Public Document Pack

Health and Social Care Scrutiny Sub (Community and Children's Services) Committee

Date: **MONDAY, 19 MAY 2014**

Time: **11.30am**

Venue: **COMMITTEE ROOMS, WEST WING, GUILDHALL**

Members:
Ann Holmes
Dhruv Patel
Judith Pleasance
Emma Price
Adam Richardson
Tom Sleigh
Philip Woodhouse

Enquiries: **Philippa Sewell**
tel. no.: 020 7332 1426
philippa.sewell@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at the rising of the Sub Committee

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

3. **ELECTION OF CHAIRMAN**
   To elect a Chairman in accordance with Standing Order 29.
   For Decision

4. **ELECTION OF DEPUTY CHAIRMAN**
   To elect a Chairman in accordance with Standing Order 30.
   For Decision

5. **ELECTION OF AN INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE**
   To elect one INEL JHOSC representative.
   For Decision

6. **TO CO-OPT HEALTHWATCH REPRESENTATIVES TO THE HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE**
   To co-opt two representatives from Healthwatch in line with the Sub Committee's terms of reference.
   For Decision

7. **MINUTES**
   To agree the public minutes and non-public summary of the meeting held on 4 February 2014.
   For Decision
   (Pages 1 - 6)

8. **HEALTHWATCH CITY OF LONDON UPDATE**
   Report of Chair Healthwatch City of London.
   For Information
   (Pages 7 - 10)

9. **DEVELOPMENTS AT THE ST. BARTHOLOMEW'S SITE**
   Presentation by Barts Health.
   For Information

10. **PHARMACY SERVICES IN THE CITY**
    Presentation by Boots UK.
    For Information

11. **HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (HUHFT)**
    CQC Inspection report.
    For Information
    (Pages 11 - 30)

12. **ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH - HEALTH AT THE HEART OF THE COMMUNITY**

Report of the Director of Community and Children's Services.

For Information
(Pages 31 - 64)

13. **REVIEW OF NHS PATIENT CARE IN EAST LONDON**

Briefing note from the North East London Commissioning Support Unit.

For Information
(Pages 65 - 66)

14. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

16. **EXCLUSION OF THE PUBLIC**

MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non-Public Reports

17. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

This page is intentionally left blank

HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE
Tuesday, 4 February 2014

Minutes of the meeting of the Health and Social Care Scrutiny Sub (Community and Children's Services) Committee held at Committee Rooms, West Wing, Guildhall on Tuesday, 4 February 2014 at 1.45 pm

Present

Members:
Wendy Mead (Chairman)
Dhruv Patel (Deputy Chairman)
Deputy Billy Dove
Randall Anderson
Judith Pleasance

Officers:

Ade Adetosoye	-	Director of Community & Children's Services
Neal Hounsell	-	Community & Children's Services
Philippa Sewell	-	Town Clerk's Department
Sheila Adam	-	Homerton University Hospital
Louise Egan	-	Homerton University Hospital
Mark Cockerton	-	City & Hackney Urgent Healthcare Social Enterprise
Mark Scott	-	City & Hackney Clinical Commissioning Group
Michele Golden	-	Care Quality Commission
Mark Graver	-	Barts Health NHS Trust
Sandra Shannon	-	Barts Health NHS Trust

1. **APOLOGIES**
   Apologies were received from Emma Price.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations.

3. **MINUTES**
   RESOLVED – That the minutes of the meeting held on 11 November 2013 be agreed as a correct record, subject to the amendment of *Hospital* to *Health* under item 4.

   Matters Arising
   Consultation on Cancer and Cardio
   Members noted that the consultation was ongoing, being discussed at the Joint Overview and Scrutiny meeting on 17 February and that a written response would be provided to the Sub Committee once concluded.

   Clinical Commissioning Group – Commissioning Intentions Update

The Director of Community & Children's Services reported that a meeting had been held with the CCG to discuss the capacity of GPs in the City, and a follow-up meeting had been scheduled for March 2014.

4. **COMMUNITY NURSING SERVICES – NEAMAN PRACTICE**

The Sub Committee received a verbal presentation from Sheila Adam and Louise Egan from Homerton University Hospital. Ms Adam and Ms Egan reported that this proposal would bring together small nursing teams into larger ones on the same site to foster better communication, support for lone workers and robust supervision. Ms Adam advised the Sub Committee that the Neaman Practice nurse would begin their day at the Rushton Practice for a brief handover before travelling to the Neaman Practice where they could be based for the rest of the day depending on patient appointments.

In response to Members questions it was established that:

- These new arrangements would be in place from the end of February 2014;
- This proposal would not reduce nursing provision and instead sought to enhance the service;
- The Neaman Practice nurse would not take on work from the Rushton Practice and nurses from the latter could be moved to the former should caseload increase;
- Despite historically there being no confusion regarding referrals to the District Nursing Service, discussions were ongoing with hospitals to ensure the process was understood and correct;
- Physical team working and handovers were preferred over telecommunications as they gave more scope for wider discussions of problems, challenges and best practice regarding clinical or professional issues, which would benefit the nurse's professional development as well as the safety of patients at the Neaman Practice.

The Chairman thanked Ms Adam and Ms Egan for their report, and Members agreed that an update report be brought to the next Sub Committee meeting.

RESOLVED – That an update report on Community Nursing Services at the Neaman Practice be provided at the next meeting.

5. **GP OUT OF HOURS SERVICE**

Members received a presentation from Mark Scott, from the City and Hackney Clinical Commissioning Group, and Mark Cockerton, from the City and Hackney Urgent Healthcare Social Enterprise. Mr Scott reported that the Out Of Hours provision has been a key priority for the CCG since its formal inception in April 2013, and work had commenced in December 2013. Mr Cockerton reported that each call would be received and clinically assessed by a GP; 60% of callers only needed advice over the phone, 35% were seen at primary care centre, and 5% were visited at home. Members noted that significantly more effort was being put into advertise the service, and therefore more people were utilising it so far. Patients still had the option to contact NHS 111 though only a small minority took that option.

Mr Cockerton reported that Institutional CUREiosity had been employed to gather patient feedback. This was an independent external company offering a

phone service for patients to give honest opinions of the Out of Hours service. Members noted that this was a different service to that used for complaints, and the Urgent Healthcare Social Enterprise were hopeful for its effectiveness. Members welcomed the involvement of the independent company, and requested the opportunity to link with the Healthwatch survey (discussed later in the meeting). Mr Cockerton advised the Sub Committee that, although the main base for the service was at Homerton hospital, arrangements had been confirmed for patients to be seen at Royal London hospital should they prefer. Mr Scott reported that regular monitoring by the CCG continued, with the City and Hackney Urgent Care Board meeting bi-monthly, and the Out of Hours service linked to Integrated Care Improvements.

The Sub Committee discussed the service and in response to Members' questions it was reported that Practices relayed the out of hours number rather than referring the call as at certain times of the day (i.e. just before or just after opening hours) most calls were for non-urgent issues (e.g. appointment booking). With regards to financial implications the expectation was to look at urgent care as a whole in March. It was also noted that fewer home visits were now being made as the Primary Care Service was more effectively staffed.

The Chairman thanked Mr Scott and Mr Cockerton for their presentation.

6. **CARE QUALITY COMMISSION INSPECTION OF BARTS HEALTH NHS TRUST**

The Sub Committee received a presentation from Michele Golden from the Care Quality Commission which gave an overview of the findings and recommendations from the inspection of Barts Health Trust. Members discussed the issues highlighted and raised the following points:

- The importance of staff motivation and visibility of leadership;
- The need to allow plenty of time for staff to provide meaningful and considered feedback in future reviews;
- That although the culture of bullying was a problem common to the NHS in general, it was a key issue for the Trust and needed to be addressed;
- There was a need to ensure front line staff felt listened to, engaged and supported; and
- That the Clinical Academic Groups (CAG) were a good vehicle to spread best practice e.g. regarding 'never events', and would become more effective as they become more established.

