

Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Monday 11 September 2023

7.00 pm

Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA

The press and public are welcome to join this meeting remotely via this link:

<https://youtube.com/live/pY5hP2zohYw>

Back up live stream link:

<https://youtube.com/live/U6Ib4N8WKwc>

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

Contact:

Jarlath O'Connell

☎ 020 8356 3309

✉ jarlath.oconnell@hackney.gov.uk

Dawn Carter-McDonald

Interim Chief Executive, London Borough of Hackney

Members: Cllr Ben Hayhurst (Chair), Cllr Kam Adams, Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Sharon Patrick (Vice-Chair), Cllr Ifraax Samatar, Cllr Claudia Turbet-Delof and Cllr Humaira Garasia

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.00)**
- 3 Declarations of Interest (19.01)**

- 4 **Responding to increasing mental health needs (19.02)** (Pages 9 - 24)
- 5 **City & Hackney Safeguarding Adults Board Annual Report 22/23 (19.50)** (Pages 25 - 30)
- 6 **Healthwatch Hackney Annual Report 22/23 (20.20)** (Pages 31 - 56)
- 7 **Minutes of the Previous Meeting (20.50)** (Pages 57 - 76)
- 8 **Health in Hackney Scrutiny Commission Work Programme (20.51)** (Pages 77 - 90)
- 9 **Any Other Business (20.59)**

ACCESS AND INFORMATION

Public Involvement and Recording

Public Attendance at the Town Hall for Meetings

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

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

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

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

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

Rights of Press and Public to Report on Meetings

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

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

start of the meeting.

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

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

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

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

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

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

Providing oral commentary during a meeting is not permitted.

Advice to Members on Declaring Interests

Advice to Members on Declaring Interests

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Further Information

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

Getting to the Town Hall

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

Accessibility

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

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

Further Information about the Commission

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

[Health in Hackney Scrutiny Commission](#)



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<p>Health in Hackney Scrutiny Commission</p> <p>11th September 2023</p> <p>Responding to increasing mental health needs</p>	<p>Item No</p> <p>4</p>
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OUTLINE

Pressures on the local mental health services have been an ongoing concern. Recent performance data from the Health and Care Board have pointed to a major spike in demand. At our meeting on 17 July [17 July](#) we discussed the added pressure on the local system which will arise from 31 August with the implementation of the Right Care Right Person model by the Met Police.

In the last municipal year we discussed the newly commissioned Health and Wellbeing Network on [21 Sept](#) and again on [26 April](#). We discussed ‘Tackling inequalities in the local mental health services’ with the Chief Nurse and Deputy CEO of ELFT on [8 Feb](#). Prior to that on [5 Dec '22](#) we had an urgent item on “Mental health emergency department pressures” focusing on the Homerton A&E..

We asked our main provider ELFT as well as Adult Services officers to attend this meeting to discuss both the immediate support and the wider systemic challenges here. Attached please find a briefing paper which which will cover:
Part 1 – Support for people needing crisis and acute mental health care
Part 2 – Mental health support in the community

Attending for this item will be:

- Jed Francique**, Borough Director for City and Hackney, ELFT
- Dr Olivier Andlauer**, Clinical Director for City & Hackney, ELFT
- Helen Woodland**, Group Director Adults, Health and Integration
- Sandra Husbands**, Director of Public Health
- Georgina Diba**, Director Adult Social Care and Operations
- Sally Beaven**, Executive Director, Healthwatch Hackney

ACTION

The Commission is requested to give consideration to the report and make any recommendations as necessary.

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Responding to increasing mental health needs

London Borough of Hackney Health & Care Scrutiny meeting, 11th September 2023

Page 1

Jed Francique, Borough Director,
City & Hackney, ELFT

Dr Olivier Andlauer, Clinical Director,
City & Hackney, ELFT

Sharon Evans, Crisis Pathway Lead,
City & Hackney, ELFT



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Scope of the presentation

This presentation particularly focuses on the role and contribution of East London NHS Foundation Trust (ELFT) in responding to increasing local mental health needs, with a specific focus on adults.

The contribution of ELFT should be seen within the context of mental health and wellbeing being everybody's business and that the NHS necessarily works in a multi-agency landscape to meet needs.

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Part 1 – Support for people needing crisis and acute MH care

- a) North East London contextual pressures in the MH urgent, emergency and crisis landscape; issues contributing to MH crises;
- b) Numbers attending Homerton Hospital A & E; working arrangements; responsiveness, including 4-hour & 12-hour breaches;
- c) Profile of those in crisis;
- d) Other local crisis pathway elements, including the crisis line;
- e) Local MH bed stock & occupancy;
- f) Other improvement work;

Part 2 – MH support in the community

- a) The community context of rising MH demand;
- b) The nationally driven community MH transformation goals, local progress thus far and further proposed steps;



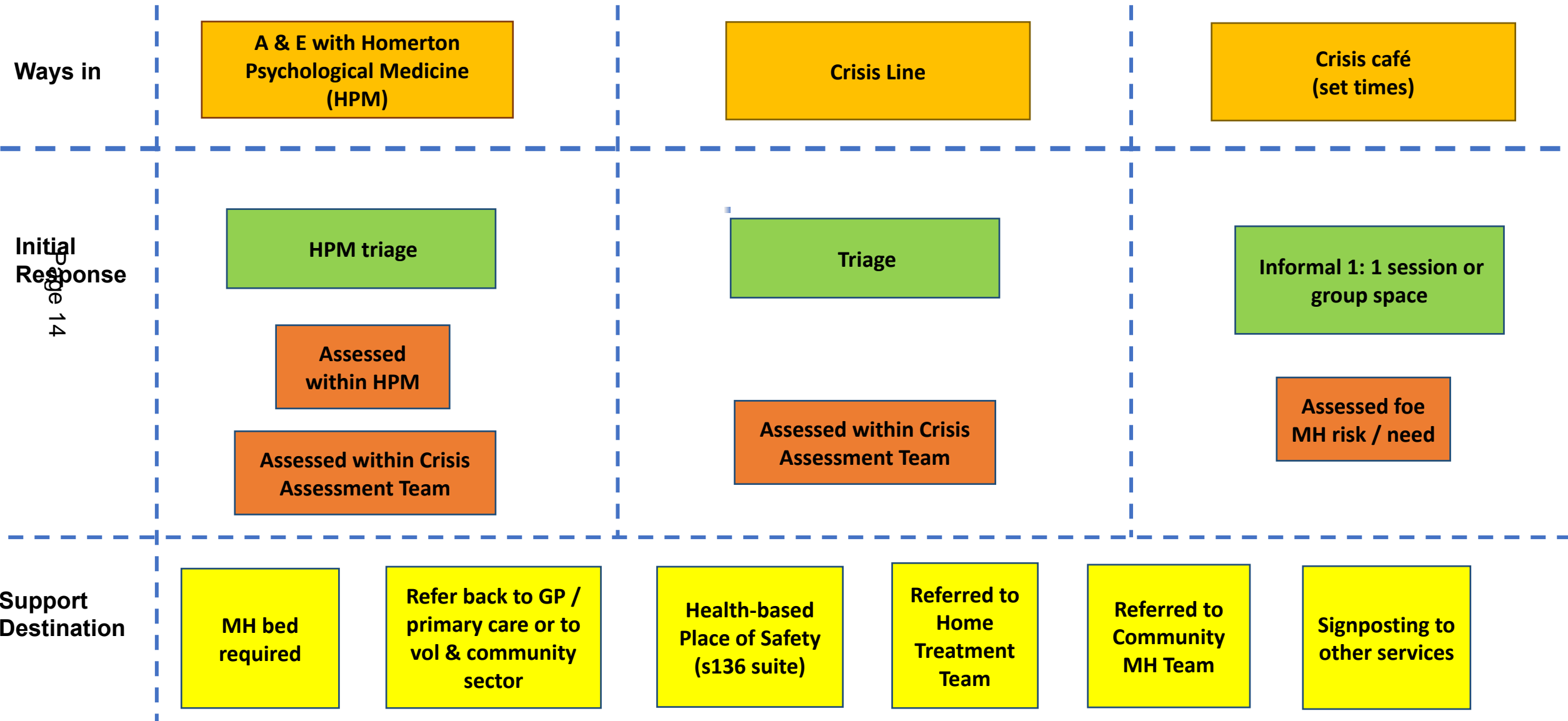
North East London Mental Health context

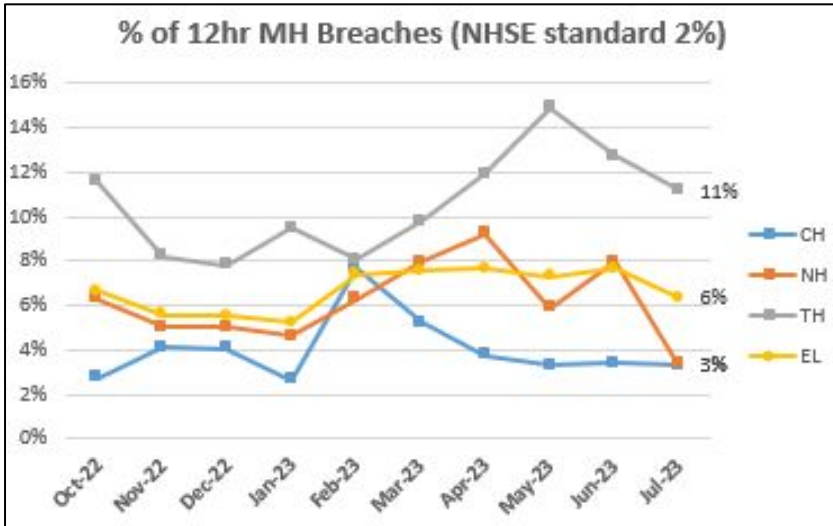
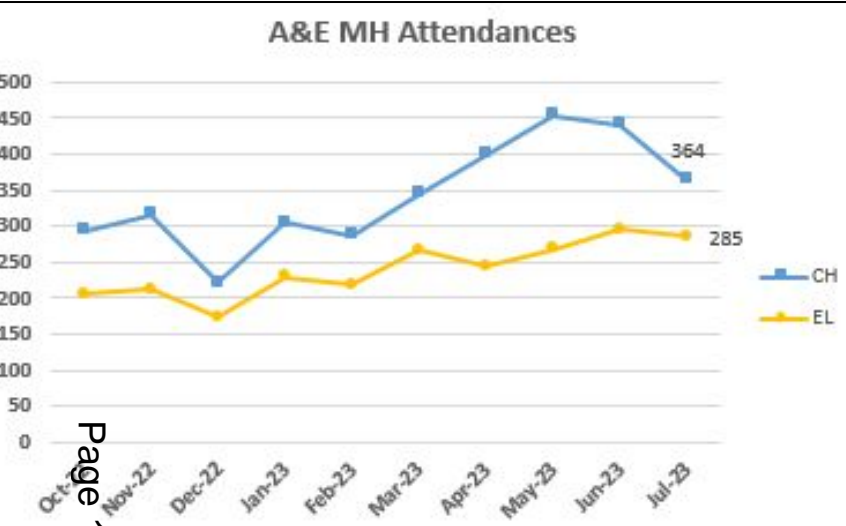
While mental health conditions are most often caused by inherited factors and physical factors, the sociodemographic structure of the population is an important driver of health need and demand for mental health services. The below table outlines key metrics which may drive higher mental health needs across North East London:

		ONEL				INEL		
		BD	HV	RB	WF	CH	NH	TH
Prevalence of MH Disorders	Mental Health: QOF prevalence (all ages) (21/22)	0.8	0.7	0.9	1.2	1.4	1.1	1.3
	Depression: QOF prevalence (18+ yrs) (21/22)	9	11	7	9	12	7	9
	% Long-term mental health problems (18/19)	8	7	6	9	10	6	10
Population Wellbeing	% People with self-reported high anxiety score (21/22)	15	19	22	16	25	18	18
	% People with a self-reported low happiness score (21/22)	5	9	7	5	7	8	9
Deprivation & Social Issues	IMD score (2019)	33	17	17	25	32	30	28
	Income deprivation (2019)	19	11	12	15	20	17	19
	Employment deprivation (2019)	0	0	0	0	0	0	0
	% People in employment (2021/22)	62	79	64	70	77	69	68
Physical Health	Healthy life expectancy at 65 (18-20)	9	11	10	11	7	9	10
	Healthy life expectancy at birth (18-20)	59	64	62	66	61	62	62
	% Adults classified as overweight or obese (21/22)	71	61	62	53	47	47	48
	% Physically active adults (21/22)	58	61	64	64	72	64	68
Substance Misuse	Admission episodes for alcohol-related conditions (21/22)	1744	1480	1428	1506	2112	1690	1920
	Admissions for mental disorders due to alcohol (18/19)	300	255	243	381	790	446	495

- Overall, City & Hackney and Tower Hamlets have challenges with high prevalence of common mental health problems in the population.
- Deprivation levels are high in Barking & Dagenham, City & Hackney and Tower Hamlets, creating potentially higher demand for mental health services within these boroughs.
- Users with long-term health conditions are also likely to experience mental health problems such as depression and anxiety.
- Linkages between substance misuse and mental health conditions are also strong, putting INEL at risk for higher demand in these areas.

Responding to people in mental health crisis





2023 average

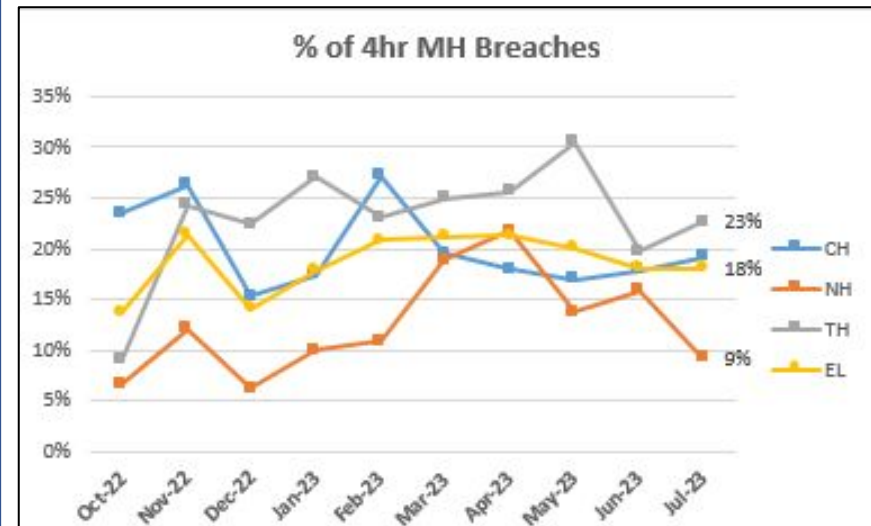
- Referrals = 391 per month
- Waiting in A&E < 4 hours = 81%
- Waiting in A&E < 12 hours = 96%

MH attendances at Homerton A & E have been increasing over the last year and is higher than in the rest of the East London footprint; 4pm to 1am is a particularly busy window for attendances.

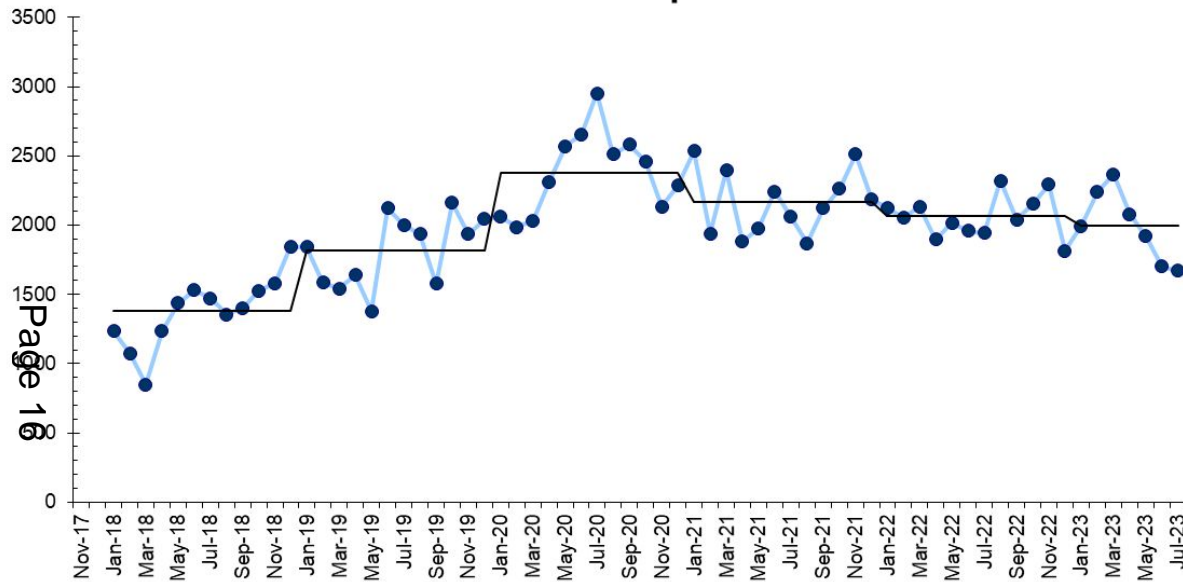
Service staffing is comparatively low compared to other teams across NEL.

