

London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2022/23
 Date of Meeting: Wed 26 April 2023 at 7.00pm

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

Chair	Councillor Ben Hayhurst (Chair)
Cllrs in attendance	Cllr Sharon Patrick (Vice Chair), Cllr Ifraax Samatar
Cllrs joining remotely	Cllr Grace Adebayo, Cllr Kam Adams
Cllr apologies	Cllr Deniz Oguzkanli
Council officers in attendance	Georgina Diba, Director Adult Social Care and Operations Terry Ann Ewbanks-Thelwell, Head of Provided Services Stephen Haynes, Strategic Director, Economy, Regeneration and New Homes Dr Sandra Husbands, Director of Public Health, City and Hackney James Goddard, Strategic Head - Strategy, Assurance and Private Sector Housing Jennifer Millmore, Senior Public Health Strategist Chris Pritchard, Director of Strategic Property Andrew Trathen, Consultant in Public Health Helen Woodland, Group Director, Adults, Health and Integration
Other people in attendance	Sally Beaven, Interim Exec Director, Healthwatch Hackney Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture Vanessa Morris, CEO, Mind in City, Hackney and Waltham forest Cllr Claudia Turbet-Delof, Mental Health Champion, LBH
Members of the public	90 views
YouTube link	View the meeting at: https://www.youtube.com/watch?v=QjRbJgLmDNs
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<u>Councillor Ben Hayhurst in the Chair</u>	

- 1 Apologies for absence**
 - 1.1 An apology for absence was received from Cllr Oguzkanli.
- 2 Urgent items/order of business**
 - 2.1 There was none.
- 3 Declarations of interest**
 - 3.1 Cllr Samatar stated that she was employed as a Wellbeing Network Co-ordinator for Mind City, Hackney and Waltham Forest.

4 Update on new Integrated Mental Health Network

4.1 The Chair stated that in September the Commission had discussed the plans for a major redesign and re-tender of the Wellbeing Network and they looked at the draft specification for it. CHWF Mind had been given the contract as the co-ordinating provider and Members had agreed to have them and the commissioner back to discuss progress.

4.2 He welcomed for the item:

Jennifer Millmore (JM), Senior Public Health Specialist, LBH

Andrew Trathen (AT), Consultant in Public Health, LBH

Vanessa Morris (VM), CEO, Mind in the City, Hackney and Waltham Forest

4.3 Members gave consideration to the update report and JM and VM took Members through the report in detail. It covered: target population and support provided; the new service; strengths retained from the original service and key changes for the new service.

4.4 It was noted that the new service would prioritise a holistic and person centred approach also focusing on those with complex mental health needs. It would continue to be called the Wellbeing Network. Innovations would include that 7 of the partners will run an integrated team which will also support people with cost of living crisis, employment and vocational support and training as well as peer support on employment. She explained the Mind Forward model, for single session therapy which would support people to address issues as quickly as possible. There would be greater use of safe spaces and supporting VCS partners to provide mental health interventions and supporting people using open-access sessions.

4.5 Members asked questions and the following was noted:

(a) The Chair asked under what circumstances would a GP refer to Wellbeing Network rather than to IAPT and how has the contract been redesigned to support the higher level of need that was identified. VM explained that shared care was a critical element in working with GPs and social prescribers to understand where needs are best served. Some clients could come for an initial period of stabilisation before they accessed IAPT. She added that three of the providers are also IAPT providers themselves and they have very good relations with them all. Being able to navigate the correct support as quickly as possible was vital and their partnership manager for the Network would have regular engagement with other teams in the community and so should be able to resolve issues about pathway ambiguity quickly.

(b) The Chair asked if there was a hierarchy of provision. VM explained the three levels of referral criteria. One related to complexity of need, another on “moderate or severe clinical depression” which included some focus on personality disorder and there was a focus on those who might not be able to access primary care interventions because of life circumstances. The third category focused on health inequalities. JM added that they were working with NHS partners on a ‘no wrong door’ approach so that clients can be referred as smoothly as possible.

(c) The Chair asked how the service would support those with a much more complex need but not reaching the threshold for ELFT. VM explained that it would work right through the partnership and explained how some with complex needs often don't ask for help at all. The issue therefore was to recognise the complexity in people's circumstances and not just what they were presenting with. As regards identity based needs, she noted how City and Hackney had the highest level of severe and enduring mental health need in the country.

