Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2021/22
Date of Meeting: Mon 11 October 2021 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**
Councillors in attendance	**Cllr Kam Adams and Cllr Deniz Oguzkanli**
Councillors joining remotely	**Cllr Kofo David and Cllr Michelle Gregory**
Council officers in attendance	**Helen Woodland (Group Director, Adults, Health and Integration)** **Dr Sandra Husbands (Director of Public Health for City and Hackney)** **John Binding (Head of Service, Safeguarding Adults)**
Other people in attendance	**Rachael Buabeng (Co-chair Black & Black Mixed Heritage Group, ...Maternity Voices Partnership)** **Dan Burningham (Programme Director Mental Health, C&H ICP)** **Cllr Sophie Conway (Chair CYP Scrutiny Commission)** **Dr Adi Cooper OBE (Independent Chair, CHSAB)** **Justine Cawley (Trust Lead for Perinatal Mental Health, ELFT)** **Ellie Duncan (Programme Manager, Children, Maternity and CAMHS, ..C&H ICP)** **Mikhaela Erysthee (Co-chair Black & Black Mixed Heritage Group, ..Maternity Voices Partnership)** **Dr Waleed Fawzi (Clinical Lead for Older Adults Mental Health, ELFT)** **Siobhan Harper (Director of CCG Transition for City and Hackney, C&H ..ICP)** **Eugene Jones (Director of Strategic Service Transformation, ELFT)** **Cllr Christopher Kennedy (Cabinet Member for Health, Social Care and ..Leisure)** **Amy Wilkinson (Workstream Director CYP, Maternity & Families, C&H ..ICP)** **Jon Williams (Executive Director, Healthwatch Hackney)**
Members of the public YouTube link	45 views **The meeting can be viewed at https://youtu.be/qgctSRmpDY8**
Officer Contact:	**Jarlath O'Connell** jarlath.oconnell@hackney.gov.uk

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

1.1 Apologies from Cllrs Snell and Plouviez.

2 Urgent items/order of business

2.1 There were no urgent items and the order of business was as per the agenda.

3 Declarations of interest

3.1 There were none.

4 Relocation of in-patient dementia assessment services to East Ham Care Centre

4.1 The Chair stated that the purpose of the item was to consider an update from ELFT and NEL CCG on the move to make permanent the August 2020 relocation of in-patient dementia assessment services from Mile End hospital to East Ham Care Centre. The Commission had last considered this at an extraordinary meeting on 30 July 2020.

4.2 The Chair welcomed, for this item:

Dr Waleed Fawzi (**WF)**, Consultant Psychiatrist and Clinical Lead for Older Adults Mental Health, ELFT
Eugene Jones (**EJ**), Director of Strategic Service Transformation, ELFT
Dan Burningham, Programme Director - Mental Health for C&H, CCG
Jon Williams, Executive Director, Healthwatch Hackney

4.3 Members gave consideration to the following documents:

a) Slide presentation from ELFT
b) Full report from ELFT
c) Extract from minutes of special HiH on 30 July 2020
d) Note on Healthwatch site visit to East Ham Care Centre

4.4 The Chair stated that the issue had been to the Commission over a number of years in various forms and he and other Members had visited both sites on two occasions and were familiar with the background.

4.5 EJ took members through his report and presentation in detail, summarising that they wanted to make this a permanent move and that a public consultation was about to be launched on the matter. WF described the clinical benefits of co-locating the services including more flexible rotas and having expertise in one place. EJ described how they were engaging with stakeholders and expert reference groups and would be launching the public consultation at the end of November.