Comments:

- More people presenting who are not known to us;
- There are certain cohorts of the population who are more likely to enter the MH system in crisis rather than via primary care (e.g. nationally people from African & Caribbean heritage);
- Drivers for attendance include suicidality, social stressors, self harm, depression;
- Approx 50% of those needing MH support at A & E, actually present with initial, primary physical health issues;
- Reasons for 12-hr breaches include local MH bed availability, delayed assessments due to e.g. substance misuse issues; non-ELFT responsible patients complicating the response;
- Numerous attendees have police involvement, with implications for future developments under the Right Care, Right Person initiative;



Crisis line calls per month



Average number of calls:

2018 average = 1378
 2019 average = 1814
 2020 average = 2378
 2021 average = 2165
 2022 average = 2063
 2023 average = 1996

Comments

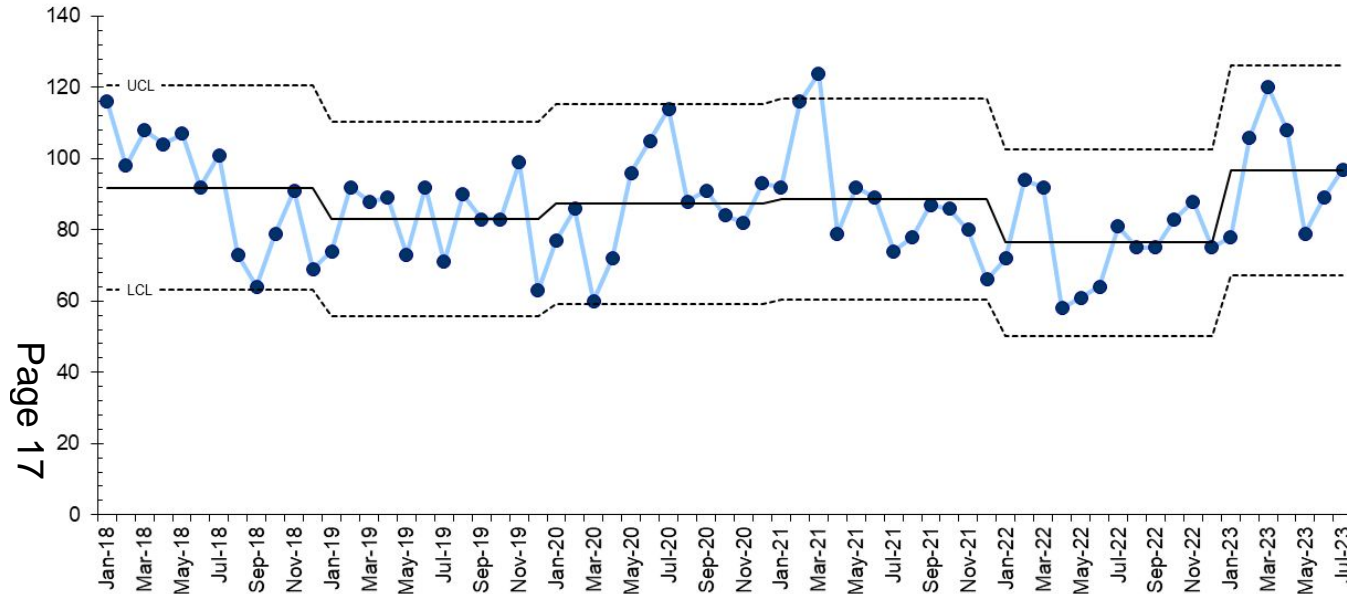
- There is clearly significant demand for this form of MH support, with recorded calls peaking in 2020 with approx. 3000 calls in 1 month, but still averaging nearly 2000 a month in this year.
- Commissioned capacity (staffing) is outstripped by number of calls, which has led to long waits to get through and significant proportions of abandoned calls (circa 30%);
- There steps being taken to centralise the crisis line across the 3 boroughs which should help with service capacity.
- Service user feedback (July 2023) – identified long waits as a challenge; highlighted the potential for further staff training; supported the retention of local crisis assessments;
- There are frequent callers;



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Referrals to the Crisis Assessment Team (CAT)

Crisis Assessment Team referrals per month



Commentary:

- The source of most of these referrals are the crisis line.
- The single most common outcomes for CAT referrals for assessment are discharge back to GP and onwards referral to the Home Treatment Team.

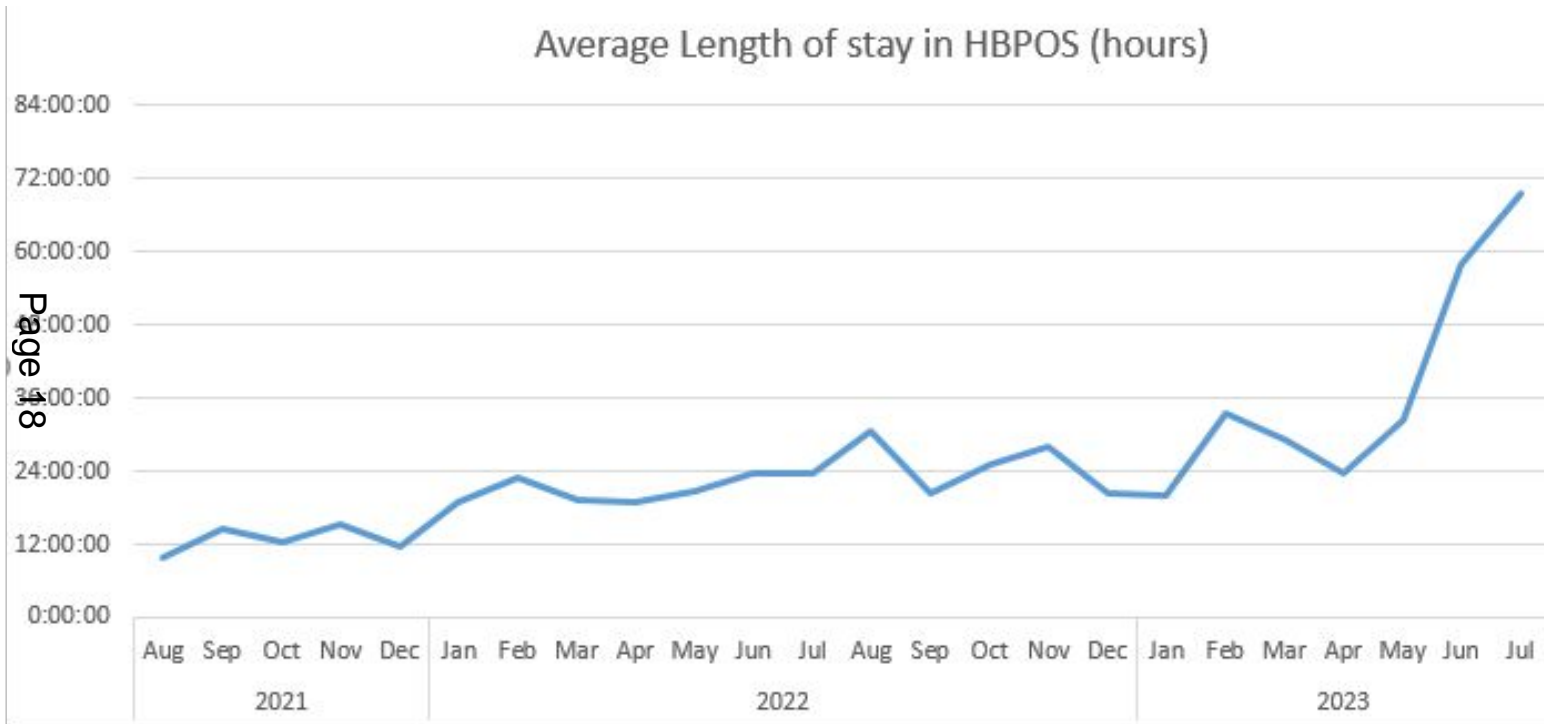
Average numbers of referrals to CAT:

2018 = 92
 2019 = 83
 2020 = 87
 2021 = 89
 2022 = 77
 2023 = 97



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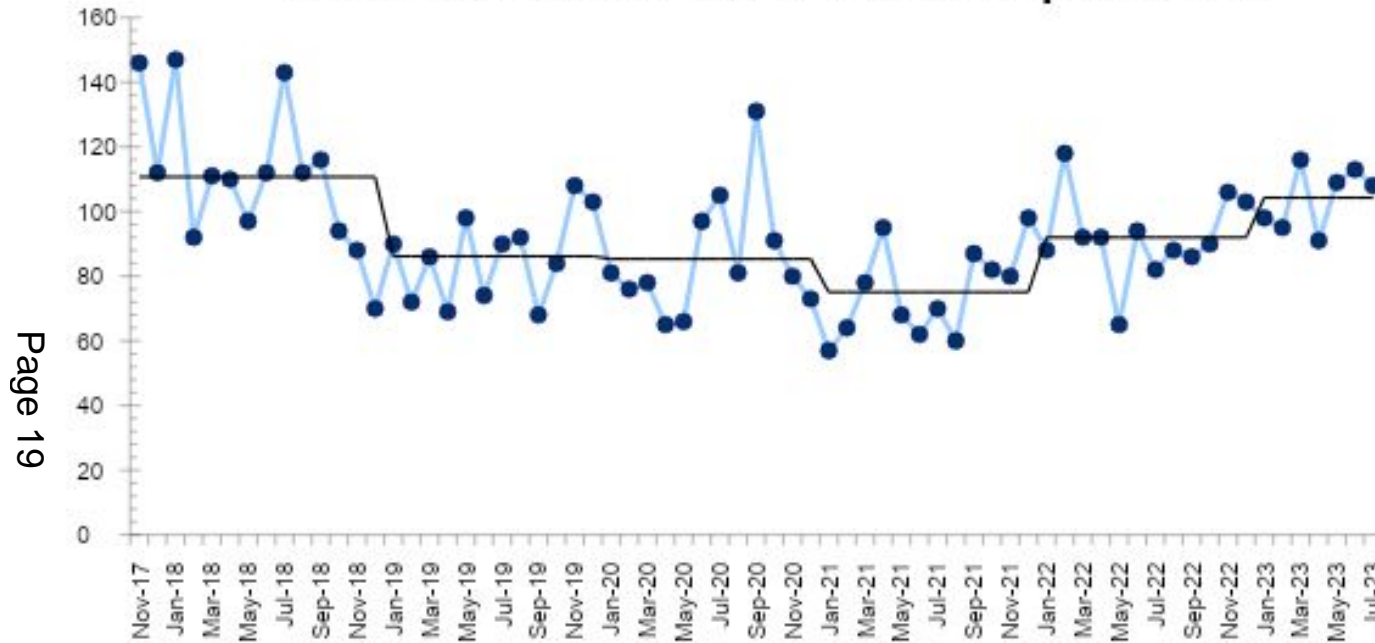
Comments

There is increasing pressure on the City & Hackney HBPOS, with ongoing, increasing mental health pressures contributing longer waits for MH bed availability, as an onward destination.



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Home Treatment Team referrals per month



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HTT average referrals per month

2018 = 111
2019 = 86
2020 = 85
2021 = 75
2022 = 92
2023 = 104

Commentary:

- A core function of the Home Treatment Team (HTT) = short term support to either avoid hospital admission or to support people back into the community from hospital;
- Increasing numbers of referrals over the last 3 years;
- Support includes treatment, group work, linking into voluntary & community sector orgs, e.g. for financial matters & housing;

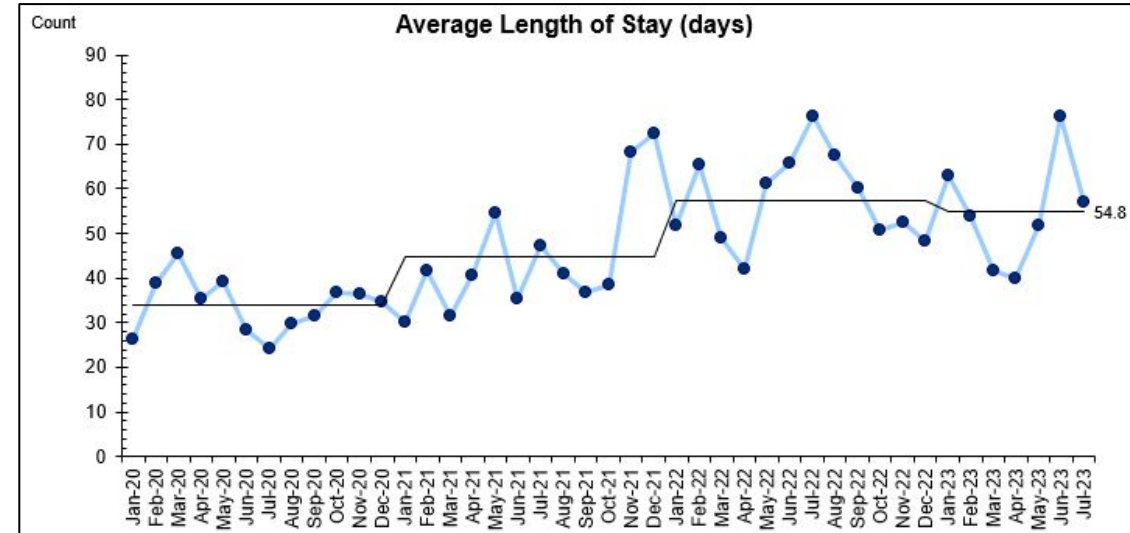


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ELFT – type of bed	No.
Female acute beds	38
Male acute beds	50
Male psychiatric intensive care unit (PICU) beds	15
Mother & Baby Unit beds	12

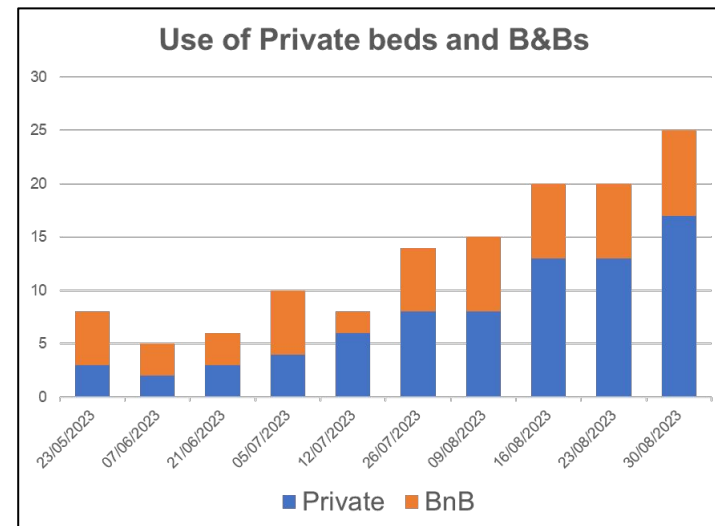
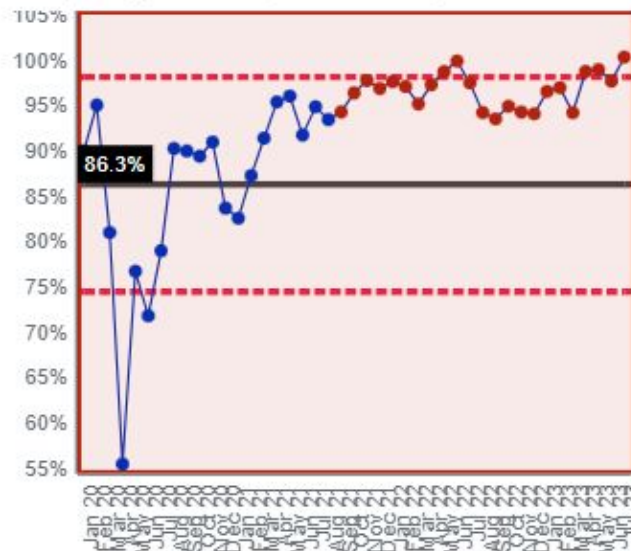
Average length of stay in beds (days)

2020 = 33.9
2021 = 44.8
2022 = 57.9
2023 = 54.8



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% Occupancy - 10057 (XmR Chart)



Comments

- Sustained high demand for beds, reflected in high occupancy rates;
- Staffing pressures
- Increasing use of supplementary bed capacity (private, B&Bs) in response to MH pressures;
- Reductions in informal admissions, meaning majority are under section.
- Higher levels of acuity and complexity of patients needing a bed (e.g. physical health issues, social care and housing challenges);

Crisis & Urgent Care

Continue to drive improvements by:

- a) Progressing a QI project exploring frequent attenders at A & E;
- b) Continuing to monitor uptake of crisis café and crisis line;
- c) Ongoing review of robustness of the crisis pathway to meet current demands;
- d) 3-borough crisis line development;
- e) Health-based Place of Safety – capital developments and bolstering staffing arrangements;
- f) Continue to develop the Raybould Centre as a 'hub' to complement the MH work in A & E;
- g) Ongoing training for crisis staff



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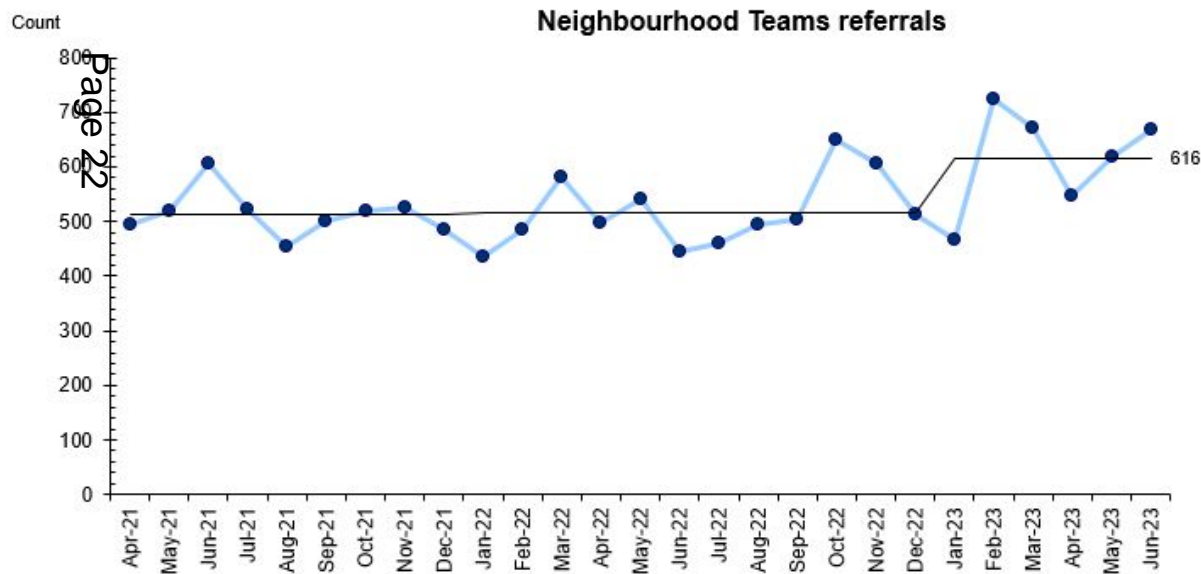
Inpatient

Continue to drive improvements by:

- a) Ongoing work to strengthen service staffing & service capacity across disciplines;
- b) Strengthening response to changing patient profiles & levels of need (e.g. refreshed on-ward activities; QI projects focused on carers, flow and restraint; cultural safety training);
- c) Strengthening key systems, processes & governance (e.g. refreshed 'patient flow' arrangements);
- d) Pursuit of 5 'step down' beds;
- e) Enhancing staff wellbeing, staff experiences & staff engagement (e.g. recruiting ward wellbeing champions;).

