommodation which supports the more at risk homeless and disenfranchised population often missing out on any healthcare. (LBH Scheme 21; 22 & 29).
- As part of the PPL discharge report, we asked the review team to consider equality of access to discharge services. During the transformational work to redesign discharge services in the Homerton and LBH we will conduct an Equality Impact Assessment (EIA) to ensure equal access (LBH)
- Carers support service is now provided by Tower Hamlets Carers Centre who can provide a more culturally appropriate service to reach carers on the east of the City of London who were often hidden. The service has now engaged with 45 new carers, 38 of whom are from more the east of the City (CoL scheme 6)
- Rough sleepers: Strength-based Practitioner post in the rough-sleeping homelessness service and access to primary care services. Some of our IBCF money has established integrated health and care work for rough sleepers which has been continued with specific rough sleeping funding (CoL scheme 6)

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<b>Title of Report</b>	Emergency Hormonal Contraception
<b>For Consideration By</b>	Health and Wellbeing Board
<b>Meeting Date</b>	21 Sep 2023
<b>Classification</b>	Open
<b><u>Ward(s) Affected</u></b>	
<b>Report Author</b>	Kanariya Yuseinova, <i>Enter and View and Volunteer Manager Healthwatch Hackney</i>

Is this report for:

<input checked="" type="checkbox"/>	Information
<input checked="" type="checkbox"/>	Discussion
<input type="checkbox"/>	Decision

Why is the report being brought to the board?

To raise awareness of findings and issues picked up through the report and consider implications around commissioning and monitoring of community pharmacies contracts. The aim of the review is to improve delivery of services and prevent the potential negative impact on patients in need if they are unable to access the service appropriately.

We are bringing this to the Health and Wellbeing Board to encourage any organisation that commissions services in community pharmacies to consider their monitoring processes to ensure timely and appropriate access to services and patient safety.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

Local Pharmaceutical Committee, C&H Public Health (responses from both can be seen in the original report)

## 1. Background

Each year, pharmacies are invited to enter into a contract with the London Borough of Hackney to provide free access to Emergency Hormonal Contraception together with Chlamydia Testing and Treatment and access to condoms. The individual contracts with pharmacies are for one year, and are renewed each new financial year, upon signature. The overall duration of the pharmacy agreement is until 2025.

According to Public Health Hackney, between March and November 2022, 38 pharmacies signed up to provide free access to Emergency Hormonal Contraception.

Between May 2022 and September 2022, a team from Healthwatch Hackney, including volunteers, ran a 'mystery shopping' activity to gain an overall snapshot of the access to Emergency Hormonal Contraception in Hackney by phoning and visiting the local pharmacies.

Telephone mystery shop findings:

23 pharmacies offered the service for free. Of these:

- 2 pharmacies were unable to offer the free service on the day due to the locum pharmacist not being trained to deliver the service
- 1 pharmacy had run out of stock, but the mystery shopper was signposted to another pharmacy
- 2 pharmacists offered the mystery shopper to either pay for the service or have it for free under the NHS
- 3 pharmacists gave conflicting information to both mystery shoppers about the charge of the service, so more than one call was needed to be made to clarify.

15 out of 38 pharmacies said they are charging for the service. Of these:

- 1 pharmacist said that they had run out of stock
- 5 pharmacists did not signpost the mystery shopper to another service for free Emergency Contraception
- 6 pharmacists voluntarily signposted the mystery shopper to other services including another pharmacy, GP practice or the local sexual health clinic
- 4 pharmacists signposted the mystery shopper to another free service only when asked
- 2 pharmacists invited the mystery shoppers to a consultation.
- 1 pharmacy gave conflicting information about the charge of the service "The first person said that I can have it for free with a prescription but wasn't able to



tell me where to get the prescription from. Another person took over and said that they don't provide the service for free but I can try other pharmacies.”

Physical visit mystery shop findings:

15 of the 16 visited pharmacies confirmed the findings from the telephone mystery shopping.

- Only 7 out of the 16 visited pharmacies said they were offering free Emergency Hormonal Contraception.
- One pharmacy offered free service over the phone, however, requested payment for the same service during the physical visit.
- Some mystery shoppers were not offered a consultation, especially when there was no access to free EHC at the pharmacy
- All pharmacies were accessible to young people by public transport
- During some of the visits, the mystery shopper was assisted by their friend. Their wish to attend the consultation accompanied by their friend was granted in all instances

## 2. **Recommendations**

Local Authorities and commissioners of NHS and public health services have an important role to play in providing accessible, safe, and confidential services to all service users and particularly young people.

Public Health Hackney and the Local Pharmaceutical Committee should ensure regular follow-up and monitoring of local pharmacies commissioned to deliver certain services free of charge to eligible residents.

Based on the findings from both the telephone calls and visits made to pharmacies, we identified the following areas for improvement to ensure these services are accessible and inclusive to all young people, and to other residents.

**Patient's views and experience** - monitoring and evaluation of the patient's experience. These recommendations address the importance of capturing young people's experience of access and delivery of the service as part of service development.

**Environment** - physical environment, staff training, skills and attitude. These recommendations address the importance of the physical environment as well as the training, skills and attitude that the pharmacy staff need to deliver young people-friendly services.

**Publicity** These recommendations address the importance of the content and design of the information available promoting a range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality.

We recommend that Public Health Hackney, Local Pharmaceutical Committee and pharmacy leads convene a working group including young people to discuss the recommendations below and their implementation.

Support to create and facilitate this group is available through the Local Communications and Engagement Team which works with 16+ network, young System Influencers and public representatives.

See full report [HERE](#)

### 3. August 2023 review

In August 2023 we revisited the 9 pharmacies which were found to be charging in the original mystery shopping exercise. Disappointingly, all pharmacies visited were still charging for this service. Findings and comments from Public Health are shown below.

Neighbourhood	Telephone MS results	Physical MS results	Notes from Public Health
<b>Woodberry Wetlands Neighbourhood</b>	11/08/2023 Free <b>only</b> for under 25s.	<b>21/08/2023</b>  <b>Paid.</b> Suggested there are other pharmacies to offer EHC for free but unable to give details.	Actively providing the service
<b>Woodberry Wetlands Neighbourhood</b>	11/08/2023 <b>Free</b> after 4 pm as the pharmacist will be there. No age restriction.	<b>22/08/2023 – 1<sup>st</sup> visit</b> <b>Paid.</b> Only the pill for up to 3 days is free but the mystery shopper was not eligible for that as she said she had unprotected sex 4 days ago. <b>30/08/2023 – 2<sup>nd</sup> visit</b> <b>Free service</b> – kind and helpful staff. Necessary information provided. The pharmacist said they just come back from leave. He also said that he is giving me the last box and they wouldn't have any more until the next day.	Actively providing the service
<b>London Fields Neighbourhood</b>	11/08/2023 <b>Paid.</b> £25. The call handler informed about the cost immediately. When I asked where can	<b>18/08/2023</b> <b>Paid.</b> “I struggled to see the staff welcoming me. He was behind of a screen between pharmacy area and counter. He shouted me from there and then approached later.”; “The pharmacist didn't ask when I had an unprotected sex. He immediately grabbed a box and	Current work ongoing in the consultation room so it temporarily paused.

	EHC be accessed for free the call handler said "We don't do that."	said that it is £25. <b>I was treated like I am worthless to explain more or spend time."</b>	
<b>Clissold Park Neighbourhood</b>	11/08/2023 <b>Paid.</b> "We charge for it but I can give you the number of another branch where you can get it for free. Signposted to Safedale in Green Lanes. Even gave directions to the pharmacy.	<b>30/08/2023</b> <b>Paid.</b> The pharmacist said they can't access the database therefore they can't provide it for free but they can sell it instead. Signposted to the Safedale in Green Lanes	Regular pharmacist on leave until the second week of August
<b>Hackney Downs Neighbourhood</b>	11/08/2023 <b>Paid</b> - £25 or £35. Voluntarily Signposted to F.A Strange	<b>18/08/2023</b> <b>Paid.</b> Voluntarily Signposted to a pharmacy in Clapton at the corner.	Awaiting feedback
<b>Hackney Marshes Neighbourhood</b>	11/08/2023 <b>Paid.</b> Informed about the price of the pills immediately - £10 for the one up to 3 days and £30 for the one up to 5 days. The call handler did not know where the service can	<b>18/08/2023</b> <b>Paid.</b> Voluntarily signposted to Safedale and another Clockwork pharmacy where the pills are provided for free.	Umar - The new manager and pharmacist for the past month – would like some further support

	be accessed for free.		
<b>Well Street Common Neighbourhood</b>	<p>11/08/2023</p> <p><b>Paid.</b> Informed about the price of the pills immediately - £15.</p> <p>“The only reason we can’t do it for free is that we don’t have a functional consultation room, it is being renovated.”</p> <p>Wasn’t able to tell me where I can get the service for free.</p>	<p><b>18/08/2023</b></p> <p><b>Paid.</b> Explained that the consultation room’s being inaccessible. The pharmacist followed a questionnaire and didn't look like someone expert in contraception. It wasn't really informative.</p>	Actively providing the service

Whilst in many cases the reasons why the free service was not available are understandable, there are ongoing issues with the availability of the service. Healthwatch Hackney feels these findings raise questions around the commissioning process, as inflexible contracts mean that pharmacies are restricted when delivering the free service, which includes a private consultation offering support and advice. This leaves them with the option of charging patients for a service that offers less support.

*Include report content in this section along with any asks/recommendations for HWB to consider*

4. **Policy Context:**

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input checked="" type="checkbox"/>	Improving mental health
<input type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security

<input type="checkbox"/>	All of the above
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Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

<input type="checkbox"/>	Strengthening our communities
<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input checked="" type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input checked="" type="checkbox"/>	Making the best of community resources
<input type="checkbox"/>	All of the above

**4.1. Equality Impact Assessment (EIA)**

Has an EIA been conducted for this work?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

**4.2. Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

4.3. **Risk Assessment**

N/A

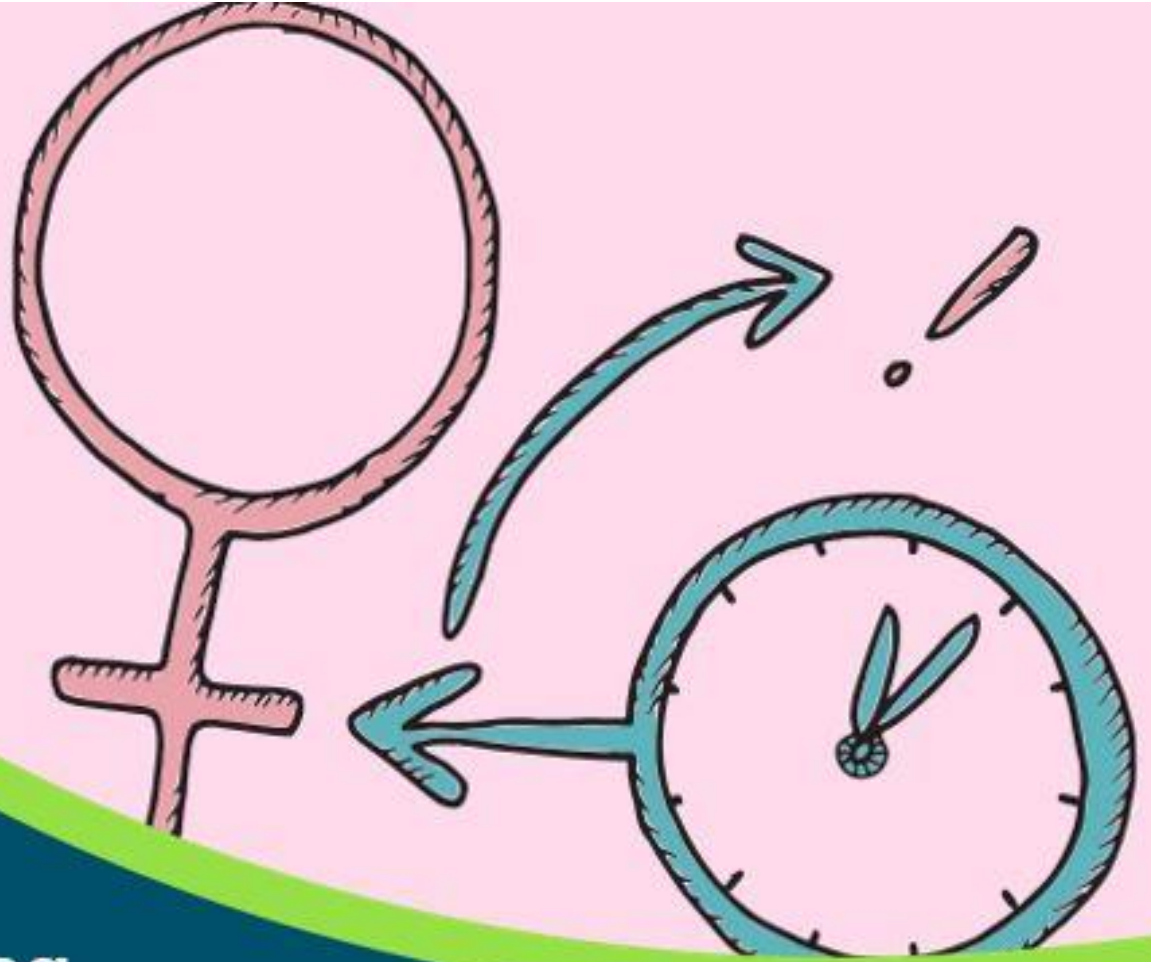
4.4. **Sustainability**

The initial report was published the report in February 2023. During the original review we visited 16 pharmacies (2 per Neighbourhood). Of these pharmacies 9 were inappropriately charging for this free service. In August we revisited 7 out of those 9 pharmacies to review their performance following the implication of the recommendations.

We aim to repeat this exercise in 2024 to achieve sustained change.

<b>Report Author</b>	Kanariya Yuseinova <i>Enter and View and Volunteer Manager Healthwatch Hackney</i>
Contact details	
Appendices	

February  
2023



## Mystery Shopping exercise of

# Access to Emergency Hormonal Contraception in Hackney



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**p. 4** *Our aim*

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**p. 27** *Response from services*



# Introduction

Increased pressure on GP services and difficulties accessing appointments mean that pharmacies are being increasingly promoted as an accessible point of access (delete and just say access point) for minor ailments and some (delete \*some\*) other services. These (services) include vaccinations and a range of common health concerns, including access to sexual health services. 16+ Hackney residents can access a wide range of free sexual health services locally - [Homerton sexual health services](#).

This includes information about [contraception](#), local sexual health clinics (Clifden Centre, John Scott Clinic, Ivy Centre, and 80 Leadenhall in the City of London), how to access services if you are aged under 17, as well as their offerings around free [PrEP treatment](#).

**Residents can also access a range of support(s) for their sexual and reproductive health, such as Emergency Hormonal Contraception (EHC), STI testing and treatment, and more, at your GP practice, or a local community pharmacy.** This service, also commissioned by the local Public Health team, offers health promotion, advice, and information on a wide range of topics, including ways for individuals to protect themselves against HIV and other STIs.

To ensure quick, easy, and free access to support and information Healthwatch Hackney decided to explore how accessible and young people-friendly local pharmacy services are with the help of some young volunteers and support from Public Health Hackney.

Public Health Hackney was a key partner for this project as they currently commission some of the services delivered in pharmacies including Emergency Hormonal Contraception. We worked with them to develop the project brief and materials so that it would be a mutually beneficial piece of work.

Given the scale of challenges that people may face with the increasing cost of living, it is even more important local residents and especially young people are aware of and have easy access to the free contraceptive services that are commissioned.

# Our Aim

The aim of this review is to provide an overall snapshot of young people's experiences of pharmacies across Hackney through mystery shopping activities.

By doing this, we aim to improve the local sexual health services and to ensure these are accessible and inclusive to all young people and other residents regardless of their age.

Our objectives are to:

- improve access to emergency contraception, safer sex and sexual health advice
- reduce the number of unintended pregnancies by use of EHC
- increase knowledge, especially among young people, of the availability of EHC from the community pharmacies

We aim to evaluate the quality of service and ease of access to emergency hormonal contraceptives with Public Health Hackney, which funds free access.

This includes assessing the service was:

- welcoming, inclusive, clear, friendly, safe, and non-judgmental
- visibly advertised in the pharmacy
- offering strict confidentiality and is sensitive to a young person's right to a confidential service
- giving advice and information that was accurate and of a high standard

# Background

Each year, pharmacies are invited to enter into a contract with the London Borough of Hackney to provide free access to Emergency Hormonal Contraception together with Chlamydia Testing and Treatment and access to condoms. The individual contracts with pharmacies are for one year, and are renewed each new financial year, upon signature. The overall duration of the pharmacy agreement is until 2025.

## **About the different types of Emergency Hormonal Contraception (EHC) and who can use it?**

Most women can use the emergency contraceptive pill. Girls under 16 years old can also use it.

## **There are two types of Emergency Contraceptive pills**

**Levonelle – can be taken within 3 days of unprotected sex**

**ellaOne – can be taken within 5 days of unprotected sex for it to be effective – the sooner you take it, the more effective it'll be.**

## **Who should not take the pill?**

Anyone who is allergic to anything in it, has severe asthma or takes any medicines that may interact with it.

There are no serious short or long-term side effects from using any of the two emergency contraceptive pills. However, some people may experience some side effects. For more information, please go to <https://www.nhs.uk/conditions/contraception/emergency-contraception/>

# Methodology

Between May 2022 and September 2022, a team from Healthwatch Hackney, including volunteers, ran a 'mystery shopping' activity to gain an overall snapshot of the access to Emergency Hormonal Contraception in Hackney by phoning and visiting the local pharmacies.

An email notification was sent on 25th March to the Local Pharmaceutical Committee as well as to all individual pharmacies informing them about the planned visits. However, the exact dates and times of the visits were not disclosed.

Mystery shopping is one of many methods used to gather feedback about health and social care services and can be a useful means of exploring the real experience of service users.

Initial inquiries were made to assess the current provision of Emergency Hormonal Contraception services within pharmacies across Hackney. With help from Public Health Hackney and the Local Pharmaceutical Committee, Healthwatch Hackney collated information about the 38 community pharmacies in Hackney that had signed up for the scheme to provide free Emergency Hormonal Contraception services.

According to Public Health Hackney, between March and November 2022, 38 pharmacies signed up to provide free access to Emergency Hormonal Contraception. We were able to call 37 pharmacies and carry out mystery shopping the service via phone calls, which will be discussed in more detail later in this report.

We were not able to reach one pharmacy as it appeared that the provided phone number was not correct. A few pharmacies had wrong telephone numbers displayed and initially we were unable to reach them, meaning further research was needed.

In addition, based on the results of our mystery shopping calls we choose two pharmacies in each Neighbourhood to conduct mystery shopping visits. Where possible, we chose one pharmacy where the staff said they provide free access to Emergency Hormonal Contraception, and another pharmacy where staff said that they do not provide free access to Emergency Hormonal Contraception, despite Public Health Hackney having commissioned them up to provide a free service.

# Volunteer Recruitment and Training

We would like to thank our brilliant volunteers Becy Ainsworth, Nikki Khalesi, Yasmin Tayane, Abigail Asant and Norah Aldosary for their hard work, time and commitment to this project.

Some of the volunteers who took part in this project were our existing volunteers. Other volunteers were recruited through the Hackney CVS.

Before carrying out the mystery shopping activities, volunteers were required to attend a comprehensive training session. The training sessions were designed to equip volunteers with the skills, knowledge, and confidence needed to carry out the mystery shopping activities (telephone calls and visits) as well as to provide an understanding of what is expected of them. They covered things such as what mystery shopping is, what makes a good mystery shopper, common 'giveaways', the importance of confidentiality, useful memory techniques, role plays, exit/get out strategies, and 'top tips' for each of the scenarios/activities.

The volunteers had the opportunity to go through the questionnaires, practise completing them, and ask any questions. Following this, volunteers could decide whether they wished to take part in the project or not.

The mystery shopping project involved making telephone calls and carrying out visits to pharmacies. Volunteers were encouraged to review the training materials and 'top tips' sheets for each activity carrying them out.

# Telephone calls

We called the 38 pharmacies on the list provided by Public Health Hackney.

There were 2 possible scenarios that could have been allocated to the young mystery shoppers:

- Emergency hormonal contraception – general inquiry about how to access it and if it is free of charge service.
- Emergency hormonal contraception – general inquiry about how to access the service and if it is free of charge. The volunteers pretended they are a young person calling from home and speaking quietly and do not want their parents to overhear the conversation. With this scenario, we wanted to assess how accommodating the pharmacy staff will be in such a situation.

Volunteers were given scenarios that acted as guides for the calls (e.g. you have just moved to the area and would like to know how to access the service). They were also provided with information about the service for their own information.

# Visits

16 pharmacies were visited between August and October 2022.

We selected two pharmacies in each of the Hackney Neighbourhoods.

Pharmacies were selected on the basis of the findings from our telephone mystery shopping. We selected one pharmacy where there was a charge for the EHC and one where the service was offered for free.

The visits involved looking out for certain information (posters, leaflets, signs, etc), taking in the general appearance and feel of the pharmacy, and the way volunteers felt they were spoken to.

Where pharmacies were charging for the service, the mystery shopper was told to ask to be signposted to where it could be obtained for free and to make a note of whether this information was provided voluntarily.

Mystery shoppers had been trained to ask to speak to a female pharmacist when they walked into the pharmacy. This was to give a sign to the sales person that the mystery shopper wants to discuss a sensitive issue.

One other volunteer was required to act as shy, worried and someone who needed help with EHC.

# Where the service was free of charge

**23 pharmacies offered the service for free.**

**Of these:**

- 2 pharmacies were unable to offer the free service on the day due to the locum pharmacist not being trained to deliver the service
- 1 pharmacy had run out of stock, but the mystery shopper was signposted to another pharmacy
- 2 pharmacists offered the mystery shopper to either pay for the service or have it for free under the NHS
- 3 pharmacists gave conflicting information to both mystery shoppers about the charge of the service, so more than one call was needed to be made to clarify.

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**What questions were asked?**

- 7 pharmacists asked the mystery shoppers if they lived in Hackney
- 3 pharmacists asked if the mystery shopper is registered with a Hackney GP
- 6 pharmacists did not ask any questions
- 3 pharmacists asked the mystery shopper when they had had unprotected sex

# We called the following pharmacies

## ❖ Woodberry Wetlands Neighbourhood

- ❖ Armstrong Dispensing Chemist, N4 2EX
- ❖ Park Pharmacy, N4 2AA
- ❖ Rowlands Pharmacy, N4 2HE
- ❖ Safedale Pharmacy, N16 9DL

## ❖ Clissold Park Neighbourhood

- ❖ Allen Pharmacy, N16 9PA
- ❖ Benjamin Pharmacist, N16 7JD
- ❖ Safedale Ltd, N16 0AP
- ❖ Safedale Ltd (Albion Road, N16 0TA
- ❖ Superdrug Store, E8 2LX

## ❖ Hackney Downs Neighbourhood

- ❖ Asvacare Pharmacy, E5 9BU
- ❖ Day Lewis, E5 8BY
- ❖ F. A. Strange, E5 8EQ
- ❖ Hackney Pharmacy, E9 5BQ

## ❖ Well Street Common Neighbourhood

- ❖ Bees Pharmacy, E9 5DG
- ❖ Silverfield Chemist, E9 6AS
- ❖ Clockwork Victoria Park Pharmacy, E9 7HD
- ❖ K. Sonigra Pharmacy, E9 7PX

## ❖ Springfield Park Neighbourhood

- ❖ Dunsmure Pharmacy, N16 5JY
- ❖ Green Light pharmacy, N16 6LU
- ❖ Land Pharmacy, N16 6TY

## ❖ Shoreditch Park & The City Neighbourhood

- ❖ Finstead Pharmacy, N1 5LG
- ❖ Judd's Pharmacy, N1 6BT
- ❖ Murrays Chemist, N1 7QJ
- ❖ Spring Pharmacy, N1 5LG
- ❖ Unipharm pharmacy, E2 8AN

## ❖ London Fields Neighbourhood

- ❖ Clarks Healthcare Ltd. E8 5QJ
- ❖ Dev's Chemist, E8 1NH
- ❖ Guardian pharmacy, E8 4AE
- ❖ Haggerston Pharmacy, E8 4HU
- ❖ J Edmunds Pharmacy, E8 2JS
- ❖ Kingsland Pharmacy, E8 4AA
- ❖ Norlington Chemist Ltd, E8 4PH

## ❖ Hackney Marshes Neighbourhood

- ❖ Bees Pharmacy- Kalpesh Chemist, E5 0HD
- ❖ Clockwork Pharmacy (Mare Street)E8 1HP
- ❖ Clockwork Pharmacy 236 Well Street E9 6QT
- ❖ Clockwork Pharmacy 239 Well Street E9 6RG
- ❖ Regal Pharmacy, E5 0LP
- ❖ Safedale Pharmacy, E5 0NS



# Pharmacies who charged for the free service

**15 out of 38 pharmacies said they are charging for the service. Of these:**

- 1 pharmacist said that they had run out of stock
- 5 pharmacists did not signpost the mystery shopper to another service for free Emergency Contraception
- 6 pharmacists voluntarily signposted the mystery shopper to other services including another pharmacy, GP practice or the local sexual health clinic
- 4 pharmacists signposted the mystery shopper to another free service only when asked
- 2 pharmacists invited the mystery shoppers to a consultation.

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1 pharmacy gave conflicting information about the charge of the service

*“The first person said that I can have it for free with a prescription but wasn’t able to tell me where to get the prescription from. Another person took over and said that they don’t provide the service for free but I can try other pharmacies.”*

## **What questions were asked?**

- 2 pharmacies asked when the mystery shopper had had unprotected sex so that the call handler could tell the price of the appropriate pill
- 11 pharmacists did not ask any questions and did not offer a consultation
- 10 pharmacists did not ask for any information but informed the mystery shopper of the cost of the pill

# We visited the following pharmacies

## ❖ Woodberry Wetlands Neighbourhood

- ❖ Rowlands Pharmacy, N4 2HE
- ❖ Safedale Pharmacy, N16 9DL

## ❖ Springfield Park Neighbourhood

- ❖ Dunsmure Pharmacy, N16 5JY
- ❖ Land Pharmacy, N16 6TY

## ❖ Clissold Park Neighbourhood

- ❖ Benjamin Pharmacist, N16 7JD
- ❖ Safedale Ltd, N16 0AP

## ❖ Shoreditch Park & The City Neighbourhood

- ❖ Finstead Pharmacy, N1 5LG
- ❖ Spring Pharmacy, N1 5LG

## ❖ Hackney Downs Neighbourhood

- ❖ Day Lewis, E5 8BY
- ❖ F. A. Strange, E5 8EQ

## ❖ Hackney Marshes Neighbourhood

- ❖ Bees Pharmacy- Kalpesh Chemist, E5 0HD
- ❖ Clockwork Pharmacy (Mare Street)E8 1HP

## ❖ Well Street Common Neighbourhood

- ❖ Silverfield Chemist, E9 6AS
- ❖ K. Sonigra Pharmacy, E9 7PX

## ❖ London Fields Neighbourhood

- ❖ Clarks Healthcare Ltd. E8 5QJ
- ❖ Guardian pharmacy, E8 4AE

# Mystery Shopping Visits

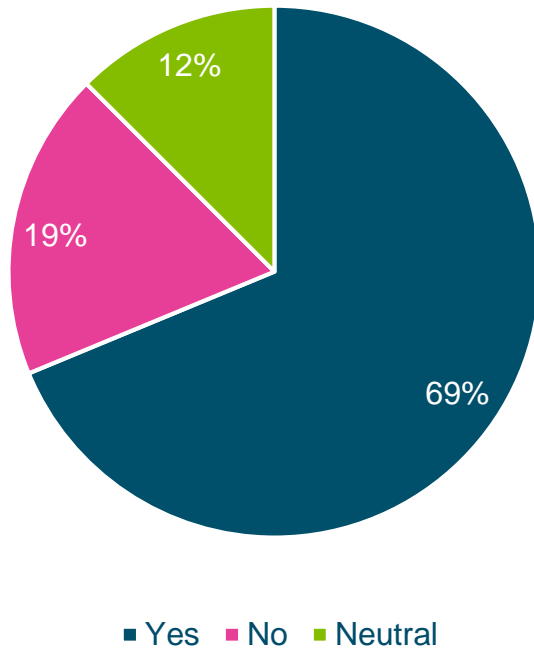
- 15 of the 16 visited pharmacies confirmed the findings from the telephone mystery shopping.
- Although all the pharmacies were visited after they signed up to provide free EHC according to Public Health Hackney, **only 7 out of the 16 visited pharmacies said they were offering free Emergency Hormonal Contraception.** Nine were only offering the over-the-counter pill.
- One pharmacy offered free service over the phone, however, requested payment for the same service during the physical visit.
- Some mystery shoppers were not offered a consultation, especially when there was no access to free EHC at the pharmacy

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All pharmacies were accessible to young people by public transport

During some of the visits, the mystery shopper was assisted by their friend. Their wish to attend the consultation accompanied by their friend was granted in all instances

Did you find the staff welcoming?

