



London Borough of Hackney
Living in Hackney Scrutiny Commission
Municipal Year 2023/24
Tuesday 27 February 2024

Minutes of the proceedings of
the Living in Hackney Scrutiny
Commission held at
Hackney Town Hall, Mare
Street, London E8 1EA

Chair:	Councillor Soraya Adejare
Councillors in Attendance:	Cllr Joseph Ogundemuren, Cllr Sam Pallis, Cllr Zoe Garbett and Cllr Yvonne Maxwell
Apologies:	Cllr Caroline Selman and Cllr M Can Oszen
Councillors in Online Attendance:	Cll Ali Sadek, Cllr Ian Rathbone and Cllr Clare Joseph
Officers In Attendance:	Simon Young (Principal Public Health Specialist & Substance Misuse Partnership Lead)
Other People in Attendance:	Cllr Claudia Turbet-Delof
Officers in Online Attendance:	Jennifer Wynter (Assistant Director Benefits & Housing Needs) Beverley Gachette (Strategic Commissioning Lead, Rough Sleeping and Homelessness) and Chris Lovitt (Deputy Director, City & Hackney Public Health)
Other People in Online Attendance:	Cllr Kam Adams, Amy Wilkinson (Director of Partnerships, Impact and Delivery at NHS North East London Integrated Care Board & City and Hackney Place Based Partnership), Ellie Hobart (Deputy Director of Health Improvement & Inclusion, NHS North East London), Cindy Fischer (Senior Manager Unplanned Care, NHS North East London) and Councillor Sade Etti (Deputy Cabinet Member for Homelessness & Housing Needs)
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Councillor Soraya Adejare in the Chair

1 Apologies for Absence

1.1 The Chair updated those in attendance on the meeting etiquette and that the meeting was being recorded and livestreamed.

1.2 Apologies for absence were received from Cllr Oszen and Cllr Selman.

1.3 Cllr Joseph, Cllr Sadek and Cllr Rathbone were in online attendance.

2 Urgent Items / Order of Business

2.1 There were no urgent items, and the order of business was as set out in the agenda.

3 Declaration of Interest

3.1 In relation to item 4, the Deputy Cabinet Member for Homelessness & Housing Needs declared that she was a Governor at North East London NHS Foundation Trust.

4 Supported Accommodation for Rough Sleepers & Single Homeless People with Complex Needs

4.1 The Chair opened the item by explaining that the discussion followed on from the meeting held on 22nd November 2023, where the Commission looked at the local context for supported accommodation for single homeless people with complex needs, including current provision, its benefits, and future demand.

4.2 During the discussion the Commission heard that the main barriers to increasing provision in Hackney in line with future need included access to funding sources and identifying suitable sites. The Commission was therefore keen to further explore the challenges and opportunities in developing supported accommodation for this cohort locally, and to look at the ways in which improved partnership working could potentially unlock opportunities for increased provision.

4.3 As part of the scrutiny process, members undertook site visits to supported accommodation schemes in Camden and Hackney. An overview report from these visits is included with the agenda papers.

4.4 Representing London Borough of Hackney

- Councillor Sade Etti, Deputy Cabinet Member for Homelessness & Housing Needs
- Jennifer Wynter, Assistant Director Benefits & Housing Needs
- Beverley Gachette, Strategic Commissioning Lead, Rough Sleeping and Homelessness

4.5 Representing City & Hackney Public Health

- Chris Lovitt, Deputy Director of Public Health
- Simon Young, Principal Public Health Specialist & Substance Misuse Partnership Lead

4.6 Representing NHS North East London Integrated Care Board / City & Hackney Place Based Partnership

- Amy Wilkinson, Director of Partnerships, Impact and Delivery

4.7 Representing NHS North East London

- Ellie Hobart, Deputy Director of Health Improvement & Inclusion, NHS North East London
- Cindy Fischer, Senior Manager Unplanned Care, NHS North East London

4.8 Attending from the Health in Hackney Scrutiny Commission

- Cllr Claudia Turbot-Delof
- Cllr Kam Adams

4.9 It was noted that apologies had been received from the Deputy Mayor for Delivery, Inclusive Economy & Regeneration and officers covering housing strategy, housing delivery and corporate property. The discussion would therefore focus on the work of health partners in supporting this cohort locally and the opportunities for further collaboration in this area.