Mark Graver and Sandra Shannon from the Barts Health Trust responded that the findings of the inspection were tough but fair. Members noted that a variety of initiatives had been put in place to address the issues including opportunities to give anonymous feedback directly to senior staff, monthly staff surveys, a staff retention strategy, and the development of a newsletter to encourage team spirit. With regards to the criticisms concerning food at the St. Bartholomew's Hospital site, Members were informed that a change had been made to portion sizes, matrons were checking the food on ward rounds, and the overall provision was scheduled for review when the contract came up for renewal.

The Chairman thanked Ms Golden, Mr Graver and Ms Shannon for their presentation, and it was noted that Barts Health Trust would be producing a formal response by the end of February 2014.

7. **HEALTHWATCH CITY OF LONDON UPDATE**

The Sub Committee received a report of the Chair of Healthwatch City of London which had previously been discussed at the Health and Wellbeing Board on 31st January 2014.

Members were concerned that a low response rate had been received to the Healthwatch City of London GP survey and Members agreed with Board Members that the survey should be more interactive to capture as many opinions as possible. It was noted that Institutional CUREiosity, the independent company used to gather patient feedback for the Out of Hours Service, would form part of the revised survey.

Members also agreed that it would be useful to have two separate reports in future; one for the Health and Wellbeing Board to consider strategic health issues and the other for the Health and Scrutiny Sub Committee to consider scrutiny issues, though Members wanted to be kept updated as to the concerns being considered by both.

8. **INNER NORTH EAST LONDON JOINT OVERVIEW AND SCRUTINY COMMITTEE MEETING - 17TH FEBRUARY**

The Sub Committee noted the agenda would cover the Barts Health Report, changes to Cancer and Cardiovascular services and the Moorfields Eye Hospital move. It was also noted that the Chairman had sent her apologies for the meeting and the Deputy Chairman would attend on her behalf.

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

The Sub Committee noted the date of the next meeting was 19 May 2014 where Members would receive a presentation on Pharmacy Services, an update Quality Accounts for Homerton and Barts Health Trust, and an update on the Community Nursing Services. It was noted that any ideas for agenda items should be sent to the Town Clerk.

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

There were no items of urgent business.

11. **EXCLUSION OF THE PUBLIC**

RESOLVED – That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of the Schedule 12A of the Local Government Act.

Items	Paragraph
12 – 13	3

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There were no items of urgent business.

The meeting ended at 3.35 pm

Chairman

Contact Officer: Philippa Sewell
tel. no.: 020 7332 1426
philippa.sewell@cityoflondon.gov.uk

This page is intentionally left blank

Committee:	Date:
Health and Social Care Scrutiny Sub Committee	19 May 2014
Subject: Healthwatch City of London Update	**Public**
Report of: Chair Healthwatch City of London	**For Information**

Summary

The following is Healthwatch City of London's update report to the Health and Social Care Scrutiny Sub Committee. At the last Health and Wellbeing board meeting 30th January, Members suggested that Healthwatch's updates be split to reflect activities more relevant to either to the Health and Social Care Scrutiny Board or the Health and Wellbeing Board, who also receive updates. These changes have been reflected in this report.

This report covers the following points:

- Healthwatch City of London input to the Homerton 2014/15 Quality Account Priorities and request for comments prior to CQC inspections
- Involvement in the Barts Health Trust winter A&E campaign
- Visits to local hospital facilities

Recommendation

Members are asked to:

- Note this report, which is for information only

Main Report

Background

1. The recent focus of Healthwatch City of London has been on agreeing and consulting on our priorities for 2014/15 and in developing our mission statement. Since our last report in January we have established, through intelligence from resident and worker feedback, the areas of health and social care that have been highlighted as important. Our priorities have been agreed by the Healthwatch City of London Board and are currently out for consultation with our members and stakeholders. These have been presented to the Health and Wellbeing board.

Current Position

2. The Healthwatch City of London board agreed, after a vote at the last board meeting that the preferred mission statement is:

"Shaping the best quality health and social care now and in the future for all in the City of London."

With a strapline and acronym of:
Community **I**nvolvement **T**ransparency **Y**our City

3. Healthwatch City of London submitted its first monitoring report on 27 February for the first period April to December 2013 and will submit the next report in May 2014.

4. Detailed below are some activities and member feedback from the last two months.

Healthwatch City of London response to The Homerton request for suggestions to 2014/15 Quality Account Priorities and request for comments prior to CQC inspections

Healthwatch City of London collated the following points based on comments from service users of the Homerton University Hospital NHS Foundation Trust. These comments were received from service users via email and at meetings and events and have been fed into the Head of Quality at the Homerton and the CQC prior to their inspections.

Main points:

- Whilst feedback on the care at Homerton is positive, many residents have complained of long journey times and have commented that an easier journey would encourage them to use the facilities more often.

- Care has been described by one user as excellent and the long travel time means an annual check is worthwhile but a more frequent appointment would not be manageable.

- Comments have shown satisfaction with the consultation and treatment provided. One lady was a little upset as she had to wait four hours before she was seen although she did have an appointment time. After that she was quite happy with the attention.

- The bus journeys to the hospital are described as 'torturous' from the Barbican.

- One resident commented on the Homerton Hospital as being very professional, caring and efficient in all dealings. Experiences have always been extremely good.

- The Homerton is described by one resident as being not very user friendly towards City residents: only just recently two district nurses were withdrawn from being based at the Neaman Practice.

- One resident described the in-patient services at the Homerton as only marginally relevant with less than 1% of City patients using the Homerton because it is distant and difficult to access.

- City patients do, however, use the Community Services administered by the Homerton.

- A volunteer ambulance provider described their relationship with the Homerton as good with the experience being second to none. The staff accept and support the people, they have the trust of patients and listen to them. The situation is always calm and controlled. Staff were described as very good and proactive.

- A&E at the Homerton was described by one individual as challenging who said she didn't feel like they have the patient's best interests at heart and she was kept waiting when in pain. The lady had to wait for over 2 hours and commented that they seem short staffed with not enough A&E doctors or nurses.

- Concern was raised over the access to A&E with the many roadworks outside that could cause access difficulties in an emergency.

- Feedback on maternity services is good with visitors being allowed to stay overnight in the ward although it was also commented that too many visitors can make privacy difficult for other patients.

Healthwatch City of London involvement in the Barts Winter Campaign

Barts Health began working in September with local authorities, GP commissioners and other partners to put in place a comprehensive winter care plan to help meet the extra demand hospitals face during winter, and to make sure patients, especially the frail elderly, get the best possible care. In addition to the support which will be provided to health services and the emergency departments, the Trust is supporting a cross-borough awareness campaign about the importance of only using A&E in an emergency and what services to use for different healthcare needs.

Healthwatch City of London worked with Barts Health NHS Trust to publicise this winter campaign emphasising the importance of using A&E in an emergency only. The following poster was distributed:

Through contacts with estates around the City of London Healthwatch City of London distributed 200 posters to the Barbican estate to cover all noticeboards on the estate and 10 posters each to the following estates.

Avondale Square Estate

Golden Lane Estate

Isleden House Estate

Middlesex Street Estate

Southwark Estate Office

Sydenham Hill Estate

Mais House Estate

William Blake Estate

Windsor House Estate

Our campaign email was also circulated via our database and estate email distribution lists including the Barbican email list of 2000 + contacts. The campaign was featured on our website which received 2,016 visits between July 2013 and the end of January 2014 and 25,754 hits during this period.

Hospital Visits and Tours

During January and February 2014, Healthwatch City of London has carried out tours of Whipps Cross Hospital, the Homerton and the City and Hackney Centre for Mental Health.

During our visit to the City and Hackney Centre for Mental Health we visited the Margaret Oates mother and baby unit that provides care to women who have moderate to severe mental health difficulties in pregnancy or within the first year after child birth. These may be pre-existing illnesses or present during the perinatal period. The unit is family centred with facilities such as a sensory room to ensure that women who require admission and treatment can remain with their baby enabling the mother and baby bond to develop. Throughout the whole centre, therapies such as life skills, stress management, art therapy, drama, movement therapy, work skills are encouraged and a tree of life is produced to help people live with hope.

We have agreed to work more closely with East London Foundation Trust in promoting their events such as forthcoming art exhibitions featuring artwork produced by patients.

