Overview & Scrutiny

Health in Hackney Scrutiny Commission

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

Wednesday, 17 November 2021 at 7.00 pm

Council Chamber
Hackney Town Hall, Mare St, E8 1EA

The press and public are welcome to join this meeting remotely via this link: https://youtu.be/DxCFcNyLEIo

If you wish to attend otherwise, you will need to give notice and to note the guidance below.

Contact: Jarlath O'Connell, Overview & Scrutiny Officer
☎ *0771 3628561* ✉ jarlath.oconnell@hackney.gov.uk

Mark Carroll
Chief Executive, London Borough of Hackney

MEMBERS: **Cllr Ben Hayhurst (Chair)**
Cllr Peter Snell (Vice Chair)
Cllr Kam Adams
Cllr Kofo David
Cllr Michelle Gregory
Cllr Deniz Oguzkanli
Cllr Emma Plouviez

VACANT: **2 Labour, 1 Opposition**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1	**Apologies for absence**	**19.00**

2	**Urgent items/ Order of business**	**19.01**
3	**Declarations of interest**	**19.01**
4	**What is Adult Social Care - briefing**	**19.02**
5	**Progress towards Net Zero at Homerton University Hospital NHS Foundation Trust**	**19.45**
6	**Neighbourhoods Development Programme - update**	**20.15**
7	**Covid-19 update from Director of Public Health**	**20.35**
8	**Minutes of the previous meeting**	**20.58**
9	**Work programme for the Commission for 2021/21**	**20.59**
10	**Any other business**	**21.00**

Guidance on public attendance during Covid-19 pandemic

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 http://www.hackney.gov.uk/l-gm-constitution.htm or by contacting Governance Services (020 8356 3503)

The Town Hall is not presently open to the general public, and there is limited capacity within the meeting rooms. However, the High Court has ruled that where meetings are required to be 'open to the public' or 'held in public' then members of the public are entitled to have access by way of physical attendance at the meeting. The Council will need to ensure that access by the public 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.

Those members of the public who wish to observe a meeting are still encouraged to make use of the live-stream facility in the first instance. You can find the link on the agenda front sheet.

Members of the public who would ordinarily attend a meeting to ask a question, make a deputation or present a petition will be able to attend if they wish. They may also let the relevant committee support officer know that they would like the Chair of the meeting to ask the question, make the deputation or present the petition on their behalf (in line with current Constitutional arrangements).

In the case of the Planning Sub-Committee, those wishing to make representations at the meeting should attend in person where possible.

Regardless of why a member of the public wishes to attend a meeting, they will need to advise the relevant committee support officer of their intention in advance of the meeting date. You can find contact details for the committee support officer on the agenda front page. This is to support track and trace. The committee support officer will be able to confirm whether the proposed attendance can be accommodated with the room capacities that exist to ensure that the meeting is covid-secure.

As there will be a maximum capacity in each meeting room, priority will be given to those who are attending to participate in a meeting rather than observe.

Members of the public who are attending a meeting for a specific purpose, rather than general observation, are encouraged to leave the meeting at the end of the item for which they are present. This is particularly important in the case of the Planning Sub-Committee, as it may have a number of items on the agenda involving public representation.

Before attending the meeting

The public, staff and councillors are asked to review the information below as this is important in minimising the risk for everyone.

If you are experiencing covid symptoms, you should follow government guidance. Under no circumstances should you attend a meeting if you are experiencing covid symptoms.

Anyone experiencing symptoms of Coronavirus is eligible to book a swab test to find out if they have the virus. You can register for a test after checking your symptoms through the NHS website. If you do not have access to the internet, or have difficulty with the digital portals, you are able to call the 119 service to book a test.

If you're an essential worker and you are experiencing Coronavirus symptoms, you can apply for priority testing through GOV.UK by following the guidance for essential workers. You can also get tested through this route if you have symptoms of coronavirus and live with an essential worker.

Availability of home testing in the case of people with symptoms is limited, so please use testing centres where you can.

Even if you are not experiencing covid symptoms, you are requested to take an asymptomatic test (lateral flow test) in the 24 hours before attending the meeting.

You can do so by visiting any lateral flow test centre; details of the rapid testing sites in Hackney can be found here. Alternatively, you can obtain home testing kits from pharmacies or order them here.

You must not attend a lateral flow test site if you have Coronavirus symptoms; rather you must book a test appointment at your nearest walk-through or drive-through centre.

Lateral flow tests take around 30 minutes to deliver a result, so please factor the time it will take to administer the test and then wait for the result when deciding when to take the test.

If your lateral flow test returns a positive result then you must follow Government guidance; self-isolate and make arrangements for a PCR test. Under no circumstances should you attend the meeting.

Attending the Town Hall for meetings

To make our buildings Covid-safe, it is very important that you observe the rules and guidance on social distancing, one-way systems, hand washing, and the wearing of masks (unless you are exempt from doing so). You must follow all the signage and measures that have been put in place. They are there to keep you and others safe.

To minimise risk, we ask that Councillors arrive fifteen minutes before the meeting starts and leave the meeting room immediately after the meeting has concluded. The public will be invited into the room five minutes before the meeting starts.

Members of the public will be permitted to enter the building via the front entrance of the Town Hall no earlier than ten minutes before the meeting is scheduled to start.

They will be required to sign in and have their temperature checked as they enter the building. Security will direct them to the Chamber or Committee Room as appropriate.

Seats will be allocated, and people must remain in the seat that has been allocated to them. Refreshments will not be provided, so it is recommended that you bring a bottle of water with you.

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 room. 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.

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')
http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm

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Hackney

Health in Hackney Scrutiny Commission 17th November 2021 **What is Adult Social Care - briefing**	Item No **4**

PURPOSE OF ITEM

To provide an overview of the scale and range of provision of Adult Social Care and the current key challenges. This is the first in a series of three planned items which will go on to look at Transformation Programme for ASC and then an overview of Capital Build Proposals in ASC.

OUTLINE

The aim of this item is to give:

a) an overview of the scope of current provision
b) a summary of current challenges facing the sevice
c) an update (further to 8 June mtg) on re-commissioning of Homecare

Attached please find:

a) Briefing on What is Adult Social Care?
b) Update on the recommissioning of Homecare services
.

Attending for this item will be:

Helen Woodland, Group Director Adults, Health and Integration
Ann McGale, Director of Adult Social Work and Operations

ACTION

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

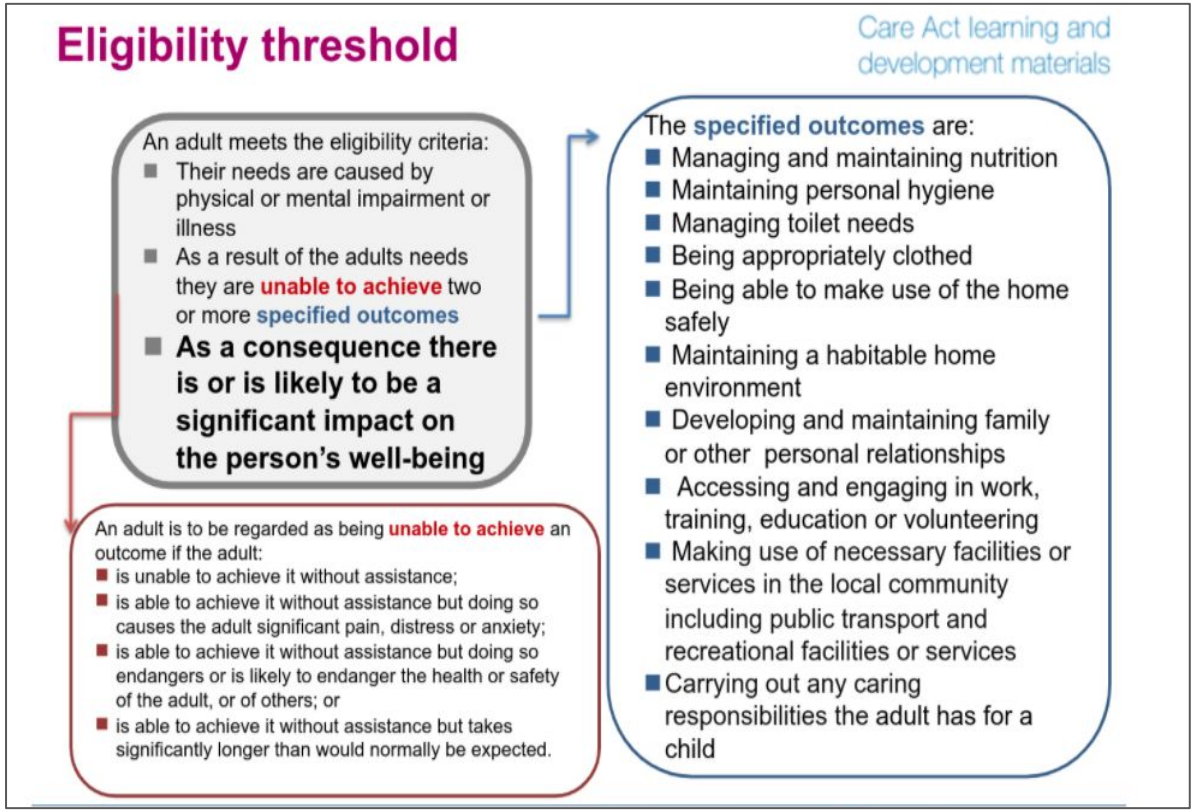
What is Adult Social Care?

Overview

What is Adult Social Care?

- The core purpose of adult social care (ASC) is to help people and their families and networks to achieve the outcomes that matter to them in their lives, enhance their wellbeing, maintain independence and to be safe.
- ASC services work with people who might have a care and support need and people who are informal carers of others, such as; older people, people with learning disabilities, people who are mentally unwell, people have long term conditions and and people with physical disabilities.
- Social care is often broken down into two broad categories of ‘short-term care’ and ‘long-term care’. Short-term care refers to a care package that is time limited with the intention of maximising the independence of the individual and eliminating their need for ongoing support. Long-term services are provided on an ongoing basis and range from high-intensity services like nursing care to lower-intensity community support.
- Any adult is entitled to an assessment to determine their eligibility, regardless of their financial status.

Who is eligible for social care?



Eligibility for carers differs - more info here.

ASC is means-tested. Individuals have to pay for support if they have money or property over £23,250. If they have less, a financial assessment will determine how much they will need to pay towards their care. Individuals will also be expected to use any income they have (for example, from a pension) to pay towards the cost of care, minus a Personal Expense Allowance, which is the minimum a person should be left with every week after paying for care. These amounts are very low, meaning most people will have to contribute something towards their care. The rates for 2021/22 are £24.90/week in England.

Adult Social Care: The National picture

How many people who request social care actually get it?

In 2019/20, local authorities received 1.9 million requests for support from new clients – 560,000 from working age adults and 1.4 million were from older people.

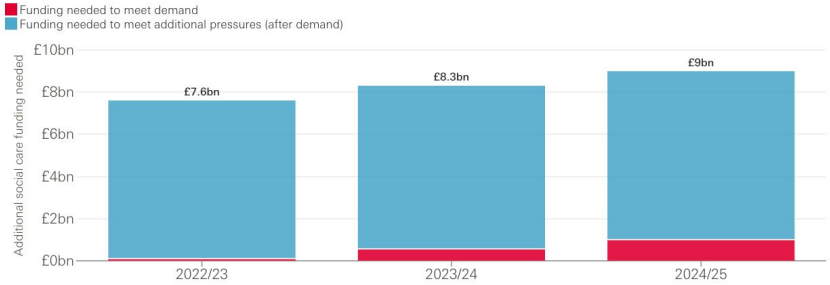
In total, 839,000 people received long-term care (548,000 older people and 290,000 working-age adults). There were also 231,000 episodes of short-term care (203,000 for older people and 28,000 for working age adults).

Overall, around 43 per cent of people who request support receive some form of service, a further 28 per cent receive advice or signposting, and 29 per cent receive nothing.