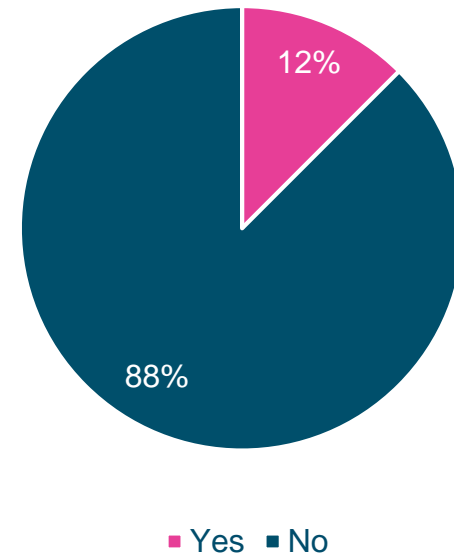


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*“The staff were very welcoming and had good energy and they were quick and efficient to deal with my enquiry.”*

*“The woman behind the counter did not seem friendly neither did she look enthusiastic to serve me which seemed weird as she was very friendly and nice to the people that were in front of me. I don’t want to round it down to racism but the people that were in front of me prior were white and she seemed extremely happy to serve them.”*

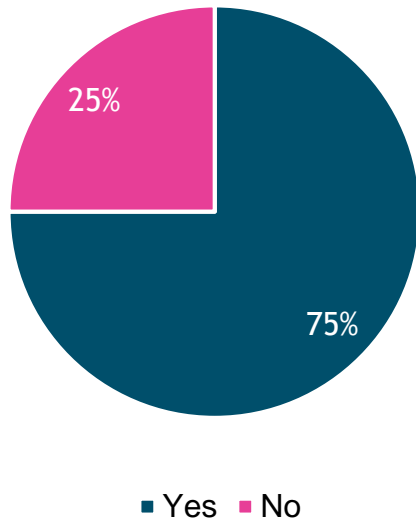
Did you notice any information within the pharmacy mentioning the EHC service anywhere within the pharmacy?



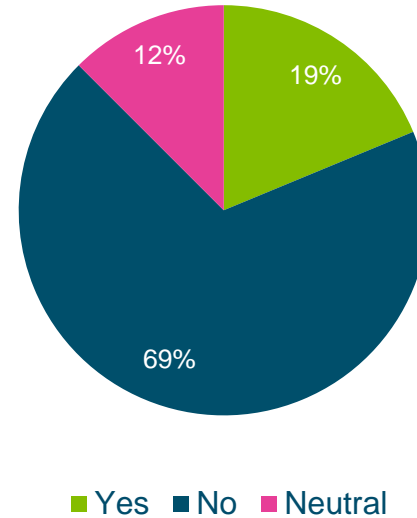
*“There was an image on the consultation room door saying “This pharmacy is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of all is of paramount importance.”*

*“The pharmacy seemed cluttered and cramped I didn’t look for a confidentiality statement.”*

Was it easy to see the location of the consultation room?



Did you notice a confidentiality statement anywhere in the consultation room?



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*“Yes, The consultation room was very clear to see as there was a big sign that said, “consultation room”.*

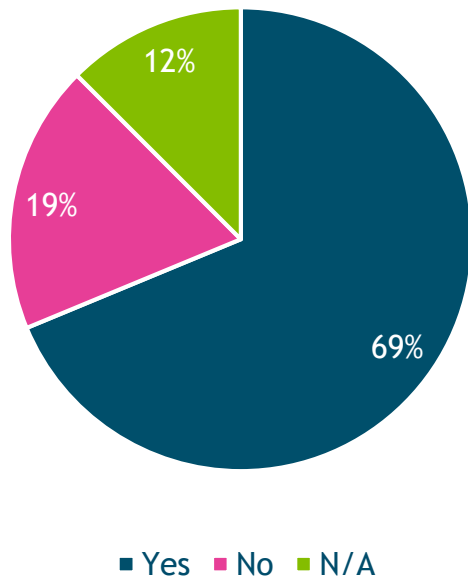
*“I noticed a small door in the hall, which can probably be a consulting room, but there was no written sign on it, I am not sure there actually is any consultation room.”*

*“It wasn’t easy to see where the consultation room was as it was behind the front desk and the door was closed, the pharmacist opened my door from her end.”*

*“No, and medication from the previous customer was laying around, which made me think about confidentiality after I left myself.”*

*“ I did not see any confidentiality statement, but the pharmacist reassurance that everything was confidential.” On the side of the form, it says in bold “private and confidential.” which I think is a reassuring statement.”*

Did you feel comfortable during the consultation?



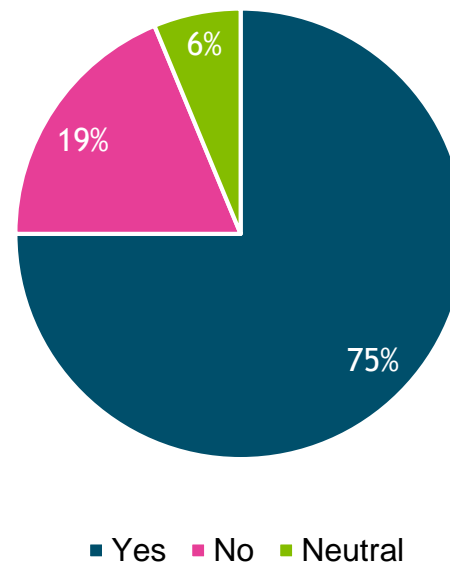
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*“Yes, the pharmacist had a great sense of humour and the mood was very relaxing.”*

*“I felt really uncomfortable and not helped at all, I just wanted to leave the chemist.”*

*“I was quite disappointed as the pharmacist was both a female and a woman of colour. I did feel more at ease until she started speaking. She seemed to be in a rush, and she was not friendly or smiley.”*

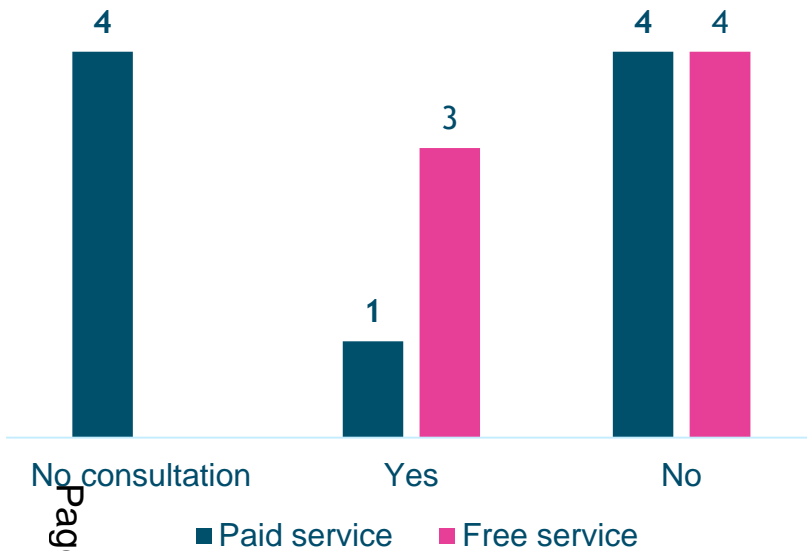
Did you feel you were treated with dignity and respects?



*“Yes, I felt like I was being treated with dignity and respect, none of the questions were out of topic or to personal.”*

*“I don’t feel like I was treated with respect and the environment of the pharmacy seemed very moody as both the woman in the clerk and the pharmacist weren’t friendly at all.”*

Did the pharmacist give you information about contraception in the future, e.g. safe sex?



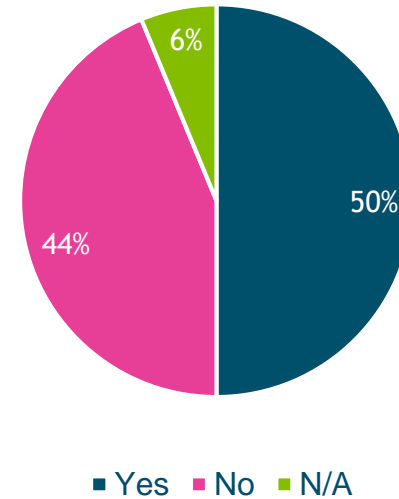
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*“She spoke to me about the different options of contraception, for example, the implant, the coil, the depo etc. She even went on to explain how each contraception was put in the body which I was impressed by.”*

*“He mentioned he could provide me with free condoms, but they had run out. He also suggested to consult with my GP about best type of long-term contraception such as pills or coil.”*

*“The pharmacist did not give me any but seemed more concerned about me paying for a pill.”*

Were you satisfied with the consultation outcome?



*“Yes, it was a calm experience and the lady was very clear and articulated the information very well.”*

*“No, I am not sure the pharmacist was fully aware of the sensitivity of the matter.”*

*No. Overall, it wasn’t the best experience as she gave me the wrong pill and did not recognise that.”*

*“Not really, it wasn’t thorough and I felt some risks were overlooked. “*

# Where the service was offered free of charge

One of the pharmacies that said they provide free access to EHC could not provide the free service on that day due to the locum pharmacist not having the required training.

- 7 pharmacies offered free access to the services
- All pharmacies voluntarily invited the mystery shopper to a consultation and asked for all personal details (Date of birth, name, address, when they had had unprotected sex, when was their last menstrual cycle)
- 3 pharmacies offered information about contraception in the future
- None of the pharmacists talked to the mystery shopper about safe sex

*Page 179*  
*He requested the ..... contraception but before getting it, he talked through a lot of points such as the different types of contraception. For example, the coil, the patch, the implant, and the depo. He explained what they are and what they do but I told him I wasn't interested in contraception however I was impressed that he went into so much detail including stating statistics etc. He also explained the different contraception pills and the percentage of effectiveness."*

*"The pharmacist did not give extra information about future options if the pill was to fail, and also did not talk about safe sex or any other form of contraception to avoid relying on emergency contraception. Did not speak about STI's at all or where I could get a screening, I felt like there was a lack of information that he did not include in the conversation like the side effects of the tablet or even the difference between Levonelle and EllaOne."*

*"The woman seemed very nervous and provided limited information about the different types of contraception. The lady didn't seem like she had knowledge of the different types of contraceptives, neither did she offer any types of contraception."*



# Pharmacies who charged for the free service

- 9 of the 16 visited Free EHC commissioned pharmacies charged for the service EHC supply
- 2 out of the 9 pharmacies offered consultation to mystery shoppers. On these two occasions, pharmacists invited the mystery shopper to the consultation room voluntarily.

*“She invited me to the consultation room straight away and didn’t discuss anything in front of anyone which I really liked in comparison to other pharmacies I have attended.”*

- 1 of the 2 pharmacies offered information about contraception in the future
- None of the pharmacists talked to the mystery shopper about safe sex
- 5 pharmacists invited the mystery shopper into the consultation room only when the volunteer asked for a private conversation

*“What I particularly didn’t like was that the pharmacist did not invite me to the consultation room straight away but tried to ask me questions in the customer waiting area which I found very uncomfortable and inappropriate.”*

*“She didn’t initiate privacy when I told her that I need to talk to her in private. She spoke to me when there were a lot of people around, so I had to ask her if there was a consultation room.”*

- 2 pharmacists did not invite the mystery shopper into the room telling them they cannot offer the service free of charge
- 4 out of the 9 pharmacists voluntarily signposted the mystery shopper to another free service
- 5 pharmacists signposted the mystery shopper to a free service only when asked by the volunteer

However, in two instances, the mystery shopper was told to google for this information. During one of the visits, the mystery shopper was told there are no pharmacies offering a free service.

# What questions were asked

**In 14 out of 16 instances, the mystery shoppers were asked questions to identify the appropriate pill.**

- Where the service was free of charge, mystery shoppers were asked the standard question “usually read from a form”.

*Name and date of birth / The name of their GP / Their ethnicity / When was their last menstrual period?  
When they had unprotected sex / Is this their first time having emergency contraception*

*“The pharmacist gave the option to pay for the emergency contraception straight away. I refused and asked for the free ones. Before he asked me any questions he went to collect the tablets. We started completing the form for free contraception. The questions asked were not personal or judgmental. The usual questions were asked. My name and GP address? my ethnicity? If this was my first time having emergency contraception when was the last period?- to see what pill would be more suitable for me, as there are two different ones.”*

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Where there was a charge for the service, the mystery shoppers were mainly asked about their last period and when the accident happened

Surprisingly, two mystery shoppers were specifically asked only about their age.

One commented, *“She asked for my age. I felt strange as I did not understand why she asked for my age, even though there is not a free service.”*

**Local Pharmaceutical Committee comment: The age of the customer is usually asked to ensure the treatment is age appropriate according to the product licence.**

Another volunteer said *“The pharmacist didn’t ask me any questions, but she waited for me to speak, and when I said, “I’m here for the”.. she finished the sentence for me and said “contraception pill.” Immediately, she said they are not free, and she didn’t even ask about my situation or even try to figure out what contraceptive pill I needed. She told me that it was £25 straight away.”*

# Feedback on the consultation room

- Mystery shoppers were able to enter and observe 15 out of the 16 pharmacies' consultation rooms
  - Some mystery shoppers were not offered a consultation, especially when there was no access to free EHC at the pharmacy, so not all mystery shoppers were able to provide feedback about the consultation.
  - On 9 out of the 16 occasions, respondents thought the consultation room was clean while 4 commented on the room being cluttered.
  - 3 mystery shoppers commented that the room was accessible and another 3 said that the consultation room was not accessible.
  - In 6 of the rooms, mystery shoppers said there were 2 chairs, and in another 6 that there was only 1 chair.
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- On 7 occasions, the mystery shoppers said that the consultation room was too small. In another 6, the mystery shoppers said the consultation room size was acceptable.

*The consultation room was very small and it was decently cleaned but a bit cluttered. There was just one chair and there was enough distance between me and the pharmacist especially when it seemed like she was still social distancing as she wore a mask.”*

*“It was a small room, with one chair inside the room. It was easily accessible. No clutter spotted.”*

# Recommendations

Local Authorities and commissioners of NHS and public health services have an important role to play in providing accessible, safe, and confidential services to all service users and particularly young people.

**Public Health Hackney and the Local Pharmaceutical Committee should ensure regular follow-up and monitoring of local pharmacies commissioned to deliver certain services free of charge to eligible residents.**

Based on the findings from both the telephone calls and visits made to pharmacies, we identified the following areas for improvement to ensure these services are accessible and inclusive to all young people, and to other residents.

## **Patient's views and experience - monitoring and evaluation of the patient's experience**

These recommendations address the importance of capturing young people's experience of access and delivery of the service as part of service development.

## **Environment - physical environment, staff training, skills and attitude**

These recommendations address the importance of the physical environment as well as the training, skills and attitude that the pharmacy staff need to deliver young people-friendly services.

## **Publicity**

These recommendations address the importance of the content and design of the information available promoting a range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality.

**We recommend that Public Health Hackney, Local Pharmaceutical Committee and pharmacy leads convene a working group including young people to discuss the recommendations below and their implementation.**

**Support to create and facilitate this group is available through the Local Communications and Engagement Team which works with 16+ network, young System Influencers and public representatives.**

# Environment - staff training, skills and attitude

Ensure more pharmacists are trained to deliver Emergency Hormonal Contraception consultations and provide other sexual health information.

**All pharmacy staff who are likely to come into contact with young people to receive appropriate training on:**

- Full range of contraceptive options, promoting positive sexual health, and preventing pregnancy and STIs
- Equality, diversity, understanding how to engage and communicate with young people, in a way that feels safe and friendly
- Understanding the sexual health needs of young people and how to discuss them in the context of sexual health and relationships
- Managing sensitive and/or difficult consultations
- Safeguarding (Adults and Children) to enable staff to recognise signs of abuse and neglect and to act and report appropriately

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**All pharmacy staff who are likely to come into contact with young people should:**

- Be able to recognise and respond to different sexual health needs such as those relating to gender, sexual orientation, ethnicity, age, and different sexual health issues
- Be able to encourage young people to make safe and informed choices, including resisting peer pressure and delaying early sex
- Be familiar with information about other local services for young people

**Pharmacies to provide a safe and young people-friendly environment** by ensuring maximum confidentiality. This includes proactively inviting service users to a private place (consultation room) as soon as the need is recognised.

- All staff routinely explain the confidentiality policy to young people to enable them to understand their right to confidentiality
- Staff to ensure that young people are not asked any potentially sensitive questions where they may be overheard by other staff members or other patients

# Environment - physical environment

The right and appropriate environment and atmosphere are more likely to contribute to ensuring confidentiality for service users regardless of their age. It is important that services are young people friendly which will relate to physical arrangements as well as staff attitudes and actions.

## Pharmacies should provide safe and young people-friendly environment by

- Ensuring leaflets and posters promoting confidentiality are available within the pharmacy
- Ensuring greater promotion of their consultation room as a private and confidential space
- Ensuring full access to their consultation room as well as making sure it is accessible
- Ensuring a comfortable atmosphere in their consultation room by providing a clean welcoming environment

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**Individual pharmacies to ensure are have enough stock of Emergency Hormonal Contraception for instant delivery.**

# Publicity

- Public Health should provide information about the service in a variety of languages and formats also suitable for people with learning disabilities, physical disabilities or sensory impairments.
- The content and design of the leaflets should be co-designed with young people
- The leaflet should provide information about:
  - **What** the service offers
  - **How** to access the service, including young people's right to attend a consultation on their own without the involvement of a parent or a carer.
  - **What** will happen when they access the service
  - **How** to give feedback or complain about the service
  - **Young people's entitlement to a confidential service.** This information should include: what data is collected, any limitations to confidentiality - who has (will have) access to this data, and under what circumstances this information may be disclosed or shared.
- Leaflets should be distributed and made available in schools, social clubs, and other appropriate places where young people are more likely to attend. Digital information should be also available. More places for promoting services should be discussed with young people.
- Ensure leaflets and posters are available within pharmacies informing about the available services
- Emergency Hormonal Contraception consultations to include information about sexual and reproductive health and contraception in the future including reversible long-acting methods of contraception, condoms with information and guidance on correct use, free confidential pregnancy testing, referral to NHS-funded abortion services, sexually transmitted infection (STI) testing and treatment

# Patient's views and experience - monitoring and evaluation of the patient's experience

Ensuring service users and in particular young people, have the best possible experience of care and support is essential for health services.

Services should be accessible and appropriate for young people. It is therefore important that young people are consulted, and their feedback and recommendations used to drive service improvements.

- A feedback opportunity should be offered to service users at the end of their consultation. This can be either given in a form of a hard copy or a QR code for online access
- The feedback form should include information about Healthwatch Hackney as an independent body service users can reach out to share their experience
- Patient feedback should be regularly reviewed and acted on appropriately
- Reports on the patient experience to be shared with Healthwatch Hackney



# Response to our recommendations

We would like to thank the Public Health Hackney and City and Hackney Local Pharmaceutical Committee for their support and contribution.

## Yogendra Parmar, Chief Executive Support, City and Hackney Local Pharmaceutical Committee

“We welcome your report and will use the findings to target service improvement resources. The main root cause for most of these findings are the ongoing pharmacy workforce pressures, that have been exacerbated by the pandemic/ Brexit and the recruitment of Pharmacists into GP practices means that Pharmacies are extremely capacity constrained and are often running on locums. Last calendar year saw the highest number of days of unplanned pharmacy closures due to workforce issues. Lloyds, Tesco and Asda have announced plans to close a significant number of their stores.

Until very recently, pharmacists new to Hackney were unclear on how to accredit to provide these services or how to order free condom supplies. A pharmacy sexual health update webinar was hosted on 18th Jan 2023 to help address this gap. A resource pack to help teams accredit is to be cascaded shortly.”

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## Froeks Kamminga, Senior Public Health Specialist, *Sexual and Reproductive Health // Business Healthy*, London Borough of Hackney & City of London Corporation

“Thank you for your comprehensive report and the insights from your mystery shopping exercises. The overall exercise was very useful and will contribute to an improved service for all City and Hackney residents. The work of Healthwatch Hackney and all the volunteers is much appreciated.”

Pharmacies play a crucial role in offering low-barrier access to sexual and reproductive health services and this report touches on very important aspects of sexual health service delivery:

- **Accessibility**
- **YP-friendly attitudes and behaviours**
- **Privacy and confidentiality**
- **Promotion of services**

For a detailed response go to page 28

It is noted that 40% of pharmacies that had signed the contract with the London Borough of Hackney (LBH) to deliver enhanced sexual health services, including free EHC, did not offer this as a free service. This is highly concerning. Since the preliminary findings in 2022, work has begun to better understand and rectify this situation, and LBH is actively liaising with the Local Pharmaceutical Committee (LPC).

For context, it is useful to take into consideration that many pharmacists have been lost to community pharmacies following COVID-19 and Brexit, with some leaving the UK and others moving into GP pharmacist positions. There is therefore a challenging staffing environment in community pharmacies, resulting in high turnover and use as well as cost of locum pharmacists to provide cover.

To further complicate this, locum pharmacists do not have the local accreditation necessary to provide EHC, as the [Patient Group Direction](#) (PGD) is specific to each locality. PGDs provide a legal framework that allows certain registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients. When a locum pharmacist is providing cover, they cannot issue free EHC as they are not locally accredited, which is likely why in a number of cases, the mystery shoppers were referred elsewhere.

However, this does not negate the fact that the situation needs to be improved, and that everyone who needs EHC should be able to walk into a contracted pharmacist and get a good quality, friendly and confidential free service.

To address this, the following actions and initiatives have been or are being undertaken:

- Inventory of accreditation and self-certification of all pharmacies that have signed the contract with LBH to assess which pharmacies need further support with administration and registration under the scheme
- Improved liaison between LPC and LBH
- Training and engagement event on 18 January 2023 for all pharmacies that included refresher training on condoms distribution scheme, Chlamydia screening and treatment, and EHC provision. The online event was attended by around 25-30 pharmacists.
- Follow up via email and Pharmoutcomes to cascade all presentations and recordings (of the training event), and further guidance on accreditation and self-certification on the Pharmoutcomes platform.

The Public Health team will also advocate for NEL-wide PGD accreditation, which would make it easier for locum pharmacists to dispense EHC.

Pharmacies play a crucial role in offering low-barrier access to sexual and reproductive health services and we will work with the LPC and pharmacies to continually improve the accessibility and quality of the services that are being delivered.

# Final words

Healthwatch Hackney is the local independent watchdog for health and care services.

It is our duty to ensure services are accessible, treatment and care are provided with respect and dignity and valuing diversity.

We highlight challenges faced by Hackney residents to improve the standards of care in the borough and to support healthcare providers in delivering the best possible service.

This includes accessing Emergency Hormonal Contraception free of charge at the commissioned pharmacies.

Healthwatch Hackney will therefore continue to review the service delivery with the view of reducing the number of commissioned pharmacies charging for the service to 0%.



## Contact us:



[info@healthwatchhackney.co.uk](mailto:info@healthwatchhackney.co.uk)



080 8164 7664 (FREE phone number)





<b>Title of Report</b>	Healthwatch: Follow-up to Community Pharmacy Accessibility Audit
<b>For Consideration By</b>	Health and Wellbeing Board
<b>Meeting Date</b>	21 Sep 2023
<b>Classification</b>	Open
<b><u>Ward(s) Affected</u></b>	
<b>Report Author</b>	Kanariya Yuseinova, <i>Enter and View and Volunteer Manager, Healthwatch Hackney</i>

Is this report for:

<input type="checkbox"/>	Information
<input checked="" type="checkbox"/>	Discussion
<input type="checkbox"/>	Decision

Why is the report being brought to the board?

Accessibility audit of Hackney community pharmacies April 2022, which uncovered a number of access issues. Healthwatch Hackney put forward recommendations to resolve these access issues.

We are bringing this report to the Health and Wellbeing Board to highlight recommendations that pharmacies have been unable to implement as they have encountered barriers with requests put to Hackney Council Planning Department.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

Yes, Local Pharmaceutical Committee and all Hackney Community Pharmacies.

*“The committee expects that this report and the reports for other allied health professionals, that are to follow, will highlight the NHS/Local Authority investment in an estate that is required in all healthcare estates to improve accessibility.”* Yogendra Parmar, Chief Executive Support, City and Hackney Local Pharmaceutical Committee

## 1. Background

With this review, which you can read [HERE](#), Healthwatch Hackney aims to bring greater awareness of the use of the consultation rooms as a safe and confidential place for patients to talk to a health professional instantly, to provide residents with information about the use of the community pharmacies, accessibility tools available within each pharmacy and to ensure that all patients, no matter which is their local pharmacy, has as accessible services as possible.

The areas we looked at are:

- Access to premises
  - o entrance ramp
  - o automated door
  - o ring bell
- Access within premises
  - lower counter
  - induction/ hearing loop
  - how easy it is to manoeuvre within the pharmacy
- Signage
  - how easy it is to navigate within the pharmacy Consultation room
  - access and state of the room

The audit was carried out in April 2022. Four Authorised Representatives carried out a detailed audit of the available accessible tools and facilities within the 48 community pharmacies in Hackney that signed up to provide Community Pharmacist Consultation Service (CPCS). This review was carried out through physical visits over a period of one month.

## 2. Key Findings

Most of the pharmacies had a concrete ramp or a threshold plate leading to the entrance. However,

26 pharmacies were recommended to build or repair the concrete ramp outside the premises and two pharmacies were recommended to repair the pavement outside the premises.

4 pharmacies were recommended to repair the potholes in front of their entrance.

17 pharmacies were recommended to install an automated door with a push pad for complete access.

36 pharmacies were recommended to install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.

15 out of those pharmacies did not have an automated door either.

Most pharmacies where a doorbell was not available said that patients who are unable to come in would knock on the window/door to get staff attention.

14 pharmacies were recommended to replace or remove their front mat because this was either not flush with the floor or was too worn or had a design with holes and this made the surface uneven or could cause an obstacle for someone with a walking stick.

### **Barriers to implementation of recommendations:**

We received responses to our recommendations from 24 of the 46 pharmacies where issues were identified. Examples of barriers to implementation they shared in their responses include responsibility sitting with the local authority, lack of response from Council Planning Department (which Healthwatch Hackney has also experienced when following up this issue), and a lack of funding to implement recommendations.