Conclusion

The Healthwatch representative will report back on items raised in this report in the next report to the Health and Social Care Scrutiny Sub Committee. This will include updates on further hospital and facilities tours undertaken and the results and feedback from our input to the Homerton Quality Accounts. We will also feed in further member comments and trends identified from our database of service user comments and reports and will update on the results of our current user survey.

Samantha Mauger
Chair of Healthwatch City of London

T: 020 7820 6770
E: smauger@ageuklondon.org.uk

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Homerton University Hospital

Trust Offices, Homerton Row, Hackney, London, E9 6SR

Tel: 02085105555

Date of Inspections: 10 January 2014
04 December 2013
03 December 2013

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Homerton University Hospital NHS Foundation Trust
Overview of the service	Homerton University Hospital provides in-patient and out-patient care including accident and emergency, maternity, neo-natal and fertility services. The trust also provides NHS community services for people living in Hackney and the City of London.
Type of services	Acute services with overnight beds Community healthcare service Care home service with nursing Long term conditions services Rehabilitation services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2013, 4 December 2013 and 10 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by local groups of people in the community or voluntary sector. We were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

This inspection took place over three days and focused on community health services for young people, adults and children living in Hackney and adjoining neighbourhoods in the City of London. The inspection team visited two health centres, a pulmonary rehabilitation group and CHYPS (City and Hackney Young People's Service Plus), which was a one stop shop for health information, health services and free advice for young people aged 11-19 years old. We spoke with a wide range of community based health professionals including midwives, therapists, community nurses and health visitors.

We met with people who use the service and their representatives throughout the inspection. We spoke with 41 people and 19 people completed our comment cards, which were available at the health centre and clinic on the days we visited these services. Most people told us they were pleased with the quality of the service. Comments from people using the service included, "the leg ulcer clinic is very good. They look after me and I'm very very happy with the service", "the health visitors always answer questions, they do listen to you and respond. The information has been good" and "I am treated with respect and they listen to me, but sometimes I can wait half an hour to an hour to be seen."

We found that people who use the services we inspected were treated in a respectful manner. They were provided with information about their care and treatment, and were supported to make choices. People told us they received individualised care and they felt safe with staff. Most people using the service told us that staffing levels were satisfactory, although three people said their district nurses were sometimes late. Records showed that staff had regular training. The trust had appropriate systems in place for monitoring the

quality of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service and their representatives told us they were treated in a respectful way. One person visiting a baby clinic told us, "I'm quite happy with the support. I've had all the information I wanted" and comments from young people using CHYPS Plus included, "they tell you it's confidential and they are trustable" and "it's very friendly and they've explained it's confidential."

People who use the service understood the care and treatment choices available to them. People told us that staff provided clear explanations about their treatment and care. A second person visiting a baby clinic told us, "the health visitor was professional and warm. She listened to my concerns and advised me what to do" and another person said, "the care that we have in this health centre is really good. All our questions are fully answered and we are happy to come here."

During our inspection we saw that staff respected people's privacy and dignity, for example, doors were shut when people were being seen and staff were aware of the need to speak as quietly as possible, so that conversations would not be overheard by other people visiting the premises. The receptionists we spoke with at two different locations told us they would offer to speak with a person in a private room if they appeared distressed or needed to discuss matters of a sensitive nature.

We looked at four care plans for people using the district nursing service, which were individualised and showed that people and their representatives if applicable, were consulted about their wishes. People using the district nursing service were provided with information in folders they kept at home. This included information about how the service worked, how district nurses liaised with other health and social care professionals, and information about how to make a complaint. The trust provided leaflets and other documents to inform people about their rights and in some cases, their care and treatment. We were provided with a range of leaflets when we visited a community programme for people with chronic obstructive pulmonary disease (COPD), which people using the

service described as "very useful and informative". All of the locations we visited during this inspection provided information about how to make a complaint and how to get support from the Patient Advice and Liaison Service (PALS) complaints service. The complaints guidance was written in several local community languages and there was also a pictorial complaints guide for people with a learning disability.

The premises we visited were accessible for people using wheelchairs and we saw that reception staff offered people support, for example, if a person had a physical or sensory disability. One person with young children told us the play area at one of the clinics made appointments a more welcoming experience.The staff we spoke with consistently told us they served a diverse group of patients and they showed awareness of particular local needs. Staff were able to book health advocates for people who did not speak English if they were aware of people's needs in advance or otherwise they could contact a telephone interpreting service. We were told that the use of family members as interpreters was avoided where possible, to ensure people using the service maintained their right to confidentiality.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection we visited several different clinics, which included a leg ulcer clinic, a baby clinic and a drop-in clinic for young people. The people we spoke with told us they were happy with the quality of their care and treatment, and many people described the staff as "friendly" and "helpful". Comments from people using the service included, "the way I was treated was 100% professional, it was fantastic. They [staff] are all top class" and "it's been great. My baby was premature, they [staff] helped me to breastfeed and checked how I'm coping. I got all the support and the service has been very good." One person told us that all aspects of the service were good apart from the length of time waiting to be seen.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We observed the handover process at one district nursing team, at which the nurses handed over their case load at the end of their shift. Each nurse gave a detailed presentation about their patients including their health problem(s) and the agreed treatment plan. They described the interventions and progress of treatment and discussed medicines management, the impact of existing health and social care issues and whether referrals to other services and professionals were required.
We observed a good exchange of information and discussion of potential issues that could or was affecting the success of the treatment.

We found that good communication was taking place between GPs and members of the district nursing team as well as joint working with other professionals, for example, tissue viability nurses. Staff also demonstrated an awareness of patients' lifestyle choices and how they affected their current health problems. They discussed how they provided people with information and supported them to engage with services that could help address issues, such as problems with alcohol and help to stop smoking.

The four care plans we looked at were detailed and specific, and described step by step instructions on interventions required. In addition to this there was best practice guidance available for staff to refer to, for example, symptoms and treatments for diabetes. The progress notes were of good quality. The provider might find it helpful to note that some staff told us there were occasions when important information was missing from the

referral forms they received from the Homerton University Hospital and other hospitals. This meant the service they had to spend time seeking the required information before they could follow-up the referral.

We were told that there had been several incidents relating to grade 3 and 4 pressure sores. Senior nurses had developed a pressure ulcer scrutiny group, which had conducted one meeting at the time of this inspection. We saw the minutes of the meeting, which showed the service was taking actions to improve upon people's clinical care.

The clinic that we visited were clean, tidy and well maintained. Most of the people we spoke with commented upon the hygienic environment. One person described the staff as being "very conscious of hygiene." As part of this inspection we visited a group for people with respiratory problems, held by nurses and physiotherapists at a local leisure centre. Staff told us that these premises were chosen as they were accessible to people using wheelchairs and the environment supported people to feel part of the wider healthy lifestyle initiatives within Hackney.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service told us they felt safe with staff. One person using the service told us, "I feel safe here as I have always had the same midwife, which means I can connect with them." People with young children told us how important it was for them to feel their children were appropriately protected when they used the service. None of them had ever experienced any concerns about the conduct of staff.

The trust had policies and procedures for safeguarding vulnerable adults and children, as well as a whistle blowing policy for staff. We were provided with copies of these policies and procedures, which were up-to-date and with appropriate details for contacting other organisations. The policies and procedures for safeguarding vulnerable adults and children contained the contact details for the local social services safeguarding teams and the whistle blowing policy advised staff of a number of external organisations they could contact, to either report a concern or seek advice before deciding upon their course of action. The trust had a central safeguarding team and the staff we spoke with were aware of it and knew how to contact the safeguarding lead.

The staff we spoke with demonstrated a good understanding of safeguarding issues and knew how to respond. We asked some members of staff how they would respond to safeguarding scenarios and they provided safe and appropriate answers. All but one of the staff members we spoke with were familiar with the provider's whistle blowing policy. The health visitors told us that a common issue of concern was the mobility of families. They described how a child might be brought in once and not come in again. Staff were very clear about their responsibilities and said they had a policy and procedure in place to track children in this position. Health visitors told us that the trust's electronic records system allowed them to see records of children's previous contacts with other parts of the trust, which also helped in relation to their safeguarding responsibilities.