Around 43% of people who approach their local authority for adult social care support receive some form of service, and a further 27% receive advice or signposting

An additional £9bn is needed for adult social care in 2024/25 to meet demand and additional pressures

Additional funding needed for adult social care in England

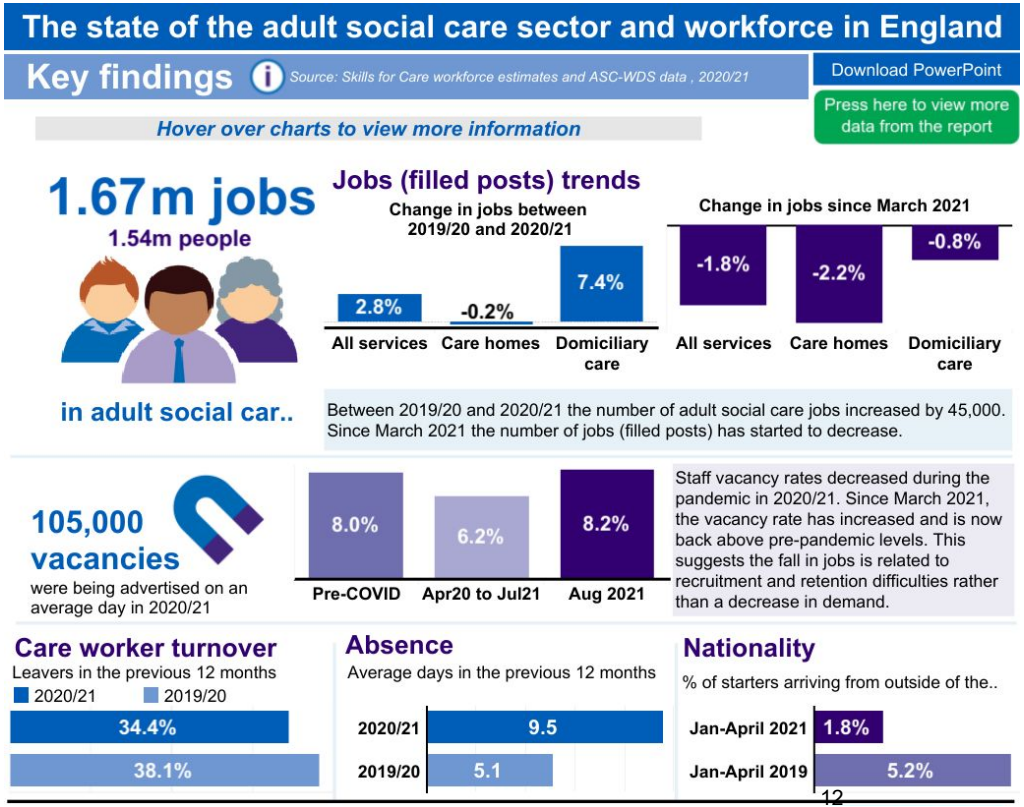


Although the Spending Review (Oct 2021) made funding available for reforms such as a cap and improved means-test – funding for the current system is barely enough to meet future demands, let alone address the challenges social care faces. These challenges include; high levels of unmet need, poor workforce pay and conditions, and a fragile provider market.

The rising cost of social care is driven by two main factors: increasing demand for services and increasing costs of providing them.

https://www.health.org.uk/news-and-comment/charts-and-infographics/spending-review-2021-what-it-means-for-health-and-social-care
https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care

Adult Social Care: Workforce in England



- 6.8% of roles in adult social care were vacant in 2020/21.
- Forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2020 and 2035, an increase of 29% (490,000 extra jobs) would be required by 2035.

https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

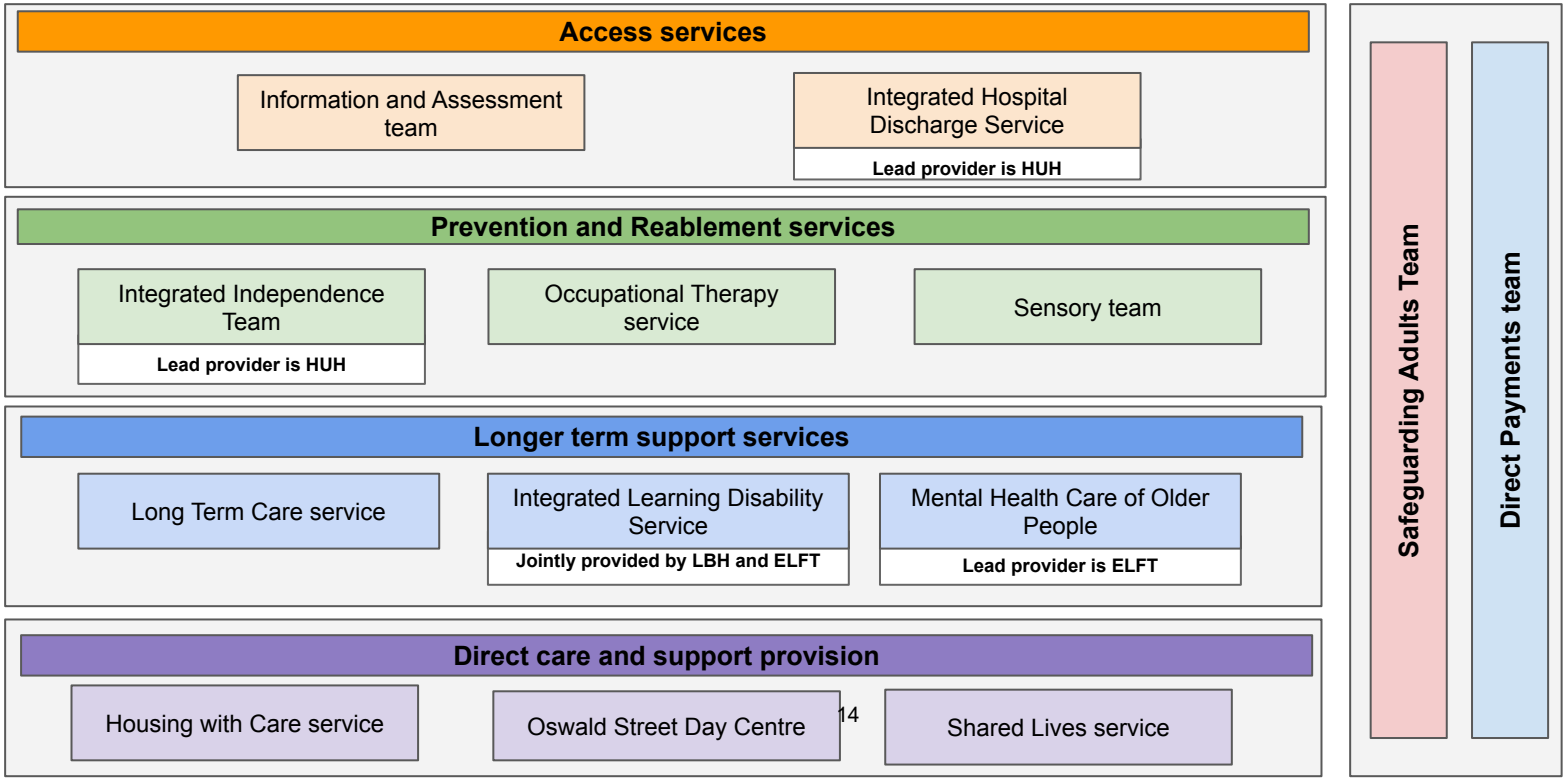
Adult Social Care: The Hackney Picture

- In 2018, the population of Hackney was 279,994 of which 210,624 were over 20 years old.
- In 2020/21, approx 3600 adults accessed ASC services, just ~1.7% of the adult population. However, this accounts for ~30% of the overall Council spend.
- It is estimated 1,900 people accessing ASC services were aged over 65, and 1,600 aged between 18 – 64.
- On 1 Oct 2020*, 482 people were in care home placements (68% of which were out of borough), and 1248 received home care support.
- According to the last Census, 19,300 residents identified as a carer. There are currently 2,828 carers registered, and ASC supported 1,535 carers during 2019/20.
- The growth in all age population between 2016 and 2020 was on average 1.13% but the growth in the number of people receiving care was on average 6.14% in the same period.

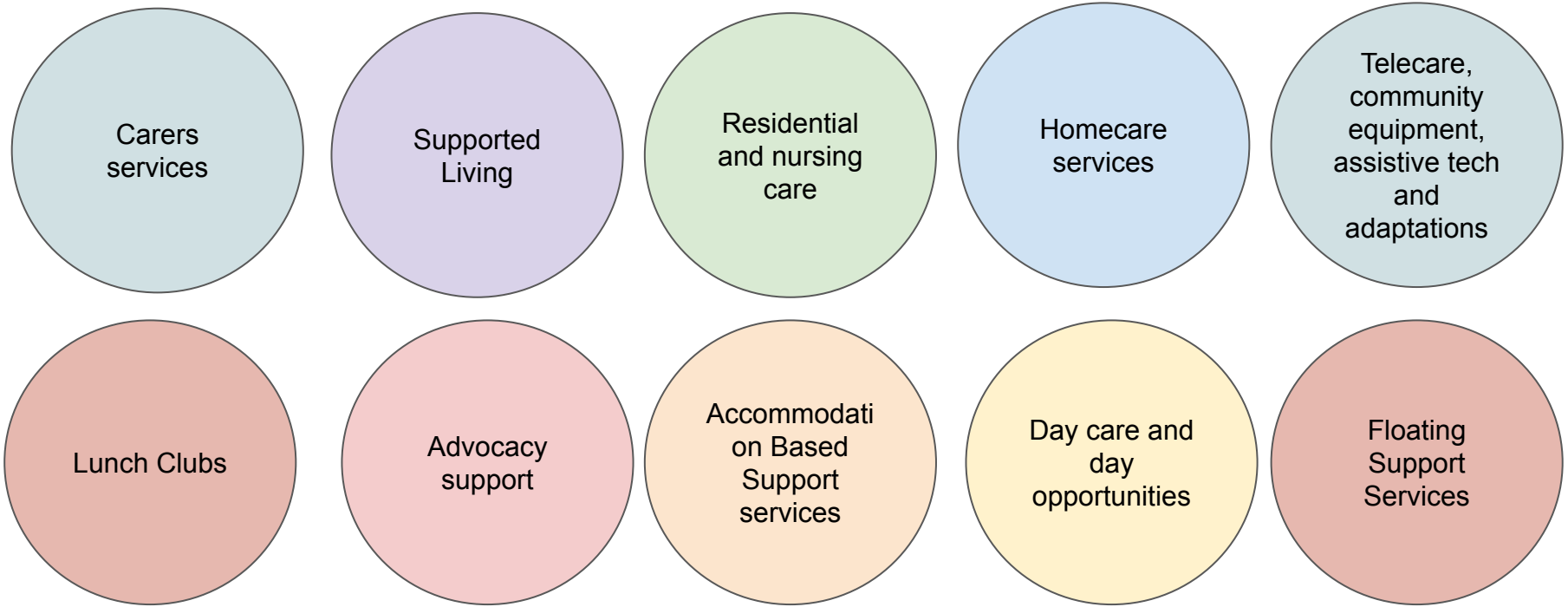
https://hackney.gov.uk/statistics-evidence-plans-and-strategies

*complete and accurate data prior to the cyber attack

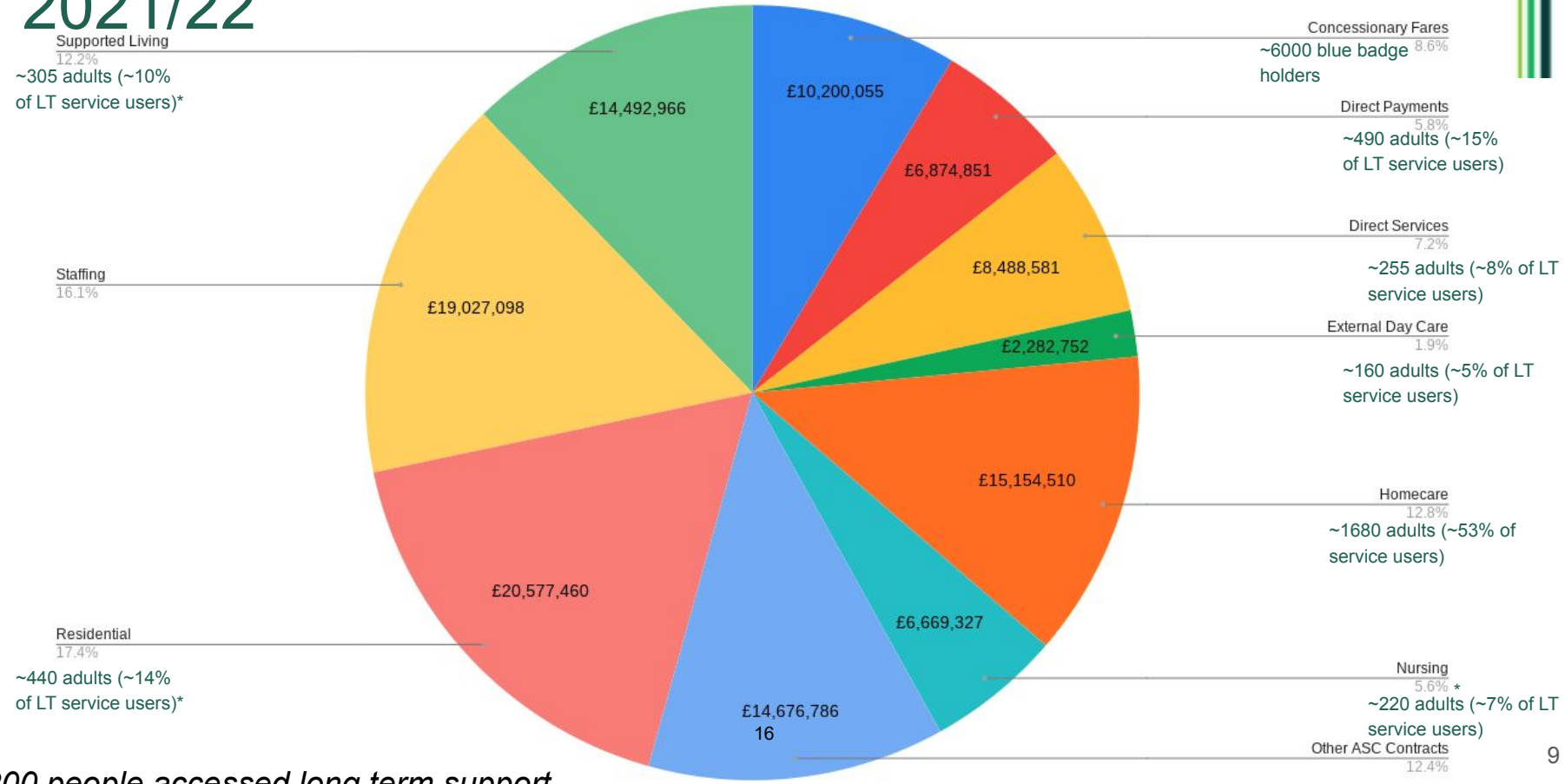
Summary of services directly or jointly provided by Hackney Council



Summary of services externally commissioned by Hackney Council



Adult Social Care Gross Expenditure Budget: 2021/22



~3200 people accessed long term support

Hackney Adult Social Care Workforce

- In Sep 2021, over 600 staff work across the Adults, Health & Integration directorate (this includes Public Health).
- 86% are directly employed and 14% are agency workers.
- In addition, thousands of care and support workers are also employed by companies commissioned by the Council to deliver care, such as domiciliary care, care home staff etc.
- Hackney is a Living Wage employer, meaning all care workers are paid the London Living Wage.
- We face similar challenges with our workforce that we see nationally, such as an ageing care workforce, recruitment challenges, sustainability of the care market, and competition with other sectors such as retail and hospitality.
- Covid-19 vaccination has been made mandatory within care homes, and we expect to see this roll out to wider social care workforce groups. This *could* mean a loss of Hackney social care staff who are unwilling to be vaccinated.