Community MH Teams:

- 9,206 open referrals
- 7,879 individuals



Neighbourhoods – average referrals

2021 = 514

2022 = 518

2023 = 616

- Increasing demand for MH support.
- Increasing demand for ADHD assessment & support;



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Ask about the #ELFTPromise

To deliver NHS Long Term Plan ambitions for **new models of integrated primary and community care** for **adults (including 18 – 25 year olds)** and **older adults** with **severe and enduring mental illness**, as close to home as possible:

- Create a “**new community-based offer**” that will include:
 - ✓ access to **psychological therapies**;
 - ✓ improved **physical health care**;
 - ✓ **employment support**;
 - ✓ **personalised and trauma informed care**;
 - ✓ **medicines management**;
 - ✓ support for **self-harm** and **coexisting substance misuse issues**;
 - ✓ proactive work to **address health inequalities, incl. racial disparities**.

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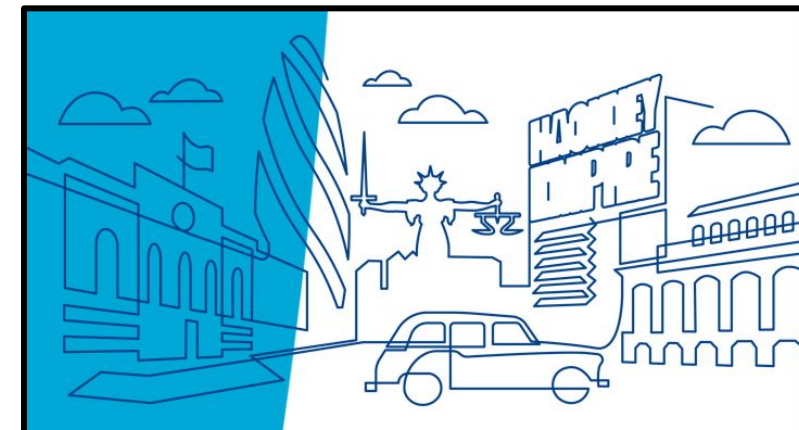
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Community MH

Continue to develop approach by:

- a) Continuing to progress neighbourhood, multi-agency arrangements, including with voluntary and community sector colleagues
- b) Ongoing work to bolster and further develop discharge arrangements, including the involvement our housing and social care functions;
- c) Undertaking a 'stock take' of transformation progress & co-developing the next phase of transformation work;
- d) Organisation culture programmes with clinical and operational leads to support system working;
- e) Care pathways review;
- f) Cultural safety and workplace wellbeing work;
- g) Further development of organisational structures, incl admin;
- h) Develop and introduce new screening & triage processes;
- i) Review service 'delivery points' in the community – to support care close to home.





<p>Health in Hackney Scrutiny Commission</p> <p>11th September 2023</p> <p>City and Hackney Safeguarding Adults Board Annual Report 2022/23</p>	<p>Item No</p> <p>5</p>
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OUTLINE

Each year the Commission gives consideration to the Annual Report of the *City and Hackney Safeguarding Adults Board (CHSAB)*.

The Board is statutory and required under S43 of the Care Act 2014. It has three functions:

- 1) *Develop and publish a strategic plan outlining how the Board will meet its objectives*
- 2) *Publish an annual report detailing the safeguarding achievements for that financial year*
- 3) *Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria*

This report outlines the Board's annual report for 2022/23. It focuses on the key achievements, data for 2022/23 and future priorities for the Board.

Attached please find a summary note of the key points in the report.

The full report is complete but in production and will be circulated in a 'supplementary agenda' next week.

Attending for this item will be:

Dr Adi Cooper OBE, Independent Chair of the CHSAB
Shohel Ahmed, Safeguarding Adults Board Manager
Georgina Diba, Director Adult Social Care and Operations
Helen Woodland, Group Director, Adults, Health and Integration

ACTION

The Commission is requested to give consideration to the report.

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Report to Health in Hackney Scrutiny Commission

Date: 11 September 2023	
Subject:	City and Hackney Safeguarding Adults Board Annual Report 2022/23
Report From:	Shohel Ahmed, City and Hackney Safeguarding Adults Board Manager
Summary:	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.
Recommendations:	There are no recommendations to be brought to the attention of the Health and Hackney.
Contacts:	Shohel Ahmed, City and Hackney Safeguarding Adults Board Manager Email: shohel.ahmed@hackney.gov.uk

Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. The Board has three statutory functions:

- 1) Develop and publish a strategic plan outlining how the Board will meet its objectives
- 2) Publish an annual report detailing the safeguarding achievements for that financial year
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria

This report outlines the annual report for 2022/23. It focuses on the new principles underpinning the strategy, its strategic priorities and how these will be delivered for 2023-24, key achievements and data for 2022/23.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

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

Key achievements

3.1 In line with its strategy, some of the key achievements for the Board in 2022/23 include:

- 1) The Board commissioned one Safeguarding Adults Review which was published in March 2023.
- 2) 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 review with staff from the agencies involved.
- 3) 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.
- 4) The Board published quarterly bulletins for frontline staff providing them with updates on adult safeguarding issues.
- 5) The Board has commissioned a new training system that allows delegates to browse and book themselves on to a number of different training modules.
- 6) 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.
- 7) 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.
- 8) The Board undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool, which was assessed by an independent reviewer during the partnership development day in March 2022.
- 9) The Independent Chair of the Board initiated yearly check-ins for all Board partners. The purpose of these check-ins were to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.
- 10) 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.
- 11) 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.

Data sets for 2022/23

3.2 Key data was collected in relation to safeguarding for the London Borough of Hackney :

- There were 1774 concerns raised, The number of accepted section 42 enquiries is generally in line with the previous two years.
- The most common forms of abuse were: self neglect, neglect and acts of omission and financial abuse

Priorities for 2023/24

3.3 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.

Corporate & Strategic Implications

1. Safeguarding is a Corporate and Departmental priority

Financial Considerations

4.1 The purpose of this report is to reflect on Hackney's Adults Safeguarding service performance during the 2022/23 financial year. There are no direct financial implications emanating from this report.

Legal Considerations

5.1 There are no direct legal implications emanating from this report.

Attachments

- Appendix 1 – City and Hackney Safeguarding Adults Board Annual Report 2022 – 23

Shohel Ahmed

City and Hackney Safeguarding Adults Board Manager;

E: shohel.ahmed@hackney.gov.uk

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<p>Health in Hackney Scrutiny Commission</p> <p>11th September 2023</p> <p>Healthwatch Hackney Annual Report 22/23</p>	<p>Item No</p> <p>6</p>
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OUTLINE

Each year the Commission considers the Annual Report of the local Healthwatch which is submitted to Healthwatch England. Members use the report as an opportunity to discuss the performance of the local Healthwatch during the past year and to discuss its priorities and future plans.

Healthwatch Hackney has a long history of working closely with the Commission and supporting it in its work. The Executive Director attends each meeting and the Commission considers Healthwatch's reports and insight across a number of items on its agendas.

Attached please find the *Annual Report and Accounts for 2022/23*.

The Commission is pleased to welcome the new Chair to her first meeting of the Commission as well as the Executive Director who also started in the past year.

Attending for this item will be:

Deborah Cohen, Chair of Healthwatch Hackney
Sally Beaven, Executive Director of Healthwatch Hackney

ACTION

The Commission is requested to give consideration to the report.

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Annual report and accounts 2022-23



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Message from our Chair

Healthwatch Hackney has continued to carry out excellent work collecting the views of local people about our health and social care services and bringing them to the attention of the providers. This excellence was recognised by Healthwatch England who gave our work on improving access to GP services for local refugees, asylum seekers and other residents its Impact Award for 2022.

The Chair of Healthwatch England, Sir Robert Francis KC, summed up the important role we play in his statement:

The award recognises Healthwatch Hackney for having a positive and tangible impact on people in their local area. Everyone at Healthwatch Hackney should be proud of how they've helped to ensure more vulnerable people in their borough can see a GP.

We have returned twice to the same surgeries to see if they have changed their policies on patient registration. This year has also seen the publication of reports on a wide range of issues, from the experiences of the Chinese and Vietnamese communities in accessing health care to Enter and View at the Sexual Health Clinic at Homerton University Hospital and the experience of maternity services in the borough.

We have had a focus on pharmacies with two reports, one on accessibility to the premises and another on the availability, or lack of, free emergency hormonal contraception. This survey exposed some poor practice that is being addressed by Public Health Hackney.

As Healthwatch celebrates its tenth birthday I look forward to a new phase of Healthwatch Hackney. We will be finalising our strategy for the next two years. One of the areas we will be focusing on is mental health and in the pipeline is Enter and View into the acute mental health wards. We will be strengthening our relationship with our partners, in particular the London Borough of Hackney, the new integrated care board, NHS North East London, and other Healthwatches in North East London.

In addition, Healthwatch Hackney will engage with more local organisations to expand the collection of experiences from communities whose voices are seldom heard. We hope to secure new premises that are street facing and accessible to all.

As the new Chair of the Board I would like to thank the inspirational and hard-working staff team, our great volunteers and supporters, my fellow board members and the colleagues that we collaborate with in the voluntary and statutory sectors.



Deborah Cohen
Chair, Healthwatch Hackney
(appointed February 2023)



About us

Our vision

Our vision is of a borough where the provision of health and social care is equal and accessible to all; where services are of a high quality and meet the needs of all communities in Hackney and where residents are at the heart of the design, delivery and improvement of health and social care services.

Our mission

Our mission is to improve health and social care provision and outcomes for people in Hackney by working to ensure that treatment and care is provided with respect and dignity, valuing diversity, encouraging participation and working together.

We do this by being the independent champion for residents and users ensuring that the voices of people across the borough are heard and influence decision makers.



Healthwatch England Impact Award

In 2022 Healthwatch Hackney won a national award for improving access to GP services for local refugees, asylum seekers and other residents. The national Healthwatch Impact Award celebrates the difference made by local Healthwatch staff and volunteers to improve NHS and care services.

When patients feel unwell and need help, the GP is often the first place they turn to. For refugees, migrants, and people who are homeless, getting access to basic care can be difficult if services ask to see documents such as passports or proof of address to register.

Healthwatch Hackney found this issue was affecting people, with some telling us the NHS had refused them Covid-19 vaccinations because they were not registered with a GP.

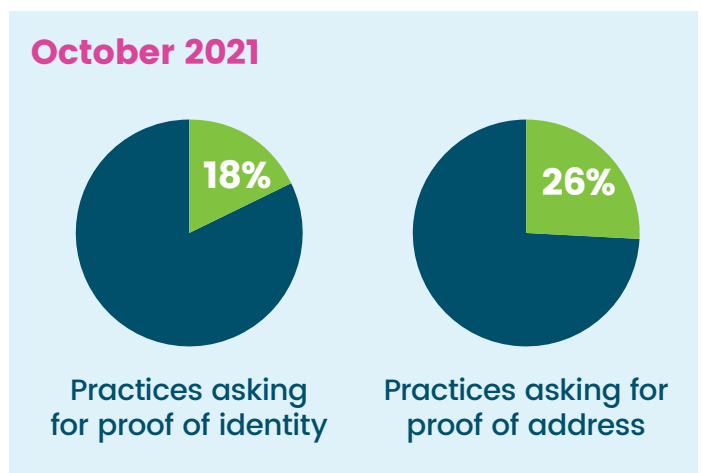
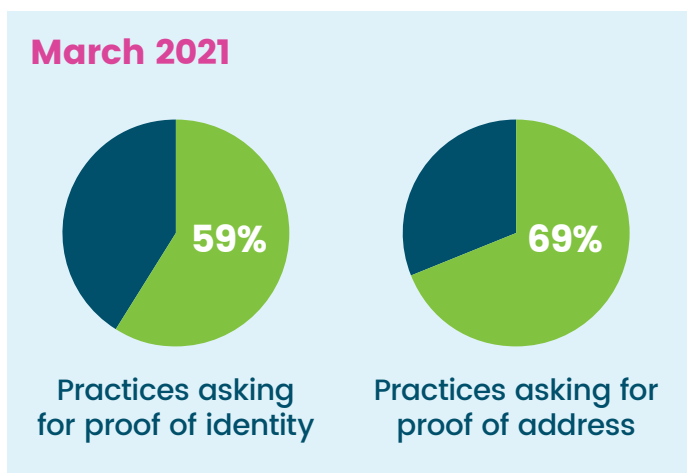
As a result of this feedback, Healthwatch Hackney contacted 39 practices in their area to ask about their registration requirements for new patients. We did this in March 2021 and October 2021. This second review showed a huge improvement, with over 80% of the practices changing their patient registration policy. It also led to GP staff receiving training on the registration process to ensure consistency in the approach.



Thanks to this work, most local practices now have the correct registration policy, making it easier for patients to access a GP.

Healthwatch Hackney also worked to increase people's understanding of their rights to access primary care services and interpreting support.

We focused on groups with recent arrivals to the UK, such as the Chinese, Turkish and Somali communities, and organisations that work with migrants, refugees and homeless people.



Highlights of the year

We identified **16,246** issues from **4,491** people and shared this feedback with local providers and commissioners



53 volunteers helped us to carry out our work by providing an estimated **2,424** hours of unpaid support

We published Enter and View reports into:

Lea Surgery



Homerton University Hospital Sexual Health Services at the Clifden Centre and Ivy Centre

We produced special reports into:

- Accessibility audit of Hackney's Community Pharmacies
- Access to emergency hormonal contraception through Hackney pharmacy services
- Analysis of patient experience of maternity care in Hackney, Chinese and Vietnamese Communities experience of health and care services in Hackney
- GP registration in Hackney, the right to access care Third review



Your views on health and care

2022 was the year that Healthwatch Hackney returned to going out into the community to collect the experiences of residents of health and care services. We went regularly to Homerton Hospital, GP surgeries, libraries and community events. We also captured comments made on social media, online meetings, and focus groups.

Trends and insights

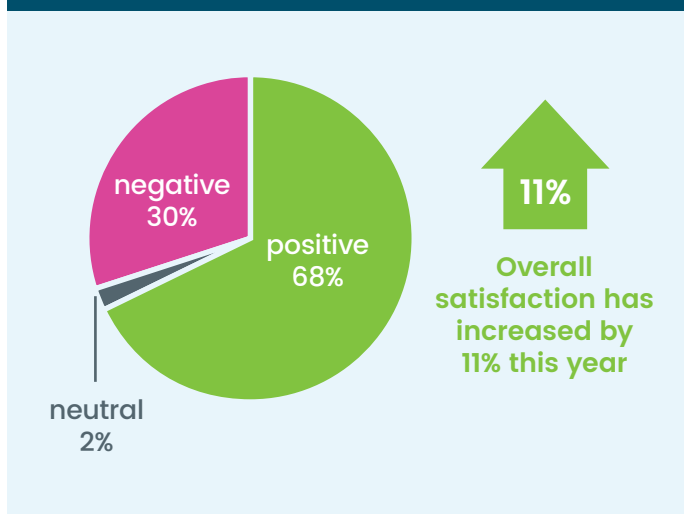
In 2022-23 we identified and analysed 16,246 issues about local health and care services based on feedback from 4,491 people.