The trust's training records showed that staff had attended safeguarding training, as well as training about mental capacity, consent to care and deprivation of liberty. Staff told us that senior staff spoke with them about safeguarding as part of their regular individual and group supervision meetings.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People using the service told us they thought staff were skilled and competent, and most people said there were sufficient numbers of staff. A few people told us they were not always seen at their appointment time and had to wait half an hour or longer and another person said they thought the clinic they attended regularly needed more reception staff. During this inspection we saw that there were sufficient staff to provide people with the care and treatment they needed, although a few people told us there appeared to be more staff on duty than usual.

The staff we spoke with told us they thought there were enough staff employed in their teams to provide a safe and effective service. The trust provided us with staffing rotas for a range of community services and information about how they calculated these staffing levels.

For example, we were told that the community midwifery service covered six geographic areas across City and Hackney and that resources were allocated in relation to birth rates in each of the geographic areas. There were six public health midwives across the geographic areas, one per area, working alongside between three and five band 6 midwives and a maternity support worker. We were told that in 2010 the provider undertook a table-top exercise using the Birthrate Plus tool to analyse and adjust staffing levels and skill mix for its maternity services based on local population need. The service calculated numbers for the community setting based on a midwife carrying a caseload of 96 women for antenatal and postnatal care. This meant the service had appropriate systems in place for calculating staffing levels.

Health visitors told us their work could often be challenging and rewarding. We spoke with senior nurses for the health visiting service who told us there had been a 26% increase in the nursing establishment. There were six health visiting teams, each with eight health visitors, one community staff nurse, three nursery nurses and three support workers. This meant health visitors could focus upon children and families with more complex, when necessary.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People using the service told us they thought staff were appropriately trained and experienced for their roles and responsibilities.

All the staff we spoke with were positive about the training and support they received from their managers and the trust. They told us they liked the visibility and openness of the executive team. One member of staff told us, "managers are very easy to talk with. We have meetings and if we have any concerns, we are able to discuss them. There are a lot of meetings with other professionals such as the specialist nurses and breastfeeding co-ordinators, which provides very relevant and interesting updates and training." Another member of staff told us, "I had very good support for professional development. I have done a masters degree and I am now studying for a doctorate, supported by the trust." Two support workers told us they received good support from the health visitors in their team and they felt well trained for their roles.

Staff told us they received regular training, supervision and an annual appraisal. One member of staff told us, "I had four weeks of induction and we have weekly team meetings. My supervision is every other month." Records showed that the trust closely monitored staff attendance at training, supervision meetings and appraisals, and the reasons for any non-attendance was recorded. The training records showed that staff attended mandatory training which included infection control, fire safety, conflict resolution, patient handling and basic life support.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Some people using the services for children and adults told us they had been asked for their views about the service. We were also told about the user involvement forum called 'Voices' for young people attending CHYPS. We were shown examples of the work that Voices had carried out, which included giving feedback about the design of the premises.

We were told by a senior nurse for adult community services that they spent time every week with each district nursing team, which included attending handover meetings and going out with district nurses to meet patients. Senior nurses from the health visiting service told us that there were monthly governance meetings.

We saw that the trust carried out a wide range of audits to continuously monitor and assess the service to enable patients to receive good quality, safe and individualised care. We were shown the audits carried out on four patient records for people using the district nursing service and other audits, for example, the cleanliness, safety and maintenance of sites in the community which included the health centre and clinic we visited during this inspection.

We looked at audits carried out for the health visiting service and CHYPS. These audits included evidence showing that people were pleased with the service. Areas for improvement had been identified and actions implemented as a result.There was evidence that learning from incidents/investigations took place. We were shown an analysis of accidents and incidents, which identified how to prevent or minimise future occurrences.

The trust published the minutes of its monthly Board of Directors and Council of Govenors meetings on its website and members of the public had been invited to attend both these meetings. This meant that the public had access to information about the performance and quality of the service, including community health services.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

This page is intentionally left blank

Committee:	**Date:**
Health and Social Care Scrutiny Sub Committee	19 May 2014
Subject: Annual Report of the Director of Public Health – Health at the Heart of the Community	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

The Health and Social Care Act 2012 states that "the director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority".

The attached report *Health at the Heart of the Community* is the Annual Report of the Director of Public Health for Hackney and City of London 2013/14.

Recommendation(s)

Members are asked to:

- Note the Report of the Director of Public Health - *Health at the Heart of the Community.*

Main Report

Background

The Health and Social Care Act 2012 states that "the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority".

Current Position

Health at the Heart of the Community is the Annual Report of the Director of Public Health.

Alongside an introduction and overview of the local healthcare system following the recent reforms, the report covers the following issues which reflect the priorities of the health and wellbeing boards in both local authorities.

- Tackling Health Inequality
- A Smokefree Future
- Healthy Weight
- Mental Health

- Dementia
- Air Quality

The Report also includes a chapter, *Delivering Local Public Health Services,* on the mandated services required by the Health and Social Care Act 2012 to be provided, or commissioned, by public health departments in local authorities.

Proposals

The report does not include any proposals, though it highlights some areas where health could be improved, eg stop smoking, reducing weight and increasing exercise.

Implications

There are no financial implications of this report.

Conclusion

COG is asked to note the Report of the Director of Public Health - *Health at the Heart of the Community*

Appendix

1. Health at the Heart of the Community – The Annual Report of the Director of Public Health for London Borough of Hackney and the City of London Corporation 2013/14

Background Papers:

None

Dr Penny Bevan

Director of Public Health for Hackney and City of London.

020 83564167
penny.bevan@hackney.gov.uk

Health

at the heart of our community

The Annual Report of the Director of Public Health for London Borough of Hackney and the City of London Corporation 2013/14

Hackney Town Hall

Contents

The majority of statistics in this report are taken from the City and Hackney Health and Wellbeing Profile 2014 (Joint Strategic Needs Assessment) www.hackney.gov.uk/jsna

1. Introduction from Dr Penny Bevan, Director of Public Health

Good health is the foundation of a fair, prosperous and happy society. Improving the health and wellbeing of the population can be a catalyst for positive change in many areas of our lives. This report comes at a time of great change, great challenge and huge opportunity. It is an exciting time to be working in public health.

In April 2013, responsibility for public health moved from the NHS to Local Government so many decisions about how best to promote healthy lifestyles and prevent ill health are now taken by the Council. These changes to the way health services are managed and delivered have created an unparalleled opportunity for health objectives to be included in the work of other local services - such as libraries, leisure, planning, transport, housing and welfare.

Integration at the local level strengthens our ability to work together to tackle the underlying issues that lead to ill health. It is a credit to the London Borough of Hackney and the City of London Corporation that the public health function has been given such a warm welcome. The transition process has been complex and there is still much work to do, but we are seizing the opportunity to make a difference. I am confident that as the public health function settles into local authorities we will continue to strengthen our partnerships, improve the quality of our services and increase value for money.

The London Borough of Hackney has made huge improvements in the last few years. In a 2013 survey 71 per cent of residents agreed that Council services were good quality overall, which was a twenty point increase on 2005. Many of the indicators of good health are also improving. For example immunisation rates are steadily improving, TB incidence has halved since 2004, and rates of smoking, childhood obesity and adult obesity, although still high, are moving in the right direction.

Hackney's diversity is one of its most important assets – nine out of 10 of Hackney residents agree that people from different backgrounds get on well together. There is a strong sense of community engagement and the borough benefits from a vibrant civil society with many active, innovative voluntary organisations.

The City of London is a unique place with several population groups occupying one small area. As well as the 7,400 residents, over 360,000 people travel into the City of London every day to work. There are also large numbers of students, visitors and rough sleepers - each group has different needs and health issues.

I am pleased that we have kept the longstanding link in health services between Hackney and the City of London during the transition process. I am eager to take advantage of that strategic partnership to improve health outcomes in both areas.

The ability to innovate is a huge asset that both Hackney and the City of London have to offer. The location of these areas close to the heart London, the large number of young people and the high concentration of creative and technology industries gives us a unique context within which to work. We are striving to harness the passion and creativity in our communities and use that to help drive our work in new directions and help us to solve problems that had previously seemed intractable. At the same time, we face significant challenges to health and wellbeing. We are still living with huge economic uncertainty, reduced Central Government funding and pressure for councils to make savings.

