London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2022/23
Date of Meeting: Wed 8 February 2023 at 7.00pm

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

Chair	**Councillor Ben Hayhurst (Chair)**
Cllrs in attendance	**Cllr Kam Adams and Cllr Sharon Patrick (Vice Chair)**
Cllrs joining remotely	**Cllr Grace Adebayo, Cllr Ifraax Samatar**
Cllr apologies	**Cllr Deniz Oguzkanli**
Council officers in attendance	**Helen Woodland, Group Director - Adults, Health and Integration** **Chris Lovitt, Deputy Director of Public Health, City and Hackney** **Nina Griffith, Director of Delivery C&H Place Based Partnership**
Other people in attendance	**Malcolm Alexander, Keep Our NHS Public** **Louise Ashley, Chief Executive, Homerton Healthcare** **Sally Beavan, Interim Exec Director, Healthwatch Hackney** **Rob Clarke, Chief Finance Officer, Homerton Healthcare** **Dean Henderson, Borough Director for City & Hackney, ELFT** **Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture** **Lorraine Sunduza, Deputy Chief Exec and Chief Nurse, ELFT** **Cllr Claudia Turbet-Delof, Mental Health Champion, LBH**
Members of the public	84 views
YouTube link	The meeting can be viewed at: https://youtu.be/mWBBIZecP-I
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Councillor Ben Hayhurst in the Chair

1 Apologies for absence

1.1 Apologies for absence were received from Cllr Deniz Oguzkanli, Paul Calaminus (CE, ELFT), Osian Powell (COO, Homerton Healthcare) and the Chair welcomed Cllr Turbet-Delof - the Council's Mental Health Champion.

1.2 The Chair congratulated Georgine Diba on her permanent appointments as Operational Director - Adult Social Care and Operations.

2 Urgent items/order of business

2.1 There was none.

3 Declarations of interest

3.1 Cllr Samatar stated she was a Wellbeing Network Peer Coordinator for Mind in City and Hackney and a tutor at the Recovery College.

4 Tackling inequalities in local mental health services - work by ELFT

4.1 The Chair stated that this issue had arisen from Members suggestions (e.g. "Language and cultural barriers in mental health commissioning and provision") but also from the Annual Scrutiny Survey. The purpose of the item was to get an overview of the work strands of ELFT, our key mental health provider, relating to tackling inequalities in the provision of local mental health services.

4.2 He welcomed:

Lorraine Sunduza (LS), Chief Nurse and Deputy CEO, ELFT
Dean Henderson (DH), Borough Director for City and Hackney, ELFT
Malcolm Alexander (MA), Hackney Keep Our NHS Public

He added that the Commission had received questions from KONP and MA had shared Healthwatch's joint report with the Patients Forum of London Ambulance Service, from Nov, entitled '*Mental Health Emergency - Crisis in our A&E departments.*

4.3 Members gave consideration to the report "*Tackling inequalities in local mental health service*' an updated version of which was tabled.

4.4 LS and DH took members through the report in detail. It covered

- Equalities is integral to our service goals
- Improving the experience of community mental health services for global majority residents
- 'Let's Talk' report - key themes and ELFT's response
- A glimpse into the future
- Mental Health Units (Use of Force) Act 2018
- Core strategies for reducing restrictive practices
- Use of force data for City & Hackney
- Use of force impact data
- Patient and Carers Race Equality Framework
- PCREF - leadership and governance
- PCREF - organisational competency
- PCREF - patient and carers feedback mechanism
- Next steps

4.5 Members asked detailed questions and the following was noted:

a) Chair asked about early intervention service users being more representative of the community than users of acute services and about trends in the ‘use of force’ data set and strategies for reducing restraining practices. LS described the challenges here in detail and explained how the mental health use of force Act operated.

b) The Chair asked about seclusions/restraining and where the disproportionality is evidenced. LS explained that unfortunately you are more likely to experience this if you are Black African or Black Caribbean but she explained how the Patient and Carers Race Equality Framework pilot was operating at each level to tackle this ongoing challenge.

d) Members asked about the training currently within the system and about how cultural diversity is being promoted within the workforce. DH gave examples of cultural awareness training in action among the teams and LS described Race and Privilege sessions and the role of the ‘freedom to speak up’ guardian, as examples. LS detailed the staff wellbeing actions and about the use of mentoring and ‘trialogue’.