- 56% was collected from social media
- 30% was collected by Healthwatch Hackney
- 14% was collected from providers' reports and websites

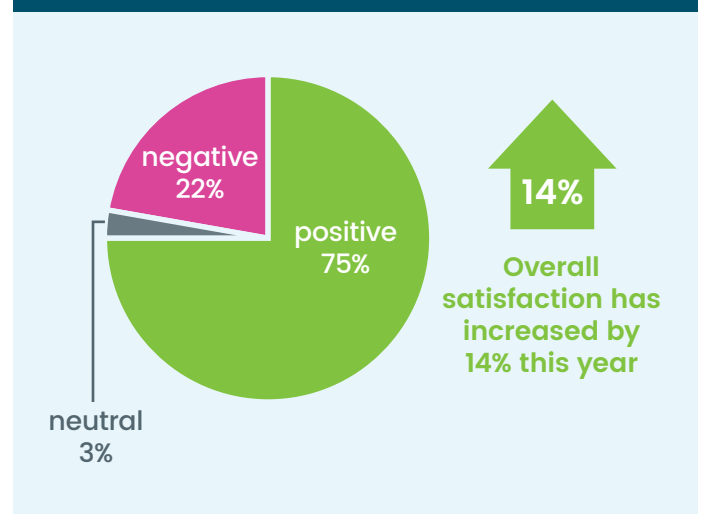


© Healthwatch England

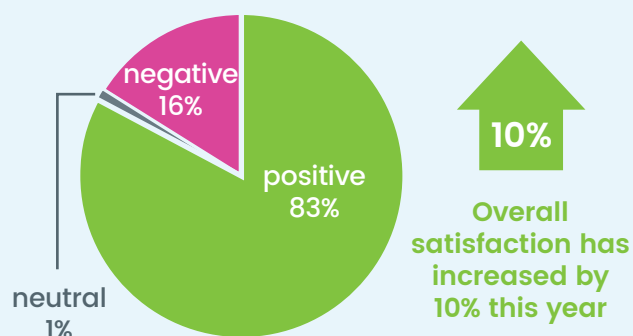
How do people feel about health and care services in general?



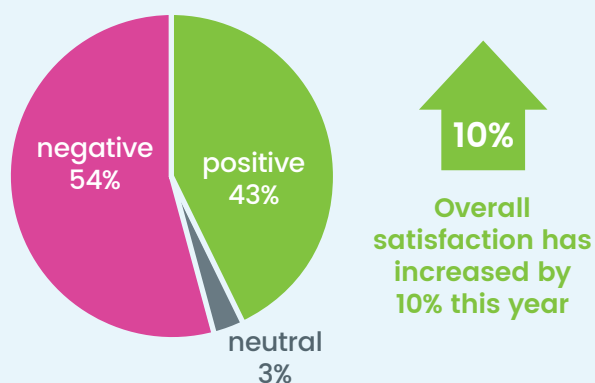
How well informed, supported and involved do people feel?



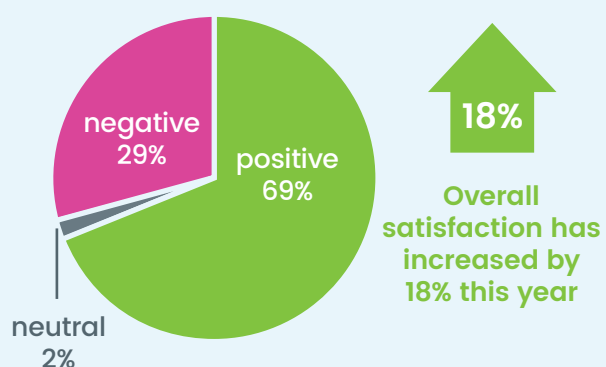
Quality and empathy



Access to services



General Practice



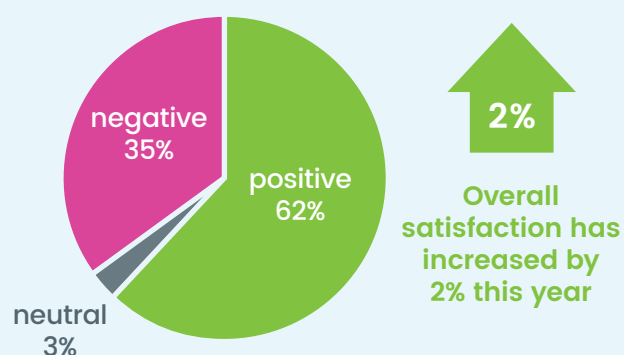
POSITIVES

- ⊕ The vast majority of patients receive good quality, compassionate treatment and care, with good levels of involvement and support.
- ⊕ Patients are broadly complimentary about all staffing categories – receptionists, doctors and nurses. Certain practices are praised for being well-organised and efficient.

NEGATIVES

- ⊖ Satisfaction with service access is marginally negative overall. While appointments are generally on time, patients complain of congested telephones, difficulties with online systems, and longer than expected waits for appointments.
- ⊖ Other issues include choice (seeing a preferred GP, or a GP in-person), training for reception staff, translation/language support and ability to obtain test results.

Homerton Hospital



POSITIVES

- ⊕ The vast majority of patients receive good quality, compassionate treatment and care, with good levels of involvement and support. Clinical staff (doctors and nurses) are widely praised and experiences at Maternity and Physiotherapy are broadly positive overall.

NEGATIVES

- ⊖ Communication is at a good level but could be better – especially at discharge.
- ⊖ Patients say that reception and administrative staff could be more supportive, informative and compassionate.
- ⊖ There are varied administrative issues, such as a lack of information and poor telephone access.
- ⊖ As a department, A&E receives the largest volume of negative feedback, with waiting times in particular criticised.

Neighbourhoods

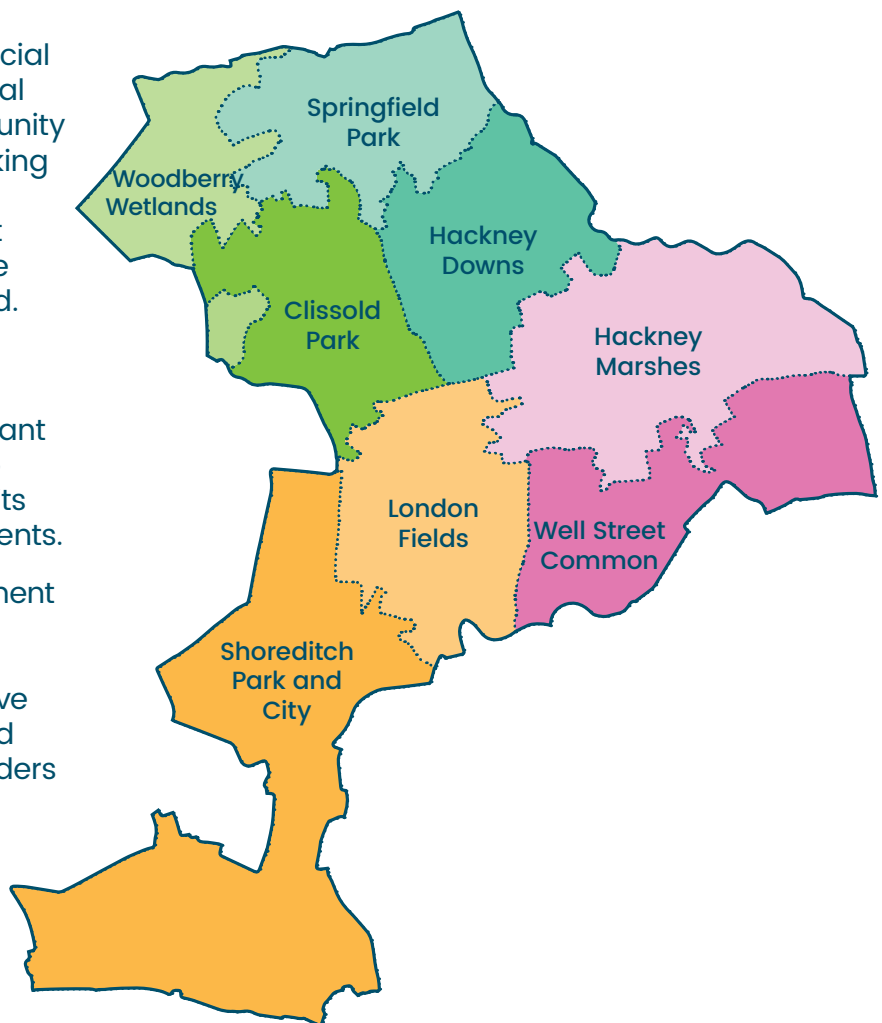
City and Hackney has been divided into eight Neighbourhoods for the delivery of health and care services. The Neighbourhoods model aims to bring health and care services closer to where people live, and help people take more control over the factors that affect their health and wellbeing.

Each Neighbourhood brings together community services such as adult social care, adult community nursing, mental health, and the voluntary and community sectors. Healthwatch Hackney is working in partnership with Hackney CVS and Volunteer Centre Hackney to connect people with opportunities to influence developments in their Neighbourhood.

We secured funding to develop a video explaining the purpose of Neighbourhoods and why it is important that residents are involved. The video and the [Neighbourhoods website](#) it sits on were both co-designed with residents.

The Neighbourhood Resident Involvement Group has been involved in the development of the Neighbourhoods programme from its inception over five years ago. Activities they have worked on include working with service providers to develop a [coproduction tool kit](#) which has been widely promoted.

One of the new services being delivered at a Neighbourhood level is called Proactive Care. This service will focus on providing additional support to people over the age of 55 with three or more long-term health conditions. Residents have been involved in the development of this service from the pilot stage and will continue to be involved as it is rolled out across all eight Neighbourhoods.



The ability to meet face to face in 2022 opened new opportunities for resident engagement. We went to community venues such as libraries, children's centres, and leisure centres to ask people about their priorities and feedback on services. This included attending summer festival events.

As a resident I want to shape the Forums as they develop and I believe my feedback is vital for this.

The online community conversations that took place in each Neighbourhood during the pandemic became Neighbourhood Forums in 2022. We worked hard to bring residents to these meetings, sending them text reminders and rewarding attendance with goody bags. We also worked with Hackney CVS, who facilitate the forums, to make sure they were as resident friendly possible. We have for example produced guidelines for running hybrid online and face to face meetings. Attending these meetings has allowed residents to have their say about the issues that are important to them and find out information about local services such as cost of living support.



Everyone was very nice and they seemed to be putting great effort and trying to help everyone.

Forum members also voted on which local projects to fund to support residents at risk of frailty. Five Neighbourhoods funded a mini health budgets pilot and three Neighbourhoods funded bespoke frailty awareness training.

Many professionals are hesitant about how to best engage with residents to ensure that all community members have the chance to get involved, whether they are online or not. Healthwatch Hackney has been hosting monthly surgeries for professionals working in Neighbourhoods. These sessions have enabled skills sharing and confidence building in involving residents in service development.



Community Voice

Community Voice in health and care is a patient-led project to bring people together to discuss the issues that matter to them. The Community Voice steering group plays a key role in ensuring Community Voice addresses the issues that are relevant to residents. In 2022–23 we expanded the membership of the steering group to include our Public Representatives, many of whom are under 25.

Activities

The ending of Covid restrictions meant that activities could be delivered using a mix of face-to-face meetings, surveys and online meetings. Different ways of participating suit different people and this flexibility enabled us to maximise participation.

Examples include:

Spirometry consultation

We undertook a consultation on the introduction of a Spirometry testing mobile unit by means of a survey and online focus group.

We received 1,862 responses to the survey with a clear majority (91%) currently receiving testing. Hospitals (33%), GPs (25%), and community clinics (24%) were the most popular venues, while a minority (10%) visited a mobile unit.

The majority of respondents (60%) were happy to access testing at another GP practice or nearby health centre, while a significant proportion (58%) were happy to access testing at a mobile clinic.

The focus group emphasised the importance of having testing facilities close to homes to save time and effort, especially for those with disabilities, elderly parents, or other commitments. The idea of a mobile clinic visiting nearby GP practices or other community settings was seen as a positive solution that could improve accessibility and increase the number of people who come forward for testing.

As a direct result of our engagement work mobile spirometry testing will run as a two year pilot programme. The NHS plans to have the new service up and running by the end of September 2023.

Virtual wards

A virtual ward is a way of monitoring care provided away from a hospital ward. This means patients receive regular checks and interactions with doctors and nurses while at home. We worked with carers and older people's groups to investigate their concerns.

They told us they were worried virtual wards would cut patients off from quality care, leaving them at home unable to access the support needed. They also had practical concerns, for example how would the basic needs of patients be taken care of for such as cooking, cleaning, bedding changes. Recommendations included:

- Clear, detailed fact sheets provided to allay fears before any of the residents we spoke to would feel comfortable accepting or supporting care at home via Virtual Wards.
- Residents need to know how the care will be delivered, how patients will be monitored and how the service can react swiftly to a sudden need or deterioration.
- Residents need to be reassured that the service will meet basic needs like hygiene and cooked food.

Community Voice forums

The Community Voice forums meet quarterly and provide a space for residents to discuss issues that are impacting their lives. Themes included:

Living with Covid

Residents talked about a mistrust of the government and a feeling that the government is giving mixed messages. This makes communication and building trust locally even more important. It was suggested engaging with community groups and in particular faith groups, contacting those that had been most affected by the pandemic, would be a good way to go about this.

People expressed concern around mask wearing and commented that people often do not wear masks effectively. Many people said they were worried about the relaxation of Covid rules because they have health conditions.

The group noted the end of free testing could be a problem for young people as they do not have access to free tests and cannot readily afford to buy tests.



This work fed into a Community Voice led collaboration with Homerton CoRe Long Covid services, exploring barriers preventing certain groups by age and ethnicity accessing the service. Our engagement work with residents will be implemented in 2023 to allow more people to use the service.

Patient transport

Staff from the ERS Medical who hold the contract for delivering patient transport at Homerton Hospital came and spoke at the forum. The forum made the following recommendations:

- A poster to remind people that they need to arrange their return journey and to avoid people getting missed.
- Information about eligibility, contact details and bookings to be circulated by ERS and for details to be put on the Healthwatch Hackney website. Homerton to similarly make it available on their website and have paper copies available in the hospital.

Engagement and Coproduction

The Engagement and Coproduction contract, funded by the NHS, helps the City and Hackney place-based partnership involve residents in decision making about health and social care services.

The City and Hackney place-based partnership is a collaboration of planners and providers across the NHS, Hackney Council and the wider community, who take collective responsibility for improving the health and wellbeing of residents. Healthwatch Hackney is one of the partner organisations that form our local place-based partnership.

Our Engagement and Coproduction Manager works closely with a group of people called Public Representatives. They are local people from a wide variety of ages, backgrounds and ethnicities, with lived experience of using health and care services in City and Hackney. Many of the Public Representatives are living with disabilities or long-term health conditions.

The Public Representatives attend many of the meetings at which decisions are made about local health and care services. They can see things from a patient's point of view and help decision makers to keep patient experience at the heart of all their plans and ideas. Here are just a few examples of the activities they have taken part in:

In December 2022, London Borough of Hackney was looking for a provider to deliver vital advocacy services in the Borough. To decide who will deliver the service, London Borough of Hackney looked at bids and proposals from several organisations (this is called a procurement process). Three of our Public Representatives were part of the panel.

Their scoring was given equal weight to that of the health and social care professionals in the room, representing the voice of local people in the process.

In April 2022, NHS North East London recruited to the senior role of Chief Participation and Place Officer. One of our Public Reps joined the interview panel of three as an integral part of the recruitment process, ensuring the patient perspective was represented, and was instrumental in the successful appointment of Rethink Advocacy.

One of the groups that sit within the decision making structure in the City and Hackney place-based partnership is called People and Place Group. The purpose of the group is to look at the main programmes of work (i.e. Mental Health, Children and Young People) and to consider how well they listen to and involve residents in their services. Our Public Representatives regularly participate in this group. The Public Representatives inputted into a review of the way the group functions, resulting in a standing agenda item allowing the Representatives to influence decisions, a new format for the meeting, and updated terms of reference.



System Influencers

The System Influencer Programme was managed by Healthwatch Hackney via the Engagement and Coproduction contract. The programme supported ten Hackney based young people to work alongside System Mentors to coproduce work for Public Health, Homerton Hospital and Neighbourhoods. Examples of projects they were involved in include:

- Working with Homerton hospital to co-design communications for young people about services to help them engage better with younger service users
- Working with the Neighbourhood teams to design focus group engagement sessions to find out what services young people are aware of and what they feel is missing

- Worked with Public Health to design focus groups and workshops to understand residents' perceptions and experience of obesity and healthy weight.

As a direct result of their involvement in the project, two of our System Influencers have been able to take the skills and experience they gained through the programme forwards to join the health and care workforce as paid employees. Healthwatch Hackney will again manage and deliver the System Influencer Programme in 2023.