At an individual and household level, people are feeling the impacts of welfare reform, and many people are struggling to make ends meet. We know that the lower a person's social and economic position and the more deprivation they experience, the worse his or her health will be. Tackling this health inequality – which is a result of deeply ingrained social inequalities – must be our top priority and requires action across many areas including employment, education, welfare and housing.

Health and Wellbeing Priorities

As well as the overarching equity challenge, the Health and Wellbeing Boards have established a number of priority health issues that, although not unique to the City and Hackney, are responsible for more than their fair share of our ill health.

Despite relatively low rates of excess weight in adults, Hackney has among the highest **childhood obesity** rates in the country. 26.3 per cent of children were overweight or obese by the time they reached reception class, aged just four or five years old. Obesity is a complex issue, but we know that talking to families and instilling the values and behaviours of a healthy lifestyle while a child is very young will make a huge difference later in life. It is the best way to tackle inequality.

Smoking is a huge challenge in both areas. In Hackney the number of people who smoke is 25 per cent higher than the national average and in some of the communities in the borough almost half of men smoke. As a result we have among the highest rates of death from lung cancer and heart disease in London.[1] In the City a large proportion of the workers coming into the area smoke and helping them to quit is a top priority.

Our new responsibilities as a public health team mean protecting **mental health** and wellbeing as much as physical health. The mental health needs of a population as diverse as the City and Hackney are extremely complex and it requires a joined-up approach to providing information, advice, services and treatment. Supporting residents who are at risk from stress, depression and anxiety and supporting those who are not coping is one of our most important priorities.

Our elderly residents, particularly those who are living with **dementia**, have specific needs. Enabling them to have a good quality of life and supporting their families and carers is a key element of our work in the City and Hackney.

As the City is a dense urban area located at the centre of London's transport network, it suffers from very poor **air quality.** Particulate matter and nitrogen dioxide levels are both high. Some areas of Hackney face the same problems. As a result, residents are at risk from conditions such as COPD and asthma, particularly those who are vulnerable such as the very old or very young.

These health priorities form the basis of the Health and Wellbeing Boards' strategies, and are the focus of our public health work. My objective is to work in partnership with health providers serving both local authorities' populations to drive significant improvements in health, and to engage and support as many of our residents as possible in making positive changes and to take responsibility for their own health and wellbeing.

This is my first annual report as Director of Public Health for City and Hackney. I'd like to take this opportunity to show my gratitude to the staff and partners who helped ensure the successful transition of public health and who will support the continuing programme of work.

I'd like to thank the public health teams in the London Borough of Hackney and the City of London Corporation, the City and Hackney Clinical Commissioning Group (CCG), the NHS East London Foundation Trust, the Homerton University Hospital Foundation Trust and Barts Health NHS Trust, the members of the Health and Wellbeing Boards and particularly their Chairs, Cllr Jonathan McShane in Hackney and The Revd Dr Martin Dudley in the City of London.

[1] Hackney's Standardised Mortality rate for Lung Cancer is 75.1 per 100,000. 5th worst in London. Standardised smoking Attributable Deaths from Heart Disease 40.7 per 100,000. 3rd worst in London. Source: Public Health England, Local Tobacco Profiles: www.tobaccoprofiles.info

2. Public Health in the City and Hackney back in local authority control

The last 12 months have seen significant changes in the way health services are delivered across the country. The Health and Social Care Act (2012) created new statutory organisations, new decision-making bodies and transferred public health functions to local authorities.

In Hackney and the City this means that there are changes to the way that decisions about health care are made and how health services are commissioned. The ultimate aim is to make significant improvements to health and to better integrate the provision of health and social care services. All the individuals and organisations involved in the changes continue to work hard together to improve the health of those who live, work or spend their leisure time in the City and Hackney.

The objectives of the NHS reforms that brought about these changes were two-fold. First, to give more decision-making power to GPs, who have the best understanding of local health needs, and second to change the focus from treating sickness to actively promoting good health. The creation of Clinical Commissioning Groups, which replace Primary Care Trusts, was the response to the first, and the transfer of public health to local authority control was the response to the second. The changes bring local leadership and accountability to the very heart of the new system.[2]

Hackney Council and the City of London Corporation now have a team of public health experts working on the wider determinants of health to promote health and prevent ill-health, headed by the joint Director of Public Health. Their responsibilities cover health issues that affect a large proportion of the population such as promoting healthy eating and exercise, tobacco control, promoting mental health, and reducing substance misuse. Local authorities now have statutory responsibility for improving sexual health, delivering school health, providing Health Check Assessments for eligible residents and running the National Child Measurement Programme.

The City and Hackney Clinical Commissioning Group (CCG)

The CCG is responsible for designing local health services on behalf of residents. It does this by planning and commissioning (choosing and buying) hospital services such as operations and A&E, management of long-term conditions like heart disease, and diabetes, community health services and mental health services. It aims to improve health care for Hackney and the City of London residents and ensure the health care system is affordable and high quality and that patients are satisfied with the care they receive.

The CCG works with patients and healthcare professionals and in partnership with local authorities. Its governing body is a board made up of GPs, nurses and members of the public. All of the 211 CCGs in England are overseen by NHS England, which ensures they have the capacity and capability to provide safe, effective, quality assured and patient-centred services that their population needs and can meet their financial responsibilities.

www.cityandhackneyccg.nhs.uk

[2] Further details of the NHS reform are available on the Kingsfund website as part of their 'The NHS at 65' project. www.kingsfund.org.uk/projects/nhs-65

NHS England

NHS England is an executive non-departmental public body that is a semi-independent part of the Department for Health. Its role is to look at the health system from a wider national perspective. It has many responsibilities but the main ones are to commission primary care services from GPs and from NHS dentists, pharmacists and optometrists. It commissions a large range of specialist health services for conditions that affect a relatively small number of people and thus are not provided in every hospital. They co-ordinate the provision of these services across larger areas of the country in order to ensure access is equitable.

The transfer of public health to Local Government represents a unique opportunity. It will mean local services can work together to tackle issues that are known to have considerable impact on our health and wellbeing, such as housing, education, employment and the environment. In short, it will allow Hackney Council and the City of London Corporation to integrate public health across all the services they provide, and will facilitate effective collaboration, not only within the local authority but also with partners and the community. Funding for the local authorities' public health work comes from a Central Government grant.

To coordinate this new structure and way of working, Health and Wellbeing Boards have been established in both the London Borough of Hackney and in the City of London. These are made up of members of the community and leaders from across the local authority - including public health, adult social care and children's services, the CCG and Healthwatch, the local health watchdog. The aim of this board is to improve the health and wellbeing outcomes of local residents and reduce health inequalities.

Who is on the Health and Wellbeing Board?

The Director of Public Health for the City of London Corporation and the London Borough of Hackney sits on the Health and Wellbeing Board for both local authorities.

Hackney's Health and Wellbeing Board is made up of representatives from CCG, East London Foundation Trust, Homerton University Hospital NHS Foundation Trust, Councillors, the local authority's Directors of Health and Community Services and Children's Services, Healthwatch Hackney and the City & Hackney Health and Social Care Forum. It is chaired by the Cabinet Member for Health, Social Care and Culture, Councillor Jonathan McShane. Health and Wellbeing Board meetings are open to the public.

The City's Health and Wellbeing Board involves representation from elected members of the City of London Corporation; Officers of the City of London Corporation, including the Director of Community and Children's Services; the Director of Port Health and Public Protection; and the Assistant Town Clerk; the CCG; Healthwatch City of London and The City of London Police. It is chaired by common councilman, The Reverend Dr Martin Dudley. Public meetings are held every two months at the Guildhall.

A key responsibility of each board is to publish a Health and Wellbeing Strategy setting out the framework for how local organisations can work together to improve the health of its residents, and for the City, the large daytime working population as well. The strategies are based on the findings of the Joint Strategic Needs Assessment (JSNA), which are an analysis of local health needs and priorities. This provides the evidence to inform decisions on which services are needed where, in order that the Council and other health care providers can commission the most effective mix of services. As well as looking at the data, each strategy was developed through extensive engagement with public, community and voluntary sector organisations and residents.