(d) Members asked how the redesigned service will meet the needs of those who are currently under represented and what are the KPIs for the service. VM explained that the average length of support would be one year and a lot of the focus therefore was in embedding and expanding peer support and developing the pathways. She explained that there was no time limit in terms of people's ability to access peer support and that often many will feel the need for a little bit of top up support and this also will be provided. In relation to reach she stated that they had done well on access and outcomes for those from minoritised communities and this was because of the diversity of the service offer. They were achieving the best clinical and non-clinical support for those who experience the highest level of health inequalities. JM undertook to share the current KPIs for the service. They were a mixture of numbers in the service, outcomes, level of partnership working, ensuring the service is representative of the whole population. VM added that they take a strong intersectional approach and people of course are more than just different aspects of their identity. She also described the trauma informed approach and the work on anti-stigma (e.g Derman's work on suicide prevention with the Turkish-Kurdish community) which illustrate their inclusive approach.

ACTION:	Public Health to provide the KPI's in place for monitoring the new Wellbeing Network
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(e) Members asked whether Hackney's very high incidence of mental health need was because more were enabled to come forward than elsewhere. VM replied that, generally, incidence of poor mental health was higher: due to poverty; in urban areas, in areas of high pollution and due to racism and other forms of discrimination. Being able to talk about it was key as our GPs did very well compared to other areas. Prescription of antidepressants also was lower than in other areas which was to be commended. She noted that levels of access to services were lower in Black African communities and therefore they worked closely with the African Community School and IRIE Mind on this.

(f) Members asked about the trauma-informed approach by Mind and how to support those who don't have the capacity to seek help to come forward. VM explained that early identification was vital and communities must have high levels of mental health literacy. Peer support was also critical. JM added that making mental health

everyone's responsibility was key and it was not all about sending people to services.

(g) Members asked about service users' 'higher needs' in the current cost of living crisis e.g. higher rates of hunger, addiction and debt, and how this impacts on delivery and referral to other services who can help them. VM replied that the relationship between poor mental health and poverty was always complex and two way. Several of the partners are also in the Advice Network and they are able to refer onwards into their own services. They are also able to work directly with DWP for example. Accessing support when in poverty often causes some to feel shame and therefore providing open access to services was vital. She described their work with clients who might move onto IAPT but can be held by the Network to receive financial or vocational support. They have a good relationship with the DWP too which helps them understand supporting job seekers with mental health needs.

(h) Members asked about the provision of culturally appropriate services for those who have language barriers. VM described City and Hackney's Psychological Therapies Alliance which as well as Mind includes Bikur Cholim and Derman. There is also access to Language Line and to services which are designed and delivered by those with lived experience. There is also specific therapy support for those with racial trauma and which is targeted at relevant black communities.

(i) Members asked about the 'Mind Forward' model and what the typical next steps would be. VM replied that it was very flexible. Results could be achieved within the Model or there could be onward referral or it could lead them to access another part of the Model.

(j) The Chair asked whether unmet need was more serious than the service could provide and what monitoring and discussions with ELFT were taking place. VM explained that they have ongoing strategic and operational discussion with ELFT. They work with ELFT's 'community connectors' and they have a web of relationships and are linked into ELFT's 'crisis pathway'. They work together to design specific interventions where there is unmet need. JM added that when they do identify unmet need they can shift the budget around accordingly when necessary.

4.6 The Chair thanked the officers for their detailed update and welcomed the revised service under Mind's leadership. JM clarified that the contract was 2 yrs+1+1. The Chair added that in the future the Commission might wish to do a deep dive into a particular aspect such as 'crisis support'.

RESOLVED:	That the report and discussion be noted.
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5 Panel Discussion on ‘Housing Regeneration and options for future proofing for adult social care needs’

5.1 The Chair stated that budget pressures in Adult Services were an ongoing challenge and in the Commission's previous discussions the issue of how we might better future proof our housing to meet future adult social care needs had been raised. He added that the intention was in no way to be critical as to why this hadn't been done before but rather focus on whether it might be achievable in the future and whether it stacked-up financially or on the context of current priorities. A key question would be, for example, how many of those currently in nursing and residential care who are out of borough could be dealt with in another setting or service context in the borough. There would be 3 presentations, one verbal.

5.2 He welcomed for the item:

Georgina Diba (**GD**) Director - Adult Social Care and Operations

Terryann Ebanks Thelwell (**TE**), Head of Provided Services

Helen Woodland (**HW**), Group Director, Adults, Health and Integration

Stephen Haynes (**SH**), Strategic Director, Economy, Regeneration and New Homes

James Goddard (**JG**), Strategic Head - Strategy, Assurance and Private Sector Housing

Chris Pritchard (**CP**), Director of Strategic Property

5.3 Members gave consideration to 2 presentations:

A. Adult Social Care and Accommodation: Planning for future need

B. Housing Regeneration and Delivery

5.4 GD and HW took Members through their presentation which covered: *context; Hackney profile 2020-40; ASC reform white paper; the report ‘A place we call home’, local context and vision; what other types of options for ASC clients?; what are the other types of options for other clients with needs?; what do we offer currently?; Placement numbers; what are the benefits; Identifying future need.*