### **Recommendation:**

Repair the pavement in front of the entrance (permission may be required). The tactile paving ends before the entrance and there are three different surfaces before entering the premises

### **Pharmacy response:**

The paving is the responsibility of the Hackney council. We will write to them about remedying the paving for us and the wheelchair users. Furthermore, we would like to know whether any additional funding is available through Hackney Council or Healthwatch for pharmacies.

### **Recommendation:**

Place hazard marking where changes are not possible. Drainage just before the entrance. It can be an obstacle for those with walking sticks.

### **Pharmacy response:**

We have again sent a message to Hackney Council to paint those drainage lines.

### **Recommendation:**

Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.

### Pharmacy response:

Unfortunately, we do not have the funds at present to install an induction/hearing loop. Please let us know if there is any funding available from the council or any other bodies. If and when some funding becomes available, we will install the system.

Healthwatch Hackney is bringing this to the Health and Wellbeing Board so that consideration can be given to how the local authority/NHS could better support pharmacies to implement recommendations, increasing access for local residents.

### 3. Policy Context

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input checked="" type="checkbox"/>	Improving mental health
<input checked="" type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security
<input type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

<input checked="" type="checkbox"/>	Strengthening our communities
<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input checked="" type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input checked="" type="checkbox"/>	Making the best of community resources
<input type="checkbox"/>	All of the above

#### 3.1. Equality Impact Assessment (EIA)

Has an EIA been conducted for this work?

<input type="checkbox"/>	Yes
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<input checked="" type="checkbox"/>	No
-------------------------------------	----

**3.2. Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.3. Risk Assessment**

N/A

**3.4. Sustainability**

N/A

<b>Report Author</b>	Kanariya Yuseinova
Contact details	kanariya@healthwatchhackney.co.uk
Appendices	

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# *Accessibility Audit of Hackney's Community Pharmacies*

*April 2022*





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**p. 35** *Detailed findings*

# Which community pharmacies did we visit?

## ❖ Woodberry Wetlands Neighbourhood

- ❖ Armstrong Dispensing Chemist, N4 2EX
- ❖ Park Pharmacy, N4 2AA
- ❖ Rowlands Pharmacy, N4 2HE
- ❖ Safedale Pharmacy, N16 9DL

## ❖ Springfield Park Neighbourhood

- ❖ Boots, N16 6TT
- ❖ Dunsmure Pharmacy, N16 5JY
- ❖ Greenlight pharmacy, N16 6LU
- ❖ Grand Pharmacy, N16 6TY
- ❖ Morrisons Pharmacy, N16 5SR
- ❖ Spivack Chemist, N16 6QX  
(New name Greenlight)

## ❖ Clissold Park Neighbourhood

- ❖ Allen Pharmacy, N16 9PA
- ❖ Benjamin Pharmacist, N16 7JD
- ❖ Day Lewis Pharmacy N16 8AD
- ❖ Safedale Ltd, N16 0AP
- ❖ Safedale Ltd (Albion Road, N16 0TA
- ❖ Superdrug Store, E8 2LX

## ❖ Hackney Downs Neighbourhood

- ❖ Asvacare Pharmacy, E5 9BU
- ❖ Cohen Chemist, E5 9BQ
- ❖ Day Lewis, E5 8BY
- ❖ F. A. Strange, E5 8EQ

## ❖ Hackney Marshes Neighbourhood

- ❖ Bees Pharmacy- Kalpesh Chemist, E5 0HD
- ❖ Boots The Chemist Ltd, E8 1HR
- ❖ Clockwork Pharmacy (Mare Street)E8 1HP
- ❖ Clockwork Pharmacy 236 Well Street E9 6QT
- ❖ Clockwork Pharmacy 239 Well Street E9 6RG
- ❖ Friends Pharmacy, E5 0RN
- ❖ Regal Pharmacy, E5 0LP
- ❖ Safedale Pharmacy, E5 0NS
- ❖ Silverfields Pharmacy, E9 5QG

## ❖ Well Street Common Neighbourhood

- ❖ Bees Pharmacy, E9 5DG
- ❖ Silverfield Chemist, E9 6AS
- ❖ Clockwork Victoria Park Pharmacy, E9 7HD
- ❖ K. Sonigra Pharmacy, E9 7PX
- ❖ Tesco Instore Pharmacy, E9 6ND

## ❖ London Fields Neighbourhood

- ❖ Boots Chemist, E8 2NS
- ❖ Carsil (Marijak Pharmacy) E8 1EJ
- ❖ Clarks Healthcare Ltd. E8 5QJ
- ❖ Dev's Chemist, E8 1NH
- ❖ Guardian pharmacy, E8 4AE
- ❖ Haggerston Pharmacy, E8 4HU
- ❖ J Edmunds Pharmacy, E8 2JS
- ❖ Kingsland Pharmacy, E8 4AA
- ❖ Norlington Chemist Ltd, E8 4PH

## ❖ Shoreditch Park & The City Neighbourhood

- ❖ Finstead Pharmacy, N1 5LG
- ❖ Judd's Pharmacy, N1 6BT
- ❖ Murrays Chemist, N1 7QJ
- ❖ Spring Pharmacy, N1 5LG
- ❖ Unipharm pharmacy, E2 8AN



# Introduction

## The mission of Healthwatch Hackney - Hackney's health and care watchdog.

Everyone's accessibility needs are different. It is therefore not possible for Healthwatch Hackney to make a judgment as to whether premises are accessible for any one person. This review is an audit listing of the available accessibility tools and facilities within each pharmacy. We hope this will support service users to make decisions about using a pharmacy as well as encourage pharmacies to improve their accessibility.

Our aim is to ensure that health and social care is accessible to everyone in the borough. We make recommendations to improve health and social care provision along with ensuring that the services within Hackney maintain high-quality standards and meet the needs of the community.

Access to healthcare advice has been a particular challenge over the last two years. Face-to-face access to GP practices was limited during the pandemic, service delivery changed, and GP services were under enormous pressure. This has resulted in community pharmacies increasingly being asked to take on some of the pressure of GP practices by dealing with minor ailments.

Like GP's, Community pharmacies are part of the NHS family, and pharmacists are healthcare professionals who are able to provide health advice and information.

Community pharmacies are an important resource for local residents to receive healthcare advice and information instantly, without having to phone or go into their GP practice. Therefore, physically accessing the pharmacies is important, as is awareness of the available services provided there.

Our review confirmed that all Hackney's community pharmacies are working hard to accommodate residents' health and care needs. Many of the pharmacies offer great access to patients and residents, such as a step-free accessible entrance, an induction loop to assist with hearing, a lower counter to assist patients who use a wheelchair, clear signs identifying the different areas of the pharmacy to help users to better navigate, wide corridors to help wheelchair and pram users to manoeuvre, clear signage and an accessible consultation room.

There were, however, some common themes, for which we have made some recommendations to improve access (starting from page 13).



# Acknowledgement

We would like to thank the City and Hackney Local Pharmaceutical Committee for their support and contribution to this project.

We would like to thank all the pharmacy leads and staff for their cooperation and for accommodating our visits and for responding to our questions.

We also thank our volunteers Ivana Kolar, Madeline Dillmon and Ellie Fletcher for their time and contribution to this project.

We presented the final draft of the report to the City and Hackney Local Pharmaceutical Committee Board Meeting on 24<sup>th</sup> of November 2022. Following the meeting, we received the following response:

***“The committee expects that this report and the reports for other allied health professionals, that are to follow, will highlight the NHS/Local Authority investment in an estate that is required in all healthcare estates to improve accessibility.”*** Yogendra Parmar, Chief Executive Support, City and Hackney Local Pharmaceutical Committee

# Community pharmacies and the role of the pharmacist

Pharmacists are qualified healthcare professionals who can offer clinical advice and over-the-counter medicines for a range of minor illnesses, such as coughs, colds, sore throats, tummy trouble and aches and pains.

All pharmacists train for 5 years in the use of medicines. They are also trained in managing minor illnesses and providing health and wellbeing advice.

Some of the services that may be available at the local pharmacies are:

- emergency contraception
- asthma inhaler use and advice
- chlamydia screening and treatment
- stop smoking service
- blood pressure, cholesterol and blood sugar testing
- substance misuse service, including needle and syringe exchange schemes
- weight management service
- flu vaccination

If symptoms suggest it is something more serious, pharmacists have the right training to advise the patient if they need to see a GP, nurse or other healthcare professional.

Many pharmacies offer extended opening hours in the evenings and at weekends. Some are open until midnight or even later, even on public holidays. These extended opening hours reduce A&E attendance, especially with non-critical cases.



# Community Pharmacist Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service (CPCS) was introduced to enable community pharmacies to play a greater role in urgent care provision. The service aims to relieve pressure on the wider NHS by connecting patients with a community pharmacy, delivering a swift, convenient and effective service to meet patients' needs.

As well as referrals from general practices, the service takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

Since the CPCS was launched, an average of 10,500 patients per week (nationally) are referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria **from 1st January 2021**, almost all pharmacies will need to have a consultation room.

The requirements for consultation room are that they must comply with the minimum requirements set out below:

- Clearly designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying *Consultation Room*
- It must be distinct from the general public areas of the pharmacy premises
- It must be a room where both the patient and the pharmacist are able to sit down together and talk at their normal speaking volumes, without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone)

**From 1st April 2020, the pharmacy must also have IT equipment accessible within the consultation room** with minimum access to the internet.

Contractors who open new pharmacy premises on or after 1st January 2021 will need to have a consultation room from the first day they open for business.

Where pharmacy premises are too small for a consultation room to be included, the contractor must apply to the NHSE&I regional team to request an exemption from this requirement. The contractor must then ensure that they put arrangements in place at the pharmacy which enable staff and patients to communicate confidentially by telephone or another live audio link and a live video link.

The consultation rooms can be also used for walk-in patients who want to discuss issues with pharmacy staff without being overheard.



# Our aim

With this review, we aim to bring greater awareness of the use of the consultation rooms as a safe and confidential place for patients to talk to a health professional instantly, to provide residents with information about the use of the community pharmacies, accessibility tools available within each pharmacy and to ensure that all patients, no matter which is their local pharmacy, had as accessible services as possible.

The areas we looked at are:

- Access to premises - entrance ramp, automated door, ring bell
- Access within premises - lower counter, induction/ hearing loop, how easy it is to maneuver within the pharmacy
- Signage - how easy is to navigate within the pharmacy
- Consultation room - access and state of the room

We also wanted to highlight a good practice.

**What would make an accessible pharmacy?**

- **Having permanent or temporary ramp for wheelchair/ mobility scooters users, visually impaired patients as well as for parents with prams.**
- **If ramp is not available, having a ring bell outside to assist patients waiting**
- **Automated door with a push pad for complete access**
- **Easy to navigate premises - corridors free of obstacles, signs in bold Placing important patient-led information on the homepage for easy access**
- **Clean and tidy environment**
- **Accessible consultation room**
- **Clear sign and signposting for the consultation room**

Overall, with the recommendations made for community pharmacies in Hackney, we hope to increase the awareness of the consultation rooms, accessibility of pharmacies and improve patient satisfaction with these pharmacies.



# Methodology

## “Data Collection”

The audit was carried out in April 2022.

Four Authorised Representatives carried out a detailed audit of the available accessible tools and facilities within the 48 community pharmacies in Hackney that signed up to provide Community Pharmacist Consultation Service (CPCS). This review was carried out through physical visits over a period of one month.

A [checklist was developed](#) considering the main accessibility tools needed for free access.

An email notification was sent to the Local Pharmaceutical Committee as well as to all individual pharmacies informing them about the planned visits. However, the exact dates and times of the visits were not disclosed.

## “ Data Analysis “

Data collected was reviewed and analysed using Excel. This was used to generate a set of recommendations to improve patients’ experience and access to the local community pharmacies.

Some of the recommendations involved constructing a permanent or temporary ramp to ensure full accessibility of the premises. We are aware that Council’s permission is needed for this to be implemented if it requires alterations to the pavement. Therefore, we contacted Hackney Council’s Planning Department to ask about the rules in relation to constructing a ramp on the pavement.

Hackney Council Planning Department responded that a planning permission would be required and/or consent from the relevant highway authority (either Hackney Council or Transport for London if a ramp was to be built).

We have included this into our recommendations.

# Key findings - Accessibility of the premises

Most of the pharmacies had a concrete ramp or a threshold plate leading to the entrance. However,



- 26 pharmacies were recommended to build or repair the concrete ramp outside the premises and two pharmacies were recommended to repair the pavement outside the premises.



- 4 pharmacies were recommended to repair the potholes in front of their entrance.



- 17 pharmacies were recommended to install an automated door with a push pad for complete access.



- 36 pharmacies were recommended to install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.  
15 out of those pharmacies did not have an automated door either.

Most pharmacies where doorbell was not available said that patients unable to come is would knock on the window/door to get staff attention.



- 14 pharmacies were recommended to replace or remove their front mat because this was either not flush with the floor or was too worn or had a design with holes and this made the surface uneven or could cause an obstacle for someone with a walking stick.

# Key findings - Accessibility within the premises - tools availability



- 39 pharmacies were recommended to install an induction/hearing loop to support patients with hearing loss and to ensure staff training once implemented.
- 9 pharmacies had an **induction/ hearing loop** available, however, the staff at two of these pharmacies were either unaware of its existence or did not know how to use the tool.



- 27 pharmacies were recommended to install a low counter to assist wheelchair users.
- Two of the pharmacies that had low counters had access to this blocked either with boxes or bin containers.

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Although most pharmacies provided seating for their patient, often chairs were placed near the counter or the consultation room which could possibly create issues with confidentiality.



- 7 pharmacies were recommended to provide seating for patients who need to wait longer.
- Four pharmacies were recommended to rearrange the position of the chairs for better comfort and movement within the premises.

Signage - how easy is to navigate within the pharmacy



- 34 pharmacies were recommended to improve the signage within their pharmacies. 12 of them were specifically asked to improve the signage for their consultation because the sign was either too high, or hard to be seen because of the door background, or difficult to see the room because it was placed at the very end of the premises not visible from the entrance.
- 2/48 pharmacies did not have any signs at all.
- One pharmacy was too cluttered with different leaflets on the wall and hanging from the ceiling. Some of these leaflets were no longer relevant. This could possibly create confusion for patients **regardless of their disability status.**

# Key findings - Consultation room - access and state of the room

All pharmacies had a designated room to run private consultations. There were some very good rooms that were ready for use and had a range of items that would support good conversations with users of the pharmacy.

However, space was a challenge for some pharmacies and the rooms were functional but too small to accommodate comfortable conversation, some of them were completely inaccessible and others were used as storage and office space. The staff of these pharmacies told us that if a private conversation was needed, this would need to take place outside of the pharmacy!

## How are consulting rooms used

- Pharmacist told us that they have been using their consultation room often for medication reviews, health checks, emergency contraception, smoking cessation conversations, COVID-19, travel and flu vaccinations and recently for CPCS. They have all seen a recent increase of the CPCS referrals.

From the conversation we had with the pharmacists it was clear that staff are proactive in using the rooms and telling people that the facility is there.

The conversations also revealed patient satisfaction with being seen at the pharmacy “quicker” than waiting for a GP appointment.

# Key findings - Consultation room - access and state of the room

On the day of our visits, we were unable to see the consultation rooms of two pharmacies because they were occupied.

During the visits we observed that all pharmacies had designated rooms to run consultations with patients. However,

- 45/48 pharmacies had the Consultation room sign on the door although some of the signs were left behind open doors, others were placed too high, some signs were placed vertical or there was no contrast between the sign and the background which made the signs hard to be seen or read.



- Therefore, we recommended to 13 pharmacies to improve signage and signposting of the facility to ensure better visibility.
- We recommended that 8 pharmacies redesign the current setup of their consultation room to ensure accommodation of at least two chairs.

- 32/46 pharmacies had accessible consultation room. However,



- There was one pharmacy that had an accessible consultation room but the pharmacy itself was inaccessible.
- The room of one pharmacy was based in the basement and there was no ramp or lift to support the access.
- Some of the consultation rooms were too small and could not accommodate sitting for two people or access to a wheelchair user.
- We recommended to 4 pharmacies install a removable ramp to improve access to their consultation room.

# Recommendations and responses

This section lists the recommendations made to each pharmacy and their respective response back to Healthwatch Hackney.

We received very positive feedback from managers who found our review and recommendations useful and beneficial. We are very grateful to see that most practices took immediate action to implement most or some of our recommendations.

We do appreciate that some of our recommendations may require Council's permission, however, we hope that pharmacies will take the appropriate steps to start the process of ensuring full accessibility to their premises.

- We did not identify any areas of improvement in 2/48 pharmacies.
- 24 out of the 46 remaining pharmacies responded to our recommendations.
- 22 pharmacies did not respond to our recommendations despite several follow-up attempts and different deadlines given from our side





**Armstrong Dispensing Chemist, N4 2EX, Woodberry Wetlands Neighbourhood**

**Pharmacy's response**

1. Repair the potholes in front of the entrance (permission may be required).
2. Repair the concrete ramp in front of the entrance(permission may be required).
3. Install an automated door with a push pad for complete access.
4. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and sufficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Repaint the sign above the counter for better contrast with the background to improve visibility.
9. Place images or icons as representations for the signs to support residents.
10. Place signs at eye level for better visibility and navigation.
11. Ensure better signposting of the consultation room – posters to be placed at the front of the premises and before the reception area.

1. We will repair the paving that are our part of the boundary by 31/08/2022
2. We will repair the ramp by 31/08/2022
3. We are looking to put in a new form with an automated door at the earliest by 31/10/2022
4. Once we install the automated door, there will be no need for a bell or an entry phone.
5. Recommended changes will be made
6. We will look into installing an induction/hearing loop at the earliest by 31/10/2022
7. At the moment, we provide a clipboard to assist wheelchair users if they want to sign a prescription. Staff also help all wheelchair users by going around the counter. We will put in a lower counter when we refit the pharmacy by August 2023
8. We will change the colour of the sign so it has better contrast by 31/10/2022
9. Unclear. HWH – **Further description was sent. No other response was received.**
10. Unclear. HWH – **Further description was sent. No other response was received.**
11. We will install a service panel at the front of the premises which will show that we have a private consultation room.  
There will also be consultation room signage inside the premises visible to the public by 31/10/2022

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**Park Pharmacy, N4 2AA, Woodberry Wetlands Neighbourhood**

**Pharmacy's response**

1. Repair the potholes and the concrete ramp in front of the entrance (permission may be required).
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Place short and easy-to-read signs in bold with good contrast between text and background.
9. Place signs at eye level for better visibility and navigation.
10. Place images or icons as representations for the signs.
11. Install air conditioning for better ventilation.

**Did not respond.**

Emails and reminders sent on  
29/06/2022  
22/07/2022  
07/09/2022

Follow-up calls were made between July and September.

### Rowlands Pharmacy, N4 2NH, Woodberry Wetlands Neighbourhood

### Pharmacy's response

1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp (permission may be required). There is a small step before the entrance.
2. Place hazard marking where changes are not possible.
3. Install an automated door with a push pad for complete access.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Redesign the current setup of the consultation room to ensure accessibility. The room does not have two chairs.
6. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

Emails and reminders sent on  
29/06/2022  
22/07/2022  
05/09/2022

Follow-up calls were made between July and September.

### Safedale Pharmacy, N16 9DL, Woodberry Wetlands Neighbourhood

### Pharmacy's response

1. Ensure better signposting from streets leading to the pharmacy. The entrance is situated on the corner of the building, so it makes the premises hard to be seen.
2. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp (permission may be required). The entrance level is not flat.
3. Replace or repairing the entrance door. The door is wide enough for wheelchair users but not for users of mobility scooters.
4. Remove or replace the mat at the entrance. There is a slight upraising on the doors and doormat.
5. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
6. Place hazard marking where changes are not possible.
7. Ensure access to the low counter at all times. On the day of the visit, there was a barricade set up approximately two meters from the counter.
8. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
9. Ensure seating for patients who need to wait longer.
10. Place images or icons as representations for the signs.
11. Place signs at eye-level.
12. Improve signage for the consultation room. There is a printed sign attached to the door where the word is split into two rows, which makes it very hard to read.
13. Redesign the current setup to ensure accessibility. Currently, the room has two chairs but it is not wheelchair accessible.
14. Install an air conditioning in the consultation room for better ventilation.

Response from the Head of Operations

"Thank you. We have found these recommendations very useful. We are currently in a refit and this will be completed by 20<sup>th</sup> August."

Followed up on 06/09/2022 with an email and a phone call. However, no further response was received.

**Boots, N16 6TT, Springfield Park Neighbourhood**

**Pharmacy's response**

1. Ensure seating for patients who need to wait longer.
2. Ensure there is working IT equipment in the consultation room for quick and efficient access to patient records.
3. Ensure access to the internet in the consultation room for quick and efficient access to patient records.
4. Ensure better signposting of the induction hearing loop.
5. Install a low counter to assist wheelchair users.
6. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**  
 Emails and reminders sent on  
 29/06/2022  
 01/09/2022  
  
 Follow-up calls were made between July and September.  
 However, phone calls were never responded to.

**Dunsmure Pharmacy, N16 5JY, Springfield Park Neighbourhood**

**Pharmacy's response**

1. Install an automated door with a push pad for complete access.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Install a low counter to assist wheelchair users.
4. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area.
5. A better place for the consultation room to allow better accessibility. The room is downstairs in the basement.
6. Build concrete permanent ramp or place temporary ramp leading to the consultation room to ensure accessibility.
7. Place hazard marking where changes are not possible.
8. Install air conditioning in the consultation room for better ventilation.

Initial response received on 05/09/2022  
  
 "The pharmacy is due to be taken over any day soon by Greenlight and they intend to do some substantial renovations to the premises."  
  
 Last response from the new owner:  
 "...We are aware the pharmacy is in need of repairs & updating & we will be carrying out an extensive refit of the pharmacy in the coming months which will significantly improve access to the pharmacy as well as the facilities available to the local population."

**Greenlight Pharmacy, N16 6LU, Springfield Park Neighbourhood**

**Pharmacy's response**

1. Install an automated door with a push pad for complete access.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Rearrange the seating area for better comfort and movements within the premises.
6. Place images or icons as representations for the signs.
7. Ensure better signposting of the Consultation Room.  
 The sign is placed higher above the door and it makes it difficult to see.
8. Redesign the current setup of the consultation room to ensure accessibility.
9. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**  
 Follow up calls were made between July and September. The last reminder was made on 05/09/2022.  
  
 We were told the recommendations have been forwarded to the Head Office of Greenlight.

Land Pharmacy, N16 6TY, Springfield Park Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp (permission may be required). There is one step before the entrance.</li> <li>2. Install an automated door with a push pad for complete access.</li> <li>3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.</li> <li>4. Place hazard marking where changes are not possible.</li> <li>5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>6. Ensure better signposting of the Consultation Room. The sign to be at eye level. The sign is placed higher above the door and it makes it difficult to see/ read.</li> <li>7. Install air conditioning in the consultation room for better ventilation.</li> </ol>	<p><b>Did not respond.</b></p> <p><b>Emails and reminders sent on 29/06/2022 05/09/2022</b></p> <p><b>Follow-up calls were made between July and September.</b></p>

Morrisons Pharmacy, N16 5SR, Springfield Park Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>2. Ensure better signage within the pharmacy to the aisles and corridors to ensure better navigation. Signs to be placed at eye level.</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>An induction loop has been ordered specifically to be kept in the pharmacy. To be confirmed.</i></li> <li>2. <i>Head office have been contacted in regards to signage outside the store at the high road entrance and car park entrance. Photos have been taken and emailed to the estate team, we are awaiting a reply. In the meantime A-Frames will be ordered and installed at both entrances displaying pharmacy opening/closing times. Within the store, there will be stickers and signs placed around the store directing them to the pharmacy – mainly in isles number 5 – which is the health and beauty, where most OTC products are kept. To be confirmed.</i></li> </ol>

1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). There is a slight uprising on the doors.
2. Ensure the push to open mechanism of the door is turned on during the times of operation. On the day of the visit, the push to open mechanism was turned and was only turned on to our request.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Place hazard marking where changes are not possible.
5. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Build low counter to assist wheelchair users.
8. Ensure better signposting of the Consultation room. Posters to be placed at the front of the premises and before the reception area. There is a sign on the doors but doors mostly stay open, therefore it is hard to be seen.
9. Ensure full accessibility of the Consultation room by rearranging the current setup of the room. Due to the size of the room, currently, there is only one chair.
10. Install air conditioning in the consultation room for better ventilation.

The pharmacy is under new management since July 2022. The new name is now Greenlight Pharmacy.  
 Recommendations were sent to the new management on 05/09/2022 after telephone conversation.  
 No response received since.

**Allen Pharmacy, N16 9PA , Clissold Park Neighbourhood**

**Pharmacy's response**

1. Repair the concrete ramp in front of the entrance (permission may be required). The concrete ramp outside the building is not evenly done and it has uneven fillings.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Ensure access to the low counter at all times. There was a bin container at the front.
7. Place images or icons as representations for the signs.
8. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**  
**Emails and reminders sent on**  
**29/06/2022**  
**16/09/2022**

**Follow-up calls were made between July and September. However, phone calls were never responded to.**

**Benjamin Pharmacist, N16 7JD, Clissold Park Neighbourhood**

**Pharmacy's response**

1. Ensure better lighting within the premises.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Place signs marking important areas for easier navigation. Signs to be placed at eye level.
4. Place images or icons as representations for the signs.
5. Install air conditioning in the consultation room for better ventilation.

*"We are planning refit to entire pharmacy by December 2022.  
 All recommendations to be considered where possible."*

**Day Lewis Pharmacy, N16 8AD, Clissold Park Neighbourhood**

**Pharmacy's response**

1. Ensure automated doors are in full working condition at all times and an appropriate message is displayed when out of order.
2. Build permanent ramp to ensure full accessibility of the premises. There is a slight upraised surface at the door.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. There is a slight dent in the entrance mats.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Place short and easy to read signs in bold with good contrast between text and background.
9. Post signs at eye level for better visibility and navigation.
10. Post signs marking important areas within the premises for easier navigation.
11. Place images or icons as representations for the signs.
12. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**  
**Emails and reminders sent on**  
**29/06/2022**  
**22/07/2022**  
**06/09/2022**

**Follow-up calls were made between July and September.**

Safedale Ltd (Albion Road), N16 0TA, Clissold Park Neighbourhood

Pharmacy's response

1. Repair the concrete ramp in front of the entrance (permission may be required). The concrete ramp outside the building is not evenly done and it has uneven fillings.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Place hazard marking where changes are not possible.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Ensure access to the lower counter at all times. On the day of the visit, there were boxes blocking the use of it.
7. Place images or icons as representations for the signs.
8. The consultation room was occupied on the day of the visit so we were not able to see it. If there is no ventilation in the room, such as air conditioning or a window, please consider making it available for better ventilation.

*"Thank you for your email. I have found these recommendations very useful. We are currently undergoing a refit plan for all our Stoke Newington branches. I can confirm that we are incorporating the recommendations into our refits. We will be carrying out further refits of Safedale Ltd (Albion Road), N16 0TA by the end of this financial year. (31<sup>st</sup> March 2023)."*

Safedale Ltd, N16 0AP, Clissold Park Neighbourhood

Pharmacy's response

1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Install a low counter to assist wheelchair users.
4. Place an "Automated door" sign on the door.
5. Place images or icons as representations for the signs.
6. We were unable to see the room on the day of visitation. If there is no ventilation in the room, such as air conditioning or a window, please consider making it available for better ventilation.