Local challenges

- Demand for care is increasing in Hackney at a time of reduced overall funding for local governments, and additional financial pressures related to the coronavirus outbreak and the recovery from the cyber attack.
- There has been a significant increase in the number of people discharged from hospital who require care and support compared to pre-pandemic. In addition, practitioners have reported that the care needs of those leaving hospital have become more complex, and we are seeing more working age adults with care needs than pre-pandemic.
- Recovery from the cyber attack is ongoing, and we are still operating with incomplete systems and data, causing delays, inefficiencies and increasing risk to practice.
- As of 23 Oct 2021, 116,774 people in Hackney remain unvaccinated. Uptake of the covid-19 vaccinations amongst the social care workforce in Hackney overall is also lower than some other London authorities. This will likely contribute to pressures during winter (especially the hospital discharge service), which is an already challenging period for services.
- We anticipate we may see the impacts of long covid resulting in increased demand for care over the coming years, though impact of this is yet unknown.

https://hackney.gov.uk/coronavirus-data/#vac

Responding to the local challenges

Through a new transformation programme, ASC aims to...

- Support staff to deliver holistic services that **prevents more residents from reaching crisis**
- Facilitate **multidisciplinary** working with partners within **Neighbourhoods,** delivering more person-centred and joined-up care, especially for residents with the most complex needs
- Make Hackney an attractive place for ASC **staff to work, grow and develop**
- **Promote the independence** of people who use our services
- Adopt a user-focussed approach, and offer a smoother **journey** through all ASC services
- Embed learnings from **SARs** and ensure safeguarding is the golden thread
- Provide staff with **fit-for-purpose technology** that is safe and facilitates excellent practice
- Ensure services are **value for money**, efficient and financially sustainable
- Increase the uptake of the winter vaccination programme amongst social care staff

The Transformation Programme

1. Process	2. Organisational Design & Development	3. ICT	4. Culture
Operational Leads: James Pearce & Zainab Jalil	**Operational Leads:** Ilona Sarulakis & Michelle Witham	**Operational Lead:** Ann Mcgale	**Operational Lead:** Helen Woodland
Transformation leads: Eden Munro Lisa Green	**Transformation lead:** Simon Richardson	**Transformation lead:** Sally Thomas	**Transformation lead:** Kat Buckley
This workstream will...			
Optimise the end-to-end resident journey through Adult Services, and embed Neighbourhood working	Develop an enhanced learning and development offer to attract and retain talent	Deliver a new ICT system that helps staff do what they need to do, safely and efficiently	Embed a positive culture that promotes compassionate leadership and a shared purpose across the department

Health & Social Care Integration in England

- Health and social care challenges are interrelated. Better integration between health and social care will mean care becomes less fragmented and people are cared for in the right place for their needs, and navigating services will be simpler. A more holistic focus on prevention will mean less people will require hospital treatment, and health and care needs can be prevented, delayed, or reduced, and will mean more people maintain greater independence and an improved quality of life.
- Building on proposals in NHS Long Term Plan, The Government published a white paper in Feb 2021 which set out legislative proposals for a Health and Care Bill. Key to this was the proposal to establish integrated care systems (ICSs) as statutory bodies in all parts of England.
- This was further detailed in the Government's 'Building Back Better: Our Plan for Health and Social Care' published in Sep 2021, along with wider details of plans to reform health & social care.

Health & Social Care Integration in Hackney

On 1 April ‘21, the North East London Clinical Commissioning Group (NEL CCG) was formed by merging 8 local authority areas; Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets, & Waltham Forest.

NEL CCG is part of the North East London Health and Care Partnership. This is our ICS, bringing together NHS organisations, local authorities, community organisations and local people to help residents live healthier, happier lives.

Within this ICS are three local Integrated Care Partnerships (ICPs). In City and Hackney, our ICP brings together a variety of partners to commission and deliver health, care and wellbeing services to our patients and residents.

Priorities for the City & Hackney ICP are;

- Deliver a shift in resource and focus on prevention to improve the long-term health and wellbeing of local people and address health inequalities
- Deliver proactive community-based care closer to home and outside of institutional settings where appropriate
- Ensure we maintain financial balance as a system and achieve our financial plans
- Deliver integrated care which meets the physical, mental health and social needs of our diverse communities
- Empower patients and residents

The Neighbourhoods programme is supporting more joined up and multidisciplinary working amongst health, care and wider partners within smaller geographic footprints. ASC is a key partner within this programme, and is currently in the process of redesigning community, case holding teams around Neighbourhood footprints to support this.

https://www.barkingdagenhamccg.nhs.uk/downloads/BHR-CCGs/News-and-pub/News/The_future_of_health_and_care_in_NEL_August_20

Homecare recommissioning - update report

Scrutiny Committee November 2021

Background - Adult services

- Currently the Council spends in excess of **£21m** per year on homecare supporting over **1,200 people**

- Current contracts can run until 31 March 2023

- A report was presented to Scrutiny in July 2021

https://docs.google.com/presentation/d/10BabkZSagxTkaPFRltcxHcVTNpCIJmydCjTuN1VNHyQ/edit?usp=sharing

Key updates since July 2021

- Adults and Children's services have decided they will manage their own separate procurements focussing on their respective distinctive service priorities;
- Further consultation with culturally specific communities, service users and care workers is ongoing;
- Cost modelling exercise to determine sustainable hourly rate has been undertaken by Finance (using a new ADASS toolkit);
- Virtual Market Engagement event focussing on local small/medium enterprises conducted;
- Workshop with service users/carers to review the current service to identify the positive and negative aspects of the service from their perspective;
- Neighbourhood Outcome Based Support Planning pilot project underway which includes working differently with Homecare Providers;
- Staff changes, with new interim strategic commissioning lead for the Older People and Long Term Conditions Team appointed

Extended Consultation - Service Review Phase

- In particular we are keen to seek more views from our customers.
- Health Watch Hackney led initial consultation with service users, carers and care workers. Overall response rate was low.
- Cyber attack means data available to support recommissioning is limited
- New strategy of telephone consultations with service users (aiming for 10% min) and care workers (incumbent homecare agencies) launched and underway
- Survey response rates - limitations due to client group complexities.
- Further engagement with the wider market and culturally specific communities is required to determine whether delivery can be mainstreamed (generic service) or needs to remains specific.

Project Review and Reframe - Service Review Phase

- In particular, we are continuing to work on the following:
  - Extended consultation (following limited responses so far).
  - Refresh and update benchmarking, model of delivery. EIA, market analysis and service outcome and output requirements (KPIs)
  - Confirmation of Hackney's application of ADASS cost modelling
  - Incorporation of learning from neighbourhood pilot projects
  - C-19 pandemic service impacts and lessons learnt
- This will ensure that the homecare service fully meets the needs of our service users and delivers a quality, needs led, vfm service;
- Next slide outlines updated timeline to incorporate the above:

Next Steps and Timeframes (indicative)

Further service design activity	November 2021 - February 2022
Business Case/Options Appraisal to CPIC	April 2022
Tender out to the market	May 2022
Tender returned and evaluated	September 2022
Contract Award report to CIPC	Nov / December 2022
Service start date	April 2023

Hackney

Health in Hackney Scrutiny Commission 17th November 2021 **Progress towards 'Net Zero' targets at Homerton University Hospital NHS Foundation Trust**	Item No **5**

PURPOSE

At the request of Scrutiny Panel, the 4 Scrutiny Commissions are planning work programme items to address the urgent issues around sustainability and the target for achieving 'Net Zero' by both the Council and its key local partners. In this first item on this theme at HiH, the Chair has asked our largest acute provider to outline their strategy for achieving climate change mitigation measures within their organisation.

OUTLINE

NHS England has published Delivering a Net Zero National Health Service to guide NHS bodies. Within this framework, we've asked HUHFT if they could outline their thinking and approach covering what they have identified as the key tasks here and including for example such different aspects as:

- reducing carbon from buildings and estates (heating/lighting)
- decarbonising the supply chain
- switching to less polluting anaesthetic gases
- electrification of the transport fleet
- more low carbon inhalers
- encouraging more active travel for staff etc.

Attached please find a briefing report 'Roadmap to Net Zero Carbon' from HUHFT.

Attending for this item will be:

Tracey Fletcher, Chief Executive, HUHFT and ICP Lead for City & Hackney
Liam Triggs, Head of Facilities, Compliance and Performance at HUHFT

ACTION

The Commission is requested to give consideration to the briefing and discussion.