Healthwatch investigatory reports

Healthwatch have a legal power to visit NHS, NHS funded and adult social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Last year we visited the [Lea Road Surgery](#) and [Homerton University Hospital Sexual Health Services](#) at the Clifden Centre and Ivy Centre. These reports can be found on our website.

We also undertook four special investigatory reports. These included:



Chinese and Vietnamese Communities experience of health and care services in Hackney

Together with Hackney Chinese Community Centre, we developed a questionnaire to look at the experience of the Chinese and Vietnamese communities in Hackney accessing Primary care services, including GP, dentistry, optician, and pharmacy as well as hospital services.

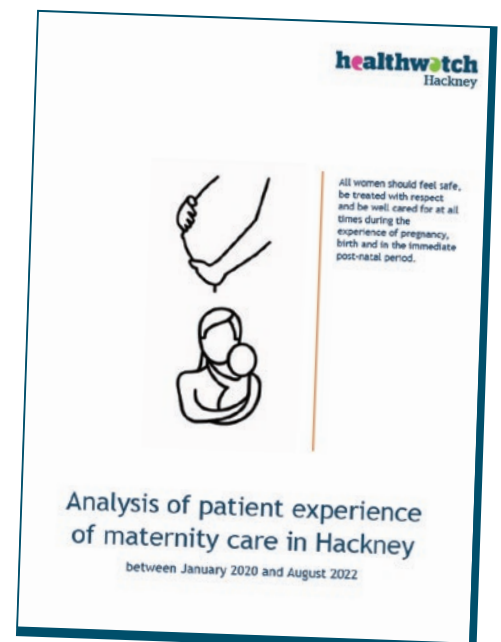
The majority of the people we spoke to said they find it difficult or impossible to understand the information they receive, or to express

themselves and explain symptoms while accessing services, especially GP services. This highlighted the importance of services proactively offering interpreter services.

Analysis of patient experience of maternity care in Hackney

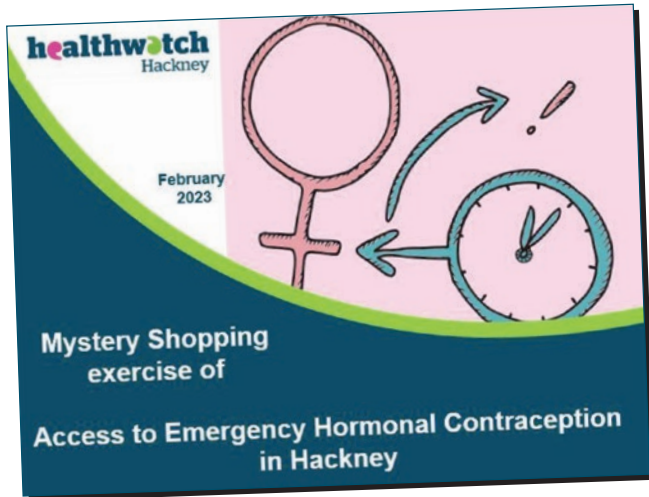
This report into the maternity experiences of women in Hackney came out of a larger piece of work commissioned by North East London Local Maternity and Neonatal System Equity to develop an equality strategy and action plan.

We reviewed and analysed patient feedback received between January 2020 and August 2022. We found midwives' antenatal care at the hospital received generally good feedback. There were also several positive mentions about being seen by the same midwife throughout pregnancy.



The negative comments were mainly about poor administration, such as appointments cancelled at short notice and the offhand and rude attitude of some of the reception staff.

Homerton University Hospital Trust responded positively to the recommendations made in the report, detailing changes they had put in place.



Investigation into access to emergency hormonal contraception through Hackney pharmacy services

Hackney residents aged 16 and over can access a wide range of free sexual health services locally through Homerton sexual health services. Healthwatch Hackney explored how accessible and young people friendly local pharmacy services are. We did this with the help of some young volunteers and support from Public Health Hackney.

All the pharmacies we visited had signed up with Public Health to provide free emergency hormonal contraception. Worryingly only 7 out of the 16 pharmacies that we visited said they could provide free Emergency Hormonal Contraception to our mystery shoppers. We are working with Public Health on measures to improve access.



Accessibility Audit of Hackney's Community Pharmacies

This report was planned following feedback from residents that access to pharmacies was not always possible. In recognition that everyone's accessibility needs are different we conducted an audit of all pharmacies, so that residents could make decisions about using a pharmacy as well as encourage pharmacies to improve their accessibility.

People's Feedback Panel, Information Exchange

People's Feedback Panel

We held 31 panel meetings between 1 April 2022 and 31 March 2023. 108 pieces of feedback were flagged as being of concern during the panel and raised with the service providers.

Darren Morgan, who developed the People's Feedback Panel (PFP) and has been running sessions at various Healthwatch for over ten years said:

The panels are a great opportunity for local people to get involved in scrutinising their local services. They are essential in helping us to understand the feedback we receive - what has worked well, and what could have worked better. As well as staff and volunteers, we are sometimes joined by professionals such as Patient Experience Leads, GPs and Practice Managers, and they clearly see the value and the benefit of the sessions, in helping them to understand individual issues and wider trends.

Feedback from service providers following an email with flagged feedback

6 Thanks for your constant help and support. Just so you know it is very much appreciated. As you can imagine this is a sensitive one which we have actually been dealing with. I can assure you your feedback is being taken seriously and will seek HR advice ASAP as to how to best to address the issue with the said receptionist. I will keep you inform as we go along.

GP practice

6 Thank you for flagging this further incident. We are looking into this and will update you on the outcome as soon as possible.

Hospital services



© Healthwatch England

Information Exchange Meetings

Our online information exchange meetings bring together experts with residents, to provide information and give the opportunity for questions to be answered. Last year the topics discussed include:

[Support for unpaid carers in Hackney](#)

[London Ambulance Services Next 5 years strategy](#)

[Your right to complain about the NHS](#)

[Let's talk about sex and how to stay safe!](#)

[What support on mental health is available in Hackney](#)

[Healthwatch Hackney Information Session](#)

[Dementia](#)

“I really appreciate these events and find them really useful. Love the follow up recording and presentations for reference and the chairing is calm and respectful.”

“I always find the information exchange session really useful and the follow up information enables me to share relevant information with others. You keep them to time appropriately, whilst allowing space for those who need to share personal experiences and offering a full comprehensive follow up.”

Signposting

Our Information and Signposting service helps support residents to identify the services and support they need. Last year we supported 168 residents with complex needs to access the services they needed.

“Healthwatch Hackney helped me deal with the attitude of some staff at my GP practice. I also had problems with my repeat prescription, and they dealt with this too. Now everything works well after their involvement.”

“The patient is really appreciative of your contact with her GP and asked me to thank you many times because you listened to her and that had a big impact on her life.”

“Thank you for your help with my surgery and ensuring the doctor calls me about my review and inability to get my prescription for a long time. Thanks to your involvement, this was sent to me, and I got my medication.”

Our Board



Malcolm Alexander
Chair until May 2022



Deborah Cohen
Appointed January 2023,
Chair from February 2023



Yas'ina Christopher
Vice Chair



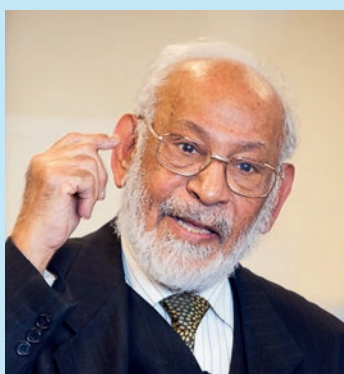
Lloyd French
Interim Chair until
February 2023



Maggie Gibbons
Appointed
December 2022



Anthonia Onigbode
Treasurer



Saleem Siddiqui



Terry Stewart
Appointed
September 2022



Rebecca Thomas
Appointed January 2023



June Wiggan
Appointed
December 2022



Cassandra Lovelock
Resigned
December 2022



Sarah Oyebanjo
Resigned
December 2022



Philip Jones
Resigned
July 2022

Our staff



Catherine Perez Phillips
Deputy Director



Sally Beaven
Engagement and
Coproducton Manager



Fabien Decodts
Community
Voice Manager



Sabrina Jantuah
Neighbourhoods
Involvement Manager



Kanariya Yuseinova
Enter and View and
Volunteer Coordinator




Liya Takie
Finance and Office
Coordinator



Our volunteers


Volunteers play a vital role in enabling Healthwatch Hackney to reach out to communities and collect their experiences of health and social care. Volunteering also supports volunteers to develop skills, gain experience and make a difference to your community.



24 Core Volunteers and interns contributed **1,760** hours



5 System influencers contributed **200** hours



24 Public representatives contributed **464** hours

“The best part of my internship was meeting and talking with people. By talking to all these different people with many different backgrounds I learned a lot about life in London, what it is like getting care through the NHS, what can be improved and what the NHS is doing well. Talking with people at Healthwatch helped me learn more about how the NHS than I could ever learn in a lecture.

Intern 2023

“You put so much trust, belief and confidence in your staff even in the least experienced one. Every time I complain about not been good in certain areas you point out my strengths instead of dwelling on the identified weakness. We achieved this because of your kind of leadership and management strategy/skills.

I think the best part of this internship is knowing the meaningful impact that everything I work on will make.

Intern 2023

Finances

INCOME	2022-23 £	2021-22 £
Funding from local authority to deliver local Healthwatch statutory activities	150,000	150,000
North East London NHS	268,309	204,724
Other income	8,814	14,117
Total Income	427,123	368,841

EXPENDITURE	2022-23 £	2021-22 £
Operational costs (including project direct expenses)	111,224	69,848
Staff costs	256,407	267,934
Premises / office costs	55,784	30,295
Total expenditure	423,415	368,077
Balance brought forward	3,708	764



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Health in Hackney Scrutiny Commission 11th September 2023 Minutes of the previous meeting	Item No 7
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OUTLINE

Attached please find:

- b) Draft minutes of 17 July 2023 HiH
- c) Action Tracker
- d) Matters arising

ACTION

The Commission is requested to AGREE the minutes as a correct record and note any matters arising.

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London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2023/24
 Date of Meeting: Mon 17 July 2023 at 7.00pm

Minutes of the proceedings of
 the Health in Hackney Scrutiny
 Commission at Council
 Chamber, Hackney Town Hall,
 Mare Street, London E8 1EA

Chair	Councillor Ben Hayhurst (Chair)
Cllrs in attendance	Cllr Sharon Patrick (Vice Chair), Cllr Kam Adams, Cllr Claudia Turbet-Delof
Cllrs joining remotely	Cllr Grace Adebayo, Cllr Frank Baffour and Cllr Ifraax Samatar
Cllr apologies	Cllr Humaira Garasia
Council officers in attendance	Emmeline Bathurst , Strategic Delivery Officer, Policy and Strategic Delivery Georgina Diba , Director of Adult Social Care and Operations Nina Griffith , Director of Delivery, City and Hackney Place Based Partnership Dr Sandra Husbands , Director of Public Health, City and Hackney Chris Lovitt , Deputy Director of Public Health, City and Hackney
Other people in attendance	Dr Katherine Coyne , Clinical Lead for Sexual Health and HIV and Medical Examiner, Homerton Healthcare Dr Sarah Creighton , Consultant Sexual Health/HIV, Homerton Healthcare Sally Beaven , Executive Director, Healthwatch Hackney Cllr Alistair Binnie-Lubbock Jed Francique , Borough Director City & Hackney, East London NHS Foundation Trust Dr Paul Gilluley , Chief Medical Officer, NHS NEL Andreas Lambrianou , Chief Executive, City and Hackney GP Confederation Breeda McManus , Chief Nurse and Director of Governance, Homerton Healthcare Laura Pascal , Women's Rights Network and Hackney Labour Women's Declaration Cllr Claire Potter Basirat Sadiq , Deputy Chief Executive, Homerton Healthcare Cllr Carole Williams , Cabinet Member for Employment, Human Resources and Equalities Helen 'Heggy' Wyatt , Advanced Nurse Practitioner, GP Confederation/Lower Clapton Group Practice
Members of the public	64 views
YouTube link	View the meeting at: https://youtube.com/live/WKnTkTOZqBQ
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer <input type="checkbox"/> jarlath.oconnell@hackney.gov.uk ; 020 8356 3309

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

- 1.1 Apologies for absence were received from Cllr Garasia and Cllr Samatar for lateness.
- 1.2 Apologies were received from Cllr Kennedy, Louise Ashley and Helen Woodland.

2 Urgent items/order of business

- 2.1 There was none.

3 Declarations of interest

- 3.1 Cllr Samatar stated that she was employed as a Wellbeing Network Co-ordinator for Mind - City, Hackney and Waltham Forest.

4 Health inequalities and medical barriers faced by trans and non binary community

- 4.1 The Chair stated that the Commission had been asked to look at this by Full Council. He stated that Gendered Intelligence were due to participate in the item but had to give their apologies. He stated that the draft *LGBTQIA+ Strategic Framework* document in the papers had been added just to provide some background information but it was not agreed and was about to go to Cabinet the following week for approval. The public would be able to make observations on it once it goes out to consultation afterwards and he encouraged people to do so. He would discuss with Cllr Gordon whether it might come back to Scrutiny Panel. He stated that there were a wide variety of views on this issue and he had received questions from Cllr Troughton with whom he'd had a conversation and he'd accepted some public questions from Women's Rights Network/Hackney Labour Women's Declaration. The questions on the Framework document should be part of a consultation response and other issues would be dealt with at the meeting.

- 4.2 He welcomed the following invitees:

Dr Katherine Coyne **(KC)**, Clinical Lead for Sexual Health and HIV and Medical Examiner, Homerton Healthcare

Dr Sarah Creighton **(SC)**, Consultant Sexual Health/HIV, Homerton Healthcare

Dr Paul Giluley **(PG)**, Chief Medical Officer, NHS NEL

Laura Pascal **(LP)**, Women's Rights Network and Hackney Labour Women's Declaration

Helen 'Heggy' Wyatt **(HW)**, Advanced Nurse Practitioner, GP Confederation/Lower Clapton Group Practice

Also in attendance were:

Emmeline Bathurst, Strategic Delivery Officer, Policy and Strategic Delivery

Sally Beaven, Executive Director, Healthwatch Hackney

Cllr Alistair Binnie-Lubbock

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

Andreas Lambrianou, Chief Executive, City and Hackney GP Confederation

Chris Lovitt **(CL)**, Deputy Director of Public Health, City and Hackney

Breeda McManus **(BM)**, Chief Nurse and Director of Governance, Homerton Healthcare

Cllr Claire Potter

Basirat Sadiq, Deputy Chief Executive, Homerton Healthcare

Cllr Carole Williams **(CW)**, Cabinet Member for Employment, Human Resources and Equalities

4.3 Members gave consideration to:

- a) Summary note from Gendered Intelligence
- b) Note from Homerton Healthcare on the key points they wish to raise and links to other key resources.
- c) For background reading an update from April on Hackney Council's *LGBTQIA+ Strategic Framework*
- d) For background reading a *Gender Diversity FAQ* from Hackney Council
- e) Other background reading included NHSE's response (June 2022) to London Assembly Health Committee's report on [Improving access healthcare trans and gender diverse londoners](#) (Feb 22)

4.4 SC gave a verbal presentation. She stated she was a sexual health consultant and so not a particular expert in this area as her focus was medical prescribing but, she also had a child who is a transgender woman. Whilst most trans people are well adjusted the health outcomes overall for the cohort are not good. They are 18-20 times more likely to die prematurely, more likely to be victims of violent crime and be survivors of domestic violence and are less likely to engage with health and social care and are often not properly availing of antenatal care and contraception. Here is a very small population which is extremely vulnerable and the challenge is to make things fairer, she added. There is currently a 5 year waiting list to get an appointment for Gender Identity services in the NHS services and the Tavistock service has been closed pending recommissioning. A 5 yr wait at a time when someone is establishing their identity is damaging and inevitably many will attempt to go private or self medicate. Internet searches for hormones for example will throw up services that have been struck off by the GMC or are operating outside of Europe and to get a reputable service there is an 8 month waiting list for even going private. Afterwards trying to access the recommended medication is a challenge as most can't get the hormones prescribed by GPs or from the NHS. She described the challenges caused by the fact that the dosages can be unusual for many conditions and that even paying privately from a reputable source can be extraordinarily challenging. Accessing those medications via the internet horrified her but reminded her of what trans people go through. For sexual health services the NHS can make this less dangerous for patients e.g. with needle exchange or help with interpreting blood results. There is one specialist clinic in Chelsea and one in King's College and none in NE London. Patients come from all over the country just for the damage limitation aspect. They do offer bridging letters or letters of advice to GPs on what they recommend which are evidence based and there are guidelines which are referred to in the agenda papers.

4.5 Dr Gilluley gave a verbal presentation. He said he fully supported Dr Creighton on the inequalities for the trans community and one of the main aims of ICS was to address these in our populations regarding access, experience and outcomes. He explained the commissioning landscape. The GI Clinics are specialist mental health commissioned on a national basis and so not by the NHS NEL itself. The sexual health clinics are local authority commissioned via Public Health budgets although this whole area is being reviewed. He added that there is work that can be done on joint local authority-NEL commissioning.