*"Thank you for your email. I have found these recommendations very useful. We are currently undergoing a refit plan for all our Stoke Newington branches. I can confirm that we are incorporating the recommendations into our refits. We will be carrying out further refits to Safedale Ltd, N16 0AP by the end of this financial year. (31<sup>st</sup> March 2023)."*

Superdrug, E8 2LX, Clissold Park Neighbourhood

Pharmacy's response

1. Replacing or removing the front mat to avoid creating further obstacles. The mat is not flush with the floor.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff are trained on how to use it and efficient signposting is provided.
3. Rearrange the position of the chairs, so patients are not disturbed by passing members of the staff or asked to move away if the consultation room is to be used. Two chairs were available at the entrance of the counter and in front of the Consultation Room.
4. Place hazard marking where changes are not possible.
5. Place images or icons as representations for the signs.
6. Install air conditioning in the consultation room for better ventilation.

1. There is no mat at the entrance of the premises
2. No induction/hearing loop is installed. **HWH requested further information.**
3. Two chairs in front of the counter have been moved to next to the consultation room so it is easier for patients.
4. Unclear. **HWH – Further description was sent.**
5. Not responded
6. The Head office is in charge of the air condition



**Asvacare Pharmacy, E5 9BU, Hackney Downs Neighbourhood****Pharmacy's response**

1. Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). There is a gap between the metal ramp and the ground which can be an obstacle.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area.
5. Install air conditioning in the consultation room for better ventilation.

**Did not respond.****Follow-up calls were made between July and September.****During the last phone conversation on 1<sup>st</sup> of Sept. we were told that response will be sent to us by 15<sup>th</sup> of September.****Cohen Chemist, E5 9BQ, Hackney Downs Neighbourhood****Pharmacy's response**

1. Place hazard marking of the drainage before the entrance. This can be an obstacle for someone who uses a walking stick.
2. Include images or icons as representations for the signs.
3. Post signs at eye level.
4. Repaint the PRESCRIPTION sign at the reception area to create contrast between the sign and the background for better visibility.
5. Install air conditioning in the consultation room for better ventilation.

**Did not respond.****Emails and reminders sent on 29/06/2022****02/09/2022 following a phone conversation with the pharmacist.****Follow-up calls were made between July and September.****Day Lewis, E5 8BY Hackney Downs Neighbourhood****Pharmacy's response**

1. Repair the concrete ramp in front of the entrance (permission may be required). There is a slight gap between the ramp and the ground.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Rearrange the chairs to enable people to move freely and without obstacles. Chairs are placed very close to the main counter where it can be difficult to maintain confidentiality.
4. Place images or icons as representations for the signs.
5. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area. The room is located at the very right end and can only be seen when at the counter and if the patient turns right.
6. Install air conditioning in the consultation room for better ventilation.

1. *There is a slight gap but it doesn't seem to cause any problems for our few wheelchair/accessible patients. If a point arises, we can address it then.*
2. *There is a button on the outside of the door which automatically opens the door.*
3. *Due to the layout of the pharmacy unfortunately there isn't space for chairs anywhere else. The middle gondola cannot be removed due to the flooring under it.*
4. *No response*
5. *A sign will be made to direct patients to the consultation room by 21/07/2022*
6. *Air conditioning is available in the pharmacy and is on during the summer months.*



1. Repair the pavement in front of the entrance (permission may be required). The tactile paving ends before the entrance and there are three different surfaces before entering the premises.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Install a low counter to assist wheelchair users.
5. Rearrange the chairs to enable people to move freely and without obstacles. It might be useful if they are moved to the right of the entrance.
6. Place images or icons as representations for the signs.
7. Ensure better signposting of the removable ramp to access the consultation room. Currently there are steps before the room. We were told there was a removable ramp but saw no signage.
8. Install air conditioning in the consultation room for better ventilation.

1. *The paving is responsibility of the Hackney council. We will write to them remedying the paving for us and the wheelchair users. However, it was a busy corner, any such slopes may cause pedestrian and wheelchair users themselves in the winter. Furthermore, we would like to know whether any additional funding available through Hackney Council or Healthwatch for pharmacies.*
2. *Did not respond*
3. *Did not respond*
4. *Did not respond*
5. *Our contract with photocopiers ends in two months time so we will rearrange the chairs to front of the shop.*
6. *I have ordered signage to notify our wheelchair users, the availability of the portable ramp, which will be done before end of September 2022*
7. *Did not respond*

Bees Pharmacy, E5 0HD, Hackney Marshes Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. Install an automated door with a push pad for complete access</li> <li>2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.</li> <li>3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>4. Install air conditioning in the consultation room for better ventilation.</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>We currently have an automatic door which is not functional. This will be replaced with another automated door. ASAP</i></li> <li>2. <i>The automated door will address this issue. We will ensure the access is suitable for wheelchair users. ASAP</i></li> <li>3. <i>Will consider after obtaining costs. ASAP</i></li> <li>4. <i>The pharmacy has 2 AC units, however none of them in the consultation room.</i></li> </ol>
Boots The Chemist, E8 1HR, Hackney Marshes Neighbourhood	Pharmacy's response
<p>No areas of improvement were observed.</p>	
Clockwork Pharmacy Well Street, E9 6QT, Hackney Marshes Neighbourhood	Pharmacy's response
<p>Page 21 of 22</p> <ol style="list-style-type: none"> <li>1. Install an automated door with a push pad for complete access</li> <li>2. Ensure access through the entrance doors is available at all times during hours of operation. The entrance has double doors. The entrance through the door used for the general public has an uneven surface. The other door, which is kept closed with the bottom lock, is open only when wheelchair users need to come in.</li> <li>3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.</li> <li>4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>5. Install a low counter to assist wheelchair users.</li> <li>6. Place images or icons as representations for the signs.</li> <li>7. Install air conditioning in the consultation room for better ventilation.</li> </ol>	<p><b>Did not respond.</b></p> <p><b>Emails and reminders sent on 29/06/2022</b></p> <p><b>02/09/2022 following a phone conversation with the pharmacist.</b></p> <p><b>Recommendations sent to the Head Office of Clockwork.</b></p> <p><b>Follow-up calls were made between July and September.</b></p>
Regal Pharmacy, E5 0LP, Hackney Marshes Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. No areas of improvement were identified</li> </ol>	

**Clockwork Pharmacy (Mare Street), E8 1HP Hackney Marshes Neighbourhood**

**Pharmacy's response**

1. Install an automated door with a push pad for complete access
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Install a low counter to assist wheelchair users.
5. Place images or icons as representations for the signs.
6. Posting signs at eye level.
7. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area. There are signs above the door; however, the room is located on the side, which makes it hard to be seen.
8. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

**Emails and reminders sent on 29/06/2022  
02/09/2022 following a phone conversation with the pharmacist.  
Recommendations sent to the Head Office of Clockwork.  
  
Follow-up calls were made between July and September.**

**Clockwork Pharmacy, E9 6RG Hackney Marshes Neighbourhood**

**Pharmacy's response**

1. Place hazard marking where changes are not possible. Metal drain just before the entrance. It can be an obstacle for those with walking sticks.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Replace or remove the front mat to avoid creating further obstacles. The entrance is completely flat but there is a mat straight after the door that is not on the same level as the floor. The metal frame around it is much higher than the mat.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Install a low counter to assist wheelchair users.
6. Ensure seating for patients who need to wait longer.
7. Place short and easy-to-read signs in bold with good contrast between text and background.
8. Place signs at eye level for better visibility and navigation.
9. Place signs to mark important areas for easier navigation.
10. Place images or icons as representations for the signs.
11. The consultation Room is currently inaccessible. The corridor to the room is too tight and there are two steps before the room. Install a removable ramp for full accessibility with appropriate signposting of its availability. There are two steps leading to the consultation room and it is not accessible for anyone with mobility issues.
12. Repair the wooden stairs leading to the consultation room to avoid a future hazard. Stairs had a few wooden boards falling off; one of the patients and I both knocked them down when walking.
13. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

**Emails and reminders sent on 29/06/2022  
02/09/2022 following a phone conversation with the pharmacist.  
Recommendations sent to the Head Office of Clockwork.  
  
Follow-up calls were made between July and September.**

**Friends Pharmacy, E5 0RN, Hackney Marshes Neighbourhood**

**Pharmacy's response**

1. Build a concrete permanent ramp for better accessibility or ensuring appropriate signposting for a temporary ramp (permission may be required). Very high, uneven surface to enter the pharmacy.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Place images or icons as representations for the signs.
5. Redesign the current set up of the consultation room to ensure accessibility. The room setup does not allow appropriate space between the pharmacist and the patient.
6. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

**Emails and reminders sent on 29/06/2022 02/09/2022 following a phone conversation with the pharmacist.**

**Follow-up calls were made between July and September.**

**Safedale Pharmacy, E5 0NS, Hackney Marshes Neighbourhood**

**Pharmacy's response**

1. ~~Build~~ Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp. There is a small step at the entrance.
2. ~~Install~~ Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. ~~Install~~ Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Ensure seating for patients who need to wait longer.
5. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

**Emails and reminders sent on 29/06/2022 06/09/2022**

**Follow-up calls were made between July and September.**

**Silverfields Pharmacy, E9 5QG, Hackney Marshes Neighbourhood**

**Pharmacy's response**

1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Rearrange the chairs to enable people to move freely and without obstacles.
4. Install air conditioning in the consultation room for better ventilation.

1. *The front door to the pharmacy has a ramp leading to the door which opens automatic so no need to handle the door to access. There is a staff on the counter at all times to assist all customers trying to access the pharmacy.*
2. *We are looking to purchase a hearing loop/induction system to assist patients with hearing loss. Staff will be trained on how to use this with appropriate advice on signposting if needed. In process – soon*
3. *There is a single chair near the counter, which is placed not in the way of walking customers so they can move freely without obstacles and is not a physical hazard.*
4. *There is a fire exit through a short passage leading from the consultation room so the door can be opened for ventilation. A fan is also available if the room gets warm.*

**Bees Pharmacy, E9 5DG, Well Street Common Neighbourhood**

**Pharmacy's response**

1. Build a concrete permanent ramp for better accessibility or ensuring appropriate signposting for a temporary ramp (permission may be required). The threshold into the entrance is approximately 2 centimetres higher than the ground outside the entrance.
2. Repair the potholes in front of the entrance (permission may be required).
3. Install an automated door with a push pad for complete access
4. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Install a low counter to assist wheelchair users.
7. Ensure seating for patients who need to wait longer.
8. Repaint the PRESCRIPTION sign at the reception area to create contrast between the sign and the background for better visibility.
9. Ensure full accessibility to the consultation room by rearranging the current setup of the room. The doors to the room open wide enough but the space before the entrance to the room is narrower; therefore it is not wheelchair accessible.
10. Install air conditioning in the consultation room for better ventilation.

1. *We will look into a ramp so that access is easier for wheelchairs etc.*
2. *Will look to contact the council as this is not on our property.*
3. *We Will consider after obtaining costs.*
4. *We Will consider after obtaining costs.*
5. *We Will consider after obtaining costs.*
6. *The shop has been refitted recently and therefore would be difficult to purchase a new counter entirely. Staff are always trained to attend to wheelchair users personally.*
7. *Due to the size of the pharmacy there are 2 chairs available for patients waiting.*
8. *This is an LED lit sign. It was need to be replaced entirely to meet this recommendation. Will inspect costs and consider.*
9. *Will look at widening the access to the room so that services can be provided in the room.*
10. *The pharmacy has a functional AC unit, however, not in the consultation room.*

**Deadline for implementing recommendations – early 2023**

**Clockwork Victoria Park Pharmacy, E9 7HD Well Street Common Neighbourhood**

**Pharmacy's response**

1. Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). The threshold is approximately 2 centimeters higher than the ground outside the entrance.
2. Install an automated door with a push pad for complete access
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Install a low counter to assist wheelchair users.
6. Place short and easy-to-read signs in bold with good contrast between text and background. No other signs apart from the sign for the Consultation Room were seen.
7. Place signs at eye level for better visibility and navigation.

**Did not respond.**

**Emails and reminders sent on**

**29/06/2022**

**02/09/2022 following a phone conversation with the pharmacist.**

**Recommendations sent to the Head Office of Clockwork.**

**Follow-up calls were made between July and September.**

**K. Sonigra Pharmacy, E9 7PX Well Street Common Neighbourhood**

**Pharmacy's response**

1. Build a permanent ramp to allow for full accessibility (permission may be required). There is an edge on the doors a few centimeters off the ground, which makes the premises inaccessible.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. Currently, the mat is not flush with the floor.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Place images or icons as representations for the signs.

1. Will look into it
2. Automatic door already installed
3. *Will consider*
4. *We will see to it*
5. *We will consider*
6. *We will consider*
7. *Low table already in place*
8. *We will consider*

**No time frame was given.**

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**Silverfields Pharmacy, E9 6AS, Well Street Common Neighbourhood**

**Pharmacy's response**

1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
2. Install a low counter to assist wheelchair users.

1. *We have an electric door which opens up.*
2. *We are always on the shop floor to help.*

**Tesco Instore Pharmacy, E9 6ND Well Street Common Neighbourhood**

**Pharmacy's response**

1. Replace or remove the front mat to avoid creating further obstacles. The rubber mat has circular holes in it. It is not an even surface, which hinders anyone with a walker or walking stick.
2. Ensure seating for patients who need to wait longer.
3. Install a low counter to assist wheelchair users.
4. Place images or icons as representations for the signs to support residents with learning disabilities and dementia for better navigation.

1. *Rubber mat : passed onto store team*
2. *We have put out chairs for patients*
3. *Please confirm if there will be funding for this. Further description was sent.*
4. *Please clarify what exactly is required. Further description was sent. No further response was received.*

**Boots The Chemist, E8 2NS, London Fields Neighbourhood****Pharmacy's response**

1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). Entrance level not flat. Needs redoing.
2. Place hazard marking where changes are not possible.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. On the day of the visit, there was a sticker showing the availability of the tool; however, the team was not aware of it.
4. Install a low counter to assist wheelchair users.
5. Place images or icons as representations for the signs.
6. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

Emails and reminders sent on  
**29/06/2022**  
**01/09/2022** following a phone conversation with the pharmacist.

**Follow-up calls were made between July and September.**

**Carsil (Marijak Pharmacy), E8 1EJ London Fields Neighbourhood****Pharmacy's response**

1. Build a permanent ramp for complete access (permission may be required). The entrance is not flat: the threshold is quite high relative to the ground outside the entrance. The doors are wide enough, but there is no ramp available.
2. Replace or remove the front mat to avoid creating further obstacles. Mat is worn down, so the metal frame around it is much higher.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Place hazard marking where changes are not possible.
5. Install a permanent ramp to cover one side of the stairs leading to the main pharmacy for full accessibility. Currently, there are a set of stairs that lead to the main pharmacy. There is also a chair lift which limits the accessibility.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Ensure seating on the ground floor for patients who need to wait longer.
9. Place short and easy-to-read signs in bold with good contrast between text and background. The neon sign is hard to read because of the clear surface that it is mounted on.
10. Place signs at eye level for better visibility and navigation.
11. Place signs to mark important areas for easier navigation.
12. Place images or icons as representations for the signs.
13. Ensure the consultation room is used for consultation with the pharmacist. We were told that the room hasn't been used for consultations for around 3 years.
14. Ensure the consultation room is kept free of obstacles and clean and tidy to ensure patient comfort. We witnessed clinical waste, bin bags as well as items belonging to the staff members.
15. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

Emails and reminders sent on  
**29/06/2022**  
**22/07/2022**  
**05/09/2022** following a phone conversation with the pharmacist.

**Follow-up calls were made between July and September.**



Clarks Chemist, E8 5QJ London Fields Neighbourhood

Pharmacy's response

1. Build a permanent ramp for complete access (permission may be required). The entrance is not flat: the threshold is quite high relative to the ground outside the entrance.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. The mat at the entrance is higher than the floor.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Post signs at eye level for better visibility and navigation.
9. Place images or icons as representations for the signs.
10. ~~Improve~~ Better signposting of the consultation room - posters to be placed at the front of the premises and before the reception area. Ensure signs are visible at all times. There is a sign above the door, but it is not visible as it is covered with a TV screen that is in front of it and papers that are partially taped on top of the sign.
11. Ensure full accessibility to the consultation room by rearranging the current setup of the room. The room is small and currently not wheelchair accessible.
12. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

**Emails and reminders sent on 29/06/2022  
30/08/2022 following a phone conversation with the pharmacist.**

**Follow-up calls were made between July and September.**

Guardian Pharmacy, E8 4AE, London Fields Neighbourhood

Pharmacy's response

1. Repair the paving before the entrance. Uneven paving surfaces.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Place short and easy-to-read signs in bold with good contrast between text and background.
6. Place signs at eye level for better visibility and navigation.
7. Place signs to mark important areas for easier navigation.
8. Place images or icons as representations for the signs.
9. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

**Emails and reminders sent on 29/06/2022  
22/08/2022 following a phone conversation with the pharmacist.**

**Follow-up calls were made between July and September.**



<ol style="list-style-type: none"> <li>1. Repair the potholes in front of the entrance (permission may be required).</li> <li>2. Repair the concrete ramp before the entrance. There is gap between the ground and the metal ramp and a broken piece of the floor inside the premises.</li> <li>3. Install an automated door with a push pad for complete access. The doors were partially open and we were told that they remain partially open during working hours. However, it is a heavy door which can create difficulty for people with mobility issues and parents with prams.</li> <li>4. Replace or remove the front mat to avoid creating further obstacles. Single door mat, which is not in a great condition.</li> <li>5. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.</li> <li>6. Place hazard marking where changes are not possible.</li> <li>7. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>8. Install a low counter to assist wheelchair users.</li> <li>9. Place short and easy to read signs in bold with good contrast between text and background.</li> <li>10. Place signs at eye level for better visibility and navigation.</li> <li>11. Place signs to mark important areas for easier navigation.</li> <li>12. Place images or icons as representations for the signs.</li> <li>13. Better signposting for the Consultation Room. Currently, no clear sign.</li> <li>14. Ensure access to the room at all times. Too many staff were preventing the door to open in full.</li> <li>15. Install air conditioning in the consultation room for better ventilation.</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>An email will be sent to the local authority on how this issue can be rectified. <b>By 15/07/2022</b></i></li> <li>2. <i>An email will be sent to the local authority on how this issue can be rectified. <b>By 15/07/2022</b></i></li> <li>3. <i>We do not feel that an automated door is necessary for our business. We have had no complaints from any customer, including ones who are on wheelchairs, regarding any difficulties in entering our premises. There is always a staff member on the counter with easy view of any patient who is waiting outside. It is our policy to promptly help them enter our premises whether it be by opening the door for them or wheeling them in.</i></li> <li>4. <i>We have had no complaints regarding the front door mat from any customers. We will conduct a review with our existing customers, especially ones with any mobility difficulties on whether the mat provides any meaningful hassle in entering our premises.</i></li> <li>5. <i>As mentioned in a previous response, there is always a staff member manning the counter with a clear line of sight on any patient who is waiting outside. Any customer who has trouble entering will be swiftly assisted. As such, an entry phone is not necessary.</i></li> <li>6. <i>We are not sure what hazards HWH is recommending patients need to be warned of.</i></li> <li>7. <i>We have never heard of this service before and have to consult the NHS on its uses, and whether it is appropriate to install in a small community pharmacy. <b>By 15/07/2022</b></i></li> <li>8. <i>We have several regular wheelchair users who have never indicated any issues with the height of our counter. A review will be conducted on whether there is a need to make any adjustments to our counter by consulting our existing customers. <b>By 15/07/2022</b></i></li> <li>9. <i>We will review whether there are any posters which are out of date and need to be disposed of. With regards to the formatting and design of the posters and leaflets that we advertise, they are usually made by governmental organisations (such as the PSNC or the Royal Pharmaceutical Society) or major pharmaceutical companies and don't have much influence on how they are designed. If the HWH feels that they should be improved I would recommend that they contact these organisations with their ideas. <b>By 15/07/2022</b></i></li> <li>10. <i>Unfortunately, due to the quantity of signs that our shop contains, there is only so much space where we can post signs (especially since our shop is fairly small). However it may be the case that they can be organised in a way that improves visibility to the more important signs. A review will be conducted on which signs require the best visibility and these will be adjusted so that they will be posted at eye level. <b>By 15/07/2022</b></i></li> <li>11. <i>We are unsure which important area needs to be marked.</i></li> <li>12. <i>We are unsure which signs require images or representations.</i></li> <li>13. <i>The consultation room operated in a need to use basis. Where there is a need, the pharmacist will lead the patient to the consultation room.</i></li> <li>14. <i>The consultation room is able to be accessed at all times.</i></li> <li>15. <i>We have an operating Air conditioning system. If it becomes apparent that any customers feel that it is not operating to a sufficient standard then we will upgrade the system.</i></li> </ol>
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Haggerston Pharmacy, E8 4HT, London Fields Neighbourhood

Pharmacy's response

1. Place hazard marking where changes are not possible. Drainage just before the entrance. It can be an obstacle for those with walking sticks.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Install a low counter to assist wheelchair users.
5. Place short and easy-to-read signs in bold with good contrast between text and background.
6. Place signs at eye level for better visibility and navigation.
7. Place images or icons as representations for the signs.
8. Recolour the Consultation Room sign to create contrast for better visibility. The sign was vertical to the door and in white letters, so there was no contrast with the background.
9. Horizontal text (Consultation Room sign) rather than vertical for better reading.
10. Ensure better signposting for the consultation room. Consider placing posters on the side of the door for continuous signposting. We were told the door usually stays open when not in use which makes it difficult to know that this is a consultation room.

1. *We have again sent a message to Hackney Council to paint those drainage lines.*
2. *We have an automatic door, there is a push button on the outside to open the door.*
3. *Implemented.*
4. *We have an open plan pharmacy where we are able to serve all patients by simply walking to them without the need for a counter.*
5. *Implemented*
6. *Implemented*
7. *Implemented*
8. *Implemented. We have put a better sign.*
9. *Implemented*
10. *Implemented*

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J Edmunds Pharmacy, E8 2JS, London Fields Neighbourhood

Pharmacy's response

1. Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). There is a small (1 inch) step at the entrance.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Place signs to mark important areas for easier navigation and placed at eye level.
7. Place images or icons as representations for the signs.
8. Ensure appropriate use of the consultation room. Currently, it is only used as an office. If the patient needs to be seen, they will be taken to a quiet corner.
9. Install air conditioning in the consultation room for better ventilation.

1. *Permanent metal ramp was installed in 2015. It is not temporary. We will check with the builder if it can be painted another colour from black so it's more obvious.*
2. *We had a system installed prior to 2015 however it was frequently vandalised so will research for tamper proof options. By 2023*
3. **Did not respond.**
4. *Front door opens into the shop so there needs to be a bit of space. Had considered side moving automated doors but given high prevalence of shop lifting this was not pursued. We will check with the builder what is viable.*
5. *We are reviewing the options available namely a portable system verses a fixed system. By 2023*
6. *ascertain what signage will be beneficial by 2023*
7. *Will be dependent on outcome from above.*
8. *Now back in regular use. Implemented.*
9. *Already in place. Annual check up take place every July/ August*

Kingsland Pharmacy E8 4AA, London Fields Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. Build a concrete permanent ramp or repairing the entrance so it is completely flat for better accessibility (permission may be required).</li> <li>2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.</li> <li>3. Place hazard marking where changes are not possible.</li> <li>4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>5. Install a low counter to assist wheelchair users.</li> <li>6. Better signage within the pharmacy to the aisles and corridors to ensure better navigation. Signs to be placed at eye level.</li> <li>7. Recolour the Consultation Room sign on the glass door to create contrast for better visibility. The current sign is hard to read especially when the door is kept open.</li> <li>8. Consider also a bold sign above the door which can be seen from the entrance.</li> </ol>	<p><b>Did not respond.</b></p> <p><b>Emails and reminders sent on 29/06/2022</b>  <b>30/08/2022 following a phone conversation with the pharmacist.</b></p> <p><b>Follow-up calls were made between July and September.</b></p>

Norlington Chemist Ltd, E8 4PH, London Fields Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. Build a concrete permanent ramp or repair the entrance so it is completely flat for better accessibility (permission may be required). The entrance is not flat, the threshold is quite high.</li> <li>2. Replace or remove the front mat to avoid creating further obstacles. Currently, the mat is not flush with the floor.</li> <li>3. Install an automated door with a push pad for complete access.</li> <li>4. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.</li> <li>5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>6. Place images or icons as representations for the signs.</li> <li>7. Install air conditioning in the consultation room for better ventilation.</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>We believe accessibility to the pharmacy does not need a ramp. None of our patients on wheelchairs have difficulty accessing the pharmacy.</i></li> <li>2. <i>We believe that the mat could be improved. We will seek a new front mat by Aug 2023</i></li> <li>3. <i>This is something we would like to put in place. By Aug 2023</i></li> <li>4. <i>This isn't something we could realistically achieve</i></li> <li>5. <i>This is potentially something we would like to do if there was some funding in place for this to be achieved.</i></li> <li>6. <i>We would like to do this if we knew what images/icons were required.</i></li> <li>7. <i>Currently, this isn't something we could realistically achieve without serious remodelling of the pharmacy.</i></li> </ol>

Finstead Pharmacy, N1 5LG, Shoreditch Park & City Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. Build a concrete permanent ramp or repairing the entrance so it is completely flat for better accessibility (permission may be required).</li> <li>2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>3. Install a low counter to assist wheelchair users.</li> <li>4. Place images or icons as representations for the signs.</li> </ol>	<p><b>Did not respond.</b></p> <p><b>Emails and reminders sent on 29/06/2022</b>  <b>05/09/2022 following a phone conversation with the pharmacist.</b></p> <p><b>Follow-up calls were made between July and September.</b></p>

Judd's Pharmacy, N1 6BT , Shoreditch Park & City Neighbourhood	Pharmacy's response
<ol style="list-style-type: none"> <li>1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.</li> <li>2. Place hazard marking where changes are not possible.</li> <li>3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.</li> <li>4. Place short and easy-to-read signs in bold with good contrast between text and background.</li> <li>5. Place signs at eye level for better visibility and navigation.</li> <li>6. Place signs to mark important areas for easier navigation.</li> <li>7. Place images or icons as representations for the signs.</li> <li>8. <b>Install a removable ramp for the consultation room for full accessibility. Ensure appropriate signposting of the available tool.</b></li> <li>9. Redesign the consultation room setup to ensure full accessibility. The room is not accessible.</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>Our counter area is only 20 yards to the front of shop . So we are always there to open the door and patients also knock on the window if necessary. But this is very rare as we are always there. Everybody can see what's happening outside because of the very short distance.</i></li> <li>2. <b>Did not respond.</b></li> <li>3. <i>Looking into this and will find out once we changed into a limited company which is happening in September.</i></li> <li>4. <i>Very small counter area so we are all there to navigate and help.</i></li> <li>5. <b>Did not respond.</b></li> <li>6. <i>Consultation room and dispensary clearly marked. Counter area is only 200 sqft so we are always with the customers to guide them.</i></li> <li>7. <b>Did not respond.</b></li> <li>8. <i>Unfortunately, can't increase the area as very small. We always help disabled patients in the shop area and don't let any other patients come in if necessary. This rarely happens. I have been here 40 years and we have no issues of serving disabled people. Very few in the area.</i></li> </ol> <p><b>Healthwatch Hackney followed up on 22/07/2022 with an email and a phone call.</b></p>

**Murrays Chemist, N1 7QJ, Shoreditch Park & City Neighbourhood**

**Pharmacy's response**

1. Repair the pavement outside the premises.
2. Build a concrete permanent ramp or repairing the entrance so it is completely flat for better accessibility (permission may be required). There is a small dip in the threshold.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Ensure the automated doors have a push pad for complete access
5. Replace or remove the front mat to avoid creating further obstacles.
6. Place hazard marking where changes are not possible.
7. Install a low counter to assist wheelchair users.
8. Place images or icons as representations for the signs.
9. Install air conditioning in the consultation room for better ventilation.