e) Members asked about poor recovery outcomes for Black and Caribbean men and on diversity within BAME groups themselves. DH replied that the focus had to be on early intervention to improve outcomes, particularly for young Black men. He also detailed how discharge care plans had been improved.

f) Cllr Turbet-Delof (Council’s Mental Health Champion) asked about replacing the term ‘BAME’ with ‘global majority’; about readmission rates and support for patients on antipsychotics; about cultural awareness training; about interpretation and translation services and about mental health support for staff. LS illustrated the changes by describing how they used younger members of staff more to engage in the training of wider staff and about the work on bespoke care planning to support certain groups such as trans/non binary people. She also outlined the work of the Language Shop on interpretation and translation and agreed that they would be changing the terminology.

g) Members asked about the criteria for early intervention service and on funding for advocacy services. DH replied it was merely the first presentation of a psychotic illness, which was the key criterion. They offer it to everybody when they appear in crisis. There is typically 2 or 3 yrs of comprehensive support and after that if they still need support they would be transferred to a Neighbourhoods Team or to their Recovery Team but they’d hope that patients would be in a much better place by then. On Advocacy he stated that they do need more resources to be put in this service and that is being recommended.

h) Members asked about the use of seclusion and restraints; on the need for greater granularity in the breakdown of diversity data; on specific support to Turkish-Kurdish community and about support for victims of trauma e.g. torture. LS replied that at the local and ward level they look at specific groups in full detail but there also has to be a level of Trust-wide data analysis for other purposes but both are available. As regards traumatic experiences, they are mindful in care planning about 'trauma informed care' and the need not to re-traumatise people, so they try to understand what adverse experiences people may have been through. On seclusion and constraint, it always has to be a last resort and it is, and they are very mindful of that but it will sometimes be necessary to protect staff and the patient from harm.

i) MA asked about inclusion of John Howard Centre (forensic) patients in diversity monitoring; on Dementia and CAMHS services being sent out of the borough. LS replied that the equalities work definitely includes JHC and she had worked there for 13 years. There was much work in relation to service user engagement and some ideas adopted elsewhere actually came from JHC. A high proportion of service users do come via the criminal justice system.

j) The Chair also asked about reducing out of borough placements and possible use of St Leonard's. DH replied that there were no plans to bring more services to St Leonards. In relation to CAMHS and Dementia, it was an issue of scale. 15 acute CAMHS and 12 acute Dementia beds were in place in NEL but to bring this back to borough level they would struggle to be viable. The local east London provision worked well and the issue about localising is one of scale. They had had a stand alone service at Orchard Lodge in Hackney but it became unsafe as it was just a single ward and so was moved to Mile End to be part of a more effective joined up service.

4.6 The Chair thanked officers for their excellent presentation and commended the degree of leadership and passion in the service.

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

5 Homerton Healthcare - Future options for soft facility services

5.1 The Chair stated that the purpose of this item was to follow up on discussions the Commission had had with the Chief Executive and CFO of Homerton on 9 July 2020 about the then 5 year extension granted to ISS for Soft Facility Services at the Trust. As the Covid pandemic intervened the Commission had not followed this up in the usual way and so it had asked for a verbal update. The Chair stated that at the recent INEL JHOSC meeting, Shane DeGaris (Group CE of Barts and BHRUT) spoke about Barts Health's positive experience of insourcing their Soft Facility Services.

5.2 He welcomed for the item

Louise Ashley (LA), CE of Homerton Healthcare and Place Based Leader for City and Hackney, NHS NEL
Rob Clarke (RC), Chief Finance Officer, Homerton Healthcare

5.2 The Chair outlined the history of the contract with ISS for soft facilities and that when it last came up for retender there had been concerns about sick pay and staff terms and conditions. The Commission had been grateful that the Homerton had resolved those differences and they had been asked to give further consideration to the possibility of bringing the soft facilities services in house in future. The Homerton had said that this would require a lot of planning. In the interim Members had learned that Barts Health had insourced their soft facilities and while there were short term cost pressures the other advantages were seen to outweigh this. The Commission had concluded that if the Homerton was going to consider insourcing planning would need to begin soon.

