Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2022/23
Date of Meeting: Monday 5 December 2022 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**
Cllrs in attendance	**Cllr Kam Adams and Cllr Sharon Patrick (Vice Chair)**
Cllrs joining remotely	**Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Ifraax Samatar**
Cllr apologies	
Council officers in attendance	**Helen Woodland, Group Director - Adults, Health and Integration** **Nina Griffith, Director of Delivery, City and Hackney Place Based Partnership, AHI** **Georgina Diba, Director of Adult Social Care and Operations, AHI** **Zainab Jalil, Head of Commissioning, Business Support and Projects, AHI** **John Holden, Financial Advisor, Finance & Resources** **Dr Godfred Boahen, Principal Social Worker, Adult Services, AHI** **Chris Lovitt, Deputy Director of Public Health, City and Hackney**
Other people in attendance	**Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture** **Cllr Yvonne Maxwell, Mayoral Advisor for Older People**
Members of the public	50 views
YouTube link	The meeting can be viewed at: **https://www.youtube.com/watch?v=dX6YNMOWTR0**
Officer Contact:	**Jarlath O'Connell, Overview and Scrutiny Officer** jarlath.oconnell@hackney.gov.uk; 020 8356 3309

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

1.1 There were none.

2 Urgent items/order of business

2.1 There was an urgent item relating to delays at Homerton Healthcare and elsewhere in East London for patients presenting at A&E and diagnosed as

requiring an in-patient bed. This was taken before item 4 and is reported under AOB below at item 10.

3 Declarations of interest

3.1 Cllr Samatar stated she was a Wellbeing Network Peer Coordinator for Mind in City and Hackney and that she was also Chair of HCVS's LGBTQIA sub committee.

4 Integrated Delivery Plan for City and Hackney Place Based Partnership

4.1 The Chair stated that the purpose of this item was to look now at the first Integrated Delivery Plan for the City and Hackney Place Based Partnership which replaced the CCG as the local end of NHS North East London. He welcomed:

Nina Griffith (**NG**), Director of Delivery, City & Hackney Place Based System
Helen Woodland (**HW**), Group Director, Adults, Health and Integration

4.3 Members gave consideration to a background report: *The Integrated Delivery Plan*

4.3 NG took members through the report. The Place Based Partnership works under the guise of the City and Hackney Health and Care Board and has a range of sub committees and groups beneath it. It's an evolution of existing integrated commissioning arrangements which of course have been in place for some time. In March the C&H HCB set strategic priorities to improve services and outcomes. That Board also works closely with the Health and Wellbeing Board and so they agreed not to set a whole new strategy but to formally adopt the same strategic focus areas. They also formally adopt the strategic priorities of NEL ICS. This shows how they aim to deliver on local priorities but also part of the wider ICS in NEL. The HCB agreed on 9 strategic focus areas - 3 on population health groups (children, mental health, long term health and care needs) and 6 cross cutting priorities on approaches relevant to all of them. These includeL social connection, healthy places, greater financial wellbeing, joining up health and care needs, tackling racism and supporting the health and care workforce.

4.4 NG explained that from these strategic focused areas they looked at how they would address the priorities and this set out in the Integrated Delivery Plan. It's a Partnership developed plan which describes what they will be doing over the next 2 years. It doesn't describe all the work of the constituent organisations but is about where they are specifically going to focus on in order to drive improvement. There are 3 Big Ticket Areas and 9 Big Ticket items and the Plan summarises what is being done and the outcomes they want to see. Underneath this document is a much more detailed delivery plan. The structure also includes 3 Enabler Groups on: Workforce, Digital and VCS and developing the Enabler Groups is the next key task. They will also share

the plan with residents and the next step will be to pull together an Outcomes Framework which quantifies how they want to see delivery against outcomes.