**Did not respond.**

**Emails and reminders sent on**

**29/06/2022**

**07/09/2022 following a phone conversation with the pharmacist.**

**Follow-up calls were made between July and September.**

**Spring Pharmacy, N1 5LG, Shoreditch Park & City Neighbourhood**

**Pharmacy's response**

1. Build a concrete permanent ramp or repair the entrance so it is completely flat for better accessibility (permission may be required). The entrance level is not flat.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Ensure staff training on how to use the induction/hearing loop to support patients with hearing loss. *On the day of the visit, there was a sticker showing the availability of the tool; however, the team members did not know how to use it.*
5. Place short and easy-to-read signs in bold with good contrast between text and background.
6. Place signs at eye level for better visibility and navigation.
7. Place signs to mark important areas for easier navigation.
8. Include images or icons as representations for the signs.

1. *Agreed that the entrance is not flat. Work required to make it flat is substantial and will require planning permission (change of shop frontage). We intend to complete this at re-fit time which will be planned for 2023. All staff are briefed to help patients.*
2. *Door already has disabled opening assistance pad. Staff will help.*
3. *This has been ordered. To be implemented by Aug 2023.*
4. *This is operational and staff have been re-trained.*
5. *We are currently working to achieve this section by section. Old style silver signage will be replaced at re-fit.*
6. *As above*
7. *As above*
8. *Not yet sourced*

**Healthwatch Hackney followed up on 22/07/2022 with an email and a phone call.**

## Unipharm, E2 8AN, Shoreditch Park & City Neighbourhood

## Pharmacy's response

1. Build a concrete permanent ramp or repair the entrance so it is completely flat for better accessibility (permission may be required). The entrance level is not flat.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Install a low counter to assist wheelchair users.
6. Place images or icons as representations for the signs.
7. Where possible, redesign the current setup of the room to accommodate comfortable conversations between the pharmacist and the patient.
8. Install air conditioning in the consultation room for better ventilation.

1. *We will install a permanent concrete ramp. By 30/08/2022*
2. *We do not have an automated door at present. Unfortunately, we do not have the funds to install an automated door at present.*
3. *We will install an accessible bell. By 30/08/2022*
4. *Unfortunately, we do not have the funds at present to install an induction/hearing loop. Please let us know if there is any funding available from the council or any other bodies. If and when some funding becomes available, we will install the system.*
5. *Unfortunately, we do not have the funds at present. If and when some funding becomes available, we will purchase a counter suitable for wheelchair users.*
6. *We will place images/icons where required. By 30/08/2022*
7. *We will review the layout inside the consultation room and where possible, we will redesign the layout. By 30/08/2022*
8. *Unfortunately, we do not have the funds at present to install air conditioning. We will make a request from the landlord and when funds are available we will install it as long as the landlord gives permission.*

# Access to premises

This section looks at what accessible tools are available to support entering the pharmacy and more specifically:

- Is there one clear entrance to the premises  
*All pharmacies had a clear pharmacy sign outside the premises.*
- Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.?
- Are there easily opened or automatic doors?
- Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up?
- If the route is not level, is there a slip-resistant ramp with handrails available?
- If the main entrance is not level, or is inaccessible and hard to change in some other way, is there a rear or side entrance where level access is possible?





Pharmacy name and the Neighbourhood	Is there one clear entrance to the premises?	Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.?	Are there an easily opened or automatic doors??	Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up?	If the route is not level, is there a slip-resistant ramp with handrails available?	If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible?
<b>Woodberry Wetlands Neighbourhoods</b>						
Armstrong Dispensing Chemist, N4 2EX	Yes	No	No	No	There is concrete ramp from outside which needs redoing.	
Park Pharmacy, N4 2AA	Yes	No	No	No	No	No
Rowlands Pharmacy, N4 2NH	Yes	Yes	No	No. There is threshold.	No	No
Safedale Pharmacy, N16 9DL	Entrance from the corner of the building which may not be clear for everyone.	Yes	Yes	No	Not applicable	There is a slight upraising on the doors and door mat.
<b>Springfield Park Neighbourhood</b>						
Boots, N16 6TT	Yes	Yes	Yes	Yes	n/a	n/a
Dunsmure Pharmacy, N16 5JY	Yes	Yes	Yes	Yes	n/a	n/a
Greenlight pharmacy, N16 6LU	Yes	Yes	No	No	No	No
Land Pharmacy, N16 6TY	Yes	Yes	No	No. There is threshold.	No	No
Morrisons Pharmacy, N16 5SR	yes	yes	yes	yes	yes	
Spivack Chemist, N16 6QX	Yes	Yes	The push to open mechanism was turned off during our visit and was only turned on at our request.	No. There was slight upraising on the doors.	Not applicable	No



Pharmacy name and the Neighbourhood	Is there one clear entrance to the premises?	Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.?	Are there an easily opened or automatic doors?	Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up?	If the route is not level, is there a slip-resistant ramp with handrails available?	If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible?
<b>Clissold Park Neighbourhood</b>						
Allen Pharmacy, N16 9PA	Yes	Yes	Yes	No. There is a concrete ramp which is not evenly done, and it has uneven fillings.	No	No
Benjamin Pharmacist, N16 7JD	Yes	Yes	Yes	Yes	N/A	NA
Day Lewis Pharmacy, N16 8AD	Yes	Yes	Yes, Doors are automatic, but were not working during our visit	Entrance is not flat, there is a a little bit of upraised surface at the door.	No	There is no side entrance nor ramp available.
Safedale Ltd, N16 0TA	Yes	No	Yes	No. There is a concrete ramp which is not evenly done, and it has uneven fillings.		No
Safedale Ltd, N16 0AP	Yes	Yes	Yes	Yes	NA	No
Superdrug, E8 2LX	Yes	Yes	Yes	Yes	N/A	N/A
<b>Hackney Downs Neighbourhood</b>						
Asvacare Pharmacy, E5 9BU	Yes	Yes	Yes	No. There was a gap between the metal ramp and the ground.		No
Cohen Chemist, E5 9BQ	Yes	Yes, however there is drainage line few centimetres before the entrance which may be an obstacle to someone who uses walking stick.	Yes	Not to full extend.	No	No
Day Lewis, E5 8BY	Yes	Yes	Yes	No. There is slight gap between the ramp and the ground.	No	No
F. A. Strange, E5 8EQ	Yes	Uneven paving - the tactile paving ends before the entrance and there are three different surfaces before entering the premises.	Yes	Uneven paving - the tactile paving ends before the entrance and there are three different surfaces before entering the premises.	No	No

Pharmacy name and the Neighbourhood	Is there one clear entrance to the premises?	Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.?	Are there an easily opened or automatic doors??	Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up?	If the route is not level, is there a slip-resistant ramp with handrails available?	If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible?
<b>Hackney Marshes Neighbourhood</b>						
Bees Pharmacy, E5 OHD	Yes	Yes	No. Doors are not automated.	Yes	No	No
Boots The Chemist, E8 1HR	Yes	Yes	Yes	Small threshold.	No	No
Clockwork Pharmacy (Mare Street), E8 1HP	Yes	Yes	No, Doors are not automated. Heavy doors hard to open.	Yes	N/A	N/A
Clockwork Pharmacy Well Street, E9 6QT	Yes	Yes	No. Entrance through two doors where only one door remains open unless a wheelchair user needs to access premises.	No. The part of the door which remains open has uneven surface.	N/A	Staff will open the second side of the door if a wheelchair user or a mobility scooter user needs to enter.
Clockwork Pharmacy, E9 6RG	Yes	No. There is a metal drain before the entrance.	Yes	No. Entrance is completely flat but there is a mat straight after the door that is not in the level with surface	NA	No
Friends Pharmacy, E5 ORN	Yes	No, very high uneven surface to enter pharmacy	Yes	No, uneven surface.	No	No
Regal Pharmacy, E5 OLP	Yes	Yes	Yes	Yes	N/A	N/A
Safedale Pharmacy, Lower Clapton, E5 ONS	Yes	Yes	Yes	No, small step before the entrance.	No	No
Silverfileds Pharmacy, E9 5QG	Yes	Yes	Yes	Yes	NA	NA

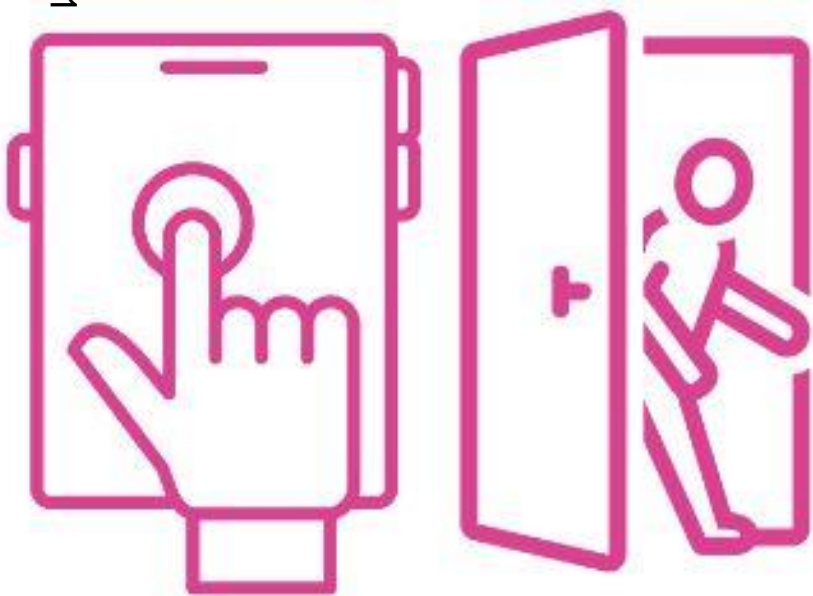
Pharmacy name and the Neighbourhood	Is there one clear entrance to the premises?	Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.?	Are there an easily opened or automatic doors?	Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up?	If the route is not level, is there a slip-resistant ramp with handrails available?	If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible?
<b>Well St Common Neighbourhood</b>						
Bees Pharmacy, E9 5DG	Yes	No	No	No, uneven surface and a threshold of around 2cm.	No	No
Clockwork Victoria Park Pharmacy, E9 7HD	Yes	Yes	No	No, There is a threshold a few centimeters high.	No. They had a ramp but it is broken.	No. Patients who are unable to enter will be assisted outside.
K. Sonign Pharmacy, E9 7PX	Yes	Yes	Yes	No, There is a ledge on the doors, few centimeters of the ground.	No	No. Patients who are unable to enter will be assisted outside.
Silverfields Pharmacy, E9 6AS	Yes	Yes	Yes	Yes	N/A	N/A
Tesco Instore Pharmacy, E9 6ND	Yes	Yes	Yes	Yes	NA	NA
<b>Shoreditch Park and City Neighbourhood</b>						
Finstead Pharmacy, N1 5LG	Yes	Yes	Yes	No	N/A	No
Judd's Pharmacy, N1 6BT	Yes	Yes	Yes	Yes	N/A	No
Murrays Chemist, N1 7QJ	Yes	No	Yes	No. There is small dip in the threshold when you walk in.	No	No
Spring Pharmacy, N1 5LG	Yes	No	Yes	No	No	No
Unipharm, E2 8AN	Yes	Yes	Yes	No	No	No

Pharmacy name and the Neighbourhood	Is there one clear entrance to the premises?	Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.?	Are there an easily opened or automatic doors??	Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up?	If the route is not level, is there a slip-resistant ramp with handrails available?	If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible?
<b>London Fields Neighbourhood</b>						
Boots The Chemist, E8 2NS	Yes	Yes	Yes	No	No	No
Carsil (Marijak Pharmacy), E8 1EJ	Yes	Yes	Yes	No, high threshold.	No	No
Clarks Healthcare Ltd., E8 4QJ	Yes	Yes	No	No. There is one step at the entrance	No	No
Dev's Chemist, E8 1NH	Yes	Yes	No. It can be difficult for someone with mobility difficulties or parents/carers with push chairs to entre.	No, There is gap between the ground and the metal ramp and a broken piece of the floor on the inside of the premises.	No	No
Guardian pharmacy, E8 4AE	Yes	No, uneven paving surfaces	Yes	Yes, however, some additional work is recommended.	Yes	No
Haggerston Pharmacy, E8 4HT	Yes	No	Yes	No. There is drainage just before the entrance. It can be an obstacle for those with walking sticks.	No	No
J Edmunds Pharmacy, E8 2JS	Yes	No	Yes	Level into the door and two feet into the pharmacy there is a small (1 inch) step in the building.	No	No
Kingsland Pharmacy, E8 4AA	Yes	Yes	Yes	No		
Norlington Chemist Ltd, E8 4PH	Yes	Yes	No, Doors are not automated at all.	No, Entrance is raised by few centimeters.	No	No

# Access to premises

This section looks at what accessible tools and equipment are available to support patients with different disabilities as well as parent/cares who are using pushchairs to enter the premises.

- Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in?
- Is the door opening wide enough for all users?
- Is the door-handle low enough for a wheelchair user to reach easily?
- If a door closer is fitted, does it have a delayed, or slow-action closure mechanism?
- Are the glass doors or partitions clearly labelled?
- Are entrance mats flush with the floor so that the surface is even?
- Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible?



Pharmacy name and the Neighbourhood	Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in?	Is the door opening wide enough for all users?	Is the door-handle low enough for a wheelchair user to reach easily?	If a door closer is fitted, does it have a delayed, or slow-action closure mechanism?	Are the glass doors or partitions clearly labelled?	Are entrance mats flush with the floor so that the surface is even?	Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible?
<b>Woodberry Wetlands Neighbourhood</b>							
Armstrong Dispensing Chemist, N4 2EX	No	Yes	Yes	Yes, however, the door is too heavy and it can be difficult for someone with mobility difficulties or parents/carers with push chairs to entre.	No	Yes	Yes
Park Pharmacy, N4 2AA	No	No	No	No	Yes	No	yes
Rowlands Pharmacy, N4 2NH	Yes	Yes	Yes	No	Yes	Yes	Yes
Safedale Pharmacy, N16 9DL	No. We witnessed a patient on mobility scooter waiting outside to be assisted. To attract attention the patient had to press the push to open button.	Door is wide enough for wheelchair users but not for users of mobility scooter.	Yes	Yes	Yes	No	Yes
<b>Springfield Park Neighbourhood</b>							
Boots, N16 6TT	Yes	Yes	n/a	Yes	Yes	Yes	Yes
Dunsmure Pharmacy, N16 5JY	No	Yes	Yes	Yes	Yes	Yes	Yes
Greenlight Pharmacy, N16 6LU	No	Yes	Yes	Yes	No	Yes	Yes
Land Pharmacy, N16 6TY	Yes	Yes	No	No	No	No	Yes
Morrisons Pharmacy, N16 5SR	yes	yes	yes	yes	yes	yes	yes
Spivack Chemist, N16 6QX	No	Yes	Yes	Yes	Yes	No	Yes

Pharmacy name and the Neighbourhood	Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in?	Is the door opening wide enough for all users?	Is the door-handle low enough for a wheelchair user to reach easily?	If a door closer is fitted, does it have a delayed, or slow-action closure mechanism?	Are the glass doors or partitions clearly labelled?	Are entrance mats flush with the floor so that the surface is even?	Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible?
<b>Clissold Park Neighbourhood</b>							
Allen Pharmacy, N16 9PA	No	Yes	Yes	Automated door	No	No	Yes
Benjamin Pharmacist, N16 7JD	Yes	Yes	Yes	No	Yes	Yes	No
Day Lewis Pharmacy, N16 8AD	No	Yes	Yes	Yes	Yes	No, there is a little bit of a dent on the entrance mats.	Yes
Safedale Ltd (Albion Road), N16 0TA	No		N/A	No	No	No mat	Yes
Safedale Ltd, Green Lane, N16 0AP	No	Yes	Yes	Yes	No	Yes	Yes
Superdrug, E8 2LX	No	Yes	N/A	No	No	No	Yes
<b>Hackney Downs Neighbourhood</b>							
Asvacare Pharmacy, E5 9BU	No	Yes	Yes	Yes	Yes	Yes	Yes
Cohen Chemist, E5 9BQ	No	Yes	Yes	Yes	Yes	Yes	Yes
Day Lewis, E5 8BY	No	Yes	Yes	Yes	Yes	Yes	Yes
F. A. Strange, E5 8EQ	No	Yes		Yes	Yes	Yes	Yes

Pharmacy name and the Neighbourhood	Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in?	Is the door opening wide enough for all users?	Is the door-handle low enough for a wheelchair user to reach easily?	If a door closer is fitted, does it have a delayed, or slow-action closure mechanism?	Are the glass doors or partitions clearly labelled?	Are entrance mats flush with the floor so that the surface is even?	Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible?
<b>Hackney Marshes Neighbourhood</b>							
Bees Pharmacy (Kalpesh Chemist), E5 0HD	No	Yes	No	Yes	Yes	Yes	Yes
Boots The Chemist, E8 1HR	No	Yes	N/A	Yes	Yes	No. There is a little bit of a dent in the entrance mats.	Yes
Clockwork Pharmacy (Mare Street), E8 1HP	No	Yes	Yes	Yes	Yes	Yes	Yes
Clockwork Pharmacy Well Street, E9 6QT	No	Yes	Yes	Yes	Yes	No, Mat is worn out, so the frame around it is not leveled	Yes
Clockwork Pharmacy, E9 6RG	No	Yes	NA	Yes	Yes	No. The mental frame of the mat is higher than the mat itself.	Yes
Friends Pharmacy, E5 ORN	No	Yes	N/A	Yes	Yes	Yes	Yes
Regal Pharmacy, E5 0LP	Yes	Yes	N/A	Yes	Yes	Yes	Yes
Safedale Pharmacy, Lower Clapton, E5 0NS	Yes	Yes	N/A	Yes	Yes	Yes	Yes
Silverfileds Pharmacy, E9 5QG	No	Yes	N/A	Yes	Yes	Yes	Yes



Pharmacy name and the Neighbourhood	Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in?	Is the door opening wide enough for all users?	Is the door-handle low enough for a wheelchair user to reach easily?	If a door closer is fitted, does it have a delayed, or slow-action closure mechanism?	Are the glass doors or partitions clearly labelled?	Are entrance mats flush with the floor so that the surface is even?	Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible?
<b>Well Street Common Neighbourhood</b>							
Bees Pharmacy, E9 5DG	No.	Yes	Yes	Yes	Yes	Yes	Yes
Clockwork Victoria Park Pharmacy, E9 7HD	No.	Yes	Yes	Yes	Yes	Yes	Yes
K. Sonigra Pharmacy, E9 7PX	No.	Yes	NA	Yes	Yes	No	Yes
Silverfields Pharmacy, E9 6AS	No	Yes	N/A	Yes	Yes	Yes	Yes
Tesco In-store Pharmacy, E9 6ND	No. However, it is a Tesco store that keeps their doors open	Yes	NA	NA	Yes	No. There is a rubber mat with circular holes in it which may be an obstacle for people using walking stick	Yes
<b>Shoreditch Park and City Neighbourhood</b>							
Finstead Pharmacy, N1 5LG	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Judd's Pharmacy, N1 6BT	No	Yes	Yes	Yes	Yes	Yes	Yes
Murrays Chemist, N1 7QJ	No	Yes	Yes	No	Yes	No	Yes
Spring Pharmacy, N1 5LG	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unipharm, E2 8AN	No	Yes	Yes	No	No	Yes	Yes

Pharmacy name and the Neighbourhood	Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in?	Is the door opening wide enough for all users?	Is the door-handle low enough for a wheelchair user to reach easily?	If a door closer is fitted, does it have a delayed, or slow-action closure mechanism?	Are the glass doors or partitions clearly labelled?	Are entrance mats flush with the floor so that the surface is even?	Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible?
<b>London Fields Neighbourhood</b>							
Boots The Chemist, E8 2NS	No	Yes	Yes	Yes	No	Yes	Yes
Carsil (Marijak Pharmacy), E8 1EJ	No	Yes, It is wide enough, but there is no ramp available	NA	Yes	Yes	No. Mat is worn down, so metal frame around it is much higher.	Yes
Clarks Healthcare Ltd., E8 4QJ	No	I was told by the pharmacist that doors are not wide enough for wheelchair users, also without a ramp, it is not possible for them to enter the premises	N/A	No	Yes	No. Mat at the entrance is also higher level than rest of the floor.	Yes
Dev's Chemist, E8 1NH	No	No	Yes	Yes	No, too cluttered with many leaflets on the window	No. The mat is worn out and may cause hazard.	Yes
Guardian pharmacy, E8 4AE	No	Yes	Automated door	Yes	Yes	Yes	Yes
Haggerston Pharmacy, E8 4HT	No	Yes	Yes	Yes	Yes	No mat	Yes
J Edmunds Pharmacy, E8 2JS	No	Yes	Yes	No	No	No	Yes
Kingsland Pharmacy, E8 4AA	No	Yes	No door handle was needed	Yes	Yes	No	Yes
Norlington Chemist Ltd, E8 4PH	No. There was a doorbell but it is been broken for a long time. People usually knock on the door. Staff is able to see them from the counter.	Yes	Yes	Yes	Yes	No	Yes

# Accessibility within premises

This section looks at the available space and marking to enable free movement within the pharmacy.

- Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver?
- If there is a change of level, is there a platform lift available?
- Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp?
- Are there sitting areas, especially in areas where people are waiting?
- Is sitting suitable for people with mobility impairments?
- Are chairs placed well apart to enable people to move freely and without obstacles?



Pharmacy name and the Neighbourhood	Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver?	If there is a change of level, is there a platform lift available?	Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp?	Are there sitting areas, especially in areas where people are waiting?	Is sitting suitable for people with mobility impairments?	Are chairs placed well apart to enable people to move freely and without obstacles?
<b>Woodberry Wetland Neighbourhood</b>						
Armstrong Dispensing Chemist, N4 2EX	Yes	No	N/A	Yes	There is enough space for a wheelchair user to wait.	No
Park Pharmacy, N4 2AA	Yes	N/A	N/A	Yes	Yes	Yes
Rowlands Pharmacy, N4 2NH	Yes	N/A	No	Yes	Yes	Yes
Safedale Pharmacy, N16 9DL	Yes, Wide enough but it is very small pharmacy	Not applicable	Not applicable	No	No chairs were observed.	NA
<b>Springfield Park Neighbourhood</b>						
Boots, N16 6TT	Yes	N/A	N/A	No	No	n/a
Dunsmure Pharmacy, N16 5JY	Yes	No	No	Yes	Yes	Yes
Greenlight Pharmacy, N16 6LU	Yes	N/A	N/A	Yes	Yes	No
Land Pharmacy, N16 6TY	Yes	Yes, however we didn't see it.	No	Yes	No	No
Morrisons Pharmacy, N16 5SR	Yes	Yes	No	Yes	Yes	Yes
Spivack Chemist, N16 6QX	Yes	No	N/A	No	No sitting area available	N/A

Pharmacy name and the Neighbourhood	Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver?	If there is a change of level, is there a platform lift available?	Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp?	Are there sitting areas, especially in areas where people are waiting?	Is sitting suitable for people with mobility impairments?	Are chairs placed well apart to enable people to move freely and without obstacles?
<b>Clissold Park Neighbourhood</b>						
Allen Pharmacy, N16 9PA	Yes	N/A	N/A	Yes	Yes	Yes
Benjamin Pharmacist, N16 7JD	Yes	N/A	No	Yes	Yes	Yes
Day Lewis Pharmacy, N16 8AD	Yes	No	N/A	Yes, chairs are available at the entrance.	Yes	Yes
Safedale Ltd (Albion Road), N16 0TA	Yes	N/A	No	Yes	Yes	Yes
Safedale Ltd, Green Lane, N16 0AP	Yes	N/A	N/A	Yes	Yes	Yes
Superdrug, E8 2LX	Yes	N/A	N/A	Yes	No. Two chairs were available at the entrance of the counter. Confidentiality might be an issue.	No
<b>Hackney Downs Neighbourhood</b>						
Asvacare Pharmacy, E5 9BU	Yes			Yes	Yes	Yes
Cohen Chemist, E5 9BQ	Yes	N/A	N/A	Yes	Benches are available.	Yes
Day Lewis, E5 8BY	Yes	No	N/A	Yes	Yes. However, these are placed very close to the main counter. Confidentiality might be an issue.	No
F. A. Strange, E5 8EQ	No. Currently there are two corridors. Chairs are placed in one of the corridors, which can make it difficult to maneuver.	Yes, however we didn't see the ramp used to access the consultation room.	No	Yes	No, It will make it difficult for a wheelchair to maneuver.	Yes

Pharmacy name and the Neighbourhood	Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver?	If there is a change of level, is there a platform lift available?	Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp?	Are there sitting areas, especially in areas where people are waiting?	Is sitting suitable for people with mobility impairments?	Are chairs placed well apart to enable people to move freely and without obstacles?
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**Hackney Marshes Neighbourhood**

Bees Pharmacy, E5 0HD	Yes	N/A	No	Yes	Yes	Yes
Boots The Chemist, E8 1HR	Yes	N/A	N/A	Yes	Yes	Yes
Clockwork Pharmacy (Mare Street), E8 1HP	Yes	N/A	N/A	Yes, however chairs are placed in front of the consultation room. Confidentiality might be an issue.	Yes	Yes
Clockwork Pharmacy Well Street, E9 6QT	Yes	Yes	N/A	Yes	Yes	Yes
Clockwork Pharmacy, E9 6RG	Yes	There are two steps leading to the consultation room. No platform was seen.	No, There is a caution sign on the wall where the steps are, but no handrail. The stairs also had wooden boards falling off.	No sitting area available	N/A	N/A
Friends Pharmacy, E5 0RN	Yes	N/A	No	Yes	Yes	N/A
Regal Pharmacy, E5 0LP	Yes	N/A	N/A	Yes	Yes	Yes
Safedale Pharmacy, Lower Clapton, E5 0NS	Yes	N/A	N/A	No	N/A	N/A
Silverfileds Pharmacy, E9 5QG	Yes	N/A	N/A	Yes	Yes	No

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Pharmacy name and the Neighbourhood	Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver?	If there is a change of level, is there a platform lift available?	Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp?	Are there sitting areas, especially in areas where people are waiting?	Is sitting suitable for people with mobility impairments?	Are chairs placed well apart to enable people to move freely and without obstacles?
<b>Well Street Common Neighbourhood</b>						
Bees Pharmacy, E9 5DG	Yes	No	N/A	No sitting area available	NA	NA
Clockwork Victoria Park Pharmacy, E9 7HD	Yes	N/A	N/A	Yes	Yes	Yes
K. Sonigra Pharmacy, E9 7PX	Yes	No	N/A	Yes	Yes	Yes
Silverfields Pharmacy, E9 6AS	Yes	Yes	N/A	Yes	Yes	Yes
Tesco In-Store Pharmacy, E9 6ND	Yes	N/A	N/A	No	NA	N/A
<b>Shoreditch Park and City Neighbourhood.</b>						
Finstead Pharmacy, N1 5LG	Yes	N/A	N/A	Yes	Yes	Yes
Judd's Pharmacy, N1 6BT	No, the consultation room is not accessible.	No	No	Yes	Yes	Yes
Murrays Chemist, N1 7QJ	Yes	No	No	Yes	Yes	Yes
Spring Pharmacy, N1 5LG	Yes	No	N/A	Yes	Yes	Yes
Unipharm, E2 8AN	Some isles are very tight near the reception desk.	No	No	Yes	Yes	Yes

Pharmacy name and the Neighbourhood	Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver?	If there is a change of level, is there a platform lift available?	Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp?	Are there sitting areas, especially in areas where people are waiting?	Is sitting suitable for people with mobility impairments?	Are chairs placed well apart to enable people to move freely and without obstacles?
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**London Fields Neighbourhood**

Boots The Chemist, E8 2NS	Yes	N/A	N/A	Yes	Yes	Yes
Carsil (Merijak Pharmacy), E8 1EJ	Yes	Yes	Yes, Chair lift instead of ramp. Not accessible for everyone	Yes, Sitting area is next to the prescription counter which is on second floor.	No	Yes
Clarks Healthcare Ltd., E8 4QJ	Wide enough but premises are not accessible.	No	N/A	There is one small sofa available for sitting in front of the counter.	Yes	Yes
Dev's Chemist, E8 1NH	Yes	No	N/A	Yes	Yes	Yes
Guardian pharmacy, E8 4AE	Yes	No	Yes	Yes	Bench is available.	NA
Haggerston Pharmacy, E8 4HT	Yes	NA	N/A	Yes	Yes	Yes
J Edmunds Pharmacy, E8 2JS	Yes	No	No	Yes	Yes	Yes
Kingsland Pharmacy, E8 4AA	Yes	N/A	N/A	Yes. However, chairs are near the counter and the consultation room. Confidentiality might be an issue.	Yes	Yes
Norlington Chemist Ltd, E8 4PH	Yes	N/A	No	Yes	Yes	Yes



## *Accessibility within the premises*

This section looks at the availability of accessible tools within the pharmacy to support patients with different disabilities.