Roadmap to Net Zero Carbon

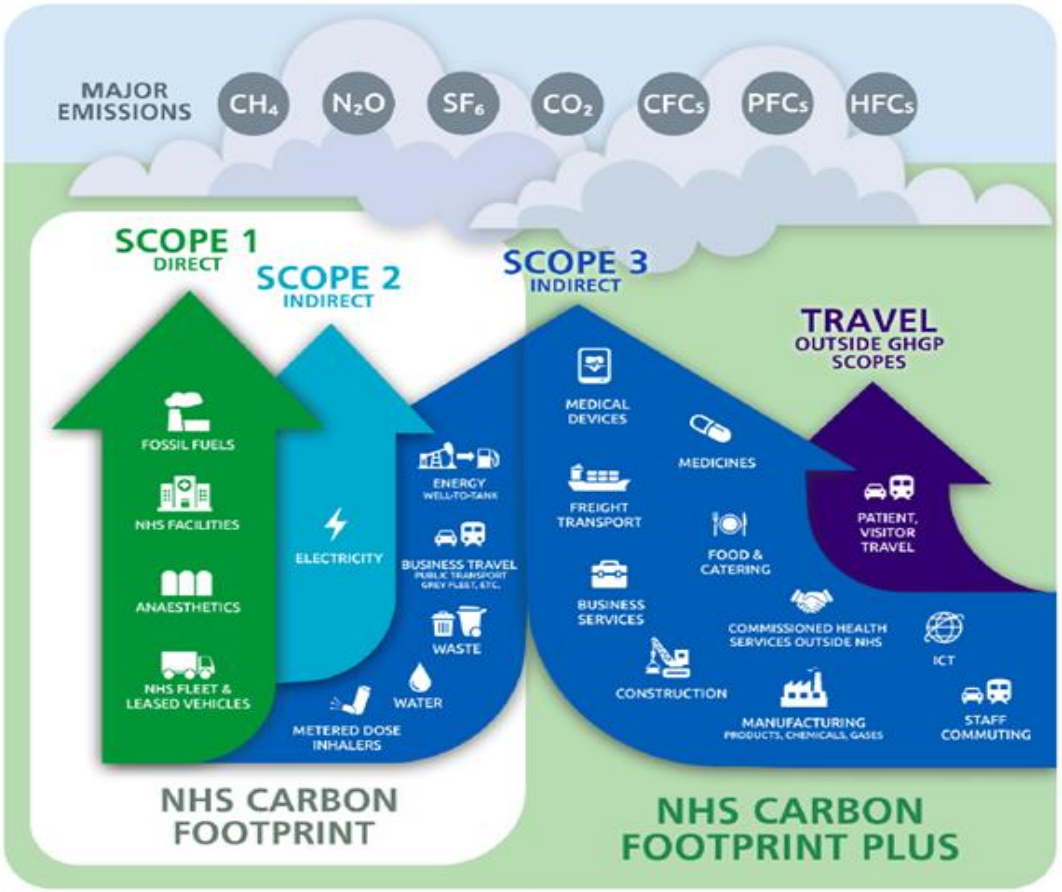
THE JOURNEY BEGINS

The carbon footprint of the NHS

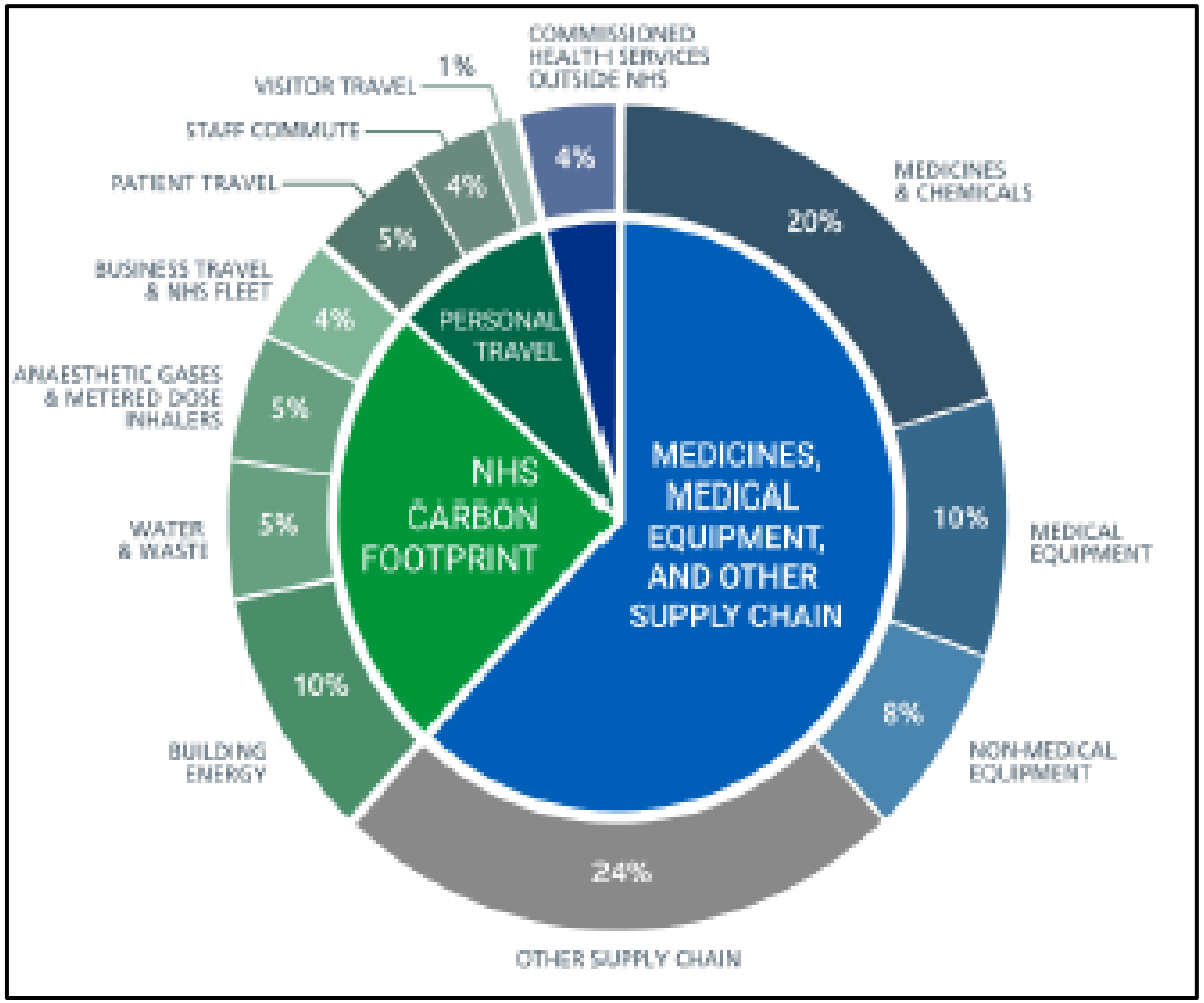
The Greenhouse Gas Protocol (GHGP) scopes cover a wider set emissions, and support international comparison and transparency:

- GHGP scope 1: Direct emissions from owned or directly controlled sources, on site
- GHGP scope 2: Indirect emissions from the generation of purchased energy, mostly electricity
- GHGP scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

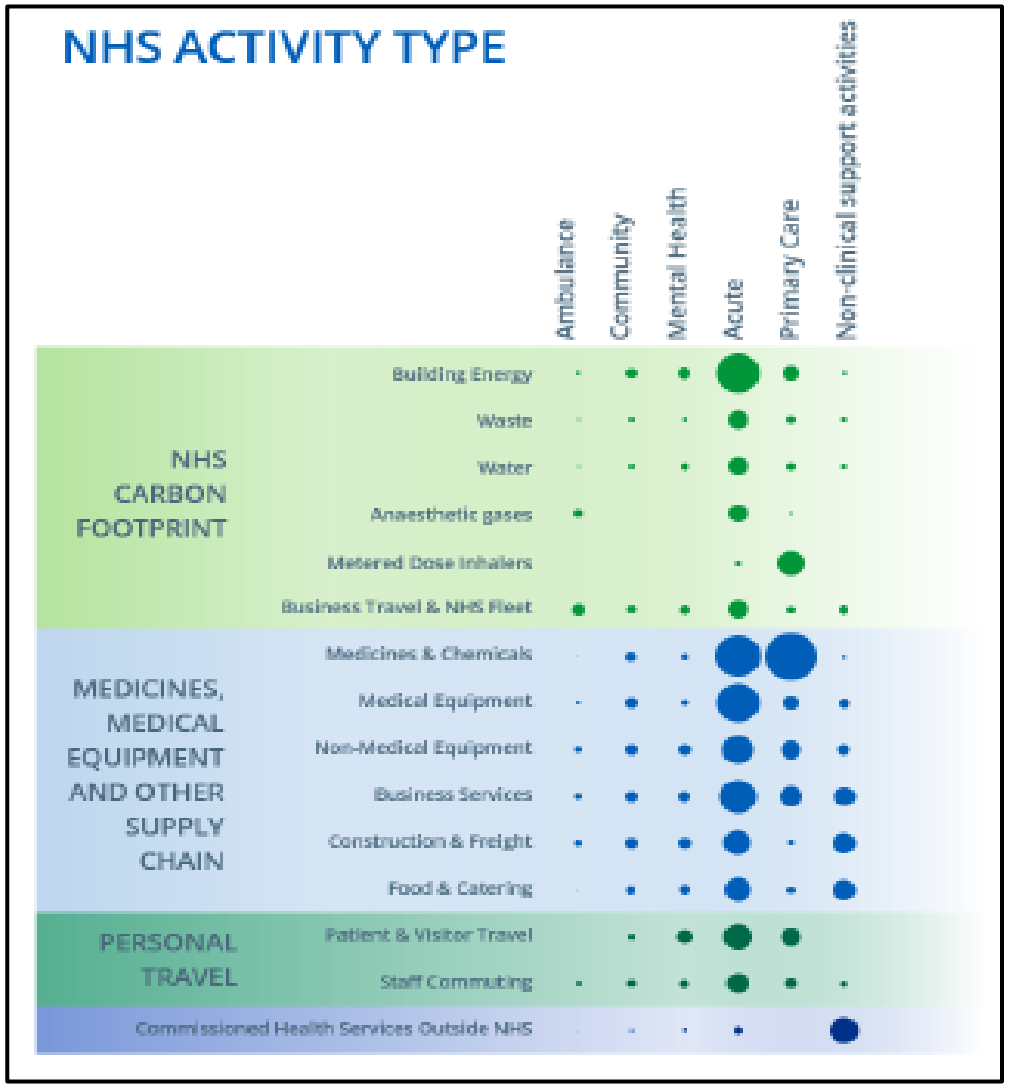
Figure 1: GHGP scopes in the context of the NHS



Sources of carbon emissions by proportion of NHS Carbon Footprint



Sources of carbon emissions by activity type and setting of care



WHAT HAVE WE DONE SO FAR

Renewable Energy Sources
Starting from April 2021, Homerton is purchasing electricity only sourced from renewable technologies (specifically sourced in the UK from wind, solar and hydro assets). Notably, choosing a renewable energy supply will allow the Trust to report zero carbon emissions for its electricity usage.

LED Lighting
The Trust has installed approximately 700 LED light fittings. Annual savings of 140,655kWh, equivalent to 37 home being removed from the electricity grid, and 32 tCO2e.

Improved Energy Monitoring
Over the last year, the Trust and Modern Energy Partners (MEP) have been working to improve the energy monitoring system, installing new meters to gather energy data that will supports strategic energy plan design for the site.

The Trust have recently installed Automatic Meter Reading (AMR) devices to the two main water meters. These will provide easy to read and reliable consumption data for most of the water usage, which will be key to identify any wastage issues within the Trust.

Window Solar Control Films

The installation of window solar control films at Homerton was identified as one of the most cost-effective way to prevent the overheating problem during times of high solar irradiance, as well as support the annual reduction in cooling energy consumption and emissions totalling an estimated 64,050 kWh and 16 tCO2e respectively.

Chiller Optimisation - Heat Gains Audit

Homerton is now in process of carrying out performance analysis and optimisation works on all the chillers installed onsite. The recorded data will enable the Trust to analyse the performance and efficiency of all major components. The analysis and optimisation works are expected to generate savings on average of 20 to 30% of the cooling energy consumption.

Living Wall

The primary reason for considering external walls was to remove part of the particulate matters produced across the front of the Hospital by the vehicle traffic, and helps build energy savings as well as reduce ambient temperatures and mitigate the urban heat island phenomenon plus reducing heat gain in the specific internal associated areas.

Waste Management

Increased management oversight due to COVID19 pandemic including specialist driven training and improvement in waste segregation. One imitative in place is the use of re-usable sharps container to remove single use plastic sharps bins.

NHS Plastic Pledge
The Trust has committed to reducing its carbon footprint by tackling its reliance on single use plastics across the organisation. This forms part of the NHS Long term plan and will support our strides to improve our environment. Clinical and non-clinical trials are in actively in place.

Gardening Group
The Trust started a gardening group supporting the organic cause and inspiring more people to garden organically. Several areas around the Hospital were identified for the gardening activities and have over 75 volunteers onboard.

ULEZ Compliant fleet Vehicles
100% of our in-house fleet vehicles are ULEZ compliant including 4 electric vehicles.

EV Charging Points
6 electric vehicle charging points on the acute site.

Improved Bike storage for staff
500 bike racks for staff. Patient and visitors including secure space to encourage proactive healthy travel supported by Dr Bike, who supports the Trust will bike surgery and maintenance.

Jump System – Wellbeing and Sustainability Education Platform

Beekeeping – Homerton Honey!

PlanetMark
Certified Business

We are Planet Mark Certified

Year 5.

NHS
Homerton University Hospital
NHS Foundation Trust

This is to certify that Homerton University Hospital NHS Foundation Trust has achieved the Planet Mark by reporting a reduction in its carbon footprint and engaging its stakeholders.

Valid to: 30 June 2022

Empowering change for a brighter future.
The Planet Mark is a sustainability certification for every type of organisation, for products and real estate. Our certification recognises continuous improvement, encourages action and builds an empowered community of like-minded individuals who make a world of difference.

planetmark.com/member/homerton-hospital The Planet Mark theplanetmark

Measure

-3.0%
Absolute carbon reduction.

-7.0%
Carbon reduction per employee.

6,406.9 tCO_2e
Total carbon footprint.

1.7 tCO_2e
Total carbon footprint per employee.

We are committed to reducing our carbon emissions yearly so that together we can all halt climate change.

Reporting Boundary: One Hospital campus based in the London Borough of Hackney

Emission sources: Electricity, T&D Losses, Natural Gas, Water, Waste, Fleet

Reporting Period: 01 Apr 2020 – 31 Mar 2021

Engage

3,815
FTE employees.
We engage our employees and wider stakeholders to unlock their talent and knowledge to drive year on year progress in sustainability.

Communicate

9
Sustainable Development Goals.
We recognise that transparent communication is essential for transformational change and we quantifiably contribute to 9 SDG's.

FUTURE PLAN SUMMARY

Implementation of new formal Sustainability Governance Structure – The Trust recognises the importance of formalising our response to the Climate emergency.

Net Zero Plan Ratification – Adoption of the Trusts Draft Road Map to Net Zero Plan

Patient Transport Service – In 2022 we plan to start to operate an all electric fleet of vehicles in partnership with our NEPT provider ERS medical.

Public Sector Decarbonisation Scheme (PSDS3) – We have bid for £4.1m to upgrade and replace our aging gas and electric Boiler units to Air Source Heat pumps, implement our own Solar PV system on the acute site, continue our chiller optimisation and LED installation workstreams across the Trust.