5.5 GD explained that it was important to do a thorough needs analysis of the current cohort and which might be in a position to come back into the community. Since the document was written the number receiving ASC support had risen to 3382 and it was rising by the week. ASC was the largest budget with the council but supported 2% of the population. HW cautioned that the aim here was not to build a two tiered system. Currently if they had alternative options they could keep so many more residents within their communities and this was the aim. The Chair commented on projections for bringing care home patients back in borough with extra care options instead, and did some rough calculations of potential savings with the new approach

5.6 SH and JG took Members through their presentation which covered: *Our building programme; our objectives; manifesto targets; new sites; adaptable homes; our commitments; Housing Strategy; key actions.*

5.7 SH explained that his department dealt with a lot more than housing regeneration and they also covered employment skills and adult learning as well as strategic housing and private sector housing but also town centre development and economic regeneration and in addition now with culture, libraries and heritage, so they take a holistic look at residents needs and are used to working across departmental boundaries. JG outlined the steps involved in the development of the new Housing Strategy which will have a larger focus on supporting housing, the current one which is being replaced has a stronger focus on private sector housing and in the various developments post-Grenfell. He added that the Ageing Well Strategy also has an important Housing Chapter which they use as a guide. They are currently engaged in completing the Housing Needs Survey and the Strategic Market Assessment, the latter being a more technical look at affordability. Stock Condition surveys for both council and private sector housing are also being done. The team have actions on them to support housing needs and develop an older people's housing strategy. It's a complex picture because this also has to encompass disabled residents of all ages. Anchor Hanover delivers supported housing for the council across 20 schemes and part of the challenge is that some of it is no longer best placed geographically for current need so all that has to be taken into account.

5.8 CP gave a presentation explaining the work of Strategic Property within Finance. They cover General Fund properties i.e. all the Council property that isn't schools, libraries or the town hall. His Corporate Asset Management team devise the strategy for the corporate estate and they have a good view right across the asset portfolios, which vary considerably by size and type of use. That team is working with Adult Services to establish what is needed here, to better understand demand and what different types of requirements there will be and to understand what sort of facilities Hackney will need to meet that demand. Once they've established this they can then look at suitable models to be able to deliver those plans and how these can be funded over time. They will work with Adult Services to help build the business case for suitable models and suitable products. They have experience of this from the work in that they developed new GP Practices on sites the Council owned and which had been underutilised. The finance model there had been straightforward in that the NHS had agreed to sign a lease at a certain level to pay back the debt incurred in developing those facilities. They looked forward to working with Adult Services teams on this. He added that the Audit Cttee was also doing a deep dive into Council borrowing so they need to develop this thinking so that all elements of the council can be properly informed. Once they know what products they need they will be able to go looking for sites externally or looking at sites they already have or which key partners might have within their estates and which could be part of a joint development.

5.9 Members asked questions and the following points were noted:

a) The Chair asked when there would be results from all the surveys and analyses that were currently being completed. JG replied that they all fed into the Housing Strategy which would be drafted in July and August and scheduled for Cabinet later in the year. There would then be a 12 week public consultation with the aim of formally adopting it in spring 2024.

(b) The Chair asked to what extent housing with care options will be included. JG replied that the Housing Strategy was multi tenure and they would also look at private ownership and there would be a significant chapter on supported housing. He added that they will work closely with Adult Services on a joint approach. They also employ specialists (e.g. statisticians) to do the modelling but wish to take time with this as it is important to get this vital aspect right. The Chair asked if they had all they needed from Adult Services officers to do the work and he replied that they had.

(c) The Chair asked about the timeline here and about the need for greater political impetus and also the average build cost of a 1 bedroom flat. SH replied it was c. £300k. HW explained that they have a Working Group across all those elements here and commented that in a sense whatever way they do it there is no choice because of the financial pressures on the ASC budget. However they configure it it will have to make financial sense in the long run and it is the right thing to do. They're working on the business case now and doing demand and financial modelling looking at the assets they've got and coming up with the forward plan.

(d) Members asked about the need for greater urgency and impetus here, noting that this is not new, that there are many comparators to look at and also asked about possible sites that Members themselves were aware of. They added that there would be a win-win here for housing if some residents could be released from the general fund housing category into a new extra care housing model. SH replied that officers fully agreed with this. In terms of sites they had identified 15 sites for general housing needs and others have been identified and could be put in the mix. The key was to ensure assets are used in the best way. They added that they were in discussions with Sanctuary about some sites for example and that shared ownership was another form of tenure that would be in the mix and there were also discussions on potential partnerships with Tower Hamlets. JG added that he'd also discussed options with pension funds.