5.3 LA gave a verbal presentation. She reassured Members that they were committed to including all partners who work in the trust in the staff wellbeing work they do. She added that there were Estates issues here to be considered as part of this but added that she was keen to explore how they might do things differently in future. She introduced Rob Clarke, the CFO, who was overseeing this process.

5.4 RC explained that he had come to the Homerton from Barts Health where he was Deputy Chief Finance Officer and so had first hand experience of the processes they had just gone through. They had brought Security services in first and staff were happier with the results. They were watching with great interest and would meet Barts Heath counterparts regularly. It would cost more money as the in-house packages were more generous than those in the independent sector. They would be going to tender in the first half of 2024 in order to meet the contractual deadline in advance of the contract ending in summer 2025. He added that they had floated with Barts Health if they might be in position to bid for the contract at the Homerton. The Chair commented that this would keep it in the NHS family via Barts Health and might be a viable solution. LA explained that Value for Money was key but also cautioned that any additional spend would have to be found from somewhere else. She commented that because of the scale involved they might be able to get better value if it was done with Barts Health through a collaborative but further work would have to be done on this.

5.5 A Member asked what the unions' view was and would the change not greatly improve staff morale and lead to a happier and more productive workforce. RC replied that he'd met with staff and unions and they were very clear they wanted to see it brought in house. It would cost more but they also needed to consider such aspects as staff retention and staff cohesion.

5.6 The Chair asked what point in the next year would be appropriate for this to come back to the Commission as they would like a discussion on it before any final decisions were made and they would like to understand the thinking behind whatever is being proposed. LA undertook to advise on this.

ACTION:	**Proposals for future provision of soft facility services be added to the work programme for Jan 2024.**

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

6 Community Diagnostic Centres - impact in Hackney

6.1 The Chair stated that the purpose of this item was to receive an update on NHS NEL's wider plans for Community Diagnostic Centres and the Hackney impact. It was noted that this had been discussed at INEL JHOSC but on a pan NEL basis.

6.2 He welcomed for the item
Louise Ashley (LA), CE of Homerton Healthcare and Place Based Leader for City and Hackney, NHS NEL
Rob Clarke (RC), Chief Finance Officer, Homerton Healthcare

6.3 Members gave consideration to two tabled notes:
(a) *NEL Community Diagnostic Centre update*
(b) *Report on (future use of) St Leonard's*

6.4 The Chair outlined the history of CDC plan and explained that it appeared that Lower Clapton Surgery was currently in a final short list. He asked when would the decision be known and would there be a new building.

6.5 RC took members through the briefing note. It was noted that a decision was due by the end of February. The available funding to make the changes needed in Lower Claton wasn't yet in place but they were trying to recycle underspends from elsewhere to fund this proposition. The alternative option, the Spoke Model, might end up the preferred option however, as it would be covered within the existing budget envelope. He added that there was an absolute need for these services and so they were pushing hard. One of the requirements for CDCs was that they cannot be located within an Acute site.

6.6 The Chair asked if the other alternative, the Spoke Model would put it outside of Hackney. RC replied that it would but if Hackney got it the Homerton would be contracted to run it and this would really complement their current staffing models as they could run joint rotas etc because of the proximity of Lower Clapton site. LA added that Homerton Healthcare had an excellent reputation in diagnostics and with a need for a site in this part of NEL there was no reason why it shouldn't get it. The Chair asked to be kept informed.

ACTION:	**CE of Homerton Healthcare to inform the Chair as soon as a decision was made on the siting of the proposed Community Diagnostic Centre.**

6.7 The Chair asked for an update on the St Leonards site. He explained that the Homerton had been looking at the possibility of an Asset Transfer but 8 days previously the government had intervened generally stopping the process of asset transfers to Trusts completely so that the previous plan was now 'dead in the water' and we were returning to a degree of uncertainty.

6.8 RC took Members through his briefing note. He explained that relations with NHS Property Services had been complex, both sides having different approaches and priorities. In the past two months there had been a change of leadership and they had started to engage much more with NEL ICS about the use of this site. They had invested £3m this year for example in replacement windows. They were now setting up a large programme of work with them on how to move on and make better use of the site.