4.6 Members asked questions and the following points were noted in the responses:

(a) Chair asked about whether carers/families would be offered a more wrap around transport package proactively and in perpetuity. EJ replied it would and outlined the process of interacting with the carers/families on it. He undertook to provide a report on the uptake of the offer around travel.
(b) Chair asked for a draft protocol on the transport offer. WF explained how the taxi service for hackney residents was now well embedded in the service and explained that there was a fair usage policy for this offer.
(c) In response to a question on follow-up support, EJ explained that some patients were discharged home to the care of relatives and some into community care packages/domiciliary care and some would need to go into a residential care setting. He explained how these would operate. WF added that while dementia was not a curable condition, the unit at East Ham was a short-stay one for patients who were exceptionally difficult to manage and once they became more settled they could then be returned to another appropriate setting.
(d) In response to a question on staff turnover at EHCC, EJ replied that the team at Columbia Ward moved to East Ham Care Centre and there hasn't been any turnover of staff.
(e) In response to a question on how consultation would reach digitally excluded, EJ undertook to take these points on board. They hadn't formally identified all the routes for it but they were working on that. It would be predominantly online but where they could they would arrange face to face or group discussions. In relation to the Plan B, should the response to the consultation not be positive, EJ replied that they would have to consider that eventuality in detail with colleagues from Barts Health.
(f) Jon Williams commented on the issue from Healthwatch's Enter & View visit and stated that patient information e.g. about advocacy services not being clearly displayed was one of their concerns.

4.7 The Chair stated that once the consultation had been completed a discussion could be had with officers about whether the item needed to come back to the Commission, depending on the outcome. Officers concurred with this approach and he thanked officers for their detailed report.

ACTION:	**Following the analysis of the forthcoming public consultation, ELFT officers to liaise with the Chair on whether this item needs to return to a future meeting of the Commission.**

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

5 Maternal Mental Health Disparities

5.1 The Chair stated that this item had been requested by both himself and Cllr Conway (Chair of CYP Scrutiny Commission). The purpose was to explore disparities and inequalities which had been observed relating to the diagnosis and treatment of maternal mental health within City & Hackney. He welcomed the following to the meeting:

Amy Wilkinson (**AW**), Workstream Director Children, Young People, Maternity and Families, City & Hackney Integrated Care Partnership
Ellie Duncan (**ED**), Programme Manager Children, Maternity and CAMHS, City & Hackney Integrated Care Partnership
Justine Cawley (**JC**), Trust wide Lead for Perinatal Mental Health, ELFT
Mikhaela Erysthee (**ME**) and Rachael Buabeng (**RB)** Co-chairs of Black and Black-Mixed Heritage Group, Maternity Voices Partnership
Cllr Sophie Conway (**SC**), Chair of CYP Scrutiny Commission
Cllr Chris Kennedy (**CK**), Cabinet Member for Health, Social Care and Leisure

5.2 Members gave consideration to a detailed briefing report from the Children, Young People, Maternity and Families Workstream of the City & Hackney Integrated Care Partnership.

5.3 AW took Members through the report adding the caveat that the data secured was service level for City and Hackney but the numbers were small and based on those who currently met the threshold and there were many who may not. Three sets of disparities had been clearly identified: women living in deprivation, women from ethnic minorities and young women. ED outlined the local provision and what was provided locally in response to national and local 'asks'. JC outlined how ELFT's Perinatal Service saw patients from conception to 12 months and shortly would be 24 months ante natally. They saw those with moderate to severe mental health problems and were launching a new service for women who may have experienced trauma or birth loss within the perinatal period. She described a new service for preconception appointments for those with diagnosed mental illness.

5.4 RB detailed the work of the Maternity Voices Partnership and in particular its Black and Black-Mixed Heritage Group and ME outlined the future plans for expanding the group's activities. Chair asked about issues coming out of the patient feedback. ME described how they supported women with fibroids for example and the advocacy support provided generally. RB described how they had previous service users in the group who contributed to their debrief sessions and how they helped this cohort with, for example, their planning for future pregnancies.