(e) Members asked about what led to 25% increase in ASC demand since 2020. HW replied that it was complex but they were seeing pent up demand from covid era, at least in part. Many people managed during the pandemic but lockdowns had a dramatic impact on service demand. Older people for example not being able to get out had led to a decrease in their functional ability. Another driver was the cost of living crisis and she noted that we had heard from mental health colleagues about the impacts they were also seeing.

(f) Cllr Kenedy commented on the broader national political context and NHS drivers here adding that provision of care closer to home was intrinsic to the NHS's ICS model. Types of adapted accommodation that allow people to remain at home meet the needs of the ICS system which the government has put in place. In an ideal world a local system would not be a net exporter (Hackney) or importer (Havering) of care home places.

(g) The Chair asked about how the NHS 'Funded Nursing Care' system aligns with the funding models that would be under consideration here. HW explained that some individuals in nursing care may also be receiving some NHS funded care but the bulk of the cost comes out of Council budgets. The Chair asked if the NHS could provide more of the nursing element. HW replied that it was complex because some are in receipt of Continuing Healthcare, some is NHS, some is integrated budgets, but generally if they are included in the Council's figures then the Council is funding them.

(h) The Chair asked Cllr Kennedy about what more is required to help champion this at a political level. CK replied that Cabinet wanted reassurance that this work is going on across council departments, and it is clear that this is now happening. The biggest problem up to now had been that different departments were operating in silos. The finances don't stack up so a new approach is needed and what's under discussion here is the beginning of a way forward.

(i) Cllr Turbet-Delof asked about the 10% figure of wheelchair adaptable homes while the Census showed that 14% are disabled; and about the need for community spaces in ASC accommodation. JG replied that the 10% figure was a 'planning guidance' figure. It referred to wheelchair need only, however the 14% disability refers to wider disability. He added that these units are bigger so they cost more and most will have to be ground floor and the 10% target is a tough one to meet however they have met it across the whole portfolio. In relation to community spaces, HW replied that they want to make schemes which will be part of the community and not institutions therefore cross council and community spaces are vital. Looking at the St Leonard's site for example there is huge scope for it to be a multi-use space with a mix of health and community facilities SH added that that it was important to think of community assets and community halls in the round and there is the potential for new thinking here. JG added that on the Older People's Housing Strategy they also need to think more widely and consider such aspects as under occupation and the potential for more downsizing plans.

(j) Members asked whether some of Anchor-Hanover's older people housing might be suitable for adaptation for Extra Care housing. JG replied they were and they were in discussions with them about this. He added that there is a need to up the pace of progress here. Anchor Hanover are developing a new strategy for all their

stock across the UK. This has led to greater movement on some issues. They also have a Compact in place and a good working relationship with them

(k) A Member asked about the increase in safeguarding cases around hoarding and self neglect. The Chair commented that this was out of scope for this discussion but was a very useful suggestion for a future work programme item.

ACTION:	Safeguarding issues around hoarding and self neglect be added to the future work programme.
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(l) Members asked about the need to benchmark this plan with other boroughs. HW replied that they were doing this and a lot of boroughs were further ahead than Hackney is on it. Their S151 officer had visited two boroughs who have set off on this path and they are looking at the financial models they are using as a benchmark. She suggested that benchmarking data can form part of the report when this comes back to the Commission.

5.10 The Chair asked HW whether she had the elements now in the place to begin this modelling work and what else needed to happen. HW replied that she was content on the officer side and pleased with the support from Cllr Kennedy. There was a need to raise the profile of this with Cabinet and the wider Member cohort because this was a long term project. The Chair stated that Commission Members were with HW and SH on the merits of this but that they acknowledge that there are competing needs across so many areas and unless and until the business case is built up it will be hard to champion this fully. Cllr Kennedy concurred stating that having the figures to back this was key but he was confident that this could be done.

5.11 The Chair asked that as soon as the surveys and business case were done if a briefing paper could come back to the Commission perhaps explaining what the different options are and what the models might look like.

ACTION:	This issue to be added to the work programme with a report back in c. 6 months which should incorporate a draft business case and benchmarking data.
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5.12 The Chair thanked all the officers for their detailed work and for their attendance.

RESOLVED:	That the reports and discussion be noted.
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6 Minutes of the previous meeting

6.1 Members gave consideration to the draft minutes of the meeting held on 15 March 2023.

RESOLVED:	That the minutes of the meetings held on 15 March be agreed as a correct record and that the matters arising be noted.
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7. Work programme for the Commission

7.1 Members noted the updated work programme. The Chair stated that at the next meeting on 13 June there would be items on the Air Quality Action Plan implementation, GP access and some of the local NHS org's draft Quality Accounts.

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

8.1 There was none.