6.9 The Chair asked what functions and services would stay or move. LA replied that they were very keen to further develop clinical services there as the public liked going there. The more admin functions need not be there of course and she welcomed the closer attention being paid to it by Property Services. RC added they would expand the Ark service there. The national picture had changed considerably on facilities and had improved.

6.10 Sally Beaven (Interim ED, Healthwatch Hackney) offered their support on engaging local residents to be part of the conversations and also assisting on the wider engagement programme. LA thanked her for this. MA praised the St Leonard's site and argued that it must be retained and developed. He asked what more could be done on the discharge delays at the Homerton. He argued that more step-down and rehab facilities are badly needed and St Leonard's could be part of the solution.

6.11 Cllr Turbet-Delof (Mental Health Champion) asked that mental health services for young people should be considered as part of the mix at St Leonard's..

6.12 The Chair thanked everyone for their helpful comments and the officers from Homerton Healthcare for their update.

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

7 Impact of new hospital discharge funding scheme - report from Adult Services

7.1 The Chair stated that the purpose of the time was to receive an update from the Group Director AHI on the current status of the latest hospital discharge funding schemes and how they might impact Hackney. This was an evolving situation and hence it was a verbal report. He added that on 9 Jan 2023 the SoS for Health had allocated an additional £200m discharge fund to Integrated Care Systems nationally. This was publicised as the NHS purchasing additional social care beds. This is on top of a November announcement of what is normally called 'winter pressures' funding.

7.2 He welcomed for the item:
Helen Woodland (HW), Group Director Adults Health and Integration
Malcolm Alexander (MA), KONP (who had submitted a question)

7.3 Members gave consideration to a tabled note *Questions about Discharge Funding.*

7.4 HW gave a verbal presentation and also referred to the additional tabled note. She stated that the £500m in Nov was part of the now normal 'winter pressures' annual funding. There was an established process for this. Hackney was consistently one of the best performers in terms of length of stay and they have well established processes for managing such funding. She explained that they have a small allocation of flats in a Housing with Care scheme which are appropriate for Step-down care and they used this funding to increase that number. They also used it to put in place a team of social workers and OTs and therapy assistants to ensure that people don't get stuck in 'step-down'. They work with NHS partners closely on how they manage the flow and what the money is spent on. The further announcement of £220m nationally was specifically around how to increase the number of residential and nursing beds and this was not necessarily one of the issues faced in Hackney as we rarely have people waiting for that purpose. They had increased the number of beds slightly but haven't taken a large chunk of that funding as they would not want to put people in restrictive or care home beds who would not need it.

7.5 Members asked detailed questions and the following was noted:

a) Chair asked why Hackney doesn't have as much of a problem as others re nursing beds. HW replied it was complex but, culturally, our social workers are more comfortable in supporting people back into the community than perhaps elsewhere. We don't have the option of residential placements as readily available as others so social workers work very hard to develop alternatives.

b) Members asked whether care home staff were equipped to manage the higher acuity of these patients and what happens if patients refuse to move into a care home. HW replied that they were not using this money for any care home staffing but rather for the Move On team of social workers. Legally they look at the least

restrictive option and care homes were last resort. More often they have the opposite problem in that families are pressing for loved ones to go into residential care as they believe it's the safest option but in any case they never compel. Occasionally they might have delays in people leaving hospital as they don't agree with the care plan that has been devised but social workers are highly qualified and experienced and work with the family to find a resolution. They've never had a situation where they had to go to Court of Protection because they felt so strongly that an individual must be placed.

c) Members asked for a diversity breakdown of specialist Move On Team; on cultural competence and intersectionality; on discharging patients with no home to return to. HW replied that she did not have the breakdown on Move On at hand but would provide it. 86% of social workers in Hackney come from local communities and global majority communities and having cultural competence is a core part of social work training. All practice is designed around personalisation and understanding the needs of an individual and how best to support them. On the issue of no housing they will on occasion have to support people into temporary housing support on discharge, particularly those with 'no recourse to public funds'. She added that a growing issue is people who are subject to self neglect or hoarding and their home environment is not suitable for them to return to and so they have step-down flats specifically for this purpose. They then invest in hygiene services for deep cleans of the original home. She added the reassurance that if a person has care or support needs on discharge from hospital it is the council's statutory duty to meet those needs and that might also involve providing accommodation of some sort.