4.5 Members asked detailed questions and the following was noted:

a) The Chair commented that the ability to achieve all this is built on the premise that Hackney has levers available to it in the formal Scheme of Delegation from NEL ICS. He asked would the Health and Care Board have the same volume and quantity of decision making as the local ICB which preceded it. He was also interested in a comment of Louise Ashley's at the previous meeting concerned about devolving more commissioning to Place but with no additional money to help deliver it. If most commissioning is at a higher level, he asked won't we lose the connection that we've built up between commissioning and our knowledge of local populations.

b) NG replied that this is still a live debate. C&H HCB is structured as a formal sub cttee of the NEL ICB so there is an expectation that financial and decision making delegation will be given to that cttee. There are 2 documents at each Place Based Partnership one is a *Financial Strategy* for that Place and the other is the *Place Accountability Framework*. The former envisages the money flows and the second describes what they see Place as being accountable for within the wider system.
NHS Trusts will receive monies in block contacts from the NEL ICS directly. The remainder will come down to Place based HCB budgets on the expectation that Place Committees will have local oversight of Primary Care, Community Based Care and VCS activity. In City and Hackney the Homerton will also come to the table with consideration of their resources and decision making as well.

c) NG explained that 1% of ICB budget (so £40m of £4bn for NHS NEL) will be held back for Transformation and Places and Provider Collaboratives will be able to bid on that Transformation Money. Exactly what that process looks like and the criteria to be used has not yet been determined. She added that the really important context here is that we're in a really difficult financial situation and seeing a deficit at NEL level which is quite sizeable so there may be a question about the feasibility of even being able to hold that £40m solely for a Transformation Fund as there is a live debate on whether that money could be used for anything other than future cost saving initiatives. It may only be drawn on if the bidders can evidence that their spend will contribute to savings in the future.

d) On the *Place Accountability Framework*, NG explained that the document describes the kinds of things the ICB suggests people be accountable for. It's a positive document and puts accountability on Place for improving local population health. Louise Ashley was concerned that whilst the system is still in a position of not knowing exactly the final shape of the ICB and the human resources required, that a lot of 'asks' might be put on the 7 'Places' without having adequate financial,

commissioning or quality support to deliver on those. The Place wants accountability but the resources must follow, NG added.

e) The Chair commented that except for the block contract funding of Acutes, the money delegated to Place needs to be formally commissioned and signed off at ICS level and won't this create problems if we don't have a commissioning tier of management locally and unless that funding is allocated to Place won't there be tensions. NG replied that the NEL ICS is still establishing itself and about to launch a full consultation with staff about the more detailed organisational structure. We need to make sure that resources are properly aligned to accountabilities and finances follow that.

f) The Chair stated that a senior commissioner at NEL ICS could commission at a thematic level across the 8 boroughs but lose connection to the Places or you could divide your commissioning teams by Place which is what we had. While there is a danger of duplication, are we advocating strongly enough to retain a local commissioning link? NG replied that it depends on the topic. The local link is incredibly important for all the agenda but we must recognise that it makes more sense for specialist commissioning to be commissioned across the NEL footprint and some pathways such as cancer are already designed that way.

g) Cllr Kennedy (Cabinet Member) commented that ultimately the opportunities offered by the ICS is that you manage to get better economies of scale than you had previously but that threat is that this comes with losing hyper local knowledge. When the CE of the ICS gets the teams and the structure right it will be in a way that retains the local knowledge but affords her the ability to run a system where we can benefit from important economies of scale and in his view is the Chair and CE of the NEL ICS fully get this point.

h) Members expressed concern about using the same number of staff to deliver the same number of responsibilities in the new structure. NG replied that there is no plan to cut clinical or care workforce but each individual service will need to think about what they need to do. On Workforce Planning, this sits within each of those services. At the Place Based Partnership they don't get into the detail of what level of workforce is needed in each of the services but they do think about opportunities for new approaches to workforce to reduce the pressure on difficult to recruit parts of the system. She gave the example of how the Neighbourhoods Team and the PCNs think about how they can bring in different types of roles to support pressures. She described how it is hard to recruit GPs but GPs are also supporting people with non medical issues and so they have introduced roles such as Social Prescribing or Care Coordinators to take the pressure off GPs.

i) Members asked about impact assessments on the implications for the workforce. NG replied that this issue sits within each service provider. Each of the services will

have resilience plans and continuity plans and will understand the pressures on them and will know what future workforce needs to look like to meet future plans.

j) Members asked about the mental health crisis and supporting people at home as a safe alternative to A&E. Was this already in place as recent reports suggested not. NG replied that this current spike was the tip of an iceberg but there are a huge range of crisis response services including 24 hr mental health crisis lines, crisis response teams, the Crisis Cafe and other community based support in place to respond. The focus was on getting help to people earlier so they do not end up in A&E needing a crisis mental health bed.