For more information and details of the health and wellbeing priorities in each local authority please visit the following websites.

- City and Hackney Health and Wellbeing Profile (Joint Strategic Needs Assessment) **www.hackney.gov.uk/jsna**
- Hackney's Health and Wellbeing Strategy **www.hackney.gov.uk/assets/documents/Joint-health-and-wellbeing-strategy.pdf**
- City of London Health and Wellbeing Strategy **www.cityoflondon.gov.uk/services/adult-health-wellbeing-and-social-care/doctors-dentists-and-hospitals/Documents/Health-and-Wellbeing-Strategy.pdf**

3. Tackling Health Inequality

Hackney is a diverse and dynamic borough. Its population continues to grow and change bringing a host of opportunities, while at the same time creating new health challenges and magnifying existing ones.

Hackney is one of the most vibrant areas of the capital and has seen a recent increase in its working age population, much of that being people moving into the borough from elsewhere in the UK. Yet it is the over 65 years age group that is expected to increase the fastest in the next 25 years, as a result of increasing life expectancy and people tending to have fewer children. It is anticipated that demand for adult social care services for the elderly will continue to increase until 2030.

At the same time, Hackney is one of the most deprived local authorities in the country. Recent figures on the social and economic factors that cause poor health showed that Hackney, at 10.8 per cent, has above average rates of unemployment for London. Unemployment is bad for health. Unemployed people, particularly those who have been unemployed for a long time, have a higher risk of poor physical and mental health. Unemployment is linked to unhealthy behaviours such as smoking and drinking alcohol and lower levels of physical exercise. The detrimental health effects of a long period of unemployment can last for years.

Hackney also has a high percentage of the population claiming housing and other benefits, so the impact of current welfare reform policies will be significant. Reductions in housing benefits will impact Londoners more than the rest of the UK due to higher rents and cost of living. These changes are beginning to bite and could push many more Hackney households beneath the minimum income they need for healthy living. This is defined as being unable to pay for "needs relating to nutrition, physical activity, housing, psychosocial interactions, transport, medical care and hygiene."[3] Households living on less than this are likely to suffer poorer health outcomes.

[3] Marmot Review Team (2010) Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010 (The Marmot Review). London: Marmot Review Team.

There are children living in poverty in every ward in the borough.[4] Children born into poverty have increased risk of developing physical and mental health problems both immediately and throughout their lives. They are also likely to live in deprived households and be exposed to inadequate housing, poor diet, parental smoking, poor environmental conditions, and lack of access to public services.[5]

Health inequalities are closely related to social and economic inequalities. There is great inequality between Hackney and the rest of London and the rest of the country. Healthy life expectancy in the borough is 58 years for men, compared to 63 for London as a whole and 63.2 for England. Healthy life expectancy for women in Hackney is 60.3, compared to the London average of 63.8 and England average of 64.2. There is also inequality in life expectancy and other health indicators within Hackney between different income groups and geographies, although the gaps tend to be narrower.[6]

Although the City is often regarded as a prosperous area, it has some deprived communities and vulnerable people living side-by-side with wealthier residents. Rough sleepers are a particularly vulnerable group, with the City attracting the sixth highest number of rough sleepers in London, despite its small size.

Although a low number of people overall are claiming out-of-work benefits, local data show that 7 per cent of households with children have no-one working, and that 10 per cent of children live in a workless household. On the City's social housing estates, four in 10 working age adults are either job seekers or not actively seeking work, including 16 per cent who are unable to work because of long-term sickness or disability.

[4] The English Indices of Deprivation 2010, Department for Communities and Local Government: 2011.

[5] Mercer SW, Watt GC. (2007). 'The inverse care law: clinical primary care encounters in deprived and affluent areas of Scotland'. Ann Fam Med. 2007 Nov-Dec;5(6):503-510.

[6] Public Health England, Understanding inequalities in London's life expectancy and healthy life expectancy, January 2014.

The phrase 'City worker' conjures up an image of a highly-paid finance professional, but those working in the City are extremely diverse. Alongside the bankers are minimum wage zero-hour contract baristas, cleaners and retail assistants, as well as receptionists, security guards and other support staff who endure long commutes to the City but do not benefit from the high salaries or private health insurance schemes. These individuals often find it hard to access primary care health services at home and cannot afford to access private health providers in the Square Mile.

Improving the health of the poorest fastest

There is much that Local Government can do to combat health inequality. At a local level, differences in health outcomes are exacerbated by the fact that those who most need medical care are least likely to ask for or receive it. We are tackling the problem head on by taking services which promote or support health, such as stop smoking clinics and health checks, closer to those who need them. At the same time we are making progress towards embedding public health considerations into all Council services to address the underlying causes of ill-health.

Health at the heart of the community

Hackney residents are set to get services to help them improve their health and their lifestyle much closer to home when Hackney Health Hubs are launched on four estates later this year. The health improvement services will be provided by health professionals and cover issues such as health checks, smoking cessation and sexual health. The four Hackney Health Hubs will be supported by a team of community health coaches - residents who will be trained to help people in their communities find ways of leading healthier lifestyles.

Integrated Care and the Better Care Fund

Public health and its partners in health and social care are formulating a joint Better Care Fund Plan. This will set out how the pooled Better Care Fund budget will be used to facilitate closer working between the different functions and deliver a system of care that spans physical health and wellbeing, mental health, social care and voluntary care.

Co-ordinated care and support that is centred on the individual needs of residents is at the heart of Hackney's health and wellbeing strategy. Our long-term vision for integrated care is for as many people as possible to benefit from planned system changes, but our immediate focus will be on those who need it most, particularly older people who are frail or have long-term conditions, people with mental health issues and people with dementia.

The key objectives for integrated care in Hackney are:

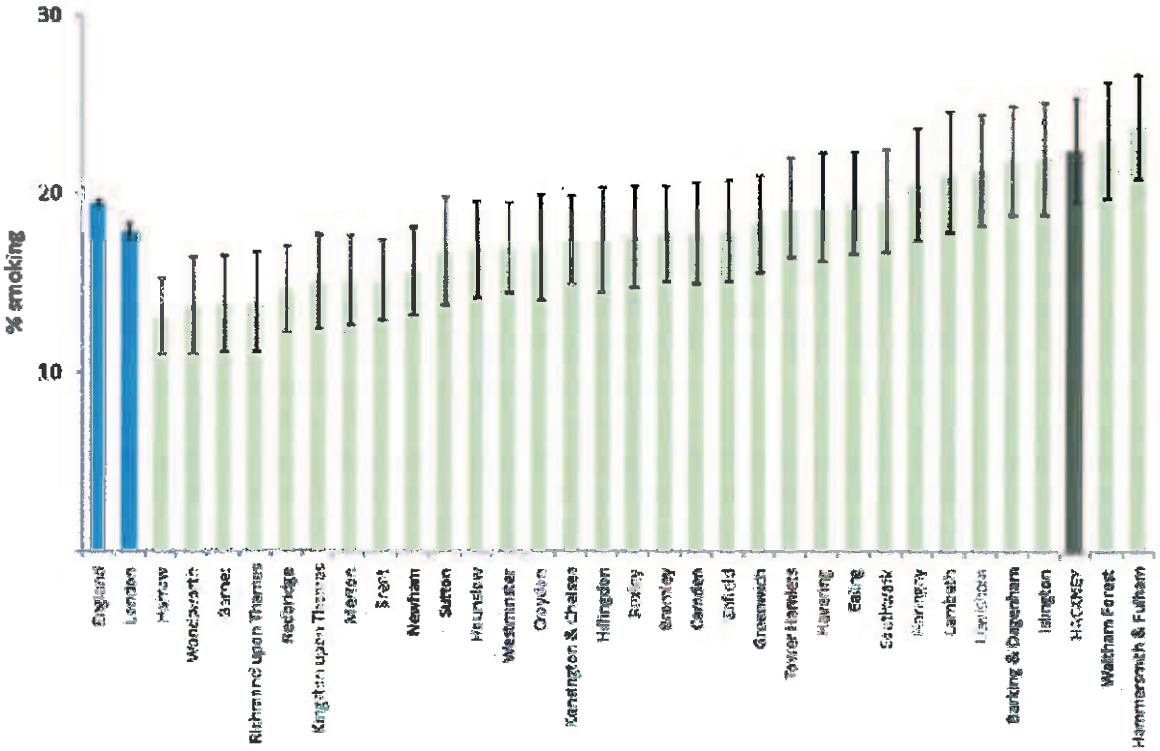
- Working together to design and develop services with local providers, community groups, users and carers.
- Promoting independence by redesigning co-ordinated services in a way that supports people to remain within their communities.
- Meeting patients' expectations by delivering care to high standards of quality and safety.
- Improving productivity by maximising opportunities and minimising waste through joint commissioning and delivery of services.