Green and Resilient Spaces Fund Application (NEL - ELFT) £850k bid for funding GLA – to drive and improve our existing green spaces 11,000 sqm. Green-Spaces: Planters, Green/sedum roofs, Living Walls, Habitat feature (enabling biodiversity), Memorial garden improvements, improvements to Wellbeing locations, staff and local engagement through public sector working.

Community Services and Property Review – Working with our community base services and partners including landlords and suppliers to review our effect carbon output and expand our delivery plans.

Anaesthetic Gases - Trust Pharmacy to review how we transition to low carbon options such as Sevoflurane from Desflurance. The environmental impact of Desflurane is approximately 15 times greater than Sevoflurane however, their clinical application and impact is negligible.

Low Carbon Inhalers – Trust Pharmacy to review how general use inhalers are transitions out of use where clinically viable. This would mean Pressurised metered dose inhalers (pMDI) contain hydrofluorocarbon (HFC) propellants being replaced by Dry powder inhalers (DPI). DPI produce 20g CO_2 equivalent (CO_2eq) per dose compared with 500g CO_2eq for some pressurised metered dose inhalers.

Hackney

Health in Hackney Scrutiny Commission 17th November 2021 **Neighbourhoods Development Programme**	Item No **6**

PURPOSE

The Health and Care Partners have been implementing Primary Care Networks, known as the Neighbourhoods Programme Hackney, since 2018 and the Commission last had a detailed discussion on it on 10 July 2019.

OUTLINE

An update, scheduled for July 2020, was superseded by pandemic issues and therefore Members have requested a briefing on the current status of that programme. The Workstream Director for Unplanned Care also gave an update to the Commission in November 2020 which included a brief update then on the Neighbourhoods programme

Officers have been asked to make references in their briefing to the following aspects:

- Progress in engaging any outstanding stakeholders which are necessary for it to succeed
- How the changing system structures, including the formation of the NEL CCG and the evolving ICS have impacted on the programme
- Whether the programme is still being supported financially within new commissioning structures, and how the programme will move from non-recurrent funding to business as usual.
- What improvements have residents already seen on the ground

Attached please find briefing paper from City and Hackney ICP.

Attending for this item will be:

Nina Griffith, Workstream Director – Unplanned Care, NELCCG-City & Hackney Integrated Care Partnership

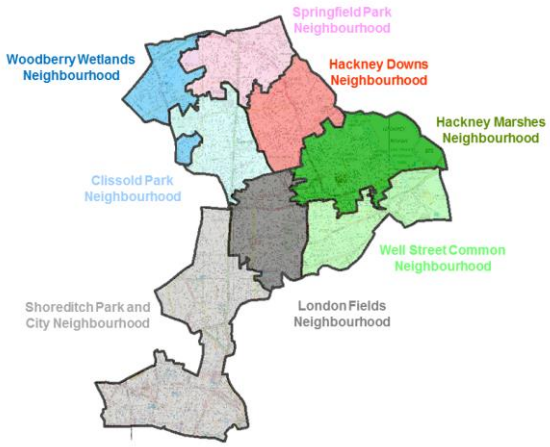
ACTION

The Commission is requested to give consideration to the report and discussion.

Neighbourhoods Programme: Update to Health in Hackney Scrutiny Commission
17 Nov 2021

Contents

Appendix:



1. Introduction and Context

1a. Our City and Hackney Neighbourhoods Approach

City & Hackney continues to demonstrate an ongoing commitment to place-based integration. We have made great progress in bringing services together so they are organised around each of our eight Neighbourhoods; adopting more of an asset based approach that is focusing on what matters to residents; working more closely with local communities and taking a more proactive approach to identifying and supporting residents who have complexity in their lives. Neighbourhoods is at the heart of our response to addressing local inequalities in City and Hackney. As a local system we want 'place' rather than 'organisation, service or sector' to be the currency of integrated service provision in City and Hackney.

There has been great progress in the last year with an increasing number of services being organised around the Neighbourhood footprint and further development of multi-disciplinary pathways and services that bring them together to meet the needs of residents. This approach is already delivering more joined up care closer to people's homes. The voluntary sector is essential in enabling this approach.

The Primary Care Networks (PCNs) represent the foundation for much of this work, and the priorities we have defined will support delivery of a number of the Direct Enhanced Services (DES's) that PCNs are being asked to deliver and support PCNs delivering their wider aims around population health.

Our aspiration for Neighbourhoods extends beyond health and social care. We know that health and care is only a small part of what contributes to overall health and wellbeing and this has been even more highlighted during CoVID. Neighbourhoods in City and Hackney provide a focal point for wider public service reform which sees all people as equal partners and offers us a unique opportunity to truly deliver multi-agency working locally. We continue to learn from areas outside City and Hackney such as Wigan and Frome in developing our approach.

1b. Neighbourhoods within the context of NHS reforms

National Context

Whilst there is significant structural change underway in the NHS with the introduction of Integrated Care Systems and dissolution of CCGs, Neighbourhoods continue to be the prescribed model for delivery of services at the hyper-local level.

NHS England describe: "*delivery being through NHS providers, local government, primary care and the voluntary sector working together in each place in ICSs, built around primary care networks (PCNs) in Neighbourhoods*" in their publication 'Integrating Care' published in November 2020, and more recent NHSE guidance on forming place based partnerships within ICS's see neighbourhoods as the fundamental building blocks for care delivery and community engagement ICS-implementation-guidance-on-thriving (england.nhs.uk).

The NHSE Ageing Well programme, which was launched in 2020/21 as the vehicle to deliver many of the ambitions of the NHS Long Term Plan, defines priorities for services to better support people in the community. This includes an ambitious new model called Anticipatory Care to identify and support people with rising and complex needs. PCNs will be mandated to deliver this through a national contract expected in 2022. This approach fully aligns with the work already underway in Neighbourhoods to develop new multi-disciplinary models of care. We are now labelling this work Anticipatory Care to align with the NHSE language; this is a key deliverable for the programme this year and next.

Local Context: City and Hackney and North East London

As a local City and Hackney system we agreed our vision for Neighbourhoods in 2019 in the Neighbourhoods Operating Model. This Operating Model remains key to our overall direction of travel for Neighbourhoods, and represents our strategic approach to place based care in City and Hackney. In that Operating Model we described:

- The commitment to place based working and seeing all system partners as equals in this approach
- The teams that we envisaged would wrap around each Neighbourhood and the specialist teams that would support them
- The culture, values and behaviours that are critical to deliver on our vision for Neighbourhoods
- The need to take a population health management approach which supports people during their life course as well as according to their complexity of need
- The need to develop broad partnerships within each Neighbourhood which include but also extend beyond health and social care
- The importance of Neighbourhoods in terms of safeguarding vulnerable people in City and Hackney
- And the enablers that need to be in place to deliver our overall aspirations for Neighbourhoods

Our high level delivery plan for Neighbourhoods was set out in the Operating Model and developed further during the course of 2020. We are continuing to progress the programme in line with this delivery plan.

Since April 2021, the seven CCGs across North East London have been merged into a single NEL CCG. Within the CCG, there remain three distinct governance structures, covering City and Hackney; Tower Hamlets, Newham and Waltham Forest (TNW); and Barking and Dagenham, Havering and Redbridge (BHR). City and Hackney has continued to have a local CCG team and local decision making through formally recognised City and Hackney sub-committees of the NEL CCG Finance Committee and NEL CCG Governing Body. NEL CCG also recognise the important role that local members play within City and Hackney, and the City and Hackney Integrated Care Programme Board, which includes members, remains part of the CCG governance.

Many of the people that were instrumental in developing and supporting the Neighbourhoods operating model continue to sit within system structures, both at a NEL and City and Hackney level. We have received support for the programme when we have presented programme updates to CCG committees to date. Currently, we are in the process of gaining sign off of the programme plans and funding for the coming year (2022/23). This has not yet passed through all of the required committees, but has been supported by the committees that have considered it to date.

In April 2022 there will be further changes to system structures as we move into an Integrated Care System, which brings together providers and commissioners of health care through a North east London Integrated Care Board. Whilst it is impossible to predict the full implications of that, we are confident that the Neighbourhoods programme is supported by the national direction of travel so should continue to gain NEL-wide support. Furthermore, the national guidance on ICS's is clear that there should be a set of clearly defined borough based partnerships within each ICS that have a clear remit for driving integrated and place based care.

The Pandemic

Whilst the programme was conceived in a pre-pandemic world, the experience of and learning from the pandemic further justify the Neighbourhoods approach. The pandemic demonstrated the strength and value in delivering joined up, responsive community services that promote good health to the whole population and meet the specific needs of the more vulnerable. It also showed the extent of existing health inequalities whilst show-casing the wealth and strength that we hold in our local communities and across our statutory and non-statutory services. The programme was also able to demonstrate that it could re-prioritise and rapidly mobilise responses to the pandemic, as seen in the delivery of Neighbourhood Multi-disciplinary meetings (MDMs), the Neighbourhoods Conversations and the Single Point of Access into community navigation.

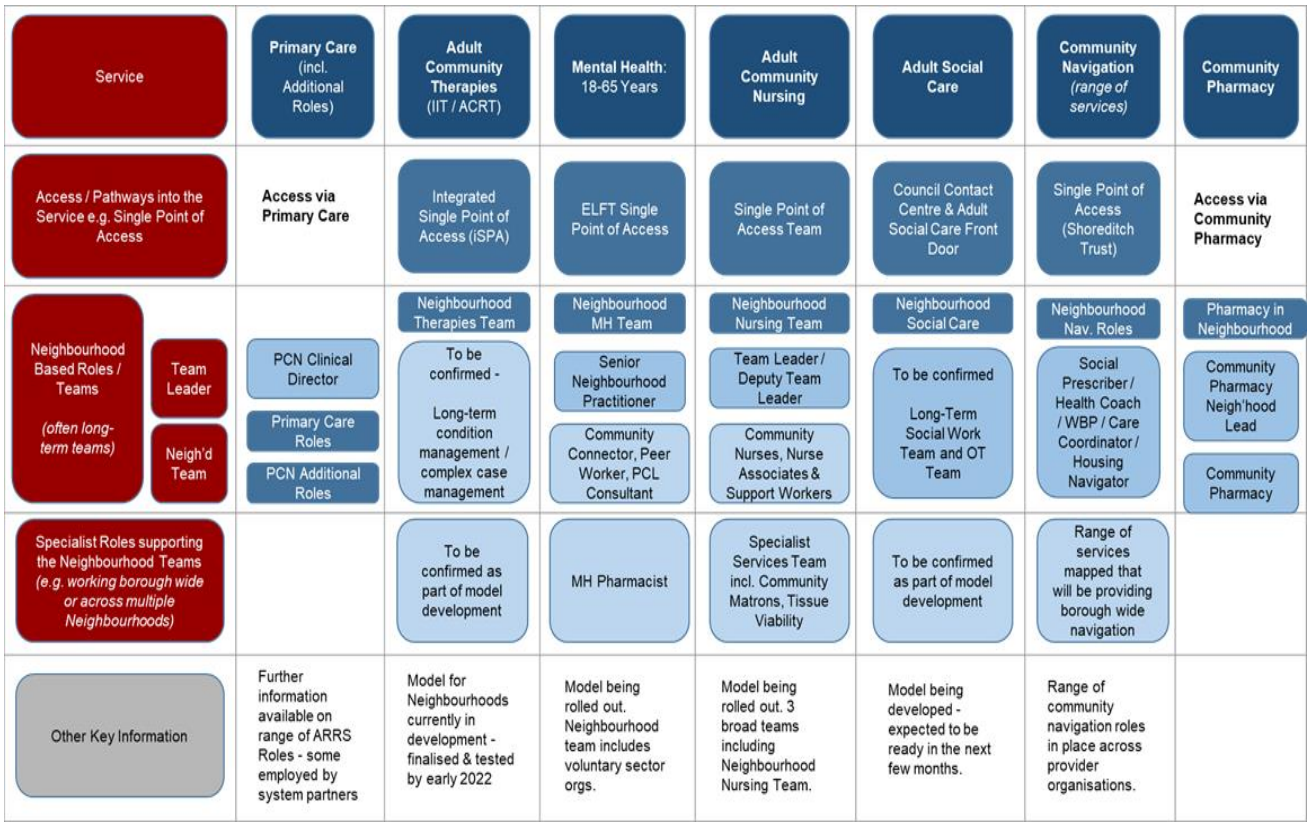
Neighbourhoods are the foundation for strong and thriving community services, working together and with local communities which will be vital to support the impact of the ongoing pandemic and recovery from the pandemic over years to come.

2. What has been achieved in the last twelve months

This year we have really started to establish multi-disciplinary teams in each Neighbourhood, enabled by the successful reconfiguration of Adult Community Nursing, Adult Social Care,

Community Mental Health and Community Navigation. In practice this means an increasing number of practitioners working with residents within an individual Neighbourhood, delivering services closer to home and providing the opportunity for better coordination of care and support.

The following diagram shows how services have been designed around the principle of a strong and responsive front door team with Neighbourhood based teams to support people with ongoing needs as part of a wider multi-agency Neighbourhoods approach.