k) Members about what were the barriers to recruiting GPs and how these would be overcome. The Chair added that in the January meeting the Commission would be looking at GP Access, Registration and Recruitment. NG replied that City and Hackney does well on this compared to other parts of London but it remains a national challenge. They were working with the GP Confed to support local practices to make the roles more attractive to new recruits and to help take the pressure off them.

l) A Member commented on the excellent track record locally of using non medical staff to support GPs but was concerned about VCS funding as much support is via that route. She commented that while the Delivery Plan looks good, much of it depends on using VCS skills and knowledge and asked what are the plans to keep the VCS on board, how will they be used and how will they be funded. NG replied that this was a challenge all partners were grappling with. The VCS was key to driving tricky challenges around population health and they hold many of the solutions to tackling entrenched health inequalities, improving economic wellbeing and improving social connectedness. She explained the VCS Enabler strand of the HCB which funds infrastructure within the borough for the VCS. She added they are committed to make sure they continue to engage with the VCS to find joint solutions. They also have access to health inequalities funding from NHSE and some Prevention funding which is held locally and they are thinking how that funding can support the VCS. They frequently consider which services should best be provided by the VCS either delivering whole or by partnering with others. The Chair commented that an added dimension here was that the Lottery funded Connect Hackney was now coming to an end.

m) Members asked about how the priorities in the Delivery Plan align with the priorities of the Neighbourhoods Programme. They also asked about how will anti race discrimination measures in health and care be effectively measured, and about Virtual Wards, their quality and how their offer will differ from current services.

n) On Virtual Wards NG replied that the aim there was to take the rigorous daily monitoring a patient receives in an in-patient setting and apply that to a community

setting and that it involves looking at two clearly defined specific cohorts: those presenting with frailty and those with acute respiratory conditions who may need a hospital stay. If such patients are included in the pilot they will first need to be deemed safe to be sent home and then will have twice daily or more monitoring at home either via telephone or digital technologies such as a pulse oximeter that they can manage. Patients are then checked in on a number of times a day. It represents a new model of care which is an extension of existing community based care for frail patients and doesn't depend on personal access to kit.

o) On monitoring anti racism actions NG replied that anti racist practice will continue to be instilled in their commissioning approaches and work is being done on how they will best measure outcomes to get this right. She offered to come back to a future meeting with an update on this once this work is further evolved.

p) On alignment with Neighbourhoods Programme priorities NG stated that the 8 City and Hackney Neighbourhoods are key to the City and Hackney Place Based System and the advantage of them is that they can have a different focus within different Neighbourhoods. In the North the focus is more on children so more resources are supporting children elements of the Delivery Plan such as on immunisation and vaccination. In Shoreditch and City there is a larger older population so the focus there is on their long term health and care needs. Aligning with the Neighbourhoods allows the Place Based Partnership to take a more localised approach depending on what the local health needs are and what the local demographic is.

4.6 The Chair thanked NG for her detailed report and attendance. He stated that when the Outcomes Framework has been more developed e.g. in March or April it might be useful to consider it at the Commission and that may dovetail with the issue of measuring the impact of anti racism actions and look at them both.

ACTION:	**Updates on (i) Outcomes Framework for City and Hackney Place Based System and (ii) Measuring the impact of anti racism actions in commissioning and service delivery to come to a future meeting.**

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

5 Adult Social Care Reforms: Fair cost of care and sustainability

5.1 The Chair stated that the purpose of this item is to get an overview of the many national changes to Adult Social Care and how they are likely to impact on Hackney.

5.2 He welcomed to the following:

Zainab Jalil (**ZJ)**, Head of Commissioning, Business Support and Project, Adults Health and Integration Directorate
John Holden (**JH),** Financial Advisor, Finance and Resources Directorate
Georgina Diba (**GD**), Director of Adult Social Care and Operations, AHI
Helen Woodland (**HW**), Group Director, Adults, Health and Integration

5.3 Members gave consideration to 2 reports

a) *Adult Social Care Reforms: Fair cost of care and market sustainability* from Adult Services
b) *Proposed reforms to adult social care (including cap of care costs)* from House of Commons Library, briefing paper. For reference.

5.4 The officers took Members through the report in detail. It was noted that the date for implementation of Fair Cost of Care had shifted as there was some uncertainty about how much finding councils will get and when and how they are required to use it. Hackney Council is continuing with planning regardless as it needs to be prepared and to support the local market. It was also noted that in late Nov following the new Chancellor's Autumn Statement the funding plan had been changed and repurposed to form part of an overall ASC grant rather than being specific to supporting services with the 'fair cost of care' plans. Hackney had received £948k as start towards this exercise but funding for next year and year after was currently uncertain as to how it will come and how it will be banded. Hackney was expecting £600m next year and the year after in the fair cost of care transition but they got just £948k for now.