- Is there a hearing loop available to support patients with hearing impairment?
- Is the hearing loop well-advertised or signposted?
- Is there a low counter for people in wheelchairs to be assisted at?
- If not, is there a planned work to build this in?



Pharmacy name and the Neighbourhood	Is there a hearing loop available to support patients with hearing impairment?	Is the hearing loop well-advertised or signposted?	Is there a low counter for people in wheelchairs to be assisted at?	If not, is there a planned work to build this in?
<b>Woodberry Wetlands Neighbourhood</b>				
Armstrong Dispensing Chemist, N4 2EX	No	N/A	No	Potential refurbishment of the premises is planned for the next 3 months.
Park Pharmacy, N4 2AA	No	N/A	no	No
Rowlands Pharmacy, N4 2NH	No	N/A	Yes	N/A
Safedale Pharmacy, N16 9DL	Not able to speak to anyone at the time.	Not applicable	No.	Not applicable
<b>Sprongfield Park Neighbourhood</b>				
Boots, N16 6TT	Yes	No	No	No
Dunsmure Pharmacy, N16 5JY	No	No	No	No
Greenlight Pharmacy, N16 6LU	No	N/A	Yes	N/A
Land Pharmacy, N16 6TY	No	N/A	Yes	N/A
Morrisons Pharmacy, N16 5SR	N/A	N/A	Yes	Yes
Spivack Chemist, N16 6QX	No	N/A	No. They have one part of the counter that can be opened and it is wide enough for wheelchair users. Staff also comes out of the counter to assist patients.	No

Pharmacy name and the Neighbourhood	Is there a hearing loop available to support patients with hearing impairment?	Is the hearing loop well-advertised or signposted?	Is there a low counter for people in wheelchairs to be assisted at?	If not, is there a planned work to build this in?
<b>Clissold Park Neighbourhood</b>				
Allen Pharmacy, N16 9PA	No	N/A	Yes, however, there was a bin container in front of the counter.	N/A
Benjamin Pharmacist, N16 7JD	No	No	Yes	N/A
Day Lewis Pharmacy, N16 8AD	No	N/A	No. . A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	No
Safedale Ltd (Albion Road), N16 0TA	No	N/A	Yes, however, access to the counter was blocked with boxes. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	NA
Safedale Ltd, Green Lane, N16 0AP	No	No	No	N/A
Superdrug, E8 2LX	No	N/A	Yes	N/A
<b>Hackney Downs Neighbourhood</b>				
Asvacare Pharmacy, E5 9BU	No	N/A	Yes	N/A
Cohen Chemist, E5 9BQ	Yes	Yes	Yes	N/A
Day Lewis, E5 8BY	No	N/A	Yes	N/A
F. A. Strange, E5 8EQ	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	

Pharmacy name and the Neighbourhood	Is there a hearing loop available to support patients with hearing impairment?	Is the hearing loop well-advertised or signposted?	Is there a low counter for people in wheelchairs to be assisted at?	If not, is there a planned work to build this in?
<b>Hackney Marshes Neighbourhood</b>				
Bees Pharmacy, E5 0HD	No	No	Yes	N/A
Boots The Chemist, E8 1HR	There is a small sign showing availability of the tool. However, the staff was unaware of its existence.	No	No	N/A
Clockwork Pharmacy (Mare Street), E8 1HP	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	No
Clockwork Pharmacy Well Street, E9 6QT	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	No
Clockwork Pharmacy, E9 6RG	No	No	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them or will signpost patients to the Clockwork pharmacy that is on the same road.	No
Friends Pharmacy, E5 0RN	No	No	Yes	N/A
Regal Pharmacy, E5 0LP	Yes	Yes	Yes	N/A
Safedale Pharmacy, Lower Clapton, E5 0NS	No	No	Yes	NA
Silverfileds Pharmacy, E9 5QG	Yes	No	Yes	No
<b>Well Street Common Neighbourhood</b>				
Bees Pharmacy, E9 5DG	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	No
Clockwork Victoria Park Pharmacy, E9 7HD	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	No
K. Sonigra Pharmacy, E9 7PX	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	No
Silverfields Pharmacy, E9 6AS	Yes		No	N/A
Tesco Instore Pharmacy, E9 6ND	Yes	Yes	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	No

Pharmacy name and the Neighbourhood	Is there a hearing loop available to support patients with hearing impairment?	Is the hearing loop well-advertised or signposted?	Is there a low counter for people in wheelchairs to be assisted at?	If not, is there a planned work to build this in?
<b>London Fields Neighbourhood</b>				
Boots The Chemist, E8 2NS	There was a sticker showing the availability, however, the team was not aware of it.	Yes	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	
Carsil (Marijak Pharmacy), E8 1EJ	No	N/A	No. Most of wheelchair users are served outside as they cannot enter the premises.	No
Clarks Healthcare Ltd., E8 4QJ	No	N/A	No	No
Dev's Chemist, E8 1NH	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	
Guardian pharmacy, E8 4AE	No	N/A	Yes	N/A
Haggerston Pharmacy, E8 4HT	No	N/A	No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them.	
J Edmunds Pharmacy, E8 2JS	No	No	No	N/A
Kingsland Pharmacy, E8 4AA	No	No	No	
Norlington Chemist Ltd, E8 4PH	No	N/A	Yes	N/A
<b>Shoreditch Pak and City Neighbourhood</b>				
Finstead Pharmacy, N1 5LG	No	No	No	N/A
Judd's Pharmacy, N1 6BT	No	No	Yes	N/A
Murrays Chemist, N1 7QJ	Yes	No	No	No
Spring Pharmacy, N1 5LG	Yes. However, employees did not know how to use it.	No	Yes	N/A
Unipharm, E2 8AN	No	No	No	N/A

## *Signage within the premises*

This section looks at what guiding signs are available within the pharmacy, where they are placed and if they are suitable for people with learning disabilities and dementia.

- Are signs simple, short and easy to read, and located at convenient levels for wheelchair users?
- Are the signs clear, in bold face with good contrast between text and background?
- Is there a contrast between the sign and the surface it is mounted on?
- Are the signs fixed to the doors they refer to?
- Are signs at eye level and well-lit?
- Are signs highly stylized or use abstract images or icons as representations?
- Are signs placed at key decision points for someone who is trying to navigate the premises for the first time?



Pharmacy name and the Neighbourhood	Are signs simple, short and easy to read, and located at convenient levels for wheelchair users?	Are the signs clear, in bold face with good contrast between text and background?	Is there a contrast between the sign and the surface it is mounted on?	Are the signs fixed to the doors they refer to?	Are signs at eye level and well-lit?	Are signs highly stylized or use abstract images or icons as representations?	Are signs placed at key decision points for someone who is trying to navigate the premises for the first time?
<b>Woodberry Wetlands Neighbourhood</b>							
Armstrong Dispensing Chemist, N4 2EX	No	No signs within the pharmacy labeling the different aisles. The sign above the counter is big but not in bold face with any contrast between text and background	No	Yes	No	No	Yes, However, hard to be seen
Park Pharmacy, N4 2AA	Yes	No	Yes	Yes		Yes	Yes
Rowland Pharmacy, N4 2NH	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Safedale Pharmacy, N16 9DL	No	Yes	Yes	Yes	There is only one sign available, and it is the one above the counter	No	Yes
<b>Springfield Park Neighbourhood</b>							
Boots, N16 6TT	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dunsmure Pharmacy, N16 5JY	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Greenlight pharmacy, N16 6LU	No	Yes	Yes	Yes	No	No	Yes, however, better placement if the signs is needed
Land Pharmacy, N16 6TY	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Morrisons Pharmacy, N16 5SR	Yes	Yes	Yes	Yes	Yes	Yes	Yes on the consultation room, not anywhere else
Spivack Chemist, N16 6QX	There were no signs anywhere.	No signs available	N/A	Only consultation room has a sign.	NA	N/A	N/A

Pharmacy name and the Neighbourhood	Are signs simple, short and easy to read, and located at convenient levels for wheelchair users?	Are the signs clear, in bold face with good contrast between text and background?	Is there a contrast between the sign and the surface it is mounted on?	Are the signs fixed to the doors they refer to?	Are signs at eye level and well-lit?	Are signs highly stylized or use abstract images or icons as representations?	Are signs placed at key decision points for someone who is trying to navigate the premises for the first time?
<b>Clissold Park Neighbourhood</b>							
Allen Pharmacy, N16 9PA	No	Yes	Yes	Yes	Yes	No	Yes
Benjamin Pharmacist, N16 7JD	No	No	No	No	No	No	No
Day Lewis Pharmacy, N16 8AD	Yes	Yes, however, more signs should be available.	Yes	Yes	No, There should be a better sign available for the counter	No	Yes for those available.
Safedale Ltd (Albion Road), N16 0TA	No	No	NA	Yes	Yes	No	Yes
Safedale Ltd, Green Lane, N16 0AP	Yes	Yes	Yes	No	Yes	No	Yes, also on the floor
Superdrug, E8 2LX	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>Hackney Downs Neighbourhood</b>							
Asvacare Pharmacy, E5 9BU	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cohen Chemist, E5 9BQ	Yes	Yes	Yes for the consultation room sign. No for the sign above the counter.	Yes	Yes	No	Yes
Day Lewis, E5 8BY	Yes	Yes	Yes	Yes	Yes	No	Yes
F. A. Strange, E5 8EQ	However, there are not many signs	Yes	Yes	Yes	No, But can be clearly seen while entering	Yes	Yes



Pharmacy name and the Neighbourhood	Are signs simple, short and easy to read, and located at convenient levels for wheelchair users?	Are the signs clear, in bold face with good contrast between text and background?	Is there a contrast between the sign and the surface it is mounted on?	Are the signs fixed to the doors they refer to?	Are signs at eye level and well-lit?	Are signs highly stylized or use abstract images or icons as representations?	Are signs placed at key decision points for someone who is trying to navigate the premises for the first time?
<b>Hackney Marshes Neighbourhood</b>							
Bees Pharmacy (Rushmore Road) (Kalpesh Chemist), E5 0HD	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boots The Chemist, E8 1HR	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clockwork Pharmacy (Mare Street), E8 1HP	Yes, however, limited signs are available.	Yes	Yes	Yes	No	No	No
Clockwork Pharmacy Well Street, E9 6QT	No	Yes	Yes	Yes	Yes	No	N/A
Clockwork Pharmacy, E9 6RG	No signs anywhere.	No signs.	N/A	N/A	N/A	N/A	N/A
Friends Pharmacy, E5 0RN	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Regal Pharmacy, E5 0LP	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Safedale Pharmacy, Lower Clapton, E5 0NS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Silverfileds Pharmacy, E9 5QG	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Well Street Common Neighbourhood</b>							
Bees Pharmacy, E9 5DG	Partially. Some signs are easier to read than others.	Partially	Yes	Yes	Yes	Yes	Yes
Clockwork Victoria Park Pharmacy, E9 7HD	Yes, however, limited signs are available.	Yes	Yes	Yes	Yes	No	No
K. Sonigra Pharmacy, E9 7PX	Yes	Yes	Yes	Yes	Yes	No	Yes
Silverfields Pharmacy, E9 6AS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tesco Instore Pharmacy, E9 6ND	Yes	Yes	Yes	Yes	Yes	No	Yes

Pharmacy name and the Neighbourhood	Are signs simple, short and easy to read, and located at convenient levels for wheelchair users?	Are the signs clear, in bold face with good contrast between text and background?	Is there a contrast between the sign and the surface it is mounted on?	Are the signs fixed to the doors they refer to?	Are signs at eye level and well-lit?	Are signs highly stylized or use abstract images or icons as representations?	Are signs placed at key decision points for someone who is trying to navigate the premises for the first time?
<b>London Fields Neighbourhood</b>							
Boots The Chemist, E8 2NS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Carsil (Marijak Pharmacy), E8 1EJ	No	No	No	Yes	No	No	No
Clarks Healthcare Ltd., E8 4QJ	Yes, however, limited signs are available.	Yes	Yes	Yes	No	No	No
Dev's Chemist, E8 1NH	No, too cluttered with many out of date leaflets all over the pharmacy which can create confusion.	No	No	No	No, too cluttered with different leaflets.	No	No
Guardian pharmacy, E8 4AE	Yes	Yes	Yes	Yes	No	No	Yes
Haggerston Pharmacy, E8 4HT	Yes	Yes	Yes	Yes, however, the sign for the consultation room is placed too high.	No. Only the consultation room sign is at eye level.	No, The sign for the consultation room had no contrast with the background.	Yes
J Edmunds Pharmacy, E8 2JS	Yes	No	No	Yes	Yes	No	No
Kingsland Pharmacy, E8 4AA	No signs	No signs	NA	NA	NA	NA	NA
Norlington Chemist Ltd, E8 4PH	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>Shoreditch Park Neighbourhood</b>							
Finstead Pharmacy, N1 5LG	Yes	Yes	Yes	Yes	Yes	No	Yes
Judd's Pharmacy, N1 6BT	Yes	No	No	No	No	No	No
Murrays Chemist, N1 7QJ	Yes	Yes	Yes	Yes	Yes	No	Yes
Spring Pharmacy, N1 5LG	No	No	No	No	No	No	No
Unipharm, E2 8AN	Yes	Yes	Yes	Yes	Yes	No	No

# *Consultation room*

This section looks at the general state of the consultation room and whether the room is easily recognised by patients when they walk into the premises

- Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room?
- Is the place distinct from the general public areas of the pharmacy premises?
- How regularly the consultation room is cleaned?
- Is there ventilation in the room e.g.? air conditioning - a window that can be opened?



Pharmacy name and the Neighbourhood	Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room?	Is the place distinct from the general public areas of the pharmacy premises?	How regularly the consultation room is cleaned?	Is there ventilation in the room e.g.? air conditioning – a window that can be opened?
<b>Woodberry Wetlands Neighbourhood</b>				
Armstrong Dispensing Chemist, N4 2EX	Yes, However, the room is on the side of the entrance to the counter so difficult to see that there is a consultation room. The sign is big, but not in bold and have no contrast between the sign and the door window.	Yes	General cleaning every week and disinfected after each patient.	No
Park Pharmacy, N4 2AA	Yes	Yes	After every patient	No
Rowland Pharmacy, N4 2NH	Yes	Yes	Daily	No
Safedale Pharmacy, N16 9DL	Yes, There is a printed sign attached to the door. But word is split in two rows, so it is very hard to read. Not clear	Yes	Daily	No
<b>Springfield Park Neighbourhood</b>				
Boots, N16 6TT	Yes	Yes	Daily	No
Dunsmure Pharmacy, N16 5JY	No	Yes, the room is downstairs in the basement	1 time per week	No
Greenlight Pharmacy, N16 6LU	Yes. However, sign is placed higher above the door and it makes it difficult to see.	Yes	Every other day	No
Land Pharmacy, N16 6TY	Yes, However, a better placed poster is needed. Currently the sign is placed higher above the door and it makes it difficult to see	Yes	Weekly	No
Morrisons Pharmacy, N16 5SR	Yes	Yes	N/A	N/A
Spivack Chemist, N16 6QX	There is a sign on the doors but doors mostly stay open and then it is not visible	Yes	Daily	No

Pharmacy name and the Neighbourhood	Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room?	Is the place distinct from the general public areas of the pharmacy premises?	How regularly the consultation room is cleaned?	Is there ventilation in the room e.g.? air conditioning – a window that can be opened?
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**Clissold Park Neighbourhood**

Allen Pharmacy, N16 9PA	Yes	Yes	Daily and wiped after each patient.	No
Benjamin Pharmacist, N16 7JD	Yes	Yes	After every patient	No
Day Lewis Pharmacy, N16 8AP	Yes	Yes	Daily and wiped after each patient.	No
Safedale Ltd (Albion Road), N16 0TA	Yes	Yes	Daily	We were unable to enter the room.
Safedale Ltd, Green Lane, N16 0AP	Yes	Yes	Weekly and wiped after each patient.	No
Superdrug, E8 2LX	Yes	Yes	Daily and wiped after each patient.	No

**Hackney Dawns Neighbourhood**

Asvacare Pharmacy, E5 9BU	Yes However, there is a wall which prevents from seeing the room and the sign.	Yes	Wiped after each patient, otherwise daily cleaned.	No
Cohen Chemist, E5 9BQ	Yes	Yes	Once a week	No
Day Lewis, E5 8BY	Yes. However, the room is located at the very right end. Can be only seen when at the counter.	Yes	Wiped after each patient.	No
F. A. Strange, E5 8EQ	Yes	Yes	After each patient	No

Pharmacy name and the Neighbourhood	Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room?	Is the place distinct from the general public areas of the pharmacy premises?	How regularly the consultation room is cleaned?	Is there ventilation in the room e.g.? air conditioning – a window that can be opened?
<b>Hackney Marshes Neighbourhood</b>				
Bees Pharmacy, E5 0HD	Yes	Yes	Weekly	No
Boots The Chemist, E8 1HR	Yes	Room is placed right next to counter.	Every other day.	No
Clockwork Pharmacy (Mare Street), E8 1HP	Yes. However, the room is located on the side of the premises and cannot be seen from the entrance.	Yes	Daily	No
Clockwork Pharmacy Well Street, E9 6QT	Yes. However, the room is located on the side of the premises and cannot be seen from the entrance.	Yes	After each patient.	No
Clockwork Pharmacy, E9 6RG	No, There is a small sign on the door, mostly hidden by other paper. The letters are too small.	Yes, at the back of the pharmacy.	Daily	No
Friends Pharmacy, E5 0RN	Yes	Yes	Weekly	No
Regal Pharmacy, E5 0LP	Yes	Yes	Daily	Yes
Safedale Pharmacy, Lower Clapton, E5 0NS	Yes	Yes	Daily	Yes
Silverfileds Pharmacy, E9 5QG	Yes	Yes	Daily	No
Boots The Chemist Ltd, E8 1HR	Yes	Yes	Daily	Yes
<b>Well Street Common Neighborhood</b>				
Bees Pharmacy, E9 5DG	Yes	Yes	Daily	No
Clockwork Victoria Park Pharmacy, E9 7HD	Yes. However, the room is located on the side of the premises and cannot be seen from the entrance.	Yes	Every 3 days and wiped after each patient.	No
K. Sonigra Pharmacy, E9 7PX	Yes, There is a big sign in the doors, it is covered with displayed products, so you are not able to see it from the entrance.	Yes	Twice a week.	Yes
Silverfields Pharmacy, E9 6AS	Yes	Yes	Daily	Yes
Tesco Instore Pharmacy, E9 6ND	Yes	Yes	Daily	Yes

Pharmacy name and the Neighbourhood	Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door?	Is the place distinct from the general public areas of the pharmacy premises?	How regularly the consultation room is cleaned?	Is there ventilation in the room e.g.? air conditioning – a window that can be opened?
<b>London Fields Neighbourhood</b>				
Boots The Chemist, E8 2NS	Yes	Yes	Every other day	No
Carsil (Marijak Pharmacy), E8 1EJ	Yes	Yes	The room was untidy and the counter was full of medicine.	No
Clarks Healthcare Ltd., E8 4QJ	No, The sign above the door is partially hidden behind a TV screen.	It is a small room situated in between the counter and the stock room. The room is also a passage to access the stock room.	After every patient.	No
Dev's Chemist, E8 1NH	No	Yes	Weekly	No
Guardian pharmacy, E8 4AE	Yes	Yes	Daily and wiped after each patient.	No
Haggerston Pharmacy, E8 4HT	Yes	Yes	Daily.	Yes
J Edmunds Pharmacy, E8 2JS	Yes	Yes	Not used as a consultation room.	No
Kingsland Pharmacy, E8 4AA	No	Yes	Wiped every couple of hours.	Yes
Norlington Chemist Ltd, E8 4PH	Yes	Yes	Once a day.	No
<b>Shoreditch Park and City Neighbourhood</b>				
Finstead Pharmacy, N1 5LG	Yes	Yes	Daily.	Yes
Judd's Pharmacy, N1 6BT	Yes	Yes	Weekly.	Yes
Murrays Chemist, N1 7QJ	Yes. "Treatment room"	Yes	Daily.	Yes
Spring Pharmacy, N1 5LG	Yes. "Treatment room"	Yes	After every patient.	Yes
Unipharm, E2 8AN	No	Yes	Daily and after each patient.	No

## *Consultation room Accessibility*

This section looks at the accessibility of the room and whether it is suitable for both patient and the pharmacist to communicate confidentially.

- Is the room wheelchair accessible?
- Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together?
- Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them?





Pharmacy name and the Neighbourhood	Is the room wheelchair accessible?	Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together?	Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them?	Does the room have IT equipment?	Does the IT equipment have access to the internet?
<b>Woodberry Wetlands Neighbourhood</b>					
Armstrong Dispensing Chemist, N4 2EX	Yes	Yes	Yes	Yes	Yes
Park Pharmacy, N4 2AA	yes	Yes	Yes	Yes	Yes
Rowlands Pharmacy, N4 2NH	Yes	Yes	No	Yes	Yes
Safedale Pharmacy, N16 9DL	No	Room has two chairs but it is very tight and not able to accommodate disabled patients.	Yes	Yes	We were not able to speak to anyone about the use of the room.
<b>Springfield Park Neighbourhood</b>					
Boots, N16 6TT	Yes	Yes	Yes	No	No
Dunsmure Pharmacy, N16 5JY	No. The room is downstairs in the basement. We were told the staff will talk to the patient outside the premises.	Yes	Yes	Yes	Yes
Greenlight Pharmacy, N16 6LU	No	Yes	Yes	No	Yes
Land Pharmacy, N16 6TY	Yes	Yes	Yes	Yes. However, the IT equipment was broken and the pharmacist was waiting for a replacement	No
Morrisons Pharmacy, N16 5SR	Yes	Yes	NA	We were unable to see the room.	We were unable to see the room.
Spivack Chemist, N16 6QX	No. Very small room which can barely fit in two chairs.	Room has only one chair available	No, Room is too small and can barely fit two people. It is hard to close the doors once two people are in the room.	Yes	Yes

Pharmacy name and the Neighbourhood	Is the room wheelchair accessible?	Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together?	Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them?	Does the room have IT equipment?	Does the IT equipment have access to the internet?
<b>Clissold Park Neighbourhood</b>					
Allen Pharmacy, N16 9PA	Yes	Yes	Yes	Yes	Yes
Benjamin Pharmacist, N16 7JD	No	Yes	Yes	Yes	Yes
Day Lewis Pharmacy, N16 8AD	Yes	Yes	Yes	Yes	Yes
Safedale Ltd (Albion Road), N16 0TA	NA	The room was occupied on the day of the visit	Unable to see	We were unable to see the room.	We were unable to see the room.
Safedale Ltd, Green Lane, N16 0AP	wasn't able to see the room, it was occupied	Yes	No	Yes	Yes
Superdrug, E8 2LX	Yes	Yes	Yes	Yes	Yes
<b>Hackney Downs Neighbourhood</b>					
Asvacare Pharmacy, E5 9BU	Yes	Yes	Yes	Yes	Yes
Cohen Chemist, E5 9BQ	Yes	Yes	Yes	Yes	Yes
Day Lewis, E5 8BY	Yes	Yes	Yes	Yes	Yes
F. A. Strange, E5 8EQ	Yes, There are two steps for the room, the pharmacist said there is removable ramp that they use for wheelchair users.	Yes	Yes	Yes	Yes

Pharmacy name and the Neighbourhood	Is the room wheelchair accessible?	Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together?	Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them?	Does the room have IT equipment?	Does the IT equipment have access to the internet?
<b>Hackney Marshes Neighbourhood</b>					
Bees Pharmacy, E5 0HD	Yes	Yes	Yes	Yes	Yes
Boots The Chemist, E8 1HR	Yes	Yes	Yes	No. Bad internet connection in the room. Staff often uses IPAD or the reception computer.	No
Clockwork Pharmacy (Mare Street), E8 1HP	Yes	Yes	Yes	Yes There is computer.	Yes
Clockwork Pharmacy Well Street, E9 6QT	Yes	Yes	Yes	Yes	Yes
Clockwork Pharmacy, E9 6RG	No, Corridor to the room is too tight and there are two steps before the room.	Yes	Yes	Yes	Yes
Friends Pharmacy, E5 ORN	Yes	Yes	No	Yes	Yes
Regal Pharmacy, E5 0LP	Yes	Yes	Yes	Yes	Yes
Safedale Pharmacy, Lower Clapton, E5 0NS	Yes	Yes	Yes	Yes	Yes
Silverfileds Pharmacy, E9 5QG	Yes	Yes	Yes	Yes	Yes
<b>Well Street Common Neighbourhood</b>					
Bees Pharmacy, E9 5DG	No. The doors for the room open wide, however the corridor before the room is tight and does not allow accessibility.	Yes	Yes	Yes	Yes
Clockwork Victoria Park Pharmacy, E9 7HD	Yes. The room is accessible but the pharmacy is not.	Yes	Yes	Yes	Yes
K. Sonigra Pharmacy, E9 7PX	Yes	Yes	Yes	Yes	Yes
Silverfields Pharmacy, E9 6AS	Yes	Yes	Yes	Yes	Yes
Tesco Instore Pharmacy, E9 6ND	Yes	Yes	Yes	Yes	Yes

Pharmacy name and the Neighbourhood	Is the room wheelchair accessible?	Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together?	Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them?	Does the room have IT equipment?	Does the IT equipment have access to the internet?
<b>London Fields Neighbourhood</b>					
Boots The Chemist, E8 2NS	Yes	Yes	Yes	No	No
Carsil (Marijak Pharmacy), E8 1EJ	No, Room is situated on a higher floor	No, Room is not used for consultation	NA	N/A	N/A
Clarks Healthcare Ltd., E8 4QJ	No. The room is too small.	Yes	Yes	No. However, a laptop is brought separately when a patient needs to be seen.	Yes
Dev's Chemist, E8 1NH	Yes, however it can be very difficult to maneuver. Too many stuff were preventing the door to open in full.	Yes	Yes	Yes	Yes
Guardian pharmacy, E8 4AE	Yes	Yes	Yes	Yes	Yes
Haggerston Pharmacy, E8 4HT	Yes	Yes	Yes	Yes	Yes
J Edmunds Pharmacy, E8 2JS	No	No	No	No	Yes
Kingsland Pharmacy, E8 4AA	Yes	Yes	Yes	No	No
Norlington Chemist Ltd, E8 4PH	Yes	Yes	Yes	Yes	Yes
<b>Shoreditch Park and City Neighbourhood</b>					
Finstead Pharmacy, N1 5LG	Yes	Yes	Yes	Yes	Yes
Judd's Pharmacy, N1 6BT	yes	Yes	Yes	No	No
Murrays Chemist, N1 7QJ	Yes	Yes	Yes	Yes	Yes
Spring Pharmacy, N1 5LG	No	No	Yes	Yes	Yes
Unipharm, E2 8AN	No	No	No	Yes	Yes

## Contact us:



[info@healthwatchhackney.co.uk](mailto:info@healthwatchhackney.co.uk)



080 8164 7664 (FREE phone number)



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<b>Title of Report</b>	Introduction to the Population Health Hub
<b>For Consideration By</b>	Health and Wellbeing Board
<b>Meeting Date</b>	21 Sep 2023
<b>Classification</b>	Open
<b><u>Ward(s) Affected</u></b>	
<b>Report Author</b>	Anna Garner, <i>Head of Performance and Integrated Commissioning Alignment, North East London CCG</i> Joia De Sa, <i>C&amp;H Consultant in Public Health</i>

Is this report for:

<input checked="" type="checkbox"/>	Information
<input type="checkbox"/>	Discussion
<input type="checkbox"/>	Decision

Why is the report being brought to the board?