4.10 The Chair then invited the Deputy Director of Health Improvement & Inclusion and Senior Manager Unplanned Care at NHS North East London (NEL) to give a verbal presentation. The main points are highlighted below.

4.11 Strategy and policy around addressing the health needs of homeless people and wider health inclusion groups was guided by various national and regional documents. This included the homelessness commissioning guidance for London, the Rough Sleeping Strategy, Core20PLUS and the NICE guidelines, and most recently national guidance for NHS action on inclusion health.

4.12 NHS NEL defined homelessness as including; rooflessness (without a shelter, sleeping rough on the streets); houselessness (a place to sleep but it is temporary, in institutions or a shelter including refugee and asylum seekers); living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends); and living in inadequate housing (in caravans on illegal campsites, extreme overcrowding).

4.13 The case for action in addressing the health needs of those experiencing homelessness was clear. Health outcomes remained poor, people continued to face barriers to accessing health and care services and face stigma and discrimination when interacting with services, and people had significant unmet health, housing and social care needs.

4.14 Health service implications resulting from, or being worsened by, the current housing situation included the exacerbation of health issues both physical and mental, limited housing options (with the right support) leading to people staying longer in hospital, continuity of care issues and implications for recruitment, retention and agency spend as key workers were unable to afford to live and work in London.

4.15 Since 2013, there had been a year on year increase in rough sleeping in North East London until 2020 (during the COVID-19 pandemic there was a decrease in rough sleeping due to an increase in government funding for those experiencing homelessness via schemes such as the 'Everyone in' campaign and the 'Rough sleepers initiative'). However, between 2013 and 2023 there had been an increase of 129.5% in rough sleeping.

4.16 The emerging vision for 2022/23 to 2023/24 in terms of improving the health outcomes of the homeless population in North East London included six emerging priorities and Integrated Care Board (ICB) actions.

- 1) Identifying gaps in provision in outer boroughs and addressing unmet health needs accordingly
- 2) Improving pathways for hospital discharge and step-down
- 3) Improving access to primary and community provision
- 4) Development of integrated specialist services across NEL
- 5) Preventing young people experiencing homelessness through system working to identify opportunities to prevent homelessness up stream
- 6) Supporting refugee and asylum seekers and those with no recourse to public funds

4.17 NHS NEL ICB commissioned services included:

- The Greenhouse Practice (East London Foundation Trust)
- Rough Sleeping and Mental Health Programme (East London Foundation Trust)
- Pathway Homeless Team (East London Foundation Trust and Homerton Healthcare Foundation Trust)
- Lowri House (Peabody)
- Routes to Roots (Providence Row Charity)
- NEL Refugee and Asylum Seeker health outreach (to be introduced in April 24)

4.18 The City & Hackney Placed Based Partnership (PbP) governance structure, as included in the agenda papers, was referenced. Key governance routes included the City & Hackney PbP Delivery Group, the City & Hackney Neighbourhood Health and Care Board, the City & Hackney Health and Care Board and the City & Hackney ICB Sub Committee.

4.19 The Assistant Director of Benefits & Homelessness Prevention added that the Benefits & Homelessness Prevention team planned to present on the topic of supported accommodation for homeless people with complex needs at the next City & Hackney Neighbourhood Health and Care Board on 26th March 2024.

Questions, Answers and Discussion

4.20 *A Commission Member asked about how health partners worked in partnership to provide support for homeless people with multiple and complex needs.*

4.21 The Senior Manager Unplanned Care, NHS NEL explained that commissioned health partners worked in closely in partnership to provide integrated specialist services across North East London which aimed to improve health and social outcomes.

4.22 For example, the Greenhouse Practice was provided by East London Foundation Trust but worked very closely with other agencies such as the Council and Homerton Healthcare Foundation Trust, as well as providers of community services.

4.23 *A Commission Member asked about what was known about “hidden” homelessness in Hackney, particularly in terms of women experiencing hidden homelessness.*

4.24 The Senior Manager Unplanned Care, NHS NEL acknowledged that there was a need to further understand the health needs of those in housing situations that were not as well captured in official statistics. Improving data collection and analysis around this cohort would allow health and wellbeing support to be better targeted.