5.4 Members asked detailed questions and the following points were noted:

a) In response to the Chair, officers explained that this was seed funding to embed the new system. £948k was for internal use to do this exercise and communicate and work with providers and 75% of that was to be given to providers to support uplifts within this financial year and that money would be spent by 31 March.

b) The Chair asked if it was still the intention to give 75% of £948k to providers in recognition of all the cost pressures they are under and what are the conditions given to providers. HW explained that the entire exercise was in recognition of the fact that the market is charging self-funders more to balance out what the local authority was paying for its clients placed with them and this hasn't changed. In addition, significant inflationary pressure on costs and increased demand means that the market is at risk of failure nationally. Councils need to work with providers with the funding that we've got in preparation for when the reforms might come in.

c) The Chair asked what is the Council's assurance that these funds, 75% of which goes to providers, means these providers might just retain the same pay scales and use it to boost profit margins or dividends and what assurances are there that the funding does get passed onto staff in pay increases or capacity building. HW replied that it depends on the council involved. There are no national restrictions on it having to be passed on to staff. Most local authority markets will have significant

private provision in them. In Hackney we are unusual in that we have just one private provider and the rest are social enterprises or charities and one is an NHS Provider (the Homerton). The safeguards are within our contracts with providers and we have good relationships with them, she added. All are London Living Wage employers and we use our contract monitoring and commissioning tools to ensure that LLW is paid.

d) ZJ explained the detailed returns on care homes and homecare services that Hackney had to complete at the request of DHSC as well as a market sustainability plan and future modelling. She explained that Hackney depends on its neighbours so close working with NEL was key. Generally Providers can't make profits and the number of self funders in Hackney is very low. Feedback from Providers was a key part of the process. Hackney submitted all its returns on 14 Oct, but then there was the Chancellor's Autumn Statement so they are waiting to hear back on next steps.

e) The Chair asked how much below the projections in the modelling Hackney would be and what were the implications if the 'fair cost of care' proposals get pushed to 2025. Officers replied that the 2023 and 2024 money has been repurposed so they have to see what happens with 2025, but so far the funding from government had failed to match the projections derived from the modelling work.

f) JH explained that it was difficult to judge because the government was consulting on a methodology to distribute the £600m, we don't know how much they will give councils next year and we won't know until they restart the whole process. What is clear is that costs generated by the modelling using the toolkit are significantly in excess of the funding that was available. This has been passed to the Dept so they will be aware of the gap and should have that from all councils so would be well informed on how any such additional funding would need to be distributed.

g) The Chair asked if they had done any rough modelling on the assumption that Hackney would get the same % as with the 948k/162m and where would that leave the gap. JH replied that they did some simple exercises on how they might distribute the funding on that exact assumption. The numbers generated were way in excess of the available funding.

h) Cllr Kennedy (Cabinet Member) commented that in his view the government was shunting items like Fair Cost of Care for two years and this was tied to the electoral cycle so that the pain would hit after the last possible date for the next general election.

i) Members asked what role families play in shaping the structure and frameworks of care home services and asked what is needed more, a new council care home or council owned intermediate care facility and which would be better. HW replied that the recent Lang Busson report had looked at the difference between original funding and what was being proposed nationally and two thirds more funding would be

needed. There is a difference between what the local authorities say the market needs and the original funding proposed. On local care homes, they do not develop care homes and have no plans to but they work very closely with the market on types and quality of care and families are involved in those discussions. The greatest challenge is that 68% of all those going into residential homes are going out of borough as we have a very small market. She cautioned that it was not helpful to compare intermediate care with long term residential care as they've very different issues. She explained that they have step down care which is a Housing With Care Scheme to help people coming out of hospital. In the longer term they would prefer to look at Supported Living or Extra Care Supported Housing because they want residents to live as independently as possible. What would be most helpful would be to have those level of options available for a wider range of ages and care groups.

j) The Chair asked because of fair cost of care and councils being under enormous pressure was there a financial case for in house provision as that would be cheaper or was it more complex. HW replied they won't rule out looking at it but not from a cost perspective but from a control of nominations perspective. She added that a key local care home provider was also the Homerton.