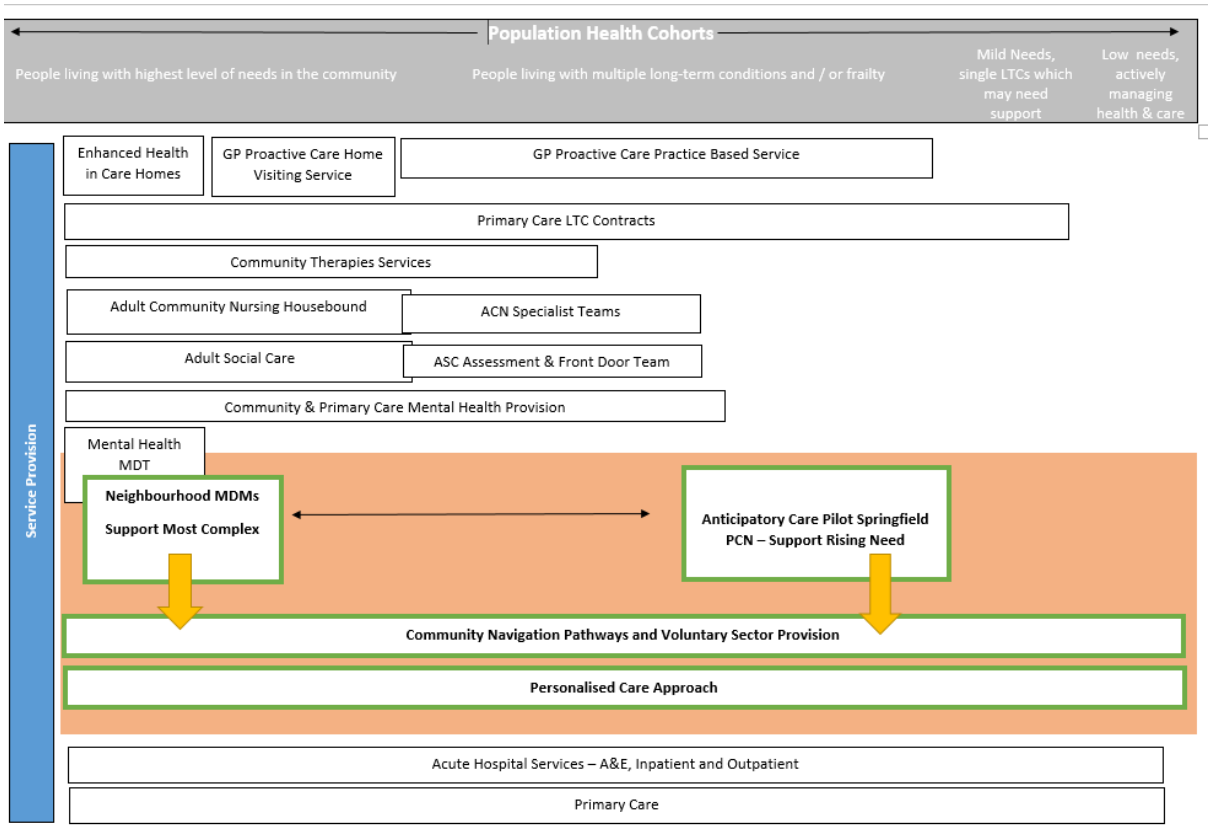


Alongside the re-design of services, we have made great progress developing the models of multi-agency working that bring partners together within each Neighbourhood, and are designed around different levels of population need. These are as follows:

- Neighbourhood Multi-disciplinary Meetings (MDMs) for people with the most complex needs who require a multi-agency approach (in place)
- Anticipatory care for identifying and supporting people with rising needs (being piloted in Springfield Park)
- A model of community navigation to support all residents who require wider support from community and voluntary sector and to meet their non-medical needs in a holistic way. There will be a clear link from the MDMs and anticipatory care into these services, which comprise a combination of Neighbourhood based services and more specialist borough wide services (in place, currently piloting a Single Point of Access).
- Early work delivering specialist services at a Neighbourhood level to support people with long term conditions (LTCs) on speciality specific pathways. This has started with

a pilot of community gynaecology services at a Neighbourhood level, and work to develop cardio-vascular disease pathways within each Neighbourhood.

The following diagram shows how the different community and Neighbourhood service models fit together around different cohorts of the population.



Progress in engaging all stakeholders which are necessary for it to succeed

The programme has always set a strong ambition to think more broadly than just health and social care services, and to consider how we can address the wider determinants of health through a clearer join up between health, social care, wider local authority services and the voluntary and community sector. This has required closer working with a range of local authority and voluntary and community sector stakeholders that sit outside of traditional health and social care delivery. There has been considerable progress in this area; the following describes the areas where this has been achieved to date:

- The Neighbourhood MDMs take a completely holistic view of the individuals and involve housing, debt, welfare and community / voluntary sector agencies as required to support individuals' needs. This has resulted in improved co-ordination and outcomes for those individuals discussed in the MDMs, and has also enabled Neighbourhood teams to build relationships with these teams and to better understand each others' roles more broadly. As we develop our model of anticipatory care we will take a similarly broad approach and consider the role of, or link into a wide range of services to meet peoples' holistic needs.

- The transformation in adult social care in London Borough of Hackney (LBH) focused initially on re-organising the long term social work around each Neighbourhood. This has continued, but within the last year there has also been a focus on supporting individuals who need some assistance but do not necessarily require ongoing long-term social care. The adult social care front door team has been merged with the council's contact centre. There has also been a cultural shift to bring in strength based approach that works to understand and meets people's wider needs. This means that the front door team work to solve people's problems and there is easy access into a broad range of services and individuals will be supported to access what they need such as debt, welfare, housing advice, and in some cases, long term social care via the Neighbourhood teams. We have also started to develop a clear pathway from the contact centre/front door team into our community navigation services.

- Community navigation is a key element of the Neighbourhoods model. We have a range of Navigation services that deliver non-medical, person centred support to residents, and develop strength based support plans with residents. These services also have strong understanding of what is in place within our Neighbourhoods and can sign post and support people to access a wide range of statutory and voluntary sector services. Through the Neighbourhoods programme we have set up a clearer structure for navigation services across the borough to ensure that they meet a wide range of identified needs. This has included establishing a number of new Neighbourhood based navigation roles as well as re-organising some existing roles around Neighbourhoods. We have also established clearer routes into community navigation services and are currently piloting a single point of access model.

- We have used the Neighbourhoods partnership structure to bring together local community partners with statutory services and with residents to understand and address local health inequalities and build on local assets. The Well Street Common Partnership has been the pilot site for this approach, which has been replicated with a more 'light touch' model via the Neighbourhoods Conversations across the rest of the borough. Following the pilot period over the last two years we are now ready to make the partnership model business as usual across all of our Neighbourhoods, facilitated by Healthwatch and HCVS. This will provide significant insight into local communities and enable local partners to solve problems using their joint assets.

2b. What improvements have residents already seen on the ground

From all of the Neighbourhood projects we are starting to see improved outcomes being delivered across the programme - both for practitioners and for residents. The following case studies have been collected to reflect the benefit from a range of project areas:

The impact of the Neighbourhood MDMs

Example of the MDMs supporting complex medical needs

- L is a 60 years old, female patient in Hackney Downs
- Her GP had discussions with her, focused on what was most important - managing pain was L's top priority
- L suffers with chronic pain, has osteoarthritis, type 2 diabetes, obesity, pressure ulcers and chronic constipation and has a catheter in situ. She is living with family members the youngest has significant learning disabilities
- She recently moved to a new flat and has had some recent falls
- Her GP brought L to a Neighbourhood MDM to create a coordinated approach to managing her chronic pain as well as her broader health and wellbeing needs

Impact of approach and benefits for L

- All those supporting L have a joint view of what is important to her
- L is aware that professionals are coming together to consider her priorities and is kept informed of what is agreed
- Pain service, GP and community therapies team have a joint approach to managing L's pain.
- Joint visits arranged with pain service, GP and community therapies to review medicine, rehab and psychological support for L
- Preventative approach taken to avoid further falls
- Whole family approach taken, comprehensive housing review of family undertaken.

Example of the MDMs addressing a potential safeguarding issue

- M is a 65 year old man who lives alone in Hackney Marshes Neighbourhood
- He has a history of alcohol dependency and aggressive behaviours towards healthcare professionals.
- He has recently been experiencing seizures
- He has an appointee responsible for his finances, as previous assessments had shown that he lacked capacity to manage them himself.
- The Neighbourhood Wellbeing Practitioner had spoken to him about what was important. He wanted to increase his mobility and is also very concerned about his finances.
- M was well known to a number of different agencies, including primary care, district nursing, adult social care, mental health and the Financial Affairs team at the local authority

Impact of approach and benefits for M

- By joining together the knowledge of a range of people who had all worked with M, colleagues realised that there was a potential safeguarding concern regarding potential finance abuse by a friend. A safeguarding alert was raised and this is being investigated
- All colleagues were made aware of the potential abuse and can work together to minimise the risk of this
- The GP confirmed the medical management for M's seizures both with M and the wdier team, they also dispelled the myths around medication and alcohol

- The OT worked with M to support his financial situation, this included completing paperwork with him to get him the correct benefits, and explaining to him that he should only access money from his assigned carer (who had been acting as a financial appointee) and not from his friend.
- The GP, therapies and the Wellbeing practitioner established a joint plan to support M's improved mobility

The Impact of Community Navigation

The following two case studies are taken from the Health and well being coaches who are one of the Neighbourhood based navigation services, provided by Shoreditch Trust.

Example of navigation services supporting a resident to improve diet and increase activity

H is 60 years old, he was referred to the Health & Wellbeing Coaching service by his GP.
H is at risk of developing diabetes and is keen to prevent this and particularly concerned about preventing the need to take medication.
The coach supported H to talk through his concerns, set goals and take actions towards 'getting fitter, eating well and losing weight'.
H & the coach explored his current lifestyle - H does not exercise. He enjoys walking but feels he rarely has the time to do so. He works a lot, defining himself as 'workaholic'. He eats meals when he 'has time' and snacks between meals on crisps and biscuits.
After helping H to define is goals, the coach supported H to decide on actions and find information and activities such as beginning to swimming at a pool that runs men only sessions, establishing a regular pattern of meals with attention to portion size, increasing foods with low glycaemic index, preparing healthy snacks.
H was motivated to make changes but felt discouraged by the slow pace of losing weight. The coach supported H to manage expectations make sustainable changes in lifestyle that would impact on weight.
H noticed that he felt better keeping to regular meals and reducing portion size. He progressively moved from 0 hours of activity to 2 hours walking a week and swimming once a week. The coach also explored mindful walking and mindful eating with H to begin to develop more skills for reducing stress and eating well.
At session 5 of 8 H reported feeling much better within himself, 'body and mind' and sessions began to focus more on how to sustain the changes moving forward.

Example of navigation services supporting a resident to manage mental health issues

M is 45 years old, he was referred to a Health and Wellbeing Coach by his GP for support with sleep problems, low mood and anxiety. M is a refugee living in a hostel and currently living apart from family, who have been placed in another city.
The coach supported M to decide on what he would like to achieve based on his current situation. M was keen to focus on managing his low moods, anxiety about taking sleep medication, and described wanting to feel 'useful' through volunteering. The coach supported with clarifying concerns and questions about sleep medication to discuss with

clinicians. He made goals to walk daily in local park, and also learn some ways to manage his low mood and anxiety. Each week, the coach guided M through breathing exercises, five senses method, and progressive muscle relaxation techniques to enable him to build a toolkit for managing stress. M was signposted to volunteering opportunities.
Over time, he adapted stress management tools in ways that would work for him and fed back how useful he found them. Within a week of his initial meeting M had been invited to interviews and has now started in a volunteering role. He reports feeling that his day is more structured and describes feeling more able to manage difficult feelings and feels that he has been able to influence and change his current situation where change has been possible.

The Benefit of Well Street Common Partnership for professionals

Well Street Common Neighbourhood has a Core Partnership Group in place,consisting of staff, volunteers and community leaders from: Our Place, Alzheimer's UK, Gascoyne & Morningside Youth Club, the Primary Care Network (social prescriber), a Victoria Ward councillor, Vietnamese Mental Health Services, East End Citizens Advice Bureau, Older Peoples Reference Group, Wick Award, Frampton Park Baptist Church, Shoreditch Trust Community Connections and Hackney People First. The group will support and help organise larger quarterly forums which bring together a range of stakeholders who live, work or provide services in the Neighbourhood.

The development of the Well Street Common Partnership was co-produced and supported by in-depth mapping and capacity building. It has facilitated integrated working between VCSE and statutory sector partners. It proved its value during the pandemic when it enabled a and enabled a more coordinated local response to Covid-19. More recently, the partnership have focused on improving health and wellbeing for local residents.