4.6 HW gave a verbal presentation. They have a number of trans patients at Lower Clapton probably as they are seen as open and inclusive. She was happy to hear about the plans for the training session. She advised thinking beyond just hormone treatment. That of course is a problem if it is done unsafely. Other issues include pre-conception care for trans men who are not body dysphoric about their uteruses and who might want to get pregnant. Another issue is trans people often won't remember appropriate contraception or remember

bleeding. Unwanted bleeding when on HRT is an issue. Also the issue of gamete storage and fertility protection have to be considered before people start ordering things online. On gamete storage there are issues about peoples eligibility and timescales can get muddled and this can cause risks later in life. She added that the prescribing guidelines are a mess because medical practitioners prescribe within their competence and the guidelines state that currently we need an expert to have approved before they can prescribe properly. While this is correct and safe and appropriate, she added, we all need to be trained experts and of course we already prescribe for post menopausal women. She argued that we prescribe hormones for a lot of patients for a lot of reasons so we are experts in prescribing. On the issue of making GP Practices welcoming, staff need to be sensitive to what patients choose as their title and she works with Receptionists on this. There are issues around how to register people before they've got their Gender Recognition Certificate. Across primary care teams more needs to be done on making them more welcoming and sympathetic as there is a lot of politics and public debate at present and staff, unless properly trained, need to reflect on and to respect difference. She concluded that she would like some clarity from NHS NEL on gamete storage policies.

4.7 Members asked questions and the following was noted:

a) What is the scope for local GI related service commissioning?

SH replied that there was scope for local commissioning and there is in place a collaborative agreement on sexual health commissioning for NEL. They had just developed a new draft Sexual Health Strategy for City and Hackney which would inform this work. The key issues here are about very poor data about the numbers involved and their specific needs and the scope of services required to support them. Making sure you have appropriate, equitable and sensible services is the challenge. PG added that a key piece of work was needed on getting specialist training for GPs on prescribing hormones and the aim was to have a group of specialist GPs who, to begin with, could be one per borough and who would become the specialist GP others could refer to for advice or for prescribing advice in the cases where it's after a private assessment. The other issue was to support those sitting on waiting lists for long periods where GPs need to decide who would benefit from hormones more immediately. Another challenge for clinicians here is getting the balance of the doses right and also of course the ongoing monitoring. He stated he was in discussions with Dr Kamilla Kamaruddin, a Tower Hamlets GP, herself trans, who has worked in the area before and returned to give training to GP specialists. The other aspect here is about other staff within primary care being appropriately trained so there needs to be an assessment of what is available already and what could be provided within a hub for PCN staff. He described the LGBT Foundation Pride in Practice scheme, which provides accreditation to practices on inclusion. They grade Practices either bronze, silver and gold but they have yet to get a single practice accredited in NEL

b) What is the current status of the 5 yr wait for access to a Gender Identity Services?

PG stated that nationally there is a problem with accurate data on this and he undertook to provide the latest.

ACTION:	Dr Gilluley to provide latest available data on waiting lists for Gender Identity Services.
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There is an additional issue around CYP transgender inequalities arising from the implementation of the Cass Report and this was a whole other area. The Chair commented that the focus of this meeting has to be adults but CYP SC would be interested in the latter information.

c) What training is there for reception staff and about how it is cascaded?

HW replied that it's currently and she would, for example, a Practice staff member an email if they'd noticed anything on equity of access that could be improved. She had become a point of contact for colleagues to talk to because of her experience with the subject. She added that medicine is too big for one person and has to be about teamwork and interests of staff being made known to the rest of the team can be a beneficial resource for everyone.

d) What support is there for those self medicating especially those on low incomes and are there controls on mail order drugs. A Member detailed case work of residents from migrant communities skipping meals in order to be able to afford medication?

SC replied that while there are a few reputable sources where one can source oestrogen the big concern is that people are having to turn to private healthcare. There are high instances of destitution as a result of this and people could lose their homes. There are very good guidelines in place from GMC and BMA and they are relatively easy to follow and there are things that could be adopted that are not currently mainstreamed, she added. The Chair asked about community languages. SC replied she was referring to guidelines for clinicians. She added that it's not all about hormones or sexual health. Attention to cervical, breast, CVD screenings can all get lost when Gender Identity can change. Conversely there is also the transgender "broken arm syndrome" where absolutely every condition gets related to the patient's transgender status when it may not be a relevant factor.

e) What is being done to address trans people not accessing general healthcare; what is the timescale for the roll out of specialist GPs and is there a case for a NEL lead?

PG reiterated it was in hand. They will be widening the training within PCNs e.g He reiterated that the Pride and Practice scheme would be expanded and he was meeting shortly with Dr Kamaruddin and they've identified a first cohort of GPs who could be trained. They were aiming for 1 per borough initially. A specialist within each PCN would be good but the general point was that they need to start with having GPs who can prescribe confidently but this needs to be operated on an NEL basis

f) Does the current guidance enable all GPs to prescribe hormones to this cohort?

PG replied it didn't but it is more complex. He stated that there is no reason why a GP cannot prescribe hormones already and many do so for other groups but the issue is that they have no training in prescribing hormones for trans patients and they don't have the confidence to do so, particularly in cases where the initial assessment has been done outside the NHS. He added that NHS NEL needs to consider how to give GPs the training to have that confidence so that there is a resource within the NEL area to address this community's needs. He added that, generally, clinicians need to think about how they work with mental health services and other parts of primary care and to ensure there is shared best practice in place to better respond to patient needs. HW added that there are guidelines which say we can't prescribe unless the person has been seen by a specialist but we can prescribe if we have the confidence. PG added that when patients are sitting on a waiting list

for 5 yrs for access to a GI Clinic we have to train up our primary healthcare physicians to better handle these scenarios.

g) What further work is needed on these guidelines to further your objectives here?

PG replied that they have to keep pressure on upwards as well nationally so that patients will be seen at a more reasonable space of referral and that specialists are trained up. He reiterated that the main commissioning here is national.

h) Cllr Binnie-Lubbock (not a Commission Member) asked about the urgency of the training need; on using trans people more in outreach and publicity for general healthcare; and on gaps in data

CL replied that there is evidence that some trans people have worse sexual health outcomes and there are additional services for them but it is important too not to over sexualise people from this community as it is just one need and not the only one. He explained that the *Sexual and Reproductive Health Strategy* was about to go out for consultation and there will also be an overarching one for NEL. If there is a demand for a trans sexual health service the boroughs would be open to that and that the Homerton would be a natural place to provide that. He added that the Census has been revolutionary in terms of recognising LGBTQIA+ residents and more data would allow us to be more mindful of the sexual variation which is there. City and Hackney had added a section on vulnerable populations and trans people are one of those and this is not the case elsewhere. After the consultation they will come back to the Health and Wellbeing Board with the final draft and with an action plan and that could also come to Scrutiny if needed. They were also looking to work more closely with NHS NEL so the work can be better joined up among the various commissioners including work on sexual assault support and on fertility services.

i) What funding is needed to underpin the Strategies?

CL reminded Members that because it is an open access services sexual health in one of the largest areas of spend from the Public Health grant so they need to look across the 5 years of the Sexual and Reproductive Health Strategy for example and at how investments which are badly needed can be made. There is no new money. The aspirations for Strategy will be coming to Cabinet. He added that HIV and HIV Care services will also be moving into NHS NEL's remit and this provides some further opportunities. They can't commit to more money but they can commit to doing more to meet the needs, and better data monitoring will help greatly. Re. having a specific service for trans people, he suspected there will be similar requests from across NEL as the data demonstrates there is a need. There are higher rates of HIV and syphilis for example among many in the trans community and they want to ensure services are as open and accessible as possible.

j) What can be done to improve data collection?

CL explained there is a national NHS data set which governs the codes used. Giving people confidence about the use of their data is key. The census data was important because for the first time we have reasonably granular data that does show places like Hackney and Tower Hamlets are good places for trans people to come and live, hence we have higher numbers. The next step is ensuring people are able to get the level of access they need into Primary Care and Mental Health services and at the moment the level of data at that deeper level is not available from the NHS. The fields are there but we need the people to collect the data. The data on sexual orientation is better but we rarely get data from the NHS because

the numbers are too small and can't be disaggregated. In the Census data a very large number of people had refused to disclose and it is hard to get into the reasons here. It could be language but it's also about confidence. We need to be confident to ask and people need to be confident to disclose. SH added that it needs to be made clear that information collected in a monitoring form is detached from clinical records. Also, if people don't fill it in, nobody is there to suggest to them that it might be in their best interests to do so. People always give addresses but won't give their sexuality or gender or even ethnicity and it's important to create an atmosphere of trust and give people the confidence that the information will not be shared with the Home Officer for example. Same issue exists on ethnicity and there are a lot of gaps in our data. We still have a population that is mostly inclined to mistrust how we might use the data. Work needs to be done to create this trust within the wider trans community.

k) What further work can be done to build trust so as to achieve a better data set?

SH replied that it's more complex than just doing a piece of comms work. We are working with local communities to build trust she added and in this, which is relational, we have to convince them why it's important that they disclose their data and we have to demonstrate that we are trustworthy.

l) What more can be done particularly in relation to migrant communities' fears about disclosure to the Home Office and what can be done to improve mental health data?

SH replied that there is the opportunity to collect information about individual characteristics everytime they have contact with services and we do analyse this. The problem is that the numbers here are small and that makes it difficult to draw useful inferences. It would be better to do that at NEL level where there would be strength in numbers. CL added that the census data gave us a baseline but not comprehensive set on LGBTQIA+. What we can do is to say to services, if there is no data recording taking place for this cohort you should really be getting it across all the protected characteristics. We could then look and if there are no trans people attending your IAPT service, for example, that should be your first question i.e is data being collected and why aren't certain cohorts presenting. SH added that we suspect that in the substance misuse service for example that there is under representation and it does not appear patients are disclosing gender identity. In all, the richer the data set the better the conclusions you can draw.

n) What can NHS NEL do on the data challenges at a sub-regional level?

PG replied that more needs to be done at NEL level. He added however that the trans community was facing an onslaught in the media which is traumatising for them and so getting data in that environment will never be easy. On the timescales he was meeting with Dr Kamaruddin and they hoped to have the specialist network up and running by the end of this year.

o) What can be done about the dangers of purchasing unregulated drugs online?

PG replied that it was incredibly difficult to regulate such access and there are a wider set of problems with self medication, again driven by the waiting lists for access to Gender Identity Services. The Chairs suggested we review progress in a year to see how the specialist GP training is working out. Another option would be to raise these issues at the INEL JHOSC level as the response here needs to be NEL wide.

ACTION:	Chair to suggest this subject is considered also at INEL JHOSC.
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4.8 Cllr Williams (Cabinet Member for Employment, Human Resources and Equalities) commented she was pleased the Full Council had supported the motion and that the Commission had taken up the issue. She was pleased to hear from the experts and expressed her gratitude to them. She wanted to echo Dr Gilluley on the vulnerability of this community and added that we have to be very careful about the toxic media environment here. She added that we need to ensure we are discharging our duties and we want to be careful about how we do that. This has been a good measured discussion, she added, and she wanted to echo CL's point about not over-sexualising the trans community in these discussions as this is about gender identity. She concluded that she would welcome a review in a year or so and would be pleased to return and engage further with the issue.

4.9 Cllr Binnie-Lubbock added that he'd welcome a similar discussion focusing on trans young people perhaps at CYP Scrutiny Commission.

4.10 The Chair invited a member of the public who had submitted questions to speak. Laura Pascal (Women's Rights Network and Hackney Labour Women's Declaration). She commented that in her view the discussion had been quite one sided and the meeting hadn't heard a valid gender-critical perspective. On GP diagnoses, there was an assumption that all GPs should do here is diagnose and prescribe and you wouldn't be recommending that for a mental health condition such as schizophrenia for example. Young people in the cohort being considered here can have a lot of comorbidities. There is a high cross over with autism. Gender reassignment was a serious decision to make and the consequences of taking cross sex hormones were serious, she added. They may be right for some people but absolutely not for others. Some people who transition really regret it and the effects of testosterone for example were irreversible. She added that there's a health crisis among young people and young adults are questioning their gender alongside a lot of other issues including their sexuality and there is a risk for young lesbians for example of being set on a path to transition that will affect the rest of their lives and damage their fertility. Life changing surgery removing healthy body parts may be right for some people but not for everyone, she added. It should not be for General Practice to decide and this needs to be considered and it should not just be an issue of how we can support GPs to do this. On the point by Cllr Binnie-Lubbock that if you're not counted you don't count, she would add that In all this discussion about data we must be careful to ensure that we're still collecting data about 'sex'. Services collect data about gender identity quite often and the question about sex is not even included e.g. in job applications to Hackney Council. There's language used about what gender you were "assigned at birth" which has led for example to the Census including terms that the public do not understand and the question of 'sex' is not being asked. She added that while she agreed that we have a vulnerable trans community who need to be protected, we also need to be careful that while we're doing so, that the impact on women and women's health inequalities are also taken into consideration. When thinking about data she felt very strongly that we need to be very careful to ensure that we are not erasing sex as a category, because sex matters.

4.11 The Chair thanked LP and repeated that concerns about what's in the draft Strategy document need to be raised in a response to the imminent consultation on that. He asked for comments on the points about GPs not being suitably qualified and on the need to record sex as well as gender.

4.12 SC agreed that GPs need to operate within their competence and should not be doing anything they are not fully trained on and therefore the NHS must ensure there is appropriate training in place. She took issue with the idea that GPs delivering harm minimisation here was going to increase demand for surgery. What clinicians were proposing in her view was that GPs have appropriate training to deliver harm minimisation. Yes, absolutely, there is a higher prevalence of neuro diversity and mental health issues and we need practitioners to be able to deal with various outcomes. She added that the causality was difficult to pick apart here and what we need is care that is supportive of the individual and looks at the full picture and so we must have appropriate guidelines in place

4.13 In relation to the issue of recording sex as well as gender, SH replied that she agreed that in the context of a health data set it was important to record the underlying sex as well as gender, for the reasons discussed earlier including to make sure that people have access to relevant health screening and in diagnostic terms that doctors aren't overlooking certain possibilities because they assume they don't exist any longer because of the gender that someone presents with. For certain data recording however it may be less important. Re the Hackney job application she stated she was not really sure why it matters to your employer what your birth assigned sex was, it should only matter in the context of having a health issue that may impact the way you are able to work, in which case you can have a confidential discussion with occupational health about it, and in which case they would record your sex at birth as well as your gender. She added that while it is important improve data collection on gender it's equally important to improve data collection on all characteristics because that is how we get a good sense, in a personal sense, of what this person needs and we can also do useful analyses of the whole data set from which we can then draw reasonable inferences and conclusions that we can act on.

4.14 The Chair stated that he would suggest to the new INEL JHOSC Chair that this issue be taken up there. He stated that he had also received questions from Cllr Troughton, who could not be present, and some related to the wording of the Draft Strategy and he encouraged her to take those up in a consultation response. For this item he had wanted to keep a narrower focus to make it manageable. He added that officers may want to reply to some of the points Cllr Troughton had made. He concluded that they will keep the matter under review and it could come back in due course or be dealt with at INEL JHOSC

4.15 The Chair thanked all the participants for their contributions.

RESOLVED:	That the reports and discussion be noted.
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5 Homerton Healthcare Quality Account 22-23 - HiH response

5.1 The Chair stated that each year the Commission is required to provide comments on the draft Quality Account for the key local NHS trusts. He did this by letter because of the NHS deadlines involved and a copy of that and the draft report were in the

papers. The purpose of this item was to review the report and hear back about the comments raised in the Commission's letter.

5.2 He welcomed for the item from Homerton Healthcare:
Breeda McManus (**BM**), Chief Nurse and Director of Governance
Basirat Sadiq (**BS**), Deputy Chief Executive

5.3 Members gave consideration to the *Quality Account for 22/23 of Homerton Healthcare NHS Foundation Trust* and to the Commission's own letter of response.

5.4 BM took Members through the report in detail commenting that the Trust was on a two year cycle with its 7 agreed quality priorities, as listed. She also added that, despite the pressures, the Trust still was one on of the best in the country on 4 hr A&E waits.

5.5 Members asked questions and the following was noted:

a) What was the initial feedback on the CQC inspection of the maternity service; how was the Trust performing on the target for number of staff appraisals completed and; whether the A&E wait performance was due to the need to deliver mutual aid to neighbouring trusts?

BM replied that completed appraisal rates continued to improve and they were now on 86% against an 85% target. On the CQC inspection of Maternity, they had received high level feedback on 3 areas to look at but there had been no indication that there would be any Regulatory Notices. As for the reasons for the 4 hr A&E wait performance, there were multiple factors here and it was not just down to a specific issue in relation to mutual aid. The acuity of the patients coming through was higher and delayed discharges of care continued to present a challenge as it has with all acute hospitals.

b) What is the future of the St Leonard's site; and on the elective backlog?

BS replied that she'd had recent meetings on the issue. There continued to be a strong commitment to running services at the site. A piece of work now has to be done with NHS Property Services and NHS NEL around how they can get the funding in place to improve the site. She was now part of a senior exec NEL wide working group on Estates and the key priority locally was to put a strong plan in place for the future of St Leonard's. On the elective backlog BM replied that she didn't have exact figures to hand. Unfortunately the recent industrial action had impacted on their elective activity. Their Priority 1 and Priority 2 cancer waits were of course attended to and generally they have been making real progress in driving down the elective waiting list across all the pathways.

c) GP Practices use of texts to patients seeking feedback is an excellent approach and asked how this feedback data is processed and used?