k) Members asked how they work with other boroughs in East London considering the high proportion of out of borough provision. HW replied that ZJ is part of the NEL Commissioning Group set up to manage the market in this way. Obviously how different councils use investment has an impact on the overall market and they wouldn't want one borough unilaterally destabilising the market in general. On Intermediate Care they develop a number of options as part of winter planning and have a number of beds they commission to support flow through from hospitals over the winter as well as an increase the number of step down flats they can use. Long term capital investment and building around supported living has been put on the agenda with housing and regeneration colleagues. It has to be part of an overall asset management development strategy and these discussions are ongoing.

l) Members asked what were the barriers in preventing the expansion of the care home and supported living market. HW replied that the key barriers were price of land and cost of building. Hackney was small geographically but with very expensive land and the costs of development here are quite significant so if you're a care home provider it's cheaper to build in Havering or outer London. This doesn't mean it is ruled out but they have to think very creatively to attract Registered Providers and development partners in the future.

m) The Chair commented on the need to work at the same pace as other councils so as not to destabilise the market and on the differential between the fees care homes receive from self funders vs from council placements. He asked if the Fair Cost of Care funding was simply to assist moving the rates closer to parity. HW replied it was and that Hackney places a lot of people in Havering. If we all pay different amounts

to providers we will merely create a competition which will escalate prices for everyone.

n) The Chair asked if there was a good understanding among the 8 local authorities that they must abide by a joint approach or are there tensions. HW replied that of course there would be some tensions but every council also has a legal duty to sustain a market. Getting the 8 to agree to an inflationary increase in rates when we don't have certainty over the national funding picture is a big challenge. There is a strong commitment to work together however and a long term Fair Cost of Care Group exists to help us do that.

o) Members asked if a cap on spend was introduced wouldn't self funder rates move closer to the local authority rates and provider income would therefore drop significantly and so the cap could kill the market. They asked what would happen if the market failed. HW replied that this was a key risk so how we implement any Fair Cost of Care settlement is very important. She added that the hope is that they might be able to standardise the rates so one group is not unfairly paying more for the same quality and type of care. The market in general has significant challenges not necessarily helped by the cost of living crisis and inflation and more important for them is having a clear and sustainable long term funding solution for Adult Social Care. We can't give assurances to our providers as we haven't got them from central government. They can't plan, we can't plan and this instability would be best addressed by a real, genuine, long term sustainable funding solution.

p) The Chair commented that the real tension point has been postponed so the immediate crisis has abated but this does not relieve any of the existing tensions in the sector and the sector is struggling and this is exacerbated by inflation pressures. HW concurred saying they were awaiting more immediate guidance because this funding runs out in March and of course the funding just cannot stop. She concluded that she expected they might get some kind of guidance and investment settlement for next year hopefully in the December Funding Statement.

q) The Chair commented that 75% of the 948k was really just to keep the market afloat and was a one off. If something similar doesn't appear there is concent of a market collapse and so the system would then need another sticking plaster until more long term solutions are found. He added that when the Group Director knows more about the financial assessment for next year it would be helpful to be kept informed so that they can keep on top of it.

ACTION:	**Group Director AHI to provide a brief update to the Chair on the funding position for next year once it is known.**

5.5 The Chair thanked the officers for their very helpful and detailed briefings and for their attendance.

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

6. Implementation of Liberty Protection Safeguarding

6.1 The Chair stated that in the past the Commission had considered briefings on Deprivation of Liberty Safeguards (DoLS) and the system is now being replaced with Liberty Protection Safeguards (LPS) and the purpose of this item is to understand the changes being made and the impact it will have on the Council and on service users.

6.2 He welcomed to the following

Dr Godfred Boahen (**GB**), Principal Social Worker, Adult Services, AHI
Georgina Diba (**GD),** Director of Adult Social Care and Operations, AHI
Helen Woodland (**HW**), Group Director, Adults, Health and Integration

6.3 Members gave consideration to 2 briefing notes:

a) *LPS implementation - cover sheet*
b) *Liberty Protection Safeguards - Briefing to HiH*

6.4 HW introduced the report explaining that this was another piece of legislation brought in and with implementation postponed repeatedly. The report gives the timeline and the work being done to prepare Hackney for it.