4.25 The Deputy Director of Health Improvement & Inclusion, NHS NEL added that a population profile for homeless health across North East London was currently in development. Additionally, a London-wide survey was being undertaken to understand the health needs of the female hidden homeless population which NHS NEL would be feeding into.

4.26 The Assistant Director of Benefits & Homelessness Prevention added that a rough sleeping census for women in London to understand the experiences of women who were rough sleeping and may not be represented in data, policy or services was undertaken annually.

4.27 A Commission Member asked whether there were any opportunities to use existing NHS assets to deliver supported accommodation for single homeless people with complex needs locally.

4.28 The Director of Partnerships, Impact and Delivery, NHS NEL ICB & City and Hackney PbP explained that a piece of work was currently underway with the to explore collaborative opportunities across estates to deliver primary care and other services where possible.

4.29 More widely, NEL ICB was working across the whole system to identify opportunities for collaboration in terms of assets. Whilst this was at the early stages, it was hoped that opportunities could be worked on to support integration and collective effort to deliver services.

4.30 The Deputy Director of Health Improvement & Inclusion, NHS NEL added that there was an infrastructure team at NHS NEL level which looked for development opportunities which might be available, as well as potential resources from Section 106 and the Community Infrastructure Levy. Dialogue around any opportunities for homelessness provision and wider health inclusion services was at the early stages but ongoing.

4.31 A Commission Member asked what some of the reasons were for there being a wider gap in the provision of supported accommodation compared to demand in Hackney when compared with other boroughs such as Camden.

4.32 The Strategic Commissioning Lead, Rough Sleeping and Homelessness explained that the Council changed its model of housing related support services for adults with complex needs in 2016 to achieve efficiencies and cost savings. Financial pressures meant that it had to carefully review the costs of all non-statutory services.

4.33 Camden had historically had a larger budget for housing related support services for adults with complex needs. This had also been supplemented by the Supporting People Programme which was a ring-fenced grant which was intended to fund services to help vulnerable people live independently.

4.34 Hackney was also largely reliant on external providers of supported accommodation for homeless people with complex needs, whereas Camden had a

large proportion of provision which was directly funded and delivered by the Council itself.

4.35 A Commission Member asked about how the Council worked collaboratively with community and voluntary organisations providing support services for homeless people with complex needs in the borough.

4.36 The Assistant Director of Benefits & Homelessness Prevention explained that the Council worked closely and extensively with organisations providing support to homeless people with complex needs locally.

4.37 In reference to a specific question around working with Spitalfields Crypt Trust, it was noted that the Council had a longstanding relationship with the organisation and supported them through exempt accommodation (supported housing which was exempt from certain Housing Benefit provisions).

4.38 A Commission Member asked about how the Council and health partners were working collaboratively in terms of data modelling and future projections around the needs of homeless people with complex needs.

4.39 The Deputy Director of Health Improvement & Inclusion, NHS NEL explained that work was ongoing across NHS NEL around gathering health data and information sharing to ensure interventions were data and evidence driven. This would link in with ongoing work being undertaken by Public Health to update the Joint Strategic Needs Assessment (JSNA).

4.40 The Principal Public Health Specialist & Substance Misuse Partnership Lead added that a JSNA was currently being undertaken to understand local need in regard to substance misuse, which would have a focus on homelessness and rough sleeping.

4.41 A JSNA around homelessness and rough sleeping specifically was last produced in 2018, which focused largely on housing quality and temporary accommodation. Work was ongoing to develop a new JSNA which would have more of a focus on the needs of the homeless and rough sleeping population, and this would likely be completed in the next year.

4.42 The Senior Manager Unplanned Care, NHS NEL added that stakeholders came together regularly both at a North East London and City & Hackney level to discuss issues of strategic importance and share information. For example, the Homeless Health Partnership Group included representatives from the Council, Public Health and various health, social and voluntary care partners.

4.43 This met to ensure strategies for this cohort were appropriately aligned, and explore opportunities for collaborative service delivery to address the health needs of the homeless and rough sleeper population.