5.5 Cllr Conway as Chair of CYP Scrutiny Commission outlined the rationale for this item. She asked whether the birth debriefing service was being specifically targeted to young women. ME and ED gave further detail on the

work of the BME sub-group noting that it was relatively new but it was the first such subgroup. HUHFT maternity had a representation workstream as well which worked with the MVP and all were looking at under represented groups. The Family Nurse Partnership was a useful way to reach the younger cohort. AW explained the role of the Family Nurse Partnership which provided intensive support of 2 years duration to women aged 25 and under.

5.7 Members asked questions and in the responses the following was noted:

(a) In response to a Member question on extending the MVP sub groups to other communities in the borough, AW replied that they were keen to do this and already were working with Somali and Orthodox Jewish communities and were happy to explore that more.
(b) In response to a question on the criteria for access and on quality of support of the various offers e.g. antenatal, AW replied that it was the Health Visiting Service that provided the first universal offer which people receive. They refer people on. JC described the support women received once in the Perinatal Service. A woman with bi-polar was 50% more likely to have a relapse after giving birth. She clarified that the targeted ante-natal classes were provided by HUHFT. RB described how the aim was to make the support services as widely available as possible.
(c) In response to a question from the Chair about the current patchwork of commissioners/providers and service users falling between the cracks, AW replied that child health had always been a challenge as there were lots of commissions and providers but there was a clear need for fully integrated services with coordinated leadership and accountability.
(d) In response to a question from the Chair about what proactive work was being done to reach vulnerable individuals who are not engaging, AW replied that there was a need to think more about how the Health Visiting Service could ensure that this didn't happen. HUHFT does well on service user feedback compared to others but there was a lot that could be done better. JC described a specific targeted piece of work ELFT was doing on more active outreach and there was a need to get the message into the various communities and go out and reach people.
(e) Clllr Kennedy asked what ELFT was doing as part of its Patient Carer Racial Equality Framework pilot. JC replied that they were in the early stages of linking in with that wider piece of work. The Chair asked what the two researchers on this PCREF pilot were doing. JC replied she was not aware of the full detail of that project.
(f) In response to Cllr Conway's question on whether self referral was higher among certain ethnic groups and on disparities around when people are referred, JC replied that they had only recently started taking self referrals so

there wasn't enough data on it as yet. She clarified that the threshold to enter Perinatal Service was where there was a significant risk, otherwise they would be referred to the IAPT service. There was a single point of access and services had to work out which one of them needed to see that patient. Referrals were not sent back to a referrer so the woman was not left without any support.

(g) The Chair asked whether there was room for a more integrated neighbourhood model over a sustained period of time rather than current rigid pathways which appear time-limited and hard to access. PC replied that the Neighbourhoods Model didn't currently fit in with what the Perinatal Service did so more work needed to be done on that. Also perinatal stage women were prioritised within IAPT and weren't left to sit on the waiting list. Additionally, if a woman went through IAPT and felt she needed further support she could still come through to the Perinatal Service. ED added that the voluntary sector provided a wide range of support in addition to secondary care for example on those with specific vulnerabilities e.g. no recourse to public funds etc. These would provide additional peer support or mentor support.

(h) Cllr Conway stated that the offer appeared rather disjointed and so it was difficult to offer support to parents whom we know are in need. Was there scope for doing some work with Children and Families Service to identify parents they were worried about and in need of perinatal mental health support and to figure out the touch points and identify various missed opportunities, when they might have been given access sooner. AW replied that they were trialling projects with Children and Families Service and also with Enhanced Primary Care involving discussions with whole families by multi-disciplinary teams to ensure that provision was more suitable and timely.

(i) The Chair asked about whether HUHFT could universally flag risks or vulnerabilities and do an initial screening which would then be followed up. AW replied that they already do that and they query mental health and emotional wellbeing at every session and if there were concerns they would act on them so the issue is more about refining the pathways and asking the right questions and an aspect of this will require more training for the practitioners.

(j) Cllr Conway asked what reflections were taking place regarding the range of services currently provided, the modalities being used, the feedback loop with MVP and about how to improve uptake. JC replied that a key part of their work was having 'trauma-informed services' as part of the perinatal mental health response. Another aspect was around having staff that reflected the populations they served.