6.5 GB explained that this went to the heart of how society looks after people who need care or support and protection but do not have the mental capacity to consent and so safeguards are required. DoLS changed the legal framework around depriving people of their liberty. Then an important Supreme Court Judgement in 2014 clarified what constitutes a DoL which then made the sector realise that the thresholds were lower than previously thought and this led to expansion of referrals and the system was then seen as overly bureaucratic and in need of simplification. The Law Commission made proposals which became the LPS. It increases the settings where safeguards apply, it expands the function to other Responsible Bodies and it includes 16-17 yr olds for the first time. A final Code of Practice is still subject to consultation so they are awaiting that before the date for implementation is known. So the Council has had to plan amidst this uncertainty and all this within the context of workforce shortages. There is a need to consider the needs of all the relevant partners involved locally so that a seamless transition can be enacted. They have done a number of consultations with staff to develop the model and they have also worked with trusts, the ICB and Children and Families Service. The LPS needs to be underpinned by principles and values and the recognition that the demography of Hackney requires an LPS model that must respond to the cultural needs of residents. The local model also is being co produced and they are taking a whole

systems approach. Between Jan and Mar ‘23 they will work with providers and advocates to finalise the local model. They also need to train the work force and to scale them up to deliver the care and support. They are already working with partners to develop clear care pathways to enable a seamless transition.

6.6 Members asked detailed questions and the following points were noted:

a) The Chair asked that with the expansion of the Responsible Bodies to be involved, what risk was there when responsibility lines were changed and wasn’t there a danger of people falling through the net. He also asked why a resource strapped NHS trust should volunteer to undertake this responsibility when it could be done by the Council. On the expansion of settings he asked how the expansion of DoLS from just institutional settings to home settings would operate and if it was the case that an individual would have greater freedom of movement but, for example, might have less liberty to make decisions over banking etc. GB explained that they were taking a whole system approach and so were developing clear pathways which would capture movement from one system or organisation to another. The ‘new’ Responsible Bodies would want to take it on as it will be part of their statutory duties and there will be expectations on them to fulfil these responsibilities.

b) The Chair gave an example of a patient at the Homerton where doctors had concerns and would the Homerton be the RB in that case. GB replied it would and that one advantage of LPS is that careful planning of pathways is done and the authorisation would be portable so there would be no need for other bodies to duplicate or replicate the assessment and care plans. On the home environment issue the details of the precise application of the LPS are being finalised and the Code of Practice is not yet available but they hope the details will be forthcoming once the consultation is completed.

c) Members asked how the extension to 16-17 yr olds will operate. GB replied again that there will be a need to keep a close eye on the guidance as it emerges. Up to now the process was to bring a request to the Court of Protection, a process which can be adversarial, time consuming and costly. Now the partners have to work with the Children and Families Team to enable them to fully understand the implications of the new LPS. They will do an audit now to gauge how it might impact on their caseloads to get a better sense of when it might apply. GD added that under current arrangements families/carers would be involved in the decision making and within LPS that will remain. She explained that when they make ‘best interests’ decisions around those who lack capacity, they always work with the family/carer and this will not change. But the advent of LPS moves it out of the court arena and is a better environment to work with parents in a different way and really help to strengthen relations. In all it will be more of a partnership approach with the young person at the centre.

d) The Chair commented that previously with 16-17 yr olds it was a was mandatory Court of Protection process whereas with LPS it's at first stage a non judicial process but a 16 or 17 yr old themselves or through an advocate would still be able to challenge the process through a court or tribunal, so one way of seeing it was that we are getting less legal protections but another way is that it is being taken out of the adversarial courtroom environment. GD added that it won't reduce the work being done in advance and there are a huge number of safeguards nor it is reducing the ability of the person to challenge with an advocate beside them.

e) The Chair commented that on implementation we don't yet have a code of practice and we don't have a date but the Council is as far ahead with the preparation work as officers think it can be. He asked why officers think that LPS will just increase "slightly" the demands on the Council's resources. GB replied that it would be difficult to say as present as we don't have final details and we have to assume at the initial stage, because of the need to train the workforce, there would be additional resource implications but this can be seen as an investment in having a better system overall.

f) Members asked about the monitoring of LPS orders by gender and ethnicity as historically black communities were over represented in mental health services and what is being done to tackle this. GB replied that there are a number of monitoring requirements embedded in the LPS system as well as regular reporting but added that the focus now is on how can we ensure that our practice takes a more preventative approach so we don't get to the stage of needing more LPSs. The focus needs to be on having a less restrictive approach with LPS being the final part, if required. They need to be used in a positive and not a negative way.