4. A Smokefree future for Hackney and the City

Smoking is the single greatest cause of preventable illness and death in Hackney. Reducing the number of people who smoke is the most important and effective thing we can do to improve the health of our residents. In 2012, 22.6 per cent of Hackney residents were smokers - the third highest figure of any London borough and three percentage points higher than the national average of 19.5 per cent.[7]

Between 2008 and 2010, there were 246 deaths per 100,000 residents every year that could be attributed to smoking. It is responsible for the majority of deaths from lung cancer, bronchitis and emphysema, and about 17 per cent of deaths from heart disease. More than one quarter of all cancer deaths can be attributed to smoking and it doubles the risk of stroke compared to non-smokers. Female smokers go through the menopause up to two years earlier and are at a greater risk of developing osteoporosis. It is a cause of impotence in men. As well as the cost to health and health services, the estimated cost of lost productivity from smoking related sick days in London is £356 million.

Fig 1: Smoking prevalence by borough 2012



Source: Tabacco Control Profiles

[7] Public Health England Tobacco Profiles - www.tobaccoprofiles.info

Two-thirds of all smokers say they want to quit, so we are making it as easy as possible to get support by providing user-friendly accessible stop-smoking services. We support national campaigns, such as No Smoking Day and Stoptober and ensure that those important messages reach our residents. We're also implementing policies to reduce risks from second hand smoke, to encourage businesses to go smokefree and are implementing a Smokefree policy for Council staff.

Accessible Stop-smoking Services

Petra Mazurova provides stop smoking advice at the Stop While You Shop clinic in Dalston Kingsland Shopping Centre

Last year, over 4,500 people in Hackney used our stop-smoking services to set a quit date and 35 per cent of them had successfully quit four weeks later. Residents who wish to give up smoking are offered a six week support service, followed by 12 weeks of either nicotine-replacement therapy, such as patches, gum, inhalers, sprays, or Champix, a drug which specifically helps people to stop smoking. This service is offered by practice nurses at GP surgeries and pharmacists. We also offer tailored stop-smoking services for pregnant women and a specialist health psychologist is available to help those with serious addictions who may also be suffering from mental health problems.

As well as the traditional setting of a GP surgery or pharmacy, we have brought stop smoking services to the more unusual settings of supermarkets and a shopping centre. The Stop While You Shop service has been running in Morrison's in Stamford Hill and Dalston Kingsland shopping centre twice a year in September/October and from January to March since 2012. This service put stop smoking advisors in the places people visit every day, removing any barriers that travelling to the GP surgery might create. Stop While You Shop services have shown excellent results - almost 500 people set a quit date in 2012/13 and 64 per cent of them were still not smoking four weeks later.[8]

Stop Smoking GP hubs increase access and efficiency

Small groups of neighbouring GP Practices have been working together to create two pilot Stop Smoking hubs in Hackney. Patients registered with a GP in any practice in the group can be referred to a weekly specialist Stop Smoking service offered by the hub clinic. The service is therefore available to a wider pool of potential quitters, offering a better quality, better value and more effective service overall. So far the GP hubs have seen a combined quit rate of 53 per cent, with 43 smokers using the service to set a quit date and 23 were still not smoking four weeks later.

[8] 474 people set a quit date in 12/13 and 302 had still quit at 4 weeks.

Quitting makes sense in any language

There is a clear need to tailor stop-smoking services to different communities. Research conducted with the Turkish community found smoking rates up to 46 per cent.[9] A survey conducted with the Vietnamese community showed that 83 per cent of smokers had tried to quit more than once, normally without help.[10] Working with our partners, Shoreditch Trust, we provide one-to-one appointments in four languages - Turkish, Somali (pictured), Vietnamese and Polish at various times and locations throughout the week. In 2012/13 a total of 375 people set a quit date with the help of Shoreditch Trust services and 190 (51 per cent) were still not smoking after four-weeks.

Enjoy the Outdoors Smokefree

Following the successful ban on smoking indoors in public places, an increasing number of authorities are introducing voluntary codes to establish smokefree areas outdoors, such as playgrounds, cafés and entertainment venues. This lowers the risk of second-hand smoke, particularly for children, reduces litter and fire risk and can help to shift public perceptions of smoking.

A voluntary smokefree ban has been implemented in all children's play areas located in Hackney's Green Flag parks. Five further areas of Clissold Park in Stoke Newington, which are heavily used by children, will be designated Smokefree in spring 2014. Further areas of parks, gardens and estates in the City and Hackney are also being identified to go smokefree in consultation with residents, users and stakeholders.

Hackney Council reinforces its own Smokefree policy

The Council has reviewed its Smoking and Tobacco policy to strengthen the rights of employees and service users to work and receive services in a smokefree environment. Employees are not permitted to smoke during work-time and while on duty, whether they are based in Council premises or principally work outdoors. Alongside the introduction of this new policy in April 2014, we are supporting Council employees to quit by bringing stop-smoking services to Council offices and offering ongoing support. The objective of this new policy is for the Council and its employees to set an example throughout the borough by leading the way in tackling the harm caused by smoking.

[9] Shoreditch Trust and Derman, Community Insight Into Turkish and Kurdish smoking related behaviour and attitudes in Hackney, October 2013

[10] Vietnam Laos Cambodia Community Centre, Community Insight Research In the Borough of Hackney, Smoking In the Vietnamese Community, October 2013.

Smoking in the City

There is no comprehensive data available on smoking prevalence among City residents but a study commissioned in 2009 of City workers' smoking habits found a strong relationship between smoking and stress.[11] A third of respondents said stress was the reason they smoked and 44 per cent said they smoked mainly at work. For these reasons City workers are a prime target for stop smoking support. Fewer people smoking would reduce unplanned absenteeism and increase productivity, as well reduce premiums for those firms that provide private health insurance.

The City Tobacco Control Alliance is delivering an effective and comprehensive tobacco control programme that includes a Healthy Workplace offer to support businesses to improve the health of their employees. The City is also rolling out many of the national Smokefree campaigns such as Stoptober and Smokefree homes and cars. Additionally, the City of London Corporation has started to pilot a Fixed Penalty Notice Referral Incentive initiative whereby smokers who drop cigarette butts on the street or who smoke in a smokefree area are fined but offered the opportunity for a refund, in the form of vouchers, by attending a stop smoking service and quitting.

[11] 2009 study commissioned by NHS City and Hackney to investigate City workers' smoking habits and their views of the stop smoking services

5. Healthy Weight

The number of people in Hackney who are overweight or obese is a serious cause for concern. Almost half of the adult population is carrying excess weight and one in four children are overweight by the time they reach the age of just four or five years old. The causes of obesity are multiple and complex – as well as diet and activity levels, everything from age, gender, education, stress, media consumption, peer pressure, travel options and personal safety have an impact. Reducing obesity is a vitally important challenge. We are working together with organisations like the Hackney Council for Voluntary Service and the Hackney Learning Trust and other areas of the Council to better understand and tackle the problem.