"Being part of this Partnership meant that I had connected with lots of organisations and people before Covid-19, which really helped with the response work. This shows the value of the partnership; being able to work better with others in the ward I cover."
Councillor Penny Wrout

"Too often we work 'top down' rather than really listen to local communities. I want to work with the Partnership to find out what the local priorities are in our Neighbourhood, to reach those furthest away from healthcare services and for us to pull together to address upcoming health issues like flu."
Dr Kathleen Wenaden, Clinical Director of PCN

"There is great potential for the Well Street Common Neighbourhood Partnership to shine a light on health inequalities and what this means for groups and individuals in our community, and offer an alternative way of addressing these. The Partnership will be an effective way for service providers to hear the voices of groups that have not been heard."
Polly Mann, Community Development – Wick Award

2c. Evaluation

We are developing a full evaluation of the Neighbourhoods programme and its impact on population health and outcomes. This is a long-term change programme therefore we do not expect to see the impact quickly. Cordis Bright, our system evaluation partner is supporting this, and it is being overseen by the City and Hackney Evaluation Steering Group (as well as the Neighbourhoods Provider Alliance Group). The focus of the work is three-fold:

- **To develop a theory of change and evaluation framework for** anticipatory care. This work is now completed and is informing our evolving model of anticipatory care.

- **To undertake a stock-take of Neighbourhoods and produce a set of recommendations to help shape the future direction.** We have received a first draft of the report. It incorporated feedback and insight from a wide range of partners via four focus groups with staff and residents, 25 one to one interviews and an e-survey across practitioners which brought 140 responses. The recommendations are informing our plans for 2022/23.

- **To develop an overall theory of change and evaluation framework for Neighbourhoods**. This work is scheduled to take place after the stock-take report (above) is completed and due to be completed by January 2022. This will give us a clear framework that we can use to evaluate the programme as a whole.

In addition, individual services have established / are in the process of establishing their own evaluation frameworks for the redesign work being described above. Mental Health have developed this and Adult Social Care and Adult Community Nursing are currently developing these (other services will follow). These frameworks focus on a broad range of areas including patient experience, patient self-reported outcomes as well as measures focusing around timeliness of care delivery.

3. Looking back across the programme and looking forwards to sustainability

We are at a turning point in the programme as a number of the new approaches or models of care that were developed and tested through the Neighbourhoods programme in prior years are now in place or will soon be in place as business as usual. Therefore we are now looking to transition, over the next two years, from the programme being supported through non-recurrent funding, to embedding new models of care into a sustainable, business as usual processes. This does not mean that Neighbourhoods will stop, but rather that there will be a transition from Neighbourhoods models being supported by additional programme resources, to Neighbourhoods becoming ‘the way that things are done’, with ongoing improvements being delivered through existing teams as part of business as usual. This means in practice that the non-recurrent programme resources will reduce incrementally each year over the next two years.

This is an important transition for the programme. The timing of it is important, as removing non-recurrent funding too early will mean not achieving or realising the benefit of service transformations, but likewise, continuing to fund the programme through non-recurrent

resources will not allow Neighbourhood models to become fully embedded, business as usual across our partner organisations.

Given we are starting to move to sustainability for Neighbourhoods, we felt it timely to review the progress to date since 2018 against the ambitious, multi-year objectives defined in the original Neighbourhoods Operating Model. This exercise was informed by the Cordis Bright stocktake described in the previous section.

The diagram in Appendix A shows, at a high level, the areas of focus for the programme each year to date, as well as out expected areas of focus going forwards into next year and the year after. These have been mapped against the phases of the programme that we defined in our Operating Plan in 2019. This shows how the programme has developed and progressed each year, and therefore how the focus and scope has transitioned over the period. We have also included the planned focus of the programme over the next two years.

The following section links to the diagram in Appendix A, and describes the different phases of the programme and the key achievements over the years:

Phase 1: 18/19: Developing the vision

- We recruited the central Neighbourhoods programme team, and provider partners identified or recruited project managers and clinicians/practitioners to support delivery within their organisations.
- We defined what Neighbourhoods meant for City and Hackney staff and residents and agreed the vision for Neighbourhoods.
- There was a significant amount of formal and informal engagement with residents and staff.
- We started early scoping work for the phase 1 services that form the core of the Neighbourhoods team (primary care, adult community nursing, adult social care, mental health).

Phase 2: 19/20: Developing Neighbourhoods models- test and learn,

- The system signed off the Neighbourhoods Operating Model, which set out the service model, ways of working and population health approach for Neighbourhoods, and mapped out a multi-year plan to achieve
- We started testing and refining the Neighbourhood models of care for those core services within the Neighbourhoods teams (adult community nursing, adult social care, mental health).
- We launched the work with community pharmacy,
- There was early development of the multi-disciplinary services and pathways that would bring teams together.
- The National PCN contract was launched which gave a contractual incentive for primary care to work together in networks within each of our Neighbourhoods. We were well placed to respond to this.
- We launched the work with the voluntary sector and Healthwatch to develop voluntary and community sector partnerships and resident involvement around Neighbourhood footprints.

Phase 3: 20/21-21/22: Transformation in agreed priority areas and developing the Neighbourhoods team, 20/21-21/22

This is the phase that we are currently in. The focus is on completing the transformation in those core Neighbourhood services and building the Neighbourhoods team.

2020/21

- The pandemic diverted focus away from some of the intended transformation, however, it also accelerated the implementation of Neighbourhood MDMs and new models of Community Navigation.

21/22

- The transformation in most of the core Neighbourhoods services will be complete where it is not already, namely: Adult Community Nursing, Adult social care (long term team), Mental health (working age adults), Community Pharmacy and some elements of community navigation
- We are progressing the work with childrens services
- We launched the work on long term conditions (specialist teams) in this phase, starting with a pilot in community gynaecology, and cardio vascular disease.
- We are about to kick off a system-wide organisational development (OD) project to ensure that we make the cultural shift required to realise the benefit of Neighbourhood working.
- We tested and finalised our model for community and voluntary sector partnerships, and resident involvement in each Neighbourhood involvement. This will become business as usual, subject to full system sign off
- We tested our broader model for addressing health inequalities on a Neighbourhood footprint, which brings together the voluntary and community partnership with a smaller delivery group. This also enables delivery of the PCN Inequalities DES.
- We developed a Neighbourhoods communications plan to support staff and resident understanding and involvement. This should supplement and systematise the range of more informal communications across the programme to date.
- We started working with an evaluation partner to undertake an independent review and develop and outcomes framework for the programme.

Looking forwards to Phase 4: 2022/23 – 23/24

- Phase 4 represents an exciting period for Neighbourhoods where many of the services are now configured on Neighbourhoods footprints and we will focus on rolling out and embedding the Neighbourhoods based multi-disciplinary services including Anticipatory Care and Community Navigation.
- The work with childrens services and long term conditions will also progress through 2022/23.
- The focus of this phase will be on delivering a system wide OD / cultural programme for partners to support the new approaches and models of care.
- Linked to this, we will work to embed the structures and tools required for Neighbourhoods to really address health inequalities at a local level. This will be via the services and pathways, but also via the Neighbourhoods partnership structure that

will bring together communities with staff to understand and tackle health inequalities at a highly localised level.
- We will use the evaluation framework to really test that we are delivering the improvements to people's health that we had intended to see.

Looking forwards beyond 2023/24:

- Neighbourhoods will have become the approach to place based care in City and Hackney which will continue for many years to come. The large-scale service reconfigurations needed to drive Neighbourhoods will have been achieved and Neighbourhood working will be business as usual for many of our community based services. This means that we will not require continued non-recurrent programme funding.
- It is likely that we will continue to resource a small system team that can continue to champion, support and progress the Neighbourhoods approach going forwards. There will need to be further discussion around where this system team is best placed and how to ensure this becomes a core part of our system structure rather than a stand-alone discrete programme team.

Each year we go through a detailed programme planning exercise with partners to define the priorities for the year that will continue to progress the Neighbourhoods vision. The detailed priorities for the current year (2021/22) and the forthcoming year (22/23) can be shared with the committee on request.

4. Alignment with PCNs

The presence of both the Neighbourhoods Programme and PCNs in City & Hackney presents an opportunity for the identification of shared priorities across both individual Neighbourhoods and across City & Hackney as a whole. Whilst it is recognised that PCNs have their own priorities (such as the sustainability of primary care and delivery of core primary care services such as vaccination and extended access), there are other priorities relating to the health and wellbeing of Neighbourhood populations and delivery of a number of integrated services which are shared across primary care and other system partners. To date, there has been good collaboration between the Neighbourhoods programme and the PCNs, which was recognised by Cordis Bright in their review.

Whilst there is strong collaboration, we recognise that there needs to be a more formal joining of the two programmes. This will maximise the benefits of the place based approach, ensure all resources are pulling in the same direction and prevent any confusion or duplication. We have therefore started this process between the Neighbourhoods team and the office of the PCNs, which is in part around agreed shared deliverables and in part around programme governance.

All of the work of the Neighbourhoods programme will support PCN delivery by facilitating the delivery of many borough services around Neighbourhood and therefore PCN footprints. Likewise, all of the work underway within each PCN will further the Neighbourhoods

programme by supporting my locally led initiatives around the 30-50,000 population. A number of the Direct Enhanced services (DES's) that PCNs are contracted to deliver require a joined up system approach and will be facilitated and enabled by the Neighbourhoods programme:

- Anticipatory Care - delivery of the anticipatory care service is already in train through the Neighbourhoods team working with PCNs and wider system partners.

- Personalised care – includes social prescribing, digitally enabled personalised care and support planning, and then training on shared decision making. This work has not yet been defined within a specific project to deliver the DES, however, all of the required activities are planned through existing projects, either within the community navigation work, anticipatory care or via the planned system OD work. The Anticipatory Care project has also evidenced the strong need for a personalised care approach. There is a little more work to do to agree the best structure for taking this forwards, but it will likely draw on a number of the existing channels of work and certain elements may be tested in one PCN initially.

- Inequalities: Delivering a model to address and tackle inequalities at a hyper local level. This links directly to priority number 4 in the programme. We are currently testing an approach in Well Street Common through work being delivered by the PCN, the Neighbourhoods team and the Population Health Hub. This will be further tested this year and rolled out across all PCNs in 2022/23.

We are now working to more formally merge Neighbourhoods and PCN structures. This has already started as we appointed a joint post between the Neighbourhoods and Office of the PCNs this year. We have also merged the Neighbourhoods Steering Group with the PCN Strategic and Operational delivery group into one single Neighbourhoods Provider Alliance Group. This will oversee delivery of the Neighbourhoods and PCN priorities with wider system partners.

We have agreed with the Clinical Directors that over the coming year we will continue to explore how to further bring our programmes closer together including further joint governance, and the potential for further joint posts.

5. Conclusion

The Neighbourhoods programme is delivering a key strategy for City and Hackney and has come to define our approach to place based care. There has been significant progress since the inception of the programme and this year represents an exciting juncture in the programme as many of the service transformations and new models of care are in place. Looking forwards, we are planning for the programme to transition towards business as usual over the next two years.

Appendix A: Overview of Neighbourhoods Programme to date

		Phase 1: Developing the vision and securing the commitment	Phase 2. Developing neighbourhood models- test and learn	Phase 3. Transformation in agreed priority areas Developing the core Neighbourhoods team		Phase 4. Further transformation and developing the extended Neighbourhoods team	
Programme Areas	**Projects**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Over-arching structure for Neighbourhoods	**Setting up the programme**	Agreed the vision	Neighbourhoods operating model agreed				
	Neighbourhoods partnerships - incorporating resident and voluntary sector		Early scoping work	Pandemic led to rapid delivery of Neighbourhoods conversations	Testing and agreement of sustainable model for community and resident involvement	Roll out model of community and resident involvement across all neighbourhoods	
	OD / Cultural work to enable Neighbourhood working				Discovery, design and launch	Delivery of OD programme	Continued delivery of OD programme
	Programme Evaluation				External stocktake Outcomes framework developed	Monitor impact against agreed outcomes	Monitor impact against agreed outcomes
Service level transformation	**Primary care**	Formed into 8 neighbourhoods	PCNs embedded through the national contract				
	Adult community nursing	Discovery and design	Testing and refinement	Model agreed, staff consultation and implementation	New model in place		
	Adult social care	Discovery and design	Testing and refinement	Testing and refinement	New model agreed	Implementation	
	Mental health	Discovery and design	Testing and refinement	Start of roll out of new MH blended teams	Mental health blended teams in place	Implementation	
	Community pharmacy		Discovery and design	Testing and refinement	New model agreed and implemented		
	Community therapies			Discovery and design	Testing and refinement	Implementation	
Multi-disciplinary neighbourhood pathways	**Community navigation (adults)**		Early scoping work	Rapid implementation of new models during the pandemic	Testing and refinement	Implementation across all neighbourhoods, linked to MDMs and Anticipatory Care	
	MDT working (adults)		Early scoping work	Implementation of neighbourhood MDMs for complex patients	Design and pilot anticipatory care model for people with rising needs	Implementation of anticipatory care across all neighbourhoods	
	Long term conditions				Design and piloting of initial pathways	Roll out of phase 1 pathway and design and piloting of further pathways	Further roll out of pathways
	Childrens services			Early scoping work	Discovery and design	Testing and implementation	

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Hackney

Health in Hackney Scrutiny Commission 17th November 2021 **Covid-19 – update from Public Health**	Item No **7**

OUTLINE

The roll out of the vaccinations programme for Covid-19 is dominating the work of the local NHS bodies and we receive detailed updates at each meeting.