This was requested following a presentation to the Health and Wellbeing Board in March 2023 on progress of the Joint Local Health and Wellbeing Strategy implementation, which the Population Health Hub is overseeing.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No

## Background

1. The Population Health Hub is a shared, system resource which aims to support the City & Hackney Place Based Partnership (PbP) and wider system partners to reduce health inequalities and improve the health of our population.
2. We support the City and Hackney Place Based Partnership Vision: “ Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive”.
3. Health inequalities are avoidable and unjust differences in health outcomes between groups of people or communities and are defined according to a number of different dimensions (see Box 1 below). Taking action to reduce health inequalities is a matter of social justice.

### **Box 1: ‘Dimensions’ of health inequalities**

**Protected characteristics:** age, disability, sex, gender reassignment, ethnicity/race, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity

**Social inequalities:** poverty, housing, education, unemployment, etc

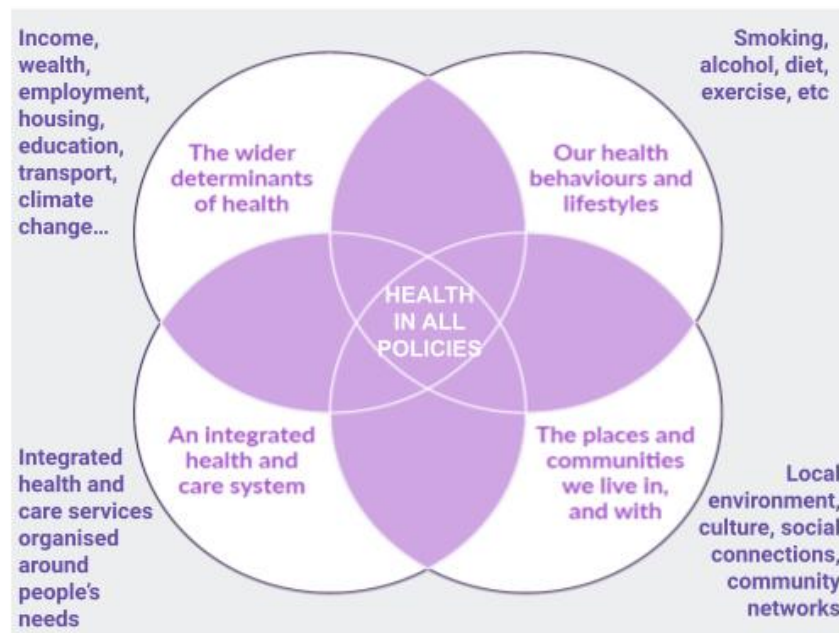
**Geographical inequalities:** urban vs rural, local area deprivation, etc

**Vulnerability:** carers, rough sleepers, care leavers, people with no recourse to public funds (NRPF) etc

4. The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities and improving population health requires action at multiple levels and across all sections of society. This means addressing all four ‘pillars’ of a population health system (see figure 1 below).



**Figure 1: Population Health Pillars<sup>1</sup>**



5. Taking a population health approach means rebalancing investment across the four pillars, while also focusing attention on the areas of overlap and intersection - where there are the greatest opportunities for impact. We also want to support system partners to take shared responsibility for improving population health. Effective system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.
6. At the heart of this population health framework is a 'health in all policies' (HiaP) approach, which is based on the recognition that our greatest health challenges cannot be resolved through the health and care system alone, but are highly complex and most commonly driven by social, economic and environmental factors. A HiaP approach systematically and explicitly incorporates health improvement and health equality objectives into decision-making across sectors and policy areas, seeking to avoid harmful impacts of policies and practice and improve population health and reduce health inequalities. HiaP is built on the principles of co-benefits: a healthier population, and greater health equality, brings longer-term social and economic benefits for the local community.

<sup>1</sup> Adapted from, Buck et al (2018), [A vision for population health: towards a healthier future](#), King's Fund

## Current Position

6. The Population Health Hub has a small 'core team' reflecting the need to work in partnership with City & Hackney teams and system partners to achieve our aims. We work to proactively identify what the system needs, and also work in partnership on requests for support from stakeholders across the system.

7. We have six focus areas:

<b>Evidence</b>	Enabling the system to use evidence resources and expertise within the system, as well as supporting teams to develop skills in how to find evidence from literature.
<b>Intelligence</b>	Enabling the system to use existing data and intelligence (which contains qualitative and quantitative data) to generate useful analyses and insight.
<b>Co-design &amp; partnerships</b>	Embedding codesign and partnership development of change ideas
<b>Evaluating impact</b>	Supporting system to evaluate what is working and what needs to change
<b>Prevention &amp; equity</b>	Increasing focus and resources from the system on prevention and equity
<b>Capacity building</b>	Building capacity across the system in understanding drivers of population health and have the capacity and confidence to take action on this

8. Examples of how we support the system are:

- Leading on the delivery of key population health programmes and initiatives including Make Every Contact Count and establishing the Prevention Investment Standard (PInS)
- Working in partnership with the City and Hackney Health Inequalities Steering Group to support delivery of its priority action plans
- Involvement of residents, communities, frontline teams and other partners in developing population health priorities for City and Hackney
- Influencing departments and organisations across City of London, Hackney and beyond to take action on the social, economic determinants of health
- Supporting City and Hackney place-based partnership to take a population health approach in the design and delivery of health and care services for local people; enabling more efficient use of system resources and improving outcomes
- Supporting the development and implementation of Neighbourhood population health plans and both the City of London and Hackney's Joint Local Health and Wellbeing Strategies

9. Examples of our work include:

- a stocktake of equalities data across the health and care system (including a 'deep dive' of mental health and sexual health service data) and development of an equalities 'minimum dataset'
- co-development of an approach to embedding a culture of health equity in frontline teams including development of a resource pack to facilitate this
- a series of workshops to co-develop a shared system framework for inclusive resident involvement to improve population health outcomes; plus completion of an equalities impact assessment of current resident engagement mechanisms
- a 1 year on report cataloguing our achievements over our first year and how we propose to work going forward

10. In its leadership role to improve population health and reduce health inequalities across Hackney, there is an opportunity for the Board and member organisations to work more closely with the Population Health Hub.

11. We have included some suggestions on how the Board may want to consider working with the Population Health Hub:

<p><b>Learning together</b></p>	<p>Building on the Board's commitment to addressing health inequalities and promoting a health in all policies approach:</p> <ul style="list-style-type: none"> <li>● What data, tools and prompts might help Members assess the health impacts or inequalities implications of strategies operating in Hackney, and other plans?</li> <li>● Could the PHH provide training and support in the development and use of these tools?</li> </ul>
<p><b>Existing projects</b></p>	<ul style="list-style-type: none"> <li>● We support the work of the City &amp; Hackney Health Inequalities Steering Group.</li> <li>● We are supporting with implementation of the Hackney Joint Local Health and Wellbeing Strategy, with particular responsibility for driving forward the social connections strand</li> <li>● We will continue to run our MATCH project (embedding a culture of health equity) and are keen to work with other teams in Hackney</li> </ul>

<b>New projects</b>	<ul style="list-style-type: none"> <li>• Are there other projects that would support Hackney HWB aims and priorities?</li> </ul>
---------------------	--

### Summary

This report introduces the Population Health Hub, a system wide resource to support teams across City & Hackney to realise their role in improving population health and reducing health inequalities.

The presentation includes information on the Population Health Hub, our ways of working, focus areas and examples of our work. We include questions to members on how best we can best work together to promote the Board's priorities.

### Recommendation(s)

Members are asked to:

- Note the report, including the offer of system support from the Population Health Hub
- Consider ways the Population Health Hub can work to support the Board

●.1. **Policy Context:**

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input type="checkbox"/>	Improving mental health
<input type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security
<input checked="" type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

<input type="checkbox"/>	Strengthening our communities
--------------------------	-------------------------------

<input type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input type="checkbox"/>	Making the best of community resources
<input checked="" type="checkbox"/>	All of the above

●.2. **Equality Impact Assessment (EIA)**

Has an EIA been conducted for this work?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

●.3. **Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

●.4. **Risk Assessment**

Not required

●.5. **Sustainability**

The Population Health Hub aims to work in a way that embeds and sustains a commitment to reducing health inequalities and improving population health across City & Hackney.

<b>Report Author</b>	Joia de Sa, Consultant in Public Health
Contact details	joia.desa@hackney.gov.uk
Appendices	<a href="#">Presentation introducing the Population Health Hub for the Hackney Health and Wellbeing Board</a>

An introduction to the



City & Hackney  
**Population Health Hub**

How we work and contribute to improving the health of the population in City & Hackney

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*Updated May 2023*





# Contents

## Introducing the Population Health Hub

- What is the Population Health Hub?
- What do we mean by 'population health'?
- What does taking a population health approach mean?
- Who's in our team?

## Our work

- How do we work?
- Our six focus areas
- How we support the City & Hackney system
- Some examples of our work

## What we can offer to CoL

- Suggestions on how the PHH can support the City of London HWB
- Questions for the Board
- What to expect & how you can help us





# What is the Population Health Hub?

The Population Health Hub (PHH) is a **shared, system resource** which aims to support the City & Hackney Place based Partnership (PbP) and wider system partners to reduce health inequalities and improve the health of our population.

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We support the City and Hackney Place Based Partnership (PbP) vision:

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



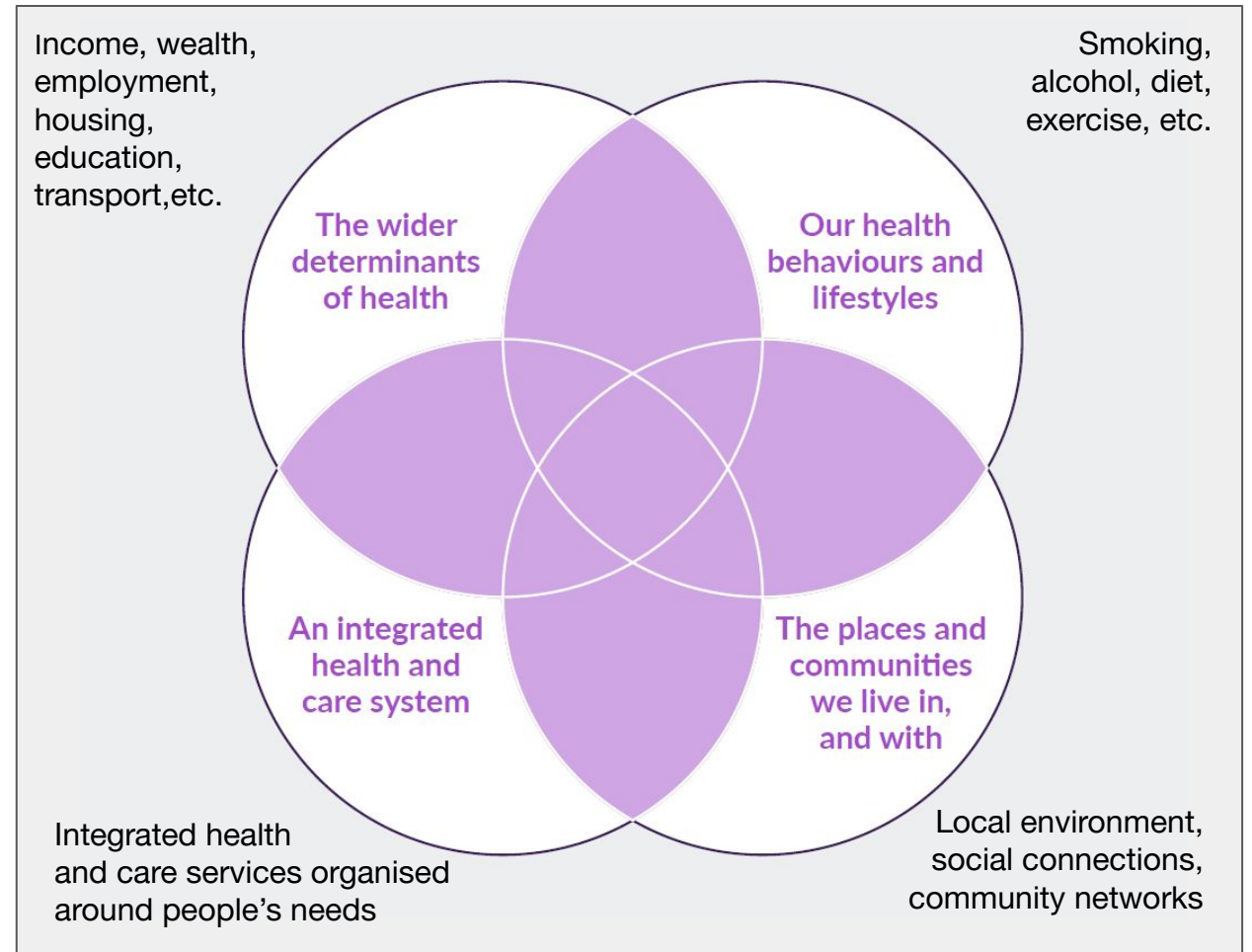
# What do we mean by 'population health'?

## Population health is described by the King's Fund as...

*"...an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Improving population health and reducing health inequalities requires action across all 'four pillars'\* of a population health system."*

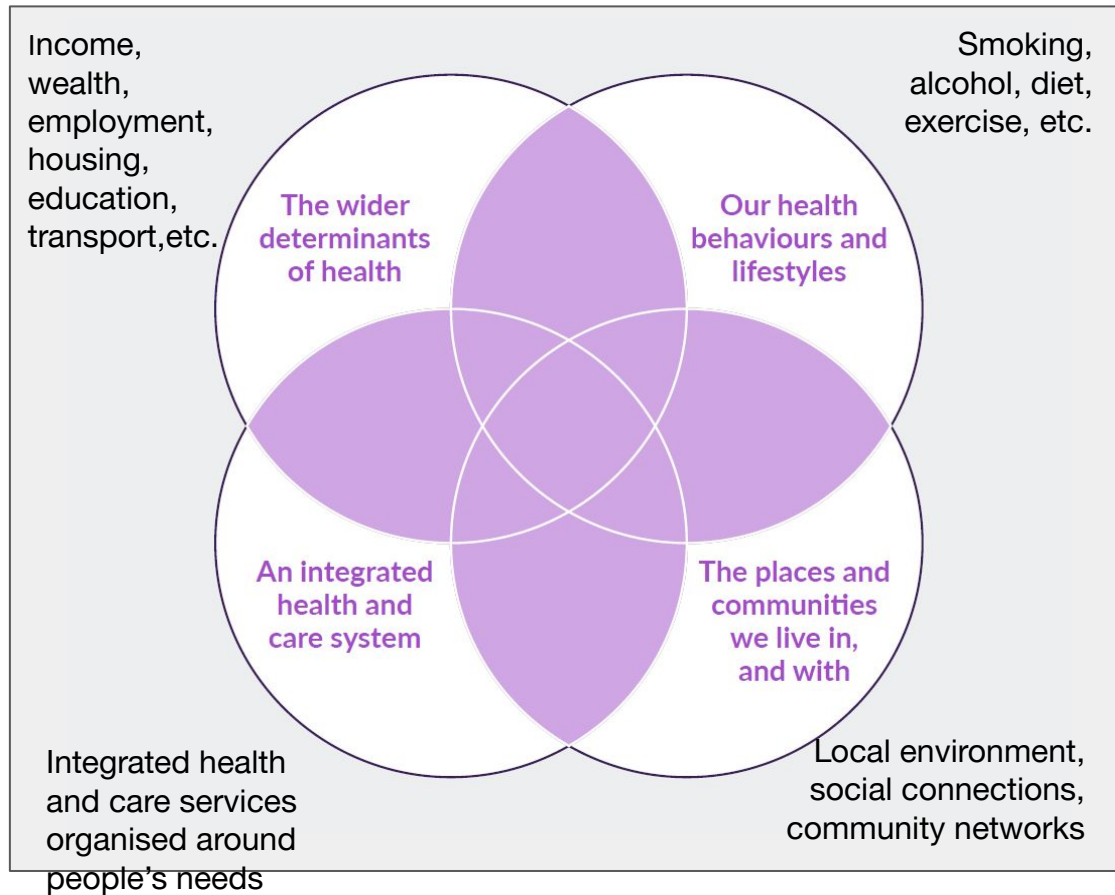
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\*This figure represents the four pillars as indicated in the four circles. Source: [King's Fund](#)





# What does taking a population health approach mean?



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1 rebalancing investment across the four 'pillars'



2 focusing attention in the areas of overlap and intersection (the 'rose petals') - where there are the greatest opportunities for impact



3 system partners taking shared responsibility for improving population health

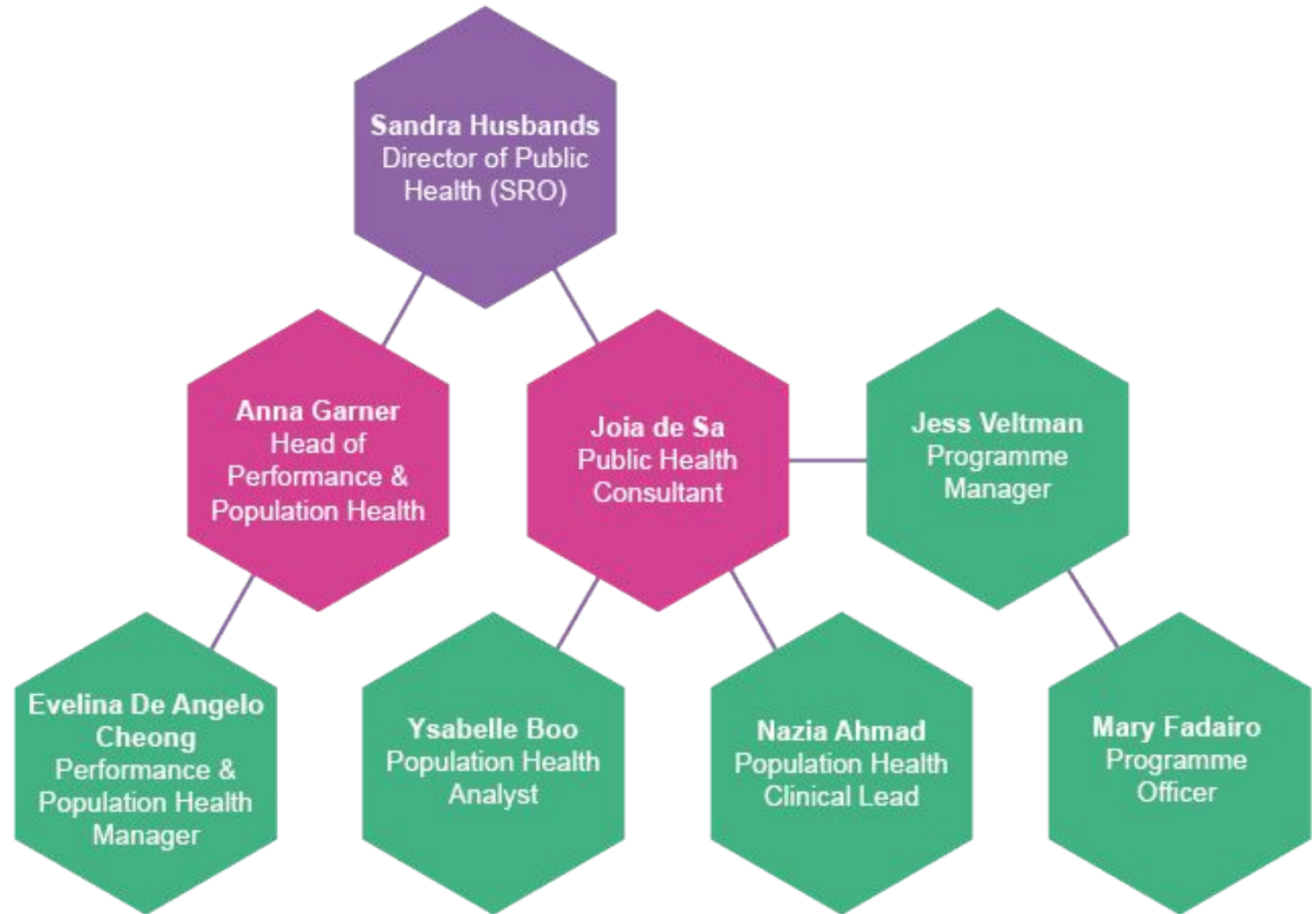
Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.



# Who's in our team?

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The Population Health Hub has a small 'core team' shown here. This reflects that we need to work in partnership with City & Hackney teams and system partners to achieve our aims.



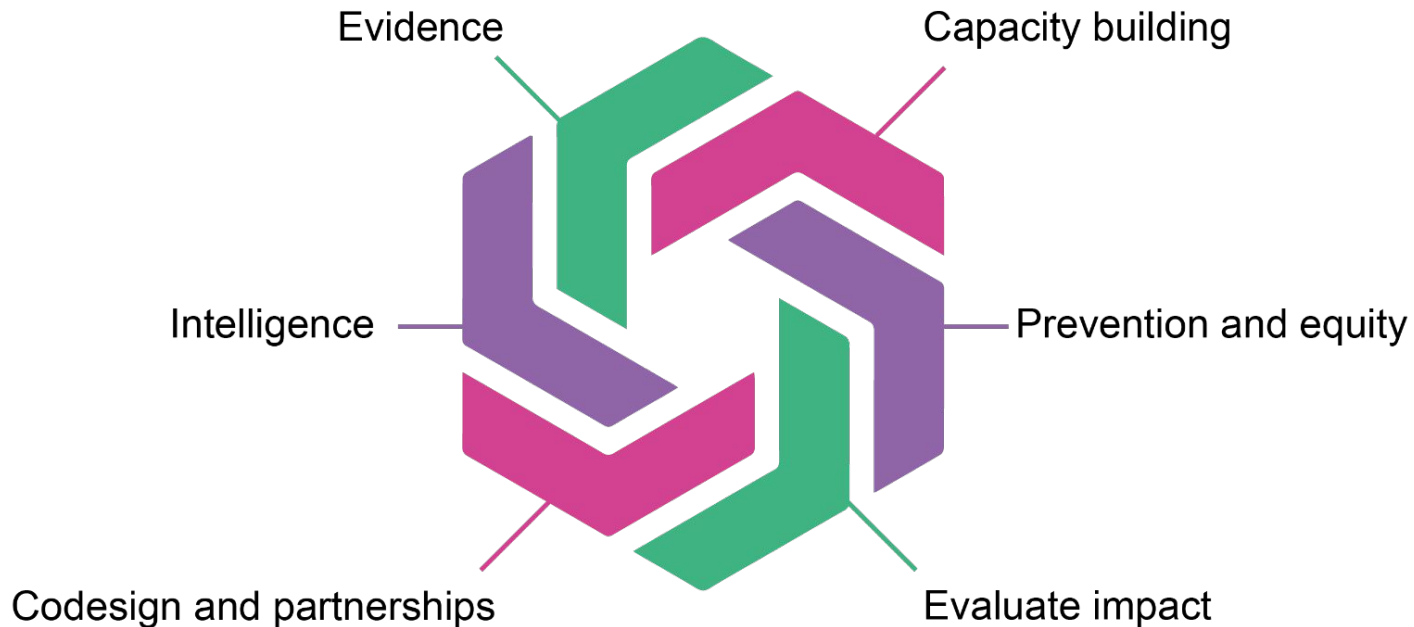


# How do we work?

**We work to proactively identify what the system needs...**

**...and also work in partnership on requests for support from stakeholders across the system**

## Our 6 focus areas





# Our six focus areas

## Evidence

Enabling the system to use evidence resources and expertise within the system, as well as supporting teams to develop skills in how to interpret evidence from literature.

## Intelligence

Enabling the system to use existing data and intelligence (which contains qualitative and quantitative data) to generate useful analyses and insight.