Healthy, Active Children

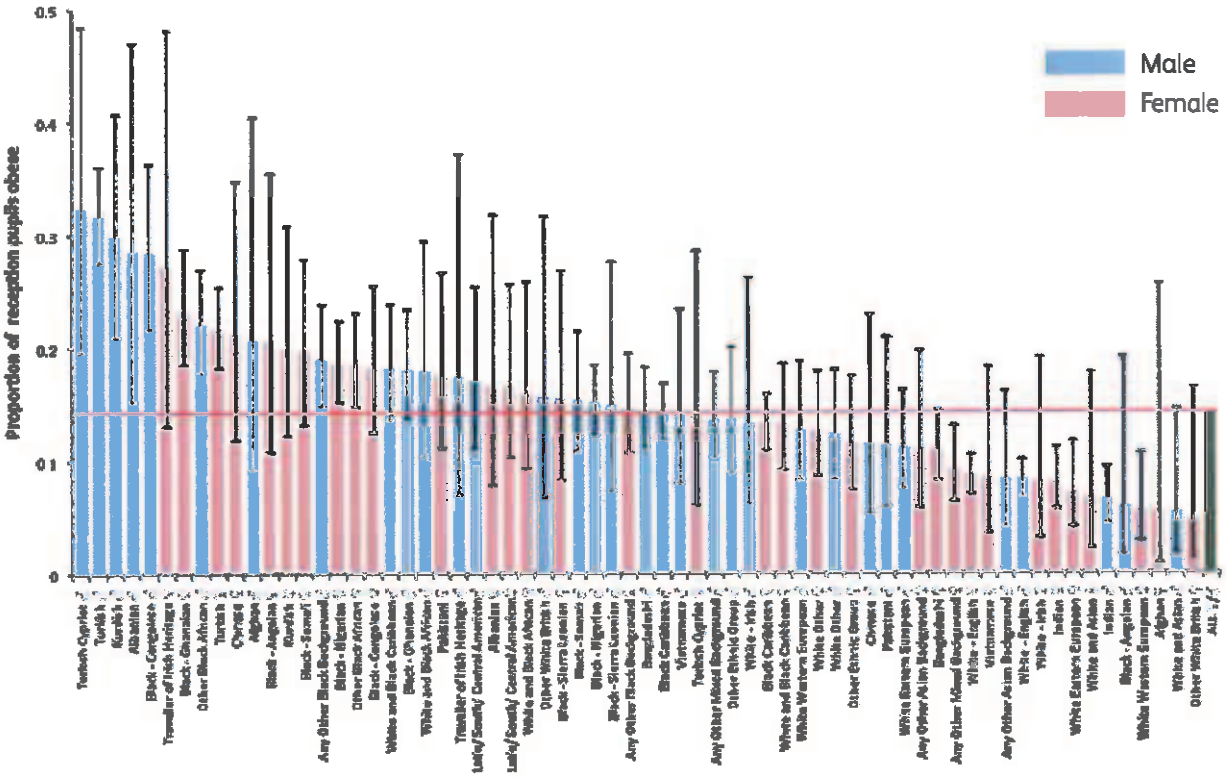
The latest results of the National Child Measurement Programme (NCMP), which tracks the height and weight of children in reception and year six, showed a small decline in the proportion of overweight children in Hackney and the City but this remains well above the average for London and England

In 2012-13, 26.3 per cent of children in reception year were overweight or obese, down from 28.1 per cent in 2010-11 but still above the 23 per cent average for London and 22.2 per cent average in England. Among those children in Year 6, aged 10 or 11 years old, 41.2 per cent of the children measured were overweight or obese. The comparative figure was 37.4 per cent for London and 33.3 per cent for England. The NCMP data also reveals that boys had higher levels of obesity than girls. Turkish Cypriot and Turkish boys had the highest rates of obesity. When looking at both genders Black ethnic groups consistently had the highest rates of obesity and Asian ethnic groups the lowest, though within these broad categories, there is also considerable variation. Figure two overleaf shows the breakdown in greater detail.

The NCMP has its limitations. Only those attending state maintained schools currently have their height and weight recorded. In Hackney it is estimated that around 31 per cent of Hackney's school age population, including the majority of Charedi children, attend independent schools so their data is not captured.[12] In order to get a truer picture, the next time the NCMP is run we will be expanding the coverage and piloting the programme in six independent schools.

[12] NHS City and Hackney National Child Measurement Programme (NCMP) Report, City and Hackney PCT: 2012 (unpublished).

Figure 2: Proportion of children in reception class who are obese by ethnicity and gender



Source: National Child Measurement Programme Combined data from 06/07 to 11/12

Obesity rates linked to deprivation

There is a clear relationship between the prevalence of child obesity and deprivation in both age groups across the country and across the local authority area.[13] The NCMP results show that children identified as obese are more likely to live in the poorest areas in Hackney. It's vital that every child gets the best start in life and the effects of child poverty on childhood obesity can be seen as early as pre-school years. We are targeting our resources on the youngest children with the aim of preventing them from becoming obese between reception year and year six. As well as diet and exercise, our response to childhood obesity incorporates behavioural and social factors, including parents being overweight and smoking during pregnancy, which leads to an increased risk of being overweight at age 4.5 years.[14]

[13] As classified using HMRC proportion of children in low income families for Middle Super Output Areas (MSOAs)

[14] Dubois L, Girard M. Early determinants of overweight at 4.5 years in a population-based study. Int J Obes (Lond) 2006 Apr;30(4):610-617.

Figure 3.1: Obesity in Reception (aged 4-5 years)

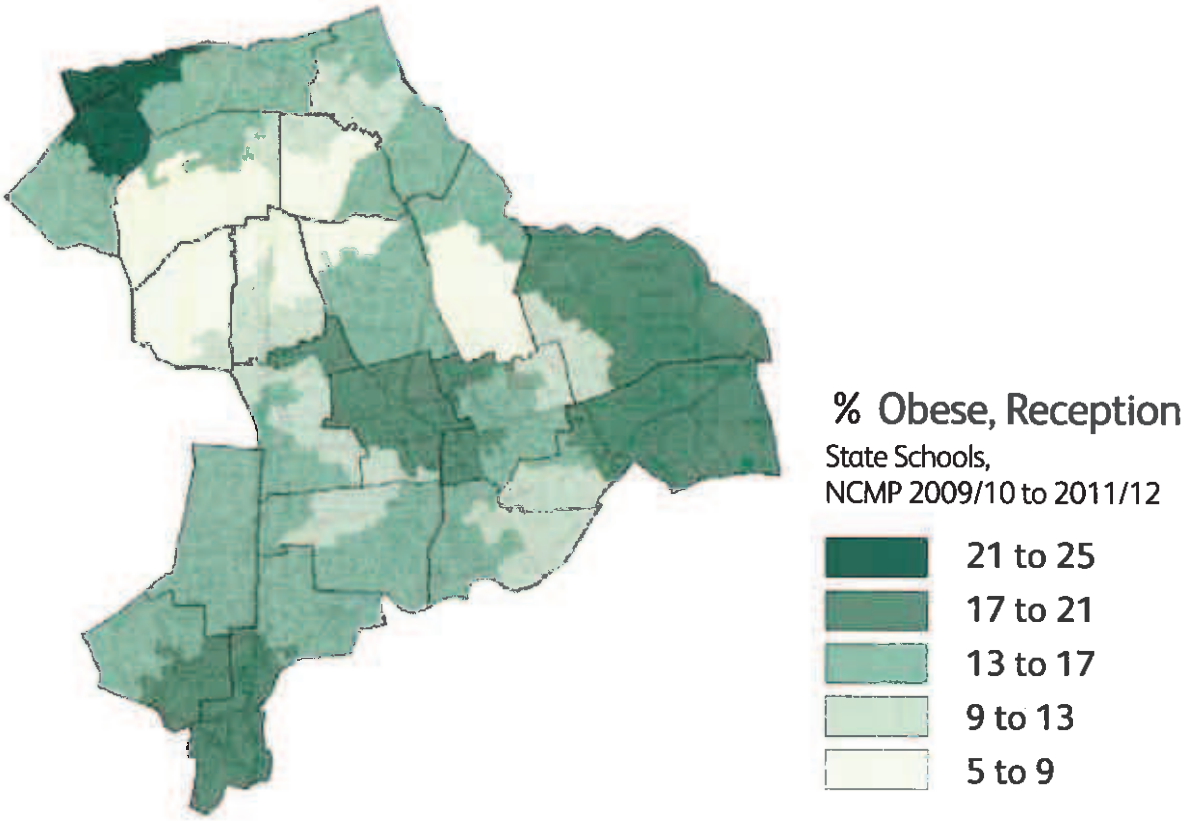