(k) The Chair asked the Maternity Voices Partnership about what in particular needed to happen next, where the room for improvements were, and what

they would like to see. ME replied that they were actioning all the issues brought to them by the midwives and the other stakeholders. RB replied that a lot of work was going on and working with local groups and telling them about the services and disseminating the information was really helping to reach new people.

5.8 The Chair thanked the officers for their very thorough and concise report and the Maternity Voices Partnership for making the time to attend and share their experiences.

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

6 City and Hackney Safeguarding Adults Board Annual Report 20/21

6.1 The Chair introduced the item stating that Each year the Commission considers the Annual Report of the City and Hackney Safeguarding Adults Board (CHSAB). The Board is a statutory one, required under s43 of the Care Act 2014.

6.2 He welcomed to the meeting:

Dr Adi Cooper OBE (**AC**), Independent Chair, CHSAB
John Binding (**JB**), Head of Service, Safeguarding Adults

6.2 Dr Cooper took Members through the summary report in detail, including the learning from the two Safeguarding Adults Reviews (SAR) that had taken place during the year. Provision of services during the lockdown had been a challenge and the impact of the cyberattack had impacted on the normal reporting processes. She drew attention to the significant progress that had been made during the lockdown in support for rough sleepers and in responding to safeguarding risks. There was also a challenge to continue to provide face to face and responsive services and engagement activities generally when there were restrictions in contact. Some engagement activities had to be postponed to this year.

6.3 The Chair asked about the pandemic impacts e.g those Residential Care being confined to their rooms and other Day Care users having to move into Residential Care during lockdown. AC detailed how Covid impacted different cohorts and how services were adapted and on the challenging aspects of the lockdown experience. Specific concerns included people in the community turning away support because they were worried about infection. This led to increased levels of acuity in those later admitted. Reduction in face to face contact affected all services and mental health partners recorded a record number of calls to their crisis lines.

6.5 JB added that these lockdown issues also greatly affected those with Learning Disabilities and with mental health difficulties in supported living settings as they failed to comprehend what was going on in such an unprecedented situation.

6.6 In response to a question on the response to the 'MS' SAR case about who could trigger a Safeguarding 'Inquiry' , AC replied that anyone can raise a safeguarding concern. "Inquiry" is the term used in the statutory guidance for serious cases. Whether a concern moves into a S.42 'inquiry' is a technical issue. There had been learning about the safeguarding risks of those experiencing multiple exclusion housing issues. Helen Woodland (**HW**) (Group Director - Adults, Health, Integration) stated there would be Members Training session on Safeguarding on 15 Nov and invited all Members to attend and also to encourage everyone to register a safeguarding concern when they have worries about someone. She added that anyone can raise a concern and a Member Enquiry is enough to register a 'safeguarding concern'. HW clarified that the SAR on 'MS' had examined why the concerns that had been raised had not progressed to a full investigation at the initial stages.

6.7 JB stated that during lockdown they had seen a flurry of safeguarding concerns raised by neighbours who hadn't previously worried about neighbours and then were concerned that someone wasn't getting enough support. A key concern therefore is the feeding back of appropriate information to the referrer to provide assurance.

6.8 In response to a question on criteria to become Safeguarding Champions, AC replied that it was someone who is active in the community via community organisation. She added that there had been 3 rounds of training thus far and more would follow.

6.9 In response to a question about the Risk Register, AC stated that it was reviewed quarterly at the CHSAB executive meetings. It was a very high level risk register and a live document and the key current risks were around Covid but also the introduction of changes to Liberty Safeguards in April 2022.