## Co-design & partnerships

Embedding co-design and partnership development of change ideas

## Evaluating impact

Supporting system to evaluate what is working and what needs to change

## Prevention & equity

Increasing focus and resources from the system on prevention and equity

## Capacity building

Building capacity across the system in understanding drivers of population health and have the capacity and confidence to take action on this



# How we support the City and Hackney system

Leading on the delivery of key population health programmes and initiatives including Make Every Contact Count and establishing the Prevention Investment Standard (PInS)

Working in partnership with City and Hackney Health Inequalities Steering Group to support delivery of its priority action plans

Involvement of residents, communities, frontline teams and other partners in developing population health priorities for City and Hackney

Influencing departments and organisations across the City of London, Hackney and beyond to take action on the social, economic and environmental determinants of health

Supporting City and Hackney place based partnership to take a population health approach in the design and delivery of health and care services for local people; enabling more efficient use of system resources and improving outcomes

Supporting the development and implementation of Neighbourhood population health plans, and both the City of London and Hackney's Joint Local Health and Wellbeing Strategies

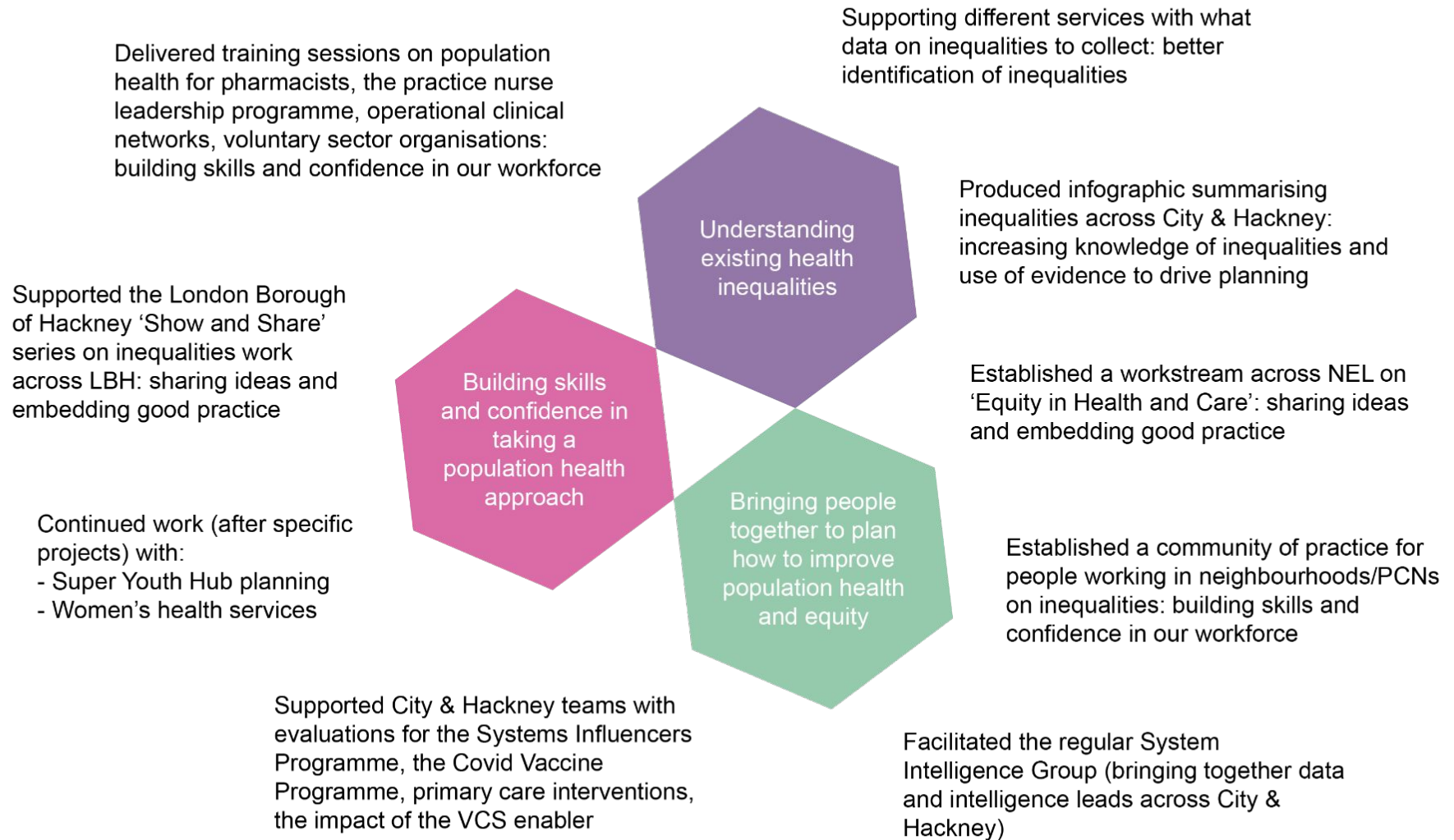
# Examples of our work

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City & Hackney  
**Population Health Hub**







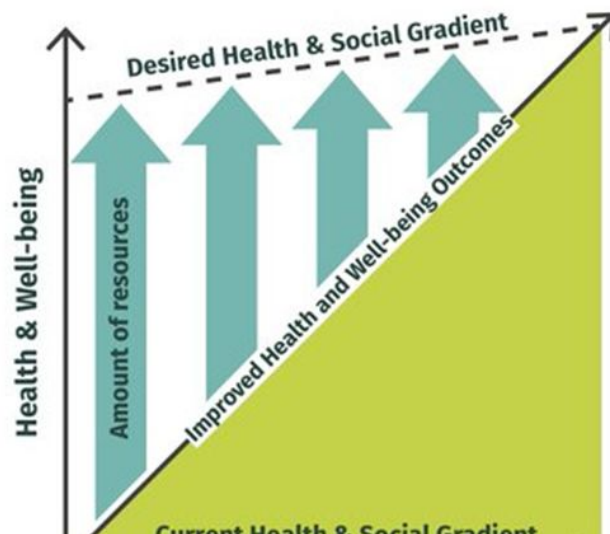
# eMbedding heAlth equiTy in City & Hackney (MATCH): Matching up support with need, following a Marmot approach



**Proportionate universalism**

- Balancing health outcomes through action proportionate to levels of disadvantage in a population.
- What if we scaled

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## Outputs

1. Support the following programme areas: maternity, CVD prevention, women's health (others TBC)
2. Collation of existing data on inequalities in the above areas
3. Develop mechanisms for wider resident engagement in identifying and prioritising change ideas
4. Develop set of actions for reducing inequalities and assess impact of these

## What did we do?

The PHH obtained NEL funding of £900K to reduce health inequalities in City and Hackney. With this funding, PHH is developing a package of support for up to 10 programme areas to reduce inequalities. Maternity identified as first programme area: PHH supported on facilitating initial workshops for the Maternity Equity & Equality Subgroup – to collate existing data and insight, and use this to support stakeholders and residents to identify key priorities. We also conducted analysis of data on deliveries at Homerton Hospital, to identify associations with adverse birth outcomes.

## What was the added value of the Hub?

The Hub provided expertise in understanding what embedding proportionate universalism would entail, as well as in collating data and insight from different sources, and using that to enable stakeholders and residents to identify key priorities. The Hub used its links across the City and Hackney partnership to bring in partners where relevant to utilise their expertise in e.g. quality improvement, evaluation, resident involvement).

## What was the impact of the project?

We will develop a model to embed more widely and support different teams/areas in identifying priorities to reduce inequalities. For specific programme areas within this phase of the project, insights collected from the analysis will be used to improve services or commission new interventions to tackle current inequalities.







# Supporting young person input to the development of 'Super youth hubs'



## What did we do?

A review of the City and Hackney Children and Young People's Needs Assessment, local insights, and academic literature will be carried out. The aim of the project is to identify gaps for further research by examining the demographics and health and support needs of our local CYP population, barriers to access, examples of good experience, and inequalities.

## What was the added value of the Hub?

The Hub provided value in supporting the Unplanned Care Workstream with additional capacity and expertise in reviewing and appraising literature and evidence, and summarising data from multiple sources. Without PHH involvement, there would have been less robust information supporting CYP involvement.

## What was the impact of the project?

The insights collected in this project will direct the engagement and research carried out by external peer researchers as part of the development of Super Youth Hubs.

## Outputs

1. A summary of needs for young people in Hackney
2. Summary of barriers and enablers to accessing healthcare for young people

*"Our experience of the population health hub has been incredibly positive and we have received excellent service. It has felt very reassuring to know that you have skilled and reliable colleagues to support the project"*



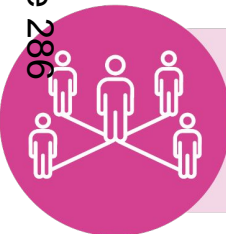
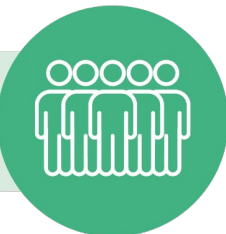
How can we engage with and involve City and Hackney's diverse children and young people in the development of the Super Youth Hub?

**Proportionate representation of:**

- Black and Minority Ethnic population
- LGBTQIA+ young people
- Vulnerable groups such as asylum seekers, Looked After Children, and young offenders

**We need to develop:**

- Trust and long-standing relationships
- Culturally sensitive and representative approach that is inclusive and welcoming to all



**Healthcare, mental health, and support appointments need to be:**

- more informal
- centred on the young person
- involve the young person in decision-making
- have breaks or change in activities
- delivered by staff that young people can relate to
- supported by peers or advocates where possible

What kind of services, information, and advice would young people like to access at the Super Youth Hub?

Where should the Super Youth Hub be located and what would the space look like? The space needs to be **accessible** and **safe** to travel to.





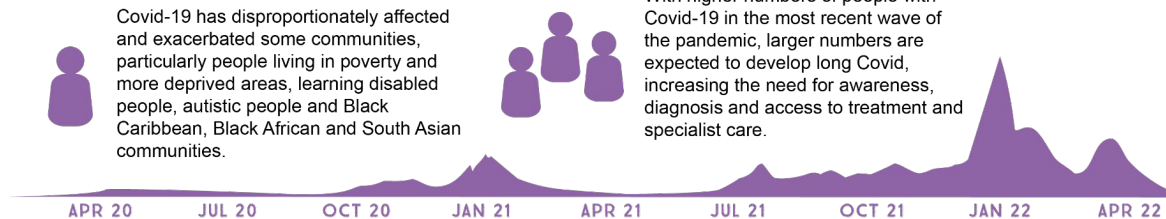
# Predicting the burden of long COVID-19 and inequalities in access to rehab services



The population health hub responded to a request from the City and Hackney Post-Covid Recovery Group to identify the gap in diagnosis and inequalities in access to long Covid specialist rehabilitation services. The hub provided additional analytical capacity to the system, a 'system' perspective and inequalities focus.

Covid-19 has disproportionately affected and exacerbated some communities, particularly people living in poverty and more deprived areas, learning disabled people, autistic people and Black Caribbean, Black African and South Asian communities.

With higher numbers of people with Covid-19 in the most recent wave of the pandemic, larger numbers are expected to develop long Covid, increasing the need for awareness, diagnosis and access to treatment and specialist care.



Between 26 January 2021 and 20 December 2021, 553 residents of Hackney and the City of London (~ 1% positive Covid-19 cases) were referred to an assessment clinic and rehabilitation service for long Covid related care. At the same time, UKHSA project that 750 residents had experienced long Covid symptoms, suggesting 78% residents sought help.

**1.3%** 1.3% of Hackney residents who were infected with Covid-19 had been diagnosed with long Covid by November 2021, but this is likely to be an underestimate of true need.

**2X** Demand for specialised care for long Covid could double between March and May 2022.

Black and Asian residents with long Covid are likely to be under-represented in the City and Hackney rehabilitation service, indicating the need for interventions to increase equity of access to those services.

**£** 97% of long Covid patients within City and Hackney rehab service were from most deprived neighbourhoods.

**6000** UKHSA estimates there could be 6000 cases of long Covid cases in City and Hackney up to May 2022, indicating a large diagnosis gap and significant unmet need in the community. Of these, around 1,000 cases are likely to need specialised treatment.

**Women** Women across all ethnic groups and adults younger than 65 years were more likely to have been diagnosed with long Covid by GPs

## Outputs: completed

1. Analysis of local diagnosis compared to national estimates

## Outputs: in progress

2. Support Homerton Covid rehab services to get insight from local communities on attitudes and knowledge about long Covid and help seeking for symptoms

## What did we do?

PHH compiled and analysed data from the City and Hackney Covid Rehabilitation Service (CORE, Homerton Hospital), QMUL's Clinical Effectiveness Group (CEG) and the UK Health and Security Authority (UKHSA) to identify inequalities in access to diagnosis and rehab services for long COVID, as well as comparing local diagnoses with national estimates.

## What was the added value of the Hub?

The Hub provided additional analytical expertise and took a system view of access to services and inequalities in this, PHH were able to support the CORE service to identify inequalities across the pathway to accessing services.

## What was the impact of the project?

The evidence produced was used to tailor long COVID-19 awareness messages to residents and also prompted the administration of a long Covid inequalities deep dive survey to identify barriers to accessing services in different populations.



# Suggestions on how the PHH can support the HWB

## Learning together

Building on the Board's commitment to addressing health inequalities and promoting a health in all policies approach:

- What data, tools and prompts might help Members assess the health impacts or inequalities implications of strategies operating in Hackney, and other plans?
- Could the PHH provide training and support in the development and use of these tools?

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## Existing projects

- We support the work of the City & Hackney Health Inequalities Steering Group.
- We are supporting with implementation of the Hackney Joint Local Health and Wellbeing Strategy
- We will continue to run our MATCH project (embedding a culture of health equity) and are keen to work with other teams in Hackney

## New projects

- Are there other projects that would support Hackney HWB aims and priorities?

We need system partners to provide intelligence, capacity and resources to work with the Population Health Hub so we can work effectively together



# Questions for the Board

- Any points of clarification?
- What are your thoughts on the suggestions? Particularly the section on learning together?
- What should be our next steps to take these forward?



# What you can expect & how to help us

## What you can expect:

- ◆ We are a new team so are trying out different ways of doing things.
- ◆ We want to work in partnership so we can learn & develop together, we are not 'extra capacity' to get things done.
- ◆ We will be honest about our capacity and if we are able to take on new projects. If we can't, we will do our best to direct you to similar projects or link you up with other experts.
- ◆ We are committed to learning and developing as a team.

## How you can help us:

- ◆ Let us know how things are going, what you think is going well and what could be improved.
- ◆ Please be prepared to think about the best ways for us to work together. Please take equal responsibility for work we undertake together.
- ◆ Give us as full a description as possible of what you would like to achieve. Include all the data, insight and feedback you have. Tell us what you've tried so far and where you'd like to end up.
- ◆ Please give us regular, honest feedback. Do link us up with resources or people you think are relevant.



<b>TITLE OF REPORT: Hackney Suicide Prevention Report 2022</b>	
<b>HEALTH AND WELLBEING BOARD - 21<sup>st</sup> September 2023</b>	<b>CLASSIFICATION:</b>  <b>Open</b>
<b>WARD(S) AFFECTED</b>  All	
<b>Group Director</b>  Helen Woodland, Group Director Adults, Health and Integration	

## Introduction

Approximately 20 Hackney residents die by suicide per year. After a comparatively high 26 suicides in 2020, this fell to 16 in 2021. The rate of suicides in Hackney over the last three years has not been significantly different from the national or inner London rate. Also similar to the national picture, approximately three quarters of deaths were men, the majority took place in people's own homes and the most common method was hanging. Mental illness, previous suicide attempts, substance misuse, prescription drugs, relationship issues, debt, housing concerns, bereavement, loneliness, physical illness and being a perpetrator of domestic violence all were identified as possible risk factors for those who died.

Suicide prevention in Hackney is coordinated by a Suicide Prevention Steering Group, which was established in 2018. The group agreed a strategy and action plan in 2019, which ends this year (2023). The group will be considering the content of this report, as well as wider data in suicide prevention to agree a refreshed set of actions going forwards.

## Background

Suicide is the act of intentionally taking ones own life. Common causes of suicidal feelings include mental or physical health problems, loneliness, housing or financial worries, trauma, discrimination and substance misuse, as well as significant life

events or changes. Suicide is preventable, not inevitable and many people who have attempted suicide go on to lead happy, healthy, fulfilling lives.

In total, 5,583 suicides were registered in 2021 in England and Wales, 6.9% higher than in 2020 (5,224 deaths), and equivalent to an age-standardised mortality rate (ASMR) of 10.7 deaths per 100,000 people. While this was statistically significantly higher than the 2020 ASMR (10.0 deaths per 100,000 people), it was consistent with the pre-coronavirus (COVID-19) pandemic rates in 2019 and 2018<sup>1</sup>.

Suicide is one of the highest causes of death for young adults and is the biggest cause of death in men under the age of 50, however, risk is also high in older adults<sup>2</sup>. Around three-quarters of suicides are males, however, nationally suicide rates among young females have been steadily increasing over several years. While year-on-year changes might not be statistically significant, comparison between 2015 and 2021 shows a statistically significant increase for those aged 10 to 44 years<sup>1</sup>.

In 10 out of the 11 previous years, London has had the lowest suicide rate of any region of England (6.6 deaths per 100,000), while the highest rate was in the North East with 14.1 deaths per 100,000 in 2021<sup>1</sup>.

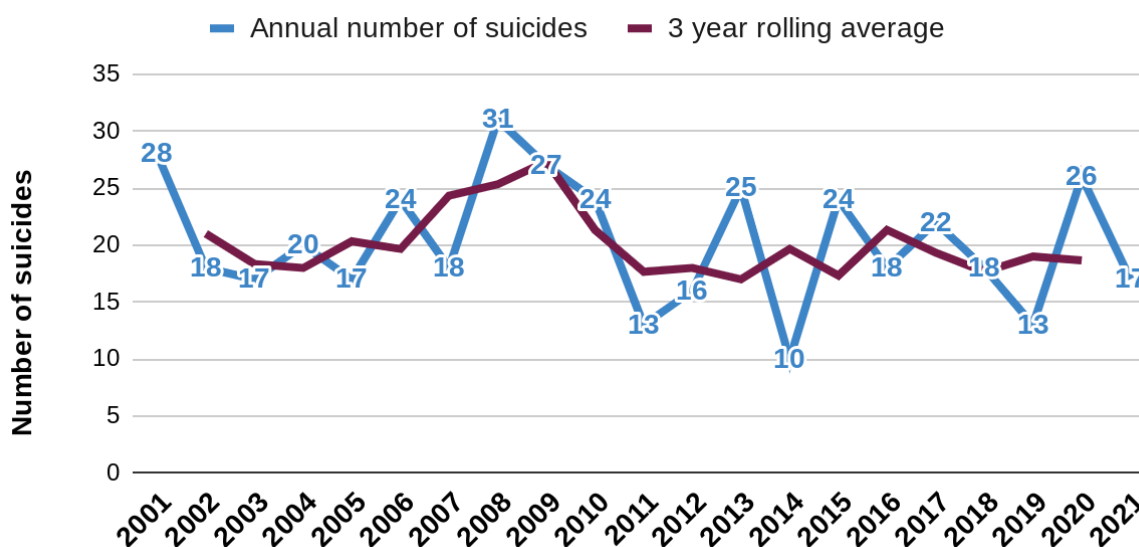
Many people are impacted by any one suicide, with one study estimating this is 135 on average<sup>3</sup>. People bereaved by suicide have an increased risk of issues such as mental health problems, substance misuse, unemployment and sadly suicide themselves. However, in some cases there can also be witnesses who are deeply affected by the event. Further to the emotional and social loss, each suicide is estimated to cost the economy £1.7 million<sup>4</sup>.

People living in the most disadvantaged communities face the highest risk of dying by suicide, with low income and unmanageable debt, unemployment, poor housing conditions, and other socioeconomic factors all contributing to high suicide rates<sup>5</sup>.

### Hackney

Over the last twenty years, on average 20 people per year were registered as having died by suicide in Hackney (based on coroners reports), with the most occurring in 2008, 2009 and 2020 at 31, 27 and 26 respectively. Given the small numbers involved, some annual variation is expected and a three year average provides a smoother illustration of the trend in the number of deaths (Figure 1). Using rolling three year aggregates of registered deaths per 100,000, no three-year period was significantly higher than any other<sup>6</sup>. Nevertheless, it is likely that the high numbers in 2008-2009 reflect a national increase at this time.

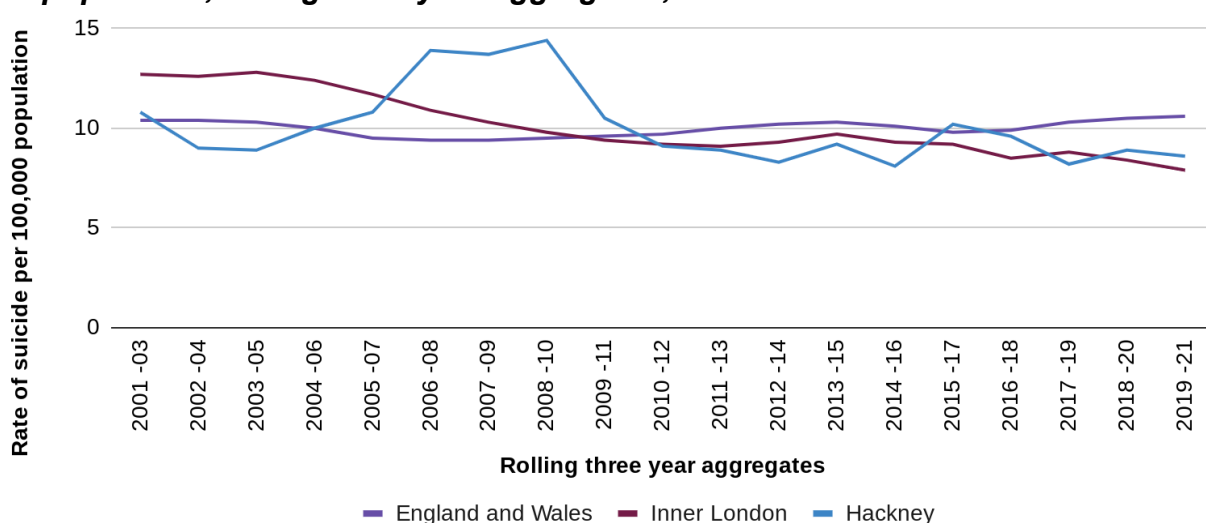
**Figure 1: Number of registered suicides per year in Hackney, 2001-2021**



Ref: Office for National Statistics, 2021, *Suicides in England and Wales by local authority*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

At an average rate of around 10 deaths by suicide per 100,000 population, the overall trend in Hackney for the last 20 years is similar to the national rate, though the variation is greater, at least partly due to the small numbers involved. Across inner London boroughs, the average rolling three year aggregate rate of registered deaths per 100,000 population has seen a steady decline from 12.7 to 7.9 deaths by suicide between 2001-2003 and 2019-2021 (Figure 2). The data available indicate that overall the rates in Hackney may also be slowly falling overall, especially if the spike in 2020 was an anomaly - perhaps due to the coronavirus crisis.

**Figure 2: Number of registered suicides (age-standardised) per 100,000 population, rolling three year aggregates, 2001-03 to 2019-21**



Ref: Office for National Statistics, 2021, *Suicides in England and Wales by local authority*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

If the high rate of cases in 2020 was indeed due to Covid, this differed from national trends, where the number of suicides actually reduced. Various reasons have been suggested for this reduction, including benefits from working from home, increased sense of community and reduced social pressures. Nevertheless, it is possible the early months of the crisis impacted Hackney residents more than average, with reasons perhaps including lack of indoor space, higher population density, fewer protective factors and higher than average risk of contracting the virus for many residents. Covid was known to be a factor for at least a couple of those who died by suicide in Hackney in 2020.

## Suspected suicides by Hackney residents, 2020-2022

In 2020 the Realtime Thrive London Suicide Surveillance database was launched, where data is uploaded by the Met Police for any death they believe to be a suicide within a few days. The upload is then automatically shared with local authorities, and some mental health services. They are ‘suspected’ suicides, as the causes of death have not yet been confirmed by a coroner. It is possible that a few deaths may be missed but early data appear to be similar to the ONS coroner confirmed deaths.

In 2022, 11 suspected deaths by suicide were recorded on the Thrive London database for Hackney residents. This is lower than the 16 in 2021 and 24 in 2020. However, it is understood that in the latter half of 2022 there were some issues with inputting the data, so it is likely at least a few more suicides occurred in 2022.

In 2022, between zero and two suspected suicides were recorded on the database most months, which is similar to previous years, with a few exceptions, most notably Spring 2020, where 12 occurred between April and June. This spike coincided with the initial peak of the coronavirus crisis, which, as mentioned, was not a national trend. The deaths were reviewed by ELFT, Public Health and Public Health England and it was concluded that these were not a linked cluster.

Of the 51 total deaths between 2020 and 2022, 73% (37) were male, similar to the national average. The ages of people who died by suspected suicided between 2020 and 2022 fall into all adult ten-year age categories. Numbers are too small to interpret any trends in age from the available data.

The majority of the 51 suicides by Hackney residents since 2020 have occurred within Hackney (92%) and were spread across the borough, with no specific areas identified as being high risk. Most took place in people’s own homes (81% where recorded) and hanging was the most common method (48%). Falls from height (18%) and an overdose of prescription drugs (10%) were the next most common methods used (Table 1).

**Table 1: Borough, location and method of suspected suicide, 2020-2022.**

<b>Borough of death</b>	<b>Number</b>	<b>Method</b>	<b>Number</b>
Hackney	47	Hanging	24
		Fall from height	9
		Overdose - prescription	5
<b>Location of death</b>	<b>Number</b>		

Home address	29	Other*	13
Not recorded/unknown	15		
Other*	7		

Ref: Thrive London, Suicide Surveillance Database

\*Further breakdown cannot be provided due to small numbers

Of the Hackney residents suspected to have died by suicide between 2020 and 2022, 63% were of White - North European ethnicity, 18% Black and 16% White - South European. In total, residents from White population groups made up 79% of the suicides, a much higher proportion than the 53% of White residents in the local population (Figure 7). Nationally the highest suicide rates are also among White, as well as Mixed ethnicity, groups<sup>1</sup>. Unfortunately further breakdown of the current very broad ethnicity categories would be needed in order to make useful recommendations but this is not available at present.

Of the 27 suspected deaths by suicide where a marital status was recorded, 88% of those who died were single or widowed. However, these data are only recorded for 53% deaths and do not show how many of these people were in relationships but not married. Given loneliness, relationships and social pressures are known to be a risk factor for suicide, it is possible the high rate of suicide in single people is related to loneliness or social pressures around marriage.

Of the 33 (65%) suspected suicides where the data field for mental health conditions was completed, 58% of the people who died had mental health conditions. However, in 35% of cases this field was not filled in and completion may have been more likely when a condition was present. On the other hand, some people may have had mental illness but not had this officially diagnosed, may not have confided in others or may not have been aware themselves.

Additional risk factor data were recorded based on a review of the written paragraph summaries for each case. These data should be interpreted with caution as the level and type of detail varies greatly across the different cases. There will also always be some bias in what the reviewer chose to include and what information was available to them. Unsurprisingly, mental health was the most common factor cited, followed by substance misuse, previous attempts, family or relationship issues and prescription drugs.

## Transport for London Suicide Prevention Data

No completed suicides were recorded on the TFL transport network in Hackney in 2022. Probably at least partly due to having fewer big stations, Hackney has relatively few suicides and attempts on its rail network compared to many other London boroughs.

The most common day for crisis interventions was Wednesday, January was the most common month and between 13:00 and 22:00 was the most likely time. People in their 20s and 40s were the most likely to receive a crisis intervention and 51% of interventions were for women, much higher than the ~25% national and

<sup>1</sup>Samaritans, Ethnicity and suicide,

<https://www.samaritans.org/about-samaritans/research-policy/ethnicity-and-suicide/>

local suicide completion rate for women.

## **Steering group meetings and action plan**

In 2018 a Hackney Suicide Prevention group was established which agreed a strategy and action plan for 2019-23. Members of the group include Public Health, the NHS Integrated Care Board, East London Foundation Trust, Adults and Children's representatives, the police, housing, and relevant voluntary and community sector organisations. Stakeholder engagement was undertaken to inform the current action plan, which was signed off by the steering group towards the end of 2019.

Actions undertaken in 2022 included, improving support for people in crisis, agreeing a response framework for a high profile suicides, producing and promoting bereavement resources, ensuring suicide prevention is included in planning and design, working with schools to build awareness of suicide prevention, work to reduce risk from prescription drugs, promotion of mental health and suicide prevention training for resident-facing staff, as well as including it in existing training delivery, such as safeguarding training.

One of the successes of the steering group has also been to provide a forum for information sharing and networking for members, as well as guests, on subjects relevant to suicided prevention and this is something the group will be building on going forward.

Going forwards it has been agreed to have a short action plan, with a few actions that are very specifically about suicide prevention (as opposed to mental health for example, which will be picked up by the MH action plan) and involve multiple stakeholders. Each action will be taken forward by sub-groups formed of key stakeholders. Actions undertaken by individual organisations should continue to take place and regular progress updates and information should be provided to the steering group.

The confirmed action areas are:

- Suicide prevention awareness raising
- Suicide prevention for schools
- Developing a process for reviewing, responding to and learning from suicides
- Review pathway for individuals identified as being at the highest risk of suicide
- Ensure the voice of people with lived experience is an integral part of suicide prevention work

Other regular updates on other relevant work include:

- ELFT crisis work
- Work to reduce suicides in secondary care
- Substance misuse and mental health
- Transitions work for young people
- NEL SP work

- Improving MH systems and pathways
- Prescription painkillers

## References

1. Office for National Statistics, 2022, *Suicides in England and Wales 2021 registrations*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations#:~:text=In%202021%2C%20the%20suicide%20ASMR,rates%20between%202018%20and%202020>
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4. Knapp M, McDaid D, Parsonage M (editors) (in press) *Mental health promotion and mental illness prevention: The economic case*. PSSRU, London School of Economics and Political Science
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6. Thrive London, Suicide Surveillance Database
7. Office for National Statistics, 2021, *Suicides in England and Wales by local authority*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

## BACKGROUND PAPERS

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

None

Report Author	Jennifer Millmore , Senior Public Health Specialist
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