4.44 The Director of Partnerships, Impact and Delivery, NHS NEL ICB & City and Hackney PbP went on to add that the conversation around supported accommodation for homeless people with complex needs at the City & Hackney Neighbourhood Health and Care Board on 26th March 2024 would provide a springboard for further conversations across the local health system.

4.45 *A Commission Member asked about how the Council was working with registered social landlords to explore opportunities for the potential use of their housing stock to deliver supported accommodation for this cohort.*

4.46 It was noted that the question would be better answered by colleagues from housing strategy, housing delivery and corporate assets who would have a fuller understanding of partnership work with registered social landlords.

4.47 *A Commission Member asked whether the current level of supported accommodation provision for this cohort was enough to address the needs of homeless people and rough sleepers with substance misuse issues.*

4.48 The Principal Public Health Specialist & Substance Misuse Partnership Lead explained that there were various pieces of work going on locally to address the needs of homeless people and rough sleepers with substance misuse issues.

4.49 One recent example was the work funded by the Rough Sleeping Drug and Alcohol Treatment Grant, which funded drug and alcohol treatment and wraparound support for people sleeping rough or at risk of sleeping rough. This involved outreach work with rough sleepers and those living in temporary accommodation.

4.50 Alongside this was the work of the Community Wellbeing Team, which provided mobile services across the borough to provide care and support to rough sleepers and those experiencing homelessness. This work included a range of multi-agency services including Turning Point, the Benefits & Homelessness Prevention Team and the Greenhouse Practice.

4.51 Having said this, provision could inevitably go further. There were well-documented challenges around recruitment and retention, workloads, transient populations and ever increasing demand.

4.52 In terms of setting out what was needed and what might be possible in terms of increased provision, more work needed to be done around data modelling and future projections through the JSNAs and collaborative work across the City & Hackney PbP. In addition, further engagement was needed with the Greater London Authority (GLA) to explore potential opportunities and collaboration.

4.53 *A Commission Member asked about what work had been undertaken, or needed to be undertaken, around modelling the potential cost benefits of supported accommodation for homeless people with complex needs.*

4.54 The Strategic Commissioning Lead, Rough Sleeping and Homelessness explained that work around understanding the value for money of the supported housing sector for public services was challenging but ongoing. The Benefits & Homelessness Prevention Team was working closely with Public Health to understand this more clearly.

4.55 *A Commission Member asked for further information on the local hospital discharge model for homeless people with complex needs, and what impact not having appropriate places to discharge people following a period in hospital was having.*

4.56 The Assistant Director of Benefits & Homelessness Prevention explained that the Council had a good partnership with hospitals and the NHS around hospital discharge. Lowri House was a key example of this, providing those that were ready to leave hospital but did not have anywhere to live tailored accommodation and support before being moved on.

4.57 However, move on options from hospital discharge were limited and there was not enough supported accommodation provision to meet growing demand. This meant that many people were moved on into inappropriate temporary accommodation, which often led to increased safeguarding incidents and health deterioration, and placed them at increased risk of experiencing homelessness again in future.

4.58 The Senior Manager Unplanned Care, NHS NEL added that in order to get the Lowri House pathway set up a year ago, a detailed business case had to be put together which involved monitoring the number of homeless patients going through the Homerton and City & Hackney Centre for Mental Health and evaluating the work of the Pathway Homeless Hospital Discharge Team.

4.59 The pathway was originally commissioned for a two-year period, and non-recurrent funding would be needed going forward to extend it for a further period of time. It received national grant funding which was allocated for projects to support people experiencing homelessness after being discharged from hospitals which funded the first year.

4.60 It was acknowledged that a lack of suitable accommodation was also having an impact in terms of the shortage of hospital beds and on safe discharge. Whilst services worked closely together to ensure safe discharge, these pressures sometimes meant that people were discharged too early or spent longer periods of time in hospital. Following up after hospital discharge for those that were moved into temporary accommodation was also challenging, particularly if the person had been moved out of the borough.

4.61 *A Commission Member asked what the continuity of care model for homeless people and rough sleepers who came into contact with health services looked like locally.*

4.62 The Senior Manager Unplanned Care, NHS NEL explained that the Pathway Homeless Hospital Discharge Team was commissioned in part to ensure that users had an ongoing relationship with the clinical team and a smooth transition between different services.