This is a fast-evolving situation and to ensure that the briefing is as up to date as possible for 17th November, officers will submit it to Members on the 16th and it will be included in the Public Document Folder for the meeting and **TABLED** on the night.

Officers have been asked to make reference in the update to:

- rising positive cases
- any patterns from the local data as at 17 Nov
- challenge in uptake of booster shots
- response to new national advice as at 17 Nov
- strategy for reopening council workplaces
- upcoming issues

Attending for this item will be:

Dr Sandra Husbands, Director of Public Health, City and Hackney
Rob Miller, Strategic Director Customer and Workplace, LBH

ACTION

The Commission is requested to give consideration to the briefing.

Hackney

Health in Hackney Scrutiny Commission 17th November 2021 **Minutes of the previous meeting**	Item No **8**

OUTLINE

Attached please find draft minutes of the meeting held on 11th October 2021.

Matter Arising from 8 July

Action at 8.9

ACTION:	*Dr Mark Rickets to share with the Commission the government guidance on GPDPR (General Practice Data for Planning and Research) when finally published and Dr Bhatti's response to it and advice.*

This is awaited.

Matters Arising from 11 October

Action at 4.7

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.*

This will be done.

Action at 6.10

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

This has been added to the Work Programme provisionally for 16 March.

Action at 7.4

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

This has been shared with Cllr Gregory, as requested.

ACTION

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

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.

Hackney

Health in Hackney Scrutiny Commission 17th November 2021 **Work Programme for the Commission**	Item No **9**

OUTLINE

Attached please find the latest iteration of:

HiH work programme 2021/22
INEL work programme 2021/22

These are working documents and updated regularly.

ACTION

The Commission is requested to note the updated work programmes and make any amendments as necessary.

Health in Hackney SC - Rolling Work Programme for 2021-22 as at 9 Nov 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
8 June 2021	**New NHS East and SE London Pathology Partnership**	Update requested from Jan 2020	NEL CCG and HUHFT	ICP Lead for City & Hackney also CE of HUHFT	Tracey Fletcher	
deadline 27 May	**Treatment pathways for 'Long Covid'**	Briefing	NEL CCG	Director of CCG Transition - City & Hackney	Siobhan Harper	
			NEL CCG	CCG Clinical Chair for City and Hackney	Dr Mark Rickets	
			HUHFT	Head of Adult Therapies	Fiona Kelly	
			NEL CCG - C&H	Acting Workstream Director for Planned Care	Charlotte Painter	
	Community Mental Health Transformation and Recovery from Covid-19	Briefing	ELFT	CEO	Paul Calaminus	
			ELFT	Deputy Borough Director - City and Hackney	Andrew Horobin	
	Redesign of specification for Homecare	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
	Covid-19 update	Noting only	Public Health and CCG	Deputy Director of Public Helath	Chris Lovitt	
8 July 2021	**Covid-19 update from Public Health**	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands	
deadline 29 June			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
	Healthwatch Hackney Annual Report 20/21	Annual item	Healthwatch Hackney	Executive Director	Jon Williams	
				Chair	Malcolm Alexander	
	HUHFT Quality Account 2020/21	Annual item	HUHFT	Chief Nurse and Director of Governance	Catherine Pelley	
	Future plans for St Leonard's site	Briefing	HUHFT	Director of Strategic Implementation and Partnerships	Claire Hogg	
	Secondary use of GP patient identifiable data	Briefing	NEL CCG - C&H	CCG Clinical Chair for City and Hackney	Dr Mark Rickets	
			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
11 Oct 2021	**Relocation of inpatient dementia assessment services to East Ham Care Centre**	Update requested from July 2020	ELFT	Consultant Psychiatrist and Clinical Lead for Older Adult Mental Health	Dr Waleed Fawzi	
deadline 30 Sept				Director of Strategic Service Transformation	Eugene Jones	
			NEL CCG	Programme Director Mental Health - City & Hackney	Dan Burningham	
			Healthwatch Hackney	Executive Director	Jon Williams	
Item joint with Chair and Vice Chair of CYP Scrutiny Commission	**Maternal mental health disparities**	Discussion	City & Hackney Integrated Care Partnership	Workstream Director - Children and Young People, Maternity and Families	Amy Wilkinson	
			City & Hackney Integrated Care Partnership	Programme Manager - Children, Maternity and CAMHS	Ellie Duncan	

			ELFT Perinatal Service	Trustwide Lead for Perinatal Mental Health	Justine Cawley	
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Mikhaela Erysthee	
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Rachael Buabeng	
	City & Hackney Safeguarding Adults Board Annual Report	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE	
			CHSAB	Head of Service, Safeguarding Adults	John Binding	
	Covid-19 update	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands	
			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
17 Nov 2021	**What is Adult Social Care - overview of current provision?**	Discussion	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
deadline: 8 Nov				Director Adult Social Work and Operations	Ann McGale	
	Progress towards Net Zero at HUHFT	Discussion	HUHFT	Director of Strategic Implementation and Partnerships	Dr Julia Simon	
			HUHFT and City & Hackney ICP Lead	Chief Executive	Tracey Fletcher	
			HUHFT	tbc	tbc	
	Neighbourhoods Development Programme update	Briefing	NELCCG and C&H Integrated Care Partnership	Workstream Director for Unplanned Care	Nina Griffith	
	Covid-19 update from Director of Public Health	Briefing	Public Health	Director of Public Health	Dr Sandra Husbands	
			LBH	Strategic Director Customer and Workplace	Rob Miller	
9 Dec 2021	**Draft Hackney Health and Wellbeing Strategy**	Briefing	Public Health	Public Health Registrar	Sara Bainbridge	
deadline: 30 Nov				Director of Public Health	Dr Sandra Husbands	
	Covid-19 update from Director of Public Health	Briefing	Public Health	Director of Public Health	Dr Sandra Husbands	
	TBC					
	TBC					
10 Jan 2022	**Transformation Programme for Adult Social Care**	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
deadline: 22 Dec 2021				Director Adult Social Work and Operations	Ann McGale	
	Future plans for St Leonard's site	Update from 8 July	Homerton Healthcare	Director of Strategic Implementation & Partnerships	Julia Simon	
	TBC					
9 Feb 2022	**TBC**					
deadline: 31 Jan	**TBC**					
	TBC					
16 March 2022	**Implementing the new system and Code of Practice for 'Deprivation of Liberty Safeguards'**		CHSAB	Head of Service, Safeguarding Adults	John Binding	
deadline:7 March	**TBC**					

	TBC					

Note: The Local Council Elections in London take place on 5 May 2022. Purdah begins c. 20 March

ITEMS AGREED BUT NOT YET SCHEDULED

Possible date						
June 2022	**Overview of capital build proposals in Adult Social Care**	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
				Director Adult Social Work and Operations	Ann McGale	
June 2022	**Election of Chair and Vice Chair**					
June 2022	**Electon of 3 members to INEL JHOSC for 2022/23**					
TBC	**Future of virtual consultations in primary care - next steps**	Briefing requested Sept 2020	GP Confederation	Chief Executive	Laura Sharpe	
			Healthwatch Hackney	Executive Director	Jon Williams	
			NEL CCG	Primary Care Commissioner	Richard Bull	
TBC	**Implementation of Ageing Well Strategy**	Update requested Dec 2019	Inclusive Economy, Policy and New Homes	Head of Policy and Strategic Delivery	Sonia Khan	
Postponed from March 2020	**Air Quality - health impacts**	**Full meeting**	King's College London	Academic	Dr Ian Mudway	
			Public Health	Public Health Consultant	Damani Goldstein	
			Environment Services Strategy Team	Head Environment Services Strategy Team	Sam Kirk	
Postponed from March 2020	**King's Park 'Moving Together' project**	Briefing	King's Park Moving Together Project Team	Project Manager for 'Moving Together' project	Lola Akindoyin	
			Public Realm	Head of Public Realm	Aled Richards	
Postponed from 1 May 2020	**Tackling Health Inequalities: the Marmot Review 10 Years On**	**SCRUTINY IN A DAY**	Public Health	Director of Public Health	Dr Sandra Husbands	
	Sub Focus on Objective 5: Create and develop healthy and sustainable communities		NEL ICS	MD City and Hackney		
			Planning	Head of Planning and Building Control	Natalie Broughton	
			Neighbourhoods and Housing	Head of Area Regeneration Team	Suzanne Johnson	
			Benchmarking other London Borough			
	How health and care transformation plans consider transport impacts	Suggestion from Cllr Snell				
	Implications for families of genetic testing	Suggestion from Cllr Snell				
	Accessible Transport issues for elderly residents	Suggestion from Cllr Snell				

INEL JHOSC Rolling Work Programme for 2020-21 as at 9 Nov 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
27 January 2020	**New Early Diagnosis Centre for Cancer in NEL**	Briefing	Barts Health NHS Trust	Clinical Lead	Dr Angela Wong	
			NCEL Cancer Alliance	Interim Project Manager	Karen Conway	
	Overseas Patients and Charging	Item deferred				
11 February 2020	**NHS Long Term Plan and NEL response**	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			Barking & Dagenham CCG	Chair	Dr Jagan John	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Chief Finance Officer	Henry Black	
	New Joint Pathology Network (Barts/HUHFT/Lewisham & Greenwich)	Briefing	Barts Health NHS Trust	Director of Strategy	Ralph Coulbeck	
			Homerton University Hospital NHS FT	Chief Executive	Tracey Fletcher	
	Municipal Year 2020/21					
24 June 2020	**Covid-19 update**	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			East London NHS Foundation Trust	COO and Dep Chief Exec	Paul Calaminus	
			Newham CCG	Chair	Dr Muhammad Naqvi	
			Waltham Forest CCG	Chair	Dr Ken Aswani	
			Tower Hamlets CCG	Chair	Dr Sir Sam Everington	
			WEL CCGs	Managing Director	Selina Douglas	
			City & Hackney CCG	Managing Director	David Maher	
	How local NEL borough Scrutiny Cttees are scrutinising Covid issues	Summary briefing FOR NOTING ONLY	O&S Officers for INEL			
30 September 2020	**Covid-19 update**	Briefing	East London HCP	Senior Responsbile Officer	Jane Milligan	
			East London HCP	Director of Trasformation	Simon Hall	
			East London HCP	Director of Finance	Henry Black	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			ELFT	COO and Deputy Chief Executive	Paul Calaminus	
			WEL CCGs	Managing Director	Selina Douglas	

			City and Hackney CCG	Managing Director	David Maher	
	Covid-19 discussion panel with the local Directors of Public Health	Discussion Panel	City and Hackney	DPH	Dr Sandra Husbands	
			Tower Hamlets	DPH	Dr Somen Bannerjee	
			Newham	DPH	Dr Jason Strelitz	
			Waltham Forest	DPH	Dr Joe McDonnell	
	Overseas Patient Charging - briefings from Barts Health and HUHFT	Briefing	Barts Health NHS Trust	Group Chief Medical Officer	Dr Alistair Chesser	
25 Nov 2020	**Covid 19 update and Winter Preparedness**	Briefing	East London HCP	Senior Responsbile Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
	Whipps Cross Redevelopment Programme	Briefing	Barts Health NHS Trust	Whipps Cross Redevelopment Director	Alastair Finney	
			Barts Health NHS Trust	Medical Director, Whipps Cross	Dr Heather Noble	
10 Feb 2021	**Covid-19 impacts in Secondary Care in INEL boroughs**	Briefing	Barts Health NHS Trust	Group Chief Executive	Dame Alwen Williams	
	Covid-19 Strategy for roll out of vaccinations in INEL boroughs	Briefing	East London HCP	SRO	Jane Milligan	
			City and Hackney CCG	Chair	Dr Mark Rickets	
			City and Hackney CCG	MD	David Maher	
	North East London System response to NHSE consultation on ICSs	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
	Update on recruitment process for new Accountable Officer for NELCA/SRO for ELHCP	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
Municipal Year 2021/22						
23 Jun 2021	**Covid-19 vaccinations programme in NEL**	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL CCG	Director of Transformation	Simon Hall	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
	Implications for NEL ICS of the Health and Care White Paper	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL ICS	Independent Chair	Marie Gabriel	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
	Accountability of processes for managing future changes of ownership of GP practices	Discussion item	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	Challenges of building back elective care post Covid pandemic	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
13 Sep 2021	**Whipps Cross redevelopment programme**	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	Structure of Barts Health and developing provider collaboration	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	Implementation of North East London Integrated Care System	Discussion	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	Covid-19 vaccination programme in NEL	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
16 Dec 2021	TBC - Proposed upcoming service and policy changes: covering primary care additional services, fertility services, community diagnostic centres, surgery and renal services					
	TBC - Covid-19/winter pressures management and GP access					
	TBC - ICS update and new chief exec.					
1 March 2022	**TBC**					
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Cancer Diagnostic Hub					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					
	Mental Health					
	Homelessness Strategy					