6.7 The Chair thanked officers for all the work that is being done on this and asked that when LPSs are being implemented and when the new system is up and running that Members might receive an update to provide reassurance on the level of interplay between the different organisations as well as on the reduction of duplication and whether it represents a marked improvement on the old system.

ACTION:	**Future update on the implementation of LPS once the system is bedded in to be added to the work programme.**

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

7. Refresh of the Mayor of London's Six Tests for health service configuration - For Noting

7.1 Members gave consideration to a letter from Dr Tom Coffey (Senior Health Advisor to the Mayor of London) updating London Scrutiny Committees on the refresh of the Mayor's Six Tests.

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

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meetings held 16 November and the Matters Arising.

RESOLVED:	**That the minutes of the meetings held on 16 November be agreed as a correct record and that the matters arising be noted.**

9 Health in Hackney Work Programme 2022/23

9.1 Members gave consideration to the draft work programme for 2022/23.

9.2 The Chair added that for the 12 January there would be an item with Dr Kirsten Brown (Primary Care Lead for C&H, NHS NEL) on the current challenges on registration and access as well as the annual Cabinet Member's Question Time Session.

RESOLVED:	**That the Commission's rolling work programme for 2022/23 be noted.**

10. AOB - Urgent item on Mental Health Emergency Department Pressures

10.1 The Chair stated that the Commission had been asked by Cllr Selman and by Healthwatch Hackney to investigate a worrying rise in the waiting times being experienced by mental health patients in Homerton A&E in being admitted to a mental health bed after they had been diagnosed as requiring one and that long waits at A&E were particularly inappropriate for this cohort. The Chair had asked Nina Griffith (**NG**), Director of Delivery, City & Hackney Place Based System to provide a verbal report.

10.2 NG gave a verbal report. It was common for people in mental health crises to be taken to an ED because these are deemed to be safe places where people can seek an assessment and access other services they need. Police can bring them there also. A key performance measure here is the time people

wait between a decision to be admitted being made and actual admission and the target points are 4 hrs and 12 hrs and nobody should wait 12 hrs. In the past very few had breached this standard. In the past 8 months however there were a number of breaches and this problem as a pan London one pointing to the increased demand on mental health crisis services and on mental health beds. It was not an acceptable situation as all partners were focused on this at C&H, NEL and London wide levels. Locally there has been an increase in demand both on mental health beds but also seeing an increase in length of stay in in-patient wards so both creating the pinch point and blockage. As regards solutions, they have put in place extra capacity creating a Section 136 suite as well as additional capacity away from A&E in the Reybould Centre which ELFT operates on another part of the Homerton site. That creates a calmer environment for those in crisis. Capital works are also ongoing to create extra capacity for those needing mental health beds and this will open in January.

Secondly ELFT is procuring an additional 40 independent sector inpatient mental health beds to also help ease the pressure. The plan will be that those extra beds will be for Out of Area patients and will release the main ELFT beds for local area patients. She added that in an ideal world you would never put people in Out of Area beds as they require the wraparound care from community services from their own local area. They are trying to ensure the most optimal pathways to keep local patients within in-area beds and this should free up significant capacity within the system to enable that.

The third area they are addressing is length of stay and the flow. Additional discharge monies have been announced through ASC Discharge Fund and part of that locally will go on mental health discharge. In addition and separate to that they've commissioned additional step down capacity in b&bs for those who can't be easily discharged into their own homes so there is a significant programme of work led through ELFT to really support flow through wards. She added that this subject was receiving significant attention at the highest levels and had been discussed the previous week at the Neighbourhoods Health and Care Board and there will be a City and Hackney Health and Care Board Development Session on it on the coming Thursday.

10.3 The Chair asked what was the source of the additional funding as 40 new independent sector beds was quite a commitment and was it covered by reserves and how long is the funding commitment for. NG replied that the funding is from the Mental Health winter monies and is not being taken out of anyone else's funding pot and it will run until the end of March when the situation will be reviewed.

10.4 A Member asked when we are likely to see the pressure here being relieved. NG replied from January when the new capacity is in place.

10.5 The Chair thanked NG for her prompt and detailed response and suggested that possibly in Feb or March there could be a more formal item looking at what progress has been made.

ACTION:	**Update on emergency Mental Health in-patient capacity to be added to future work programme.**

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