4.63 The team did focus on onward planning and following up within the community. This involved ensuring that people were registered with a GP practice, and were engaging with Council, NHS, community and voluntary services where appropriate. Multidisciplinary partnership meetings were held regularly to ensure care was handed over smoothly.

4.64 *A Commission Member asked about how the Council and health partners ensured the needs of homeless people with complex needs were met when placed in temporary accommodation outside of the borough.*

4.65 The Assistant Director of Benefits & Homelessness Prevention explained that when a request for emergency or temporary accommodation was made, a risk assessment was undertaken to determine what that person's needs might be.

4.66 The lack of access to supported and temporary accommodation in Hackney meant that some people had to be placed outside of the borough, away from their support services and social networks. There was huge risk in doing so, particularly around increased safeguarding incidents, health deterioration and ultimately early death.

4.67 A Commission Member asked what benchmarking had taken place to explore best practice regionally, nationally and internationally, and what had been learned.

4.68 The Strategic Commissioning Lead, Rough Sleeping and Homelessness explained that the Council regularly reviewed best practice models in relation to provision for this cohort, and had links with commissioning authorities across the country and the GLA to share experiences.

4.69 A Commission Member asked whether there had been many examples of homeless people with substance misuse issues being placed out of the borough, and what impact that had on ensuring they had access to the right support services.

4.70 The Principal Public Health Specialist & Substance Misuse Partnership Lead explained that, anecdotally, substance misuse services such as Turning Point were beginning to see more and more people who engaged with their services being moved out of the borough.

4.71 If someone had been placed out of borough, it was naturally more difficult for Hackney services to engage them. Handovers between services in Hackney and in other local authorities could also be challenging due to the transient nature of that population, issues around information sharing and staffing pressures.

4.72 This again underlined the need to build a strong database around the needs of this cohort from the new JSNAs, ongoing collaborative working through the City & Hackney PbP, and utilising GLA data and services.

Summing Up

4.73 The Chair thanked Commission Members for their questions and all witnesses for their responses and engagement with the scrutiny process.

4.74 It was explained that, after the meeting, the Commission would reflect on the evidence heard and may make suggestions or recommendations for consideration.

4.75 The Commission would also be looking to have additional conversations with the Deputy Mayor for Delivery, Inclusive Economy & Regeneration and officers covering housing strategy, housing delivery and corporate property to discuss the challenges and opportunities for developing supported accommodation in collaboration with these service areas.

5 Homelessness & Rough Sleeping Strategy 2024-26 - Executive Response to Scrutiny Recommendations

5.1 The Chair explained that the Commission held a discussion on the draft Homelessness & Rough Sleeping Strategy 2024-26 on 18th September 2023, which enabled members to challenge how the strategy would be delivered, how the Council had considered risks, and the key measures of success before it was adopted by Cabinet.

5.2 Following the meeting, the Commission brought together its findings and sent a letter to the Executive outlining its recommendations. The response from the Executive to the letter was received on 30th January 2024.

5.3 It was explained that the Commission would be following up on progress made against key commitments in the strategy, particularly around increasing permanent and temporary housing, supporting residents with multiple and complex needs and youth homelessness.

5.4 Members noted the Executive response to the Commission's findings in relation to the Homelessness & Rough Sleeping Strategy 2024-26, and the next steps in terms of following up the recommendations and findings.

6 Minutes of the Meeting

6.1 The draft minutes of the meetings held on 11th December 2023 and 22nd January 2024 were agreed as an accurate record.

7 Living in Hackney Work Programme 2023/24

7.1 The Chair referred to the Commission's work programme and highlighted the discussion items planned for the remainder of the municipal year.

7.2 It was noted that the Commission would be looking primarily at the draft Private Sector Housing Strategy 2024-29 at our next meeting in March, and would receive a brief update on progress and timelines in regard to the new Housing Strategy 2024-29.

7.3 The Intermediate Housing Panel had not yet begun its work. Its interim findings were likely to be presented to the Commission in Autumn 2024.

8 Any Other Business

8.1 None.

Duration of the meeting: 7.00 - 8.20 pm