ACTION:	**Group Director AHI to provide a diversity breakdown of the Move On team staff.**

d) Chair asked about additional step-down flats in Hackney and how such spaces come about. HW replied that they don't purchase them but have nomination rights with our Registered Housing Provider (RP) who own them. Often there will be a high turnover of these flats as older people pass away so they've agreed with the RP that voids can be used in the short term for this purpose. These properties are specifically earmarked for this purpose and not from the general needs housing provision. She added that currently they have a sufficient amount. A couple of schemes which are less popular are often used for this specifically short term purpose when voids occur.

e) Chair asked about ways to support more patients in-borough and how many supported living units would be needed to bring back all out of borough placements. HW replied that they have a significant number in residential care as opposed to nursing care. If they had alternatives in the borough such as 'extra care supported living' they believe they could accommodate them in a less restrictive way in Hackney. If they could build more of those supported living options in the borough that would be better for the residents overall. On average it would be more cost effective. She explained that the cost of care is built around the individual so it will vary. Generally, if someone goes into residential care the entire cost of that placement falls on the borough including the 'hoteling costs' (food and

accommodation) and this comes out of the Council's ASC budget. If someone has their own tenancy however and their own flat and they can remain in it and within their own community they will be more independent. They will also be able to access welfare benefits which would cover those 'hotelling' costs and so these would not be coming out of an ASC revenue budget.

f) Chair asked about the research needed to make an Invest to Save case for future proofing housing regen schemes for adult social care. HW replied that she was hesitant to put a number on the need but a major piece of modelling work needs to be done. There were c. 400 people in residential placements out of borough and if you were going to avoid that flow in future you might be looking at half to two thirds of that which could then be provided locally in various ways. Obviously a proportion will always need full residential nursing care for a time.

g) The Chair asked about the timeline for this modelling work. HW stated that she'd asked the Population Health Hub to start the demographic modelling work which needs to be done and they are working with colleagues in the Housing and Regeneration team to have this issue built into the capital rebuild model going forward. The Chair commented that the council could in theory invest 5% of the pension fund in this. HE replied that all options were on the table. There was a need to look at this with partners exploring different arrangements but it would certainly have a positive effect on the council budgets going forward. She added that they did not have a timeline yet but they were looking at efficiencies here as part of the Medium Term Financial Plan and this work had been agreed as a Project and there would be a meeting on it the following week. The Chair asked to be kept informed of developments here.

h) MA from KONP asked about more needing to be done to unblock A&E at Homerton. HW replied that the previous Monday they had only 15 delayed discharges and the majority were out of borough which are much more difficult to discharge. The pressures on the entire system at present were immense. LA added that the Homerton was a victim of its own success here. Thanks to the efforts of Adult Services teams the flow of patients was extraordinarily good compared to our neighbours. The challenge was that NE London as a whole was blocked up. You would wait longer at Whipps Cross and patients were therefore opting for the Homerton. It was a challenge as patients are in need wherever they're from and must be served. She added that the system of escalation they have in place was working well and in the past week things had been exacerbated by some IT problems.

i) The Chair asked LA about the balance of NHS NEL staff working at Place as opposed to central office. LA replied that a decision had not been made yet. A consultation paper for this had been due two weeks previously. There was then a change of policy from the DoH as they were looking at the finances so this is

awaited. As soon as the allocations are known she could let the Chair know. The Chair asked why allocations to Place in City and Hackney require guidance from central government. LA explained that this consultation was around the whole staffing structure and not about Place and you can't just separate out Place staff from central functions because some jobs will be at risk. She added that another aspect here is that the decision making must be delegated down too so it is not just a pseudo allocation and they would be required to go all the way back up the decision tree and down again before a local decision could be made.

7.6 The Chair thanked HW and LA for their detailed answers. He added that the issue of future proofing for adult social care provision would come back to a future meeting and they could discuss this in more detail.

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meeting held 12 January 2023 and the Matters Arising.

RESOLVED:	**That the minutes of the meetings held on 12 January 2023 be agreed as a correct record and that the matters arising be noted.**

9. Work programme for the Commission

9.1 Members noted the updated work programme.

RESOLVED:	**That the updated work programme be noted.**

10. AOB

10.1 There was none.