The Chair stated that this question was for Primary Care commissioning and it would be passed on to them.

ACTION:	O&S Officer to ascertain from commissioner for Primary Care for City and Hackney how the data from GP Practice text surveys to patients is handled.
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d) How is CQC inspection regime changing?

BM replied that the systems and structures within the CQC are changing. There will be a lot more information requests and they will expect more specific requests and inspections rather than a large single Trust-wide inspection. The CQC will be able to come and review one service rather than a number of them and will be using information and intelligence to determine if they need one in the first place.

e) What further is being done to respond to the spike in mental health presentations at A&E at the Homerton

BM replied that they are very aware of the significant delays recently for mental health patients in ED and a lot of cross departmental and partnership meetings were taking place to tackle the problem. There were a number of projects in train across the system looking at crisis cafes, urgent responders and multi agency teams and the need for more community services to help reduce the numbers presenting to A&E. She gave reassurances that ELFT was very much onboard also to solve both the immediate and longer term challenges here.

f) What are the drop-out rates from the local IAPT service provided by the Homerton.

BM replied she did not have the figure at hand but would provide it.

ACTION:	Chief Nurse to provide the latest drop-out data for the Homerton's IAPT service.
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g) How might Mary Seacole Home (operated by Homerton Healthcare) move from CQC rating of 'Good' to 'Outstanding'

BM replied that Mary Seacole was hoping to be inspected soon, as it had been some time. There wasn't anything they weren't doing, in her view, and if inspected tomorrow there should be no reason they wouldn't get Outstanding.

5.6 Sally Beaven (Healthwatch Hackney) informed the Commission about their imminent 'Enter and View' report on St Leonard's adding that they have a pool of resources to help with engagement around this important issue. BS thanked them for this and undertook to work with them.

5.7 The Chair thanked the senior executives for their report and their attendance. He stated that Members were very pleased at the continued high performance of the Homerton.

RESOLVED:	That the reports and discussion be noted.
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6 Met Police implementation of 'Right Care Right Person' model

6.1 The Chair stated that this was added to the agenda because of concerns about the implication for the local health and care partners that some patients may fall between the safety nets here should Metropolitan Police proceed with implementing this new 'Right Care Right Person' model.

6.2 He welcomed

Jed Francique (**JF**), Borough Director City & Hackney, East London NHS Foundation Trust
Georgina Diba (**GD**), Director of Adult Social Care and Operations

Nina Griffith (**NG**), Director of Delivery, City and Hackney Place Based Partnership
Chris Lovitt (**CL**), Deputy Director of Public Health

6.3 Members gave consideration to the following:

- a) Briefing from the Director of Adult Social Care Operations titled "*Police Approach - Right Care, Right Person - Implications for health and social care system*"
- b) Note from Met Police website announcing the change
- c) Briefing on the issue prepared by London Councils

6.4 GD took Members through her briefing paper in detail. She stated this was a fundamental change to the way police will be deployed in these instances. The model was first implemented in Humberside where it didn't apply just to mental health cases but also to welfare concerns e.g. missing from health facilities. The Met Police informed stakeholders about this proposed change on 24 May with an implementation date set for 31 August, yet in Humberside they trailed this model for 3 years. The challenge will be to train up call handlers to make better decisions about who needs to be deployed. She added that they agree as a partnership that the most appropriate person be deployed whether they be health, social care or police. There are concerns about the financial implications in terms of implementing this in a short time period and the costs for additional dedicated staff. There are implications for councils and London Ambulance Service. Within Hackney the local partnership is looking at how it can alter its approach. There are 4 categories of cases here: *mental health and crisis pathway; children and young people; those missing from hospital; welfare cases and those missing in the community*. She added that conversations are ongoing between borough commanders and system managers at NHS NEL level as well as directors of adult and children's services to examine the whole system pressures. The previous Friday a Police Partnership Board at New Scotland Yard had looked at the principles of RCRP, the current health demand on the Met and the legal obligations on them and on health services. There was general support for the principles of RCRP but the go live date of 31 Aug was very concerning for all partners. Health partners have been pushing for pan-London policies on the welfare category and on those missing from health establishments. London Ambulance Services was also procuring 14 new mental health ambulances over the next 2 years and this can be part of the mix. She expected progress across London on this by early August and she was happy to report back.

6.5 *The Chair asked if we were still working towards a 31 August implementation date and if there was need to further or more urgent representations to Mayor of London and MOPAC.* GD replied that that date is not changing but there is recognition that it took 3 yrs in Humberside and just 13 weeks was given to London. Partners across the entire system raised concerns to allow systems and partners to be able to respond to the risks and locally police are clear that they will continue to go out and support when they are triaged to do so. NG added that representations continue to be made to the Mayor of London and MOPAC, also through ADASS and through NHS NEL and through all political routes. In discussions with the police locally they are really keen to make this work and recognise that these timescales from the police side are challenging. She stated that for the Council the risk is all around timescales. She advised that they should wait for an update from the local police on realistic estimation of timescales before any push back or further escalation.

6.6 JF stated that the partnership which Adult Services had brought together on this and which the police is now engaging fully with is the best vehicle for responding to this. He added that ELFT is heavily involved in trying to find a local partnership solution.

6.7 *The Chair asked if a response meant that ELFT might provide a more immediate outreach response to situations.* JF replied that the issues relating to presentations with mental health at ED (as discussed earlier) are multifactorial. One aspect is how do we

provide more support in the community but there are a number of different elements being discussed from further developing the crisis pathways, to more diversionary activities, to bolstering the crisis line and the crisis hub activity. Clearly part of the upstream work is to shore up these elements so there will be less chance that people turn up at A&E.

6.7 CF explained the City's street triage service which provides one of the potential opportunities here. It is an expensive service because it does provide specific Mental Health outreach workers. Interest has been expressed in this model by the ICB (NHS NEL) with a view to adapting it across the whole of NEL as potentially there would be some economies of scale. Capacity was needed but the fact ELFT is there already provides a potentially interesting model.

6.8 *The Chair asked if funding was the key factor therefore.* CL replied that it had been trialled in the City for other reasons. He added that we have to be very careful about how we refer to people who come to take their own lives. Any areas which have a lot of large buildings provides more settings where people take their own lives and city has proportionally higher numbers of suicides therefore. The benefits of embedding more mental health workers with the police has been very successful in the City but there are of course issues around staffing and resources.

6.8 NG stated that what the police are arguing is that we all think about how we can respond better to key incidents of mental health crisis in the community and in the long run that we think quite differently about how we respond to those incidents more appropriately. The risk is in the timescales and our ability to find the workforce and resources to develop these pathways in the new model. Street triage was a model we could consider but it would be difficult in Hackney because the geography is very different. She added that London Ambulance Services runs mental health cars and they've been talking to Met Police at a pan London level about expanding those and this provided another part of the solution.

6.9 *Members asked how this approach would be financed and about the potential demand.* NG replied *there are no specific financial resources for health and care services to respond to this which is why they're concerned.* We need to think how we can support this change out of existing resources or how we could build a case for putting new resources to this if we can evidence potential outcomes or efficiencies in other areas by doing it, she added. We know that the LAS mental health cars are currently under utilised and there may be capacity to utilise these better. On demand, JF replied that people in mental health crisis are only one aspect and there is an upward trend in people presenting with mental health issues to EDs and with the police accompanying them. He added that in May there were 451 presentations to Homerton ED with mental health issues which was 50 more than the previous month and their highest rate yet. Staffing to meet this potential demand is a challenge.

6.10 *Cllr Binnie-Lubbock (not a Commission Member) stated that reports on Humberside talk about a reduction in police hours but don't talk more broadly about the outcomes for the public over a longer timescale.* GD replied that nothing had been shared yet from that trial on outcomes for the public but interest in it is high obviously. She reiterated that partnership colleagues are not disagreeing with the model itself because having the right person attending to you, depending on whether you are lost, missing or scared is important. If the person is known to you be it a health worker, a social worker or police that would be even better. Outcomes for people from the Humberside trail have not yet been shared.

6.11 SH commented that in terms of outcomes she was not familiar with the Humberside model but was familiar with a slightly different model that had operated in south west Wales where there were trained mental health staff in Police call centres advising the police and

helping the responders. The outcomes were better for patients, they were less likely to be held under S136 of the Mental Health Act and they were more likely to end up in the right place with the care that they needed. Significantly, people in mental health crises were increasingly not being taken to a police station but instead to a healthcare setting. From both models we've been able to determine that there's a benefit to the NHS. In the South Wales model they had managed to save the NHS money and the Police had paid for it. It may be something to throw into the pot in negotiations with the Met in terms of how to smooth the transition and by freeing up resources. Also, if the savings then accrue to the NHS then resources can be reconfigured to enable a longer term approach.

6.12 The Chair thanked Dr Husbands for her insights. He asked that once matters have progressed here the Commission would like to know the outcome and asked if the item could come back, but not too prematurely. Members will be curious as to whether the 31 Aug deadline happens. He thanked officers for their reports and their attendance.

ACTION:	Update on the 'Right Care Right Person' proposal be added to future work programme.
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RESOLVED:	That the report and discussion be noted.
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7 Minutes of the previous meeting

7.1 Members gave consideration to the draft minutes of the previous meeting.

RESOLVED:	That the minutes of the meetings held on 13 June 2023 be agreed as a correct record.
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8. Work programme for the Commission

8.1 Members noted the full list of suggestions received from stakeholders and the public and he thanked everyone for those. The Chair stated he would draw up an outline programme to share with Members for discussion and agreement.

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

9.1 There was none.

Health in Hackney Scrutiny Commission - ACTION TRACKER 2023-24

Note: Items returning to an agenda are added to the future work programme and NOT listed here.

Meeting	Item	Action	Action by	Status
16/11/2023	Provision of NHS Dentistry in Hackney	The Chair to write to the CE of NHS NEL to progress the issues on changes to dentistry commissioning arising from this discussion.	Chair	Issue will be revisited in future work programme.
05/12/2022	Adult Social Care reforms - fair cost of care and sustainability	Group Director AHI to provide a brief update to the Chair on the funding position for next year (on Fair Cost of Care) once it is known.	Helen Woodland	Ongoing.
08/02/2023	Community Diagnostic Centres - update from Homerton Healthcare	CE of Homerton Healthcare to inform the Chair as soon as a decision was made on the siting of the proposed Community Diagnostic Centre.	Louse Ashley	Ongoing.
15/03/2023	Cost of living crisis and health equity	NG to provide further information on the timeline for the Free School Meals Task Group.	Nina Griffith	Update to follow.
13/06/2023	Air Quality Action Plan implementation	TR to provide members who would like it with access to more detailed data monitoring on air pollution.	Dave Trew/Tom Richardson	Ongoing
13/06/2023	St Joseph's Quality Account	Site visit for Members to St Joseph's Hospice to be organised.	Jane Naismith	To be arranged.
17/07/2023	Health inequalities/ medical barriers for trans community	Dr Gilluley to provide latest available data on waiting lists for Gender Identity Services.	Dr Paul Gilluley	Response attached.
17/07/2023	Health inequalities/ medical barriers for trans community	Chair to suggest this subject is considered also at INEL JHOSC	Chair	Suggestion passed to Cllr Sweden.
17/07/2023	Under Homerton Healthcare Quality Account response	O&S Officer to ascertain from commissioner for Primary Care for City and Hackney how the data from GP Practice text surveys to patients is handled.	O&S Officer	Response attached.
17/07/2023	Homerton Healthcare Quality Account response	Chief Nurse to provide the latest drop-out data for the Homerton's IAPT service	Breeda McManus	To follow

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Health in Hackney Scrutiny Commission - 11 September 2023

Item 7 - Minutes and Matters Arising

MATTERS ARISING from meeting on 17 July 2023

Item 5.5 (c)

ACTION:	O&S Officer to ascertain from commissioner for Primary Care for City and Hackney how the data from GP Practice text surveys to patients is handled.
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Response on 23 July 2023

There is a long history of practices seeking feedback from patients to help the practice continuously improve, develop and innovate. Sending out texts to patients is one way of doing this and is used by most if not all practices. Although the cost of these texts is paid for by the NHS (as an enabler for wider practice communication with patients) the NHS (primary care commissioners) doesn't necessarily see the results as these are primarily for the practice although some anonymised results are shared more widely eg responses to the Friends and Family Test. GP Practices are contractually required to run Patient Participation Groups and these are another great source of patient feedback as well as a fantastic opportunity to coproduce improvements with patients. City and Hackney continues to fund on a pilot basis Care Opinion which is an online way of leaving feedback either aimed at one particularly provider or a number of providers across an episode of care. Patients also leave feedback via Google reviews which practices also respond to. Local Healthwatches also provide bespoke feedback to practices and commissioners. Lastly there is the national GP Patient Survey independently run by Ipsos Mori which also provides a great source of comparative feedback for practices and patients. Please refer back to report we presented in January this year for more information on patient feedback as well as a lot of detail on the patient survey. I hope this response helps.

Richard Bull
Primary Care Programme Director (City and Hackney)
NHS North East London
Part of North East London Health and Care Partnership

Item 4

Action at 4.7

ACTION:	Dr Gilluley to provide latest available data on waiting lists for Gender Identity Services.
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Response from Dr Gilluley on 29 August: The waiting time is currently 4 years.

Here is further background from NHS England's Specialised Commissioning:

Against a backdrop of significant and increasing demand for gender dysphoria service across all age ranges but with a constrained professional workforce, NHS England is taking steps to increase clinical capacity and has increased financial investment in these services. In 2022 financial investment in the adult gender clinics was increased by £2.3m which represented a 15% increase in funding. In March 2023 NHS England confirmed that as an outcome of an open tender process Chelsea and Westminster Hospital NHS Foundation Trust has been awarded a seven-year contract to develop and expand its new gender dysphoria service for adults called TransPlus, following a positive pilot evaluation of training a clinical team to deliver a specialist gender dysphoria service in a sexual health setting. A primary care-based gender dysphoria service for adults is being piloted and evaluated in services across England including the Indigo Gender Service in Greater Manchester provided by GTD Healthcare (a tender process is currently live to establish a permanent service in Greater Manchester), CMAGIC in Cheshire and Merseyside delivered by Mersey Care NHS Foundation Trust, and the East of England Gender Dysphoria Service provided by Nottinghamshire Healthcare NHS Foundation. Another pilot testing the primary care-based model in Sussex, provided by Sussex Partnership NHS Foundation Trust, is currently being mobilised and will go live in September 2023. The intention, if the service pilot is evaluated positively is to award substantive contracts, following due governance processes. For specific questions about the waiting times at the Gender Dysphoria Clinic, please contact them directly.

Samantha Tjanetis

Project Manager – National Gender Programme
Medical Projects – Specialised Commissioning
NHS England



<p>Health in Hackney Scrutiny Commission</p> <p>11th September 2023</p> <p>Work Programme for 23/24</p>	<p>Item No</p> <p>8</p>
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OUTLINE

The Chair has received a large number of suggestions both from the public in the residents survey and from writing to all our stakeholders and we have combined those with suggestions from Commission Members.

As stated at the previous meeting that Chair has now synthesised these, prioritised the requests, and tried to balance the programme and is proposing the following draft version.

It is important to note that space will need to be allocated for urgent items, that advice has to be taken from senior officers on timing, sequencing and focus and that therefore dates and titles will change.

Attached please find:

- b) Rolling Work Programme for 23/24 (NB this is a working document)
- c) Themed list of suggestions already received for the work programme (circulated previously last month)
- d) Work programme for INEL JHOSC

ACTION

Members are requested to give consideration to the proposal and to agree a provisional programme.