6.10 In response to a question from the Chair about what the new regulations on Deprivation of Liberty Safeguards (DoLS) will be, AC stated that the legal framework is changing and the requirements on local authorities and partner agencies are shifting quite significantly. The aim and intention is to simplify the processes but the common view that it is not aht much more straightforward. JB explained what DoLS are. The Liberty Safeguard will be extended to those in supported living and shared life settings and for some people living in their own home where the care arrangements apply. This will be a significantly bigger area of work than is currently the case. Currently the governance of it sits with local authorities but the new system will bring back partners, e.g. health trusts, into this system. Currently the local authority does the final signature covering all settings but it will be moved back to health trusts. PCTs used to have these powers but with the advent of CCGs these were moved to local authorities. There are some significant changes but they are waiting for the new Code of Practice to implement training etc. HW suggested that once the Code of Practice is issued under the new

legislation an item could be brought to the Commission explaining how the local system is preparing for these changes.

ACTION:	**'Implementing the new Code of Practice for Deprivation of Liberty Safeguards' to be added to the future work programme.**

6.11 The Chair thanked Dr Cooper and JB for their thorough report and for attending to answer questions.

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

7 Covid-19 update from Public Health

7.1 The Chair stated that he had asked Public Health and the CCG to provide a timely and therefore tabled update on the Covid-19 situation. Copies had been circulated to Members earlier that day. He welcomed the meeting:

Dr Sandra Husbands (**Dr SH**), Director of Public Health
Siobhan Harper (**SH**), Director of CCG Transition and SRO for Vaccinations Steering Group
Helen Woodland (**HW**), Group Director, Adults, Health and Integration

7.2 Members gave consideration to a tabled slide presentation '*Covid update..*' Dr H took Members through the presentation in detail. Its key points were:

- Weekly COVID-19 incidence rates in Hackney were currently lower than both London and England averages
- School-aged populations were currently recording incidence rates twice as high as the average population in C&H
- C&H had the 4th lowest rates for first dose COVID-19 vaccinations in England
- Vaccination rates vary by ethnicity with White populations recording the highest first dose vaccination rates to date
- A refreshed C&H vaccination outreach and engagement strategy
- Despite a consistent number of COVID-19 deaths registered locally, COVID-19 bed occupancy and staff absences had been decreasing
- The "Swiss cheese respiratory virus pandemic defence" (a graphic that explained viral spread and the sliding scale from personal to shared responsibilities to prevent it).

7.3 Siobhan Harper gave a verbal update on the Covid-19 vaccination roll out covering such issues as booster jabs and outreach and engagement work and the scale and complexity of the programme currently in place and the continuous worry about the most vulnerable cohorts in the population.

7.4 In response to a Member's question, Dr Husbands clarified the situation in relation to guidance being offered to 'night time economy' venues. Some had

had visits from Covid response teams to go through their risk assessments with them. In response to a question about the rumoured ending of unlimited free Lateral Flow Covid tests, Dr H replied that the national programme would continue until the end of December and the decision to extend would depend on the situation at that time.

ACTION:	**Director of Public Health to share links to the relevant guidance for night time economy venues with the Members.**

7.5 In response to a question from the Chair on the impact of the now mandatory double vaccine requirements for care home workers, HW stated that 94% care home staff had now been vaccinated and staffing contingency plan agreed with care homes about staffing levels where staff have chosen not to be vaccinated and therefore won't be allowed to work from 11 Nov. Care Homes are following a HR process in response to this nationally mandated decision. Some staff had already chosen to resign and some were leaving in any case e.g. maternity leave. HW added that while the situation had caused significant anxiety they were not worried about business continuity as contingency plans were in place.

7.6 The Chair thanked the officers for their detailed reports and attendance.

RESOLVED:	**That the report be noted.**

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 8 July and the Matters Arising.

RESOLVED:	**That the minutes of the meeting held on 8 July be agreed as a correct record and that the matters arising be noted.**

9 Health in Hackney Work Programme

10.1 Members gave consideration to the updated work programmes.

RESOLVED:	**That the Commission's work programmes for 21/22 and the rolling work programme for INEL JHOSC be noted.**

10 Any other business

10.1 There was none.