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DRAFT PROVISIONAL Work Programme for Health in Hackney SC 23/24 as at 31 Aug

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	
13 June 2023	Election of Chair and Vice Chair					
	Appointment of reps to INEL JHOSC					
	Air Quality Action Plan 21-25 implementation update	Follow up from June 22	Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew	
			Adults, Health and Integraton	Public Health Specialist	Suhana Begum	
			Climate, Homes, Economy	Environmental Projects Officer - Sustainability	Tom Richardson	
	Local GP services - Access and Quality	Briefing	NHS NEL Primary Care	Clinical Lead for Primary Care in City and Hackney and PCN Clinical Director	Dr Kirsten Brown	
			NHS NEL Primary Care	Primary Care Commissioner	Richard Bull	
			City and Hackney GP Confederation	Chief Executive	Andreas Lambrianou	
			Healthwatch Hackney	Executive Director	Sally Beaven	
		St Joseph's Hospice Quality Account 22-23	Annual item	St Joseph's Hospice	Director of Clinical Services	Jane Naismith
	Work programme for 2023-24	Discussion				
17/07/2023	Health inequalities and medical barriers faced by trans and non binary community		Homerton Healthcare	Clinical Lead for Sexual Health and HIV and Medical Examiner	Dr Katherine Coyne	
				Consultant	Dr Sarah Creighton	
			NHS NEL	Chief Medical Officer	Dr Paul Gilluley	
			GP Confederation	Practice Development Nurse	Heggy Wyatt	
			Public Health - City and Hackney	Director of Public Health City and Hackney	Dr Sandra Husbands	
			Women's Rights Network and Hackney Labour Women's Declaration		Laura Pascal	
			Gendered Intelligence withdrew		Cara English	
		Met Police implementation of Right Care Right Person model	Briefing	Adults Health and Integration	Director Adult Social Care and Operations	Georgina Diba
				ELFT	Borough Director C&H	Jed Francique
				C&H Place Based Partnership	Director of Delivery	Nina Griffith
	Homerton Healthcare Quality Account 22-23 - HiH response	Annual item	Homerton Healthcare	Chief Nurse and Director of Governance	Breeda McManus	
11 Sept 2023	City & Hackney Safeguarding Adults Board Annual Report	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE	
	deadline 31 August		AHI	Director Adult Social Care and Operations	Georgina Diba	

			AHI	Manager - Safeguarding Adults Board	Shohel Ahmed
	Healthwatch Hackney Annual Report 22/23	Annual item	Healthwatch Hackney	Chair	Deborah Cohen
				Exec Director	Sally Beaven
	Responding to increasing mental health needs	Discussion	ELFT	Borough Director C&H	Jed Francique
			ELFT	Clinical Director	Dr Olivier Andlauer
			AHI	Director Adult Social Care and Operations	Georgina Diba
23 Oct 2023	Tackling breast cancer in Hackney (raising awareness and performance of the screening programme)		AHI	Public Health's Population Health Hub	tbc
deadline 12 Oct			NHSE	Central and East London Breast Screening Service	tbc
Note 19.30 start			CoppaFeel! (VCS org)		tbc
			Barts Health	Senior oncologist (breast candcr)	tbc
	Community Pharmacy and Pharmacy First Model		NEL Local Pharmaceutical Committee	CEO	Shilpa Shah
			Healthwatch		
			Local Pharmacist		
	Integrated Delivery Plan for the City & Hackney Place Based System (inc. Outcomes Framework and measuring impact of anti racism actions in commissioning and service delivery)	Part follow up 5 Dec	NHS NEL - C&H Place Based Partnership		Dr Steph Coughlin, Louise Ashley; Dr Kirsten Brown/ Nina Griffith
15 Nov 2023	Developing a C&H Sexual and Reproductive Health Strategy (inc STI rates, access to contraception; gynae and menopause service)	Update post public consultation plus other aspects	Public Health	Consultant in Public Health	Carolyn Sharpe
deadline 6 Nov			NHS NEL - C&H Place Based Partnership	Clinical Director	Dr Stephanie Coughlin
				Positive East	tbc
	1/2 'Delivering Better Outcomes in Adult Social Care' - series of items on new Transformation Programme	From HW at Budget Scrutiny 25 July	Adults, Health and Integration	Group Director	Helen Woodland
	Space for urgent item				
10 Jan 2024	Cabinet Member Question Time: Cllr Kennedy	Annual CQT session	LBH	Cabinet Member for Health, ASC, Voluntary Sector and Culture	Cllr Chris Kennedy
deadline 22 Dec					
	Adult Social Care and Accommodation - planning for future need	Follow up from 26 April	Adults Health and Integration	Director Adult Social Care and Operations	Georgina Diba
			Climate Homes and Economy	Strategic Director Economy Regeneration and New Homes	Stephen Haynes
	1/2 ESTATES CRISIS IN PRIMARY CARE (NHS Primary Care; LBH Planning; LBH Finance)	Follow up from pre pandemic	NHS NEL/ PCNs/GP Confed/ LBH Planning/LBH Finance		

12 Feb 2024	Future options for Soft Facility Services at Homerton Healthcare	Follow up 8 Feb short item	Homerton Healthcare	CE	Louise Ashley
deadline 1 Feb			Homerton Healthcare	CFO	Rob Clarke
	SUBSTANCE MISUSE & the new the combating drugs partnership - our local response to the national strategy				
	Update on implementaton of Right Care Right Person	Follow up from 17 July - short item	AHI	Director Adult Social Care and Operations	Georgina Diba
	2/2 ESTATES CRISIS IN PRIMARY CARE (NHS Primary Care; LBH Planning; LBH Finance)	Follow up from pre pandemic	NHS NEL/ PCNs/GP Confed/ LBH Planning/LBH Finance		
14 March 2024	DENTISTRY how new commissioning system is working	Follow up from 16 Nov 22	NHS NEL	Commissioner	Jeremy Wallman
deadline 5 March			East London and City LDC	Secretary	Tam Bekele
			Local dentists		Dr Dewald Fourie or Dr Reja Manbajood
	2/2 'Delivering Better Outcomes in Adult Social Care' - series of items to monitor the new transformation programme	From HW at Budget Scrutiny 25 July	Adults, Health and Integration	Group Director	Helen Woodland
	The Neighbourhoods Programme, PCNs and future of GP Confederation		Neighbourhoods Team	Neighbourhoods Programme	Sadie King
			PCN Clinical Directors	One of CDs and also Chair of LMC	Dr Vinay Patel
			GP Confederation	Chief Executive	Andreas Lambrianou
			HCVS and Healthwatch		
	Safeguarding issues around hoarding and self neglect		Adult Services		

ITEMS AGREED BUT NOT YET SCHEDULED

Pencilled dates					
	<i>In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.</i>				
	New CQC inspection regime for Adult Social Care		Adults, Health and Integration	tbc	tbc
	Liberty Protection Safeguards - progress on implementation of new system	Follow up 5 Dec	Adults, Health and Integration	Principal Social Worker	Dr Godfred Boahen
	Consultation on Changes to Continuing Health Care - the Hackney perspective	Follow up from INEL	Adults, Health and Integration and NHS NEL	tbc	tbc
	Revisit progress of Wellbeing Network focus on crisis support	Follow up from 24 April	Adults, Health and Integration	Senior Public Health Specialist	Jennifer Millmore
			Mind in CHWF	CEO	Vanessa Morris
	Food Sustainability Strategy (inc. revised Lunch Clubs plan)	From Chair at Budget Scrutiny 25 July	Policy and Strategic Delivery	Head of Policy and Strategic Delivery	Sonia Khan

July 2024	Health inequalities and medical barriers faced by trans and non-binary community (for HiH or for INEL JHOSC)	Follow up from 17 July	tbc	tbc	tbc
June/July 2024	Local GP Services Access and Quality - outcome of the improvement plans for GP Access	Follow up from 13 June	NHS NEL	Clinical Lead for Primary Care	Dr Kirsten Brown

WORK PROGRAMME SUGGESTIONS BY THEME FOR HiH 23-24 (updated 26 July)

NB - O&S consultation responses from residents are often lengthy and are edited for brevity, the language used is repeated below to give flavour of the views

THEME	General topic/issue	Origin
<i>Adult social care</i>	New CQC inspection regime for ASC	Ongoing
<i>Adult social care</i>	Liberty Protection Safeguards - progress on implementation of new system	Follow up 5 Dec
<i>Adult social care</i>	Consultation on Changes to Continuing Health Care - impact on ASC	Imminent consultation
<i>Ageism</i>	Aware of attitudes that stereotype older people within the council	O&S consultation response
<i>Air quality general</i>	Greenwashing and removal of LTNs	O&S consultation response
<i>Air quality general</i>	Noise and air pollution. Licensed 4 nightclubs and 4 restaurants on our street without asking, leading to late night disruption and ASB	O&S consultation response
<i>Air quality- cycling</i>	Safe cycling needed in Downham Rd	O&S consultation response
<i>Air quality - cycling</i>	Not enough cycle storage, police not responsive on theft	O&S consultation response
<i>Air quality - cycling</i>	Cycling on pavements in Stoke Newington; greater provision of sheds and lockers in housing developments urgently needed.	O&S consultation response
<i>Air quality - cycling</i>	Further improvements needed to Cycleway 1 route	O&S consultation response
<i>Air quality -LTNs</i>	Improve air quality round schools, make school streets mandatory, penalties for abuse of blue badges and driving children to school	O&S consultation response
<i>Air quality -LTNs</i>	LTNs implemented with no proper consultation, needs rethink, traffic being funnelled into a few main roads, traffic delays making pollution worse	O&S consultation response

Air quality - LTNs	LTNs creating division between working and middle classes. They protect posh areas	O&S consultation response
Air quality - LTNs	Impact on Stoke Newington High St; concreting of Shoreditch park, closure of roads, public money wasted on vanity projects for the few.	O&S consultation response
Air quality- LTNs	Cameras and signs in Stamford Hill school streets constantly being vandalised	O&S consultation response
Air quality - LTNs	Please open our road the pollution is killing me. Council only care about the rich	O&S consultation response
Air quality - LTNs	LTNs driving up traffic on main roads and when there are roadworks the jams are horrendous and polluting	O&S consultation response
Air quality - LTNs	Issues of equity and robustness of data/research behind decisions on LTNs	O&S consultation response
Chagas disease	Chagas disease - an infections parasitic disease with prevalence in migrants from Latin America. https://www.gov.uk/guidance/chagas-disease-migrant-health-guide	Cllr Turbet-Delof
Community gardens	Lack of information on community gardens to support Hackney's LNRP	O&S consultation response
Community halls	Chronically under used could be better used for clubs, classes, health improvement	O&S consultation response
Data sharing	Data sharing with the NHS	Public Health
Disability	Freedoms and ability to get around for elderly and disabled has worsened	O&S consultation response
Drug misuse	Drug dealing and consumption on the streets increasingly opioid related	O&S consultation response
Drug misuse	Drug and alcohol abuse leading to anti social behaviour	O&S consultation response
Drug misuse	Open drug dealing and crack addicts on streets	O&S consultation response
Drug misuse	Drug using and dealing on residential streets. Streets unsafe	O&S consultation response
Drug misuse	Class A drugs, binge drinking and gangs - streets unsafe	O&S consultation response

Drug misuse	Huge rise in hard drug abuse on streets (Dalston) at all hours and near schools.	O&S consultation response
Drug misuse/ substance misuse	Substance misuse & the new the combating drugs partnership - our local response to the national strategy	Public Health
Engagement structures	Improving engagement structures and models in the local C&H health system	Healthwatch Hackney
Exercise equipment in parks	No exercise equipment in some parks, other parks being favoured, equipment not being maintained.	O&S consultation response
Fast food	Fast food establishments around schools	O&S consultation response
Food growing and waste	More support for food waste and rainwater collection, better use of back gardens, community centred growing also need for community energy scheme	O&S consultation response
Foxes	Prevalence higher than ever (from resident of 40 yrs) - problems of littering, soiling, disturbed sleep	O&S consultation response
Gambling addiction	Growth of gambling establishments impact on low income groups, young people etc	O&S consultation response
GPs - Estates	Estates crisis in Primary Care (on long list for some time)	Dr Vinay Pantel, LMC Chair
GPs - Estates	Primary Care and Neighbourhood Estates	Dr Kirsten Brown, Primary Care Clinical Lead
GPs	Access to GP appointments	O&S consultation response
GPs	Access improvement plans - update after a year (June '24)	Dr Kirsten Brown Primary Care Clinical Lead
GPs	The Fuller Report and our local response. This is not just Primary Care of course.	Dr Kirsten Brown Primary Care Clinical Lead
GPs	The Primary Care Provider Landscape in City and Hackney and the potential of a single primary care provider organisation in the future.	Dr Kirsten Brown Primary Care Clinical Lead

Gym affordability	GLL pricing structures discriminates against working poor (also timing of cheaper classes)	O&S consultation response
Gym condition	King's Hall facilities are dirty, old and falling apart	O&S consultation response
Health inequalities	Poor prostate cancer health outcomes for Black men	Cllr Patrick
Health inequalities	Poor maternity health outcomes for Black women	Cllr Patrick
Health inequalities	NHS charging regulations on migrants	Cllr Turbet-Delof
Hoarding and self neglect	Safeguarding issues around hoarding and self neglect	Cllr Samatar
Housing	Intersectionality of mental health and housing issues	Cllr Kennedy
ICS/ Place Based Partnership	Update on City and Hackney Place Based Partnership	Dr Stephanie Coughlin, Clinical Director
ICS/ Place Based Partnership	Overview of our integrated delivery plan; year-end delivery against the plan	Dr Stephanie Coughlin, Clinical Director
ICS/ Place Based Partnership	How the NEL ICP strategy & delivery plan (including its approach to the CORE20 PLUS 5) will reduce health inequalities in City and Hackney	Public Health
ICS impact	Outcomes Framework for City and Hackney Place Based System	Follow up 5 Dec
ICS impact	Measuring the impact of anti racism actions in commissioning and service delivery in C&H Place Based System	Follow up 5 Dec
Immunisations	Immunisations - all ages	Public Health
Learning disabilities	Services for those with learning disabilities	Cllr Patrick
Long Covid	Long Covid service and possible site visit	Dr Stephanie Coughlin, Clinical Director

Mental health	Emergency Dept mental health in-patient capacity	Follow up 5 Dec
Mental health	Adult mental health crisis increased acuity, increased complexity. Spike in demand for mental health services (HUH has highest number of mental health referrals to ED in North East London; increased demand across crisis pathway; significant increase in use of Homerton Psychological Medicine service etc	Cllr Kennedy
Mental health	Mental health care for adults	O&S consultation response
Mental health	Mental health, queerness, neuro diversity, disability are intersecting exponentially greater need for better disability adaptation	O&S consultation response
Mental health	Suicide and cost of living crisis and debt	Cllr Turbet-Delof
Neighbourhoods	Have Neighbourhood Forums bedded in, how is learning shared, does VCS contribute/benefit	Cllr Kennedy
Neighbourhoods	Neighbourhoods working – A review of leadership strategic direction could be helpful	Dr Stephanie Coughlin, Clinical Director
Pharmacy	Community pharmacy looking at aspects such as the Pharmacy First model and specific aspects such as free emergency hormonal contraception	Heathwatch Hackney
Pharmacy	Cost of Living with respect to medication and the offer of Community Pharmacy as part of Primary care and how we can really help reduce health inequalities.	Shilpa Shah, NEL LPC
Sexual health	Sexually transmitted infections (STI) and mental health	Cllr Turbet-Delof
Sexual health	Sexual and reproductive health strategy - Access to contraception; Gynae menopause service	Dr Stephanie Coughlin, Clinical Director
Sexual health/ HIV	Progress in getting to zero new HIV transmission by 2030 (to include ED BBV testing)	Public Health
Smoking	Improve stop smoking areas e.g. restaurant gardens	O&S consultation response

Yet to be added to this mix:

- 1) Overarching themes from the Complaints Service e.g ASC
- 2) Other responses from the 12 letters sent to our key health and care stakeholders including HCVS and Healthwatch

INEL JHOSC Forward Plan

Potential date	#	Agenda item	Added to agenda on/by:	Author/Presenter
July 2023	1	Community voice: Paul Atkinson re North East London Talking Therapies	Chair	Guest: Paul Atkinson
	2	Collaboratives <ul style="list-style-type: none"> • Mental Health, Disabilities and Autism Collaborative • Community Health Collaborative 	From Feb 2023 meet	Paul Calaminus/Selina Douglas Sally Adams
	3	Health update including slides on: <ul style="list-style-type: none"> • NEL Big conversation and staffing structure • Financial environment and operating plan • Strike action and Trust updates (BH/ELFT/NELFT/Homerton) 	Standing item	Zina Etheridge Henry Black Shane Degaris, Paul Calaminus/Jacqui Van Rossum, and Louise Ashley
	4	ICS Five Year Forward Plan	May 23 internal and external discussions	Johanna Moss
	5	System recovery and resilience <ul style="list-style-type: none"> • Place partnership mutual accountability framework • System recovery and resilience in Urgent and Emergency Care 	From Feb 2023 and Dec 2022 meets	Charlotte Pomery Clive Walsh
	6	Continuing Healthcare policies	Request from NHS	Diane Jones / Don Neame
Nov 2023	1	Health update including: <ul style="list-style-type: none"> • Outcome of CHC consultation 	Standing item	
	2	Improving the performance of NHS 111 across NEL.	From Feb 2023 meet	
	3	Primary Care Recovery Plan	Request from NHS	
Jan 24	1	Health update	Standing item	
	2	Update on outcomes of the NEL Research and Engagement Network	From Feb 2023 meet	
	3	Update on the work of the Barts Health-BHRUT Collaborative presented by the Chair in Common	From Feb 2023 meet	

	4	Financial Strategy	From Dec 2022 and Feb 2023 meets	
April 24				

ITEMS TO BE SCHEDULED

- Monitoring new Assurance Framework for GP Practices – follow up from July 2022
- NEL Estates Strategy from 21/22
- Acute Provider Collaborative – follow up from Oct 22 (is this covered by the BH/BHRUT collaborative?)

Items put forward at 12.07.23 JHOSC

- Disputes resolution procedure to come back to the committee along with any other related changes
- Consultation would have been announced and in place and the 7 place based -
- Organogram is needed re gp surgeries and other information – bring an item on this
- 111 service – **this item is set to come in November**
- Virtual wards update – continuous progress
- Bring IAPTs back as a full item
- Health outcomes for GEM people re maternity and testicular cancer for GEM population
- Parasite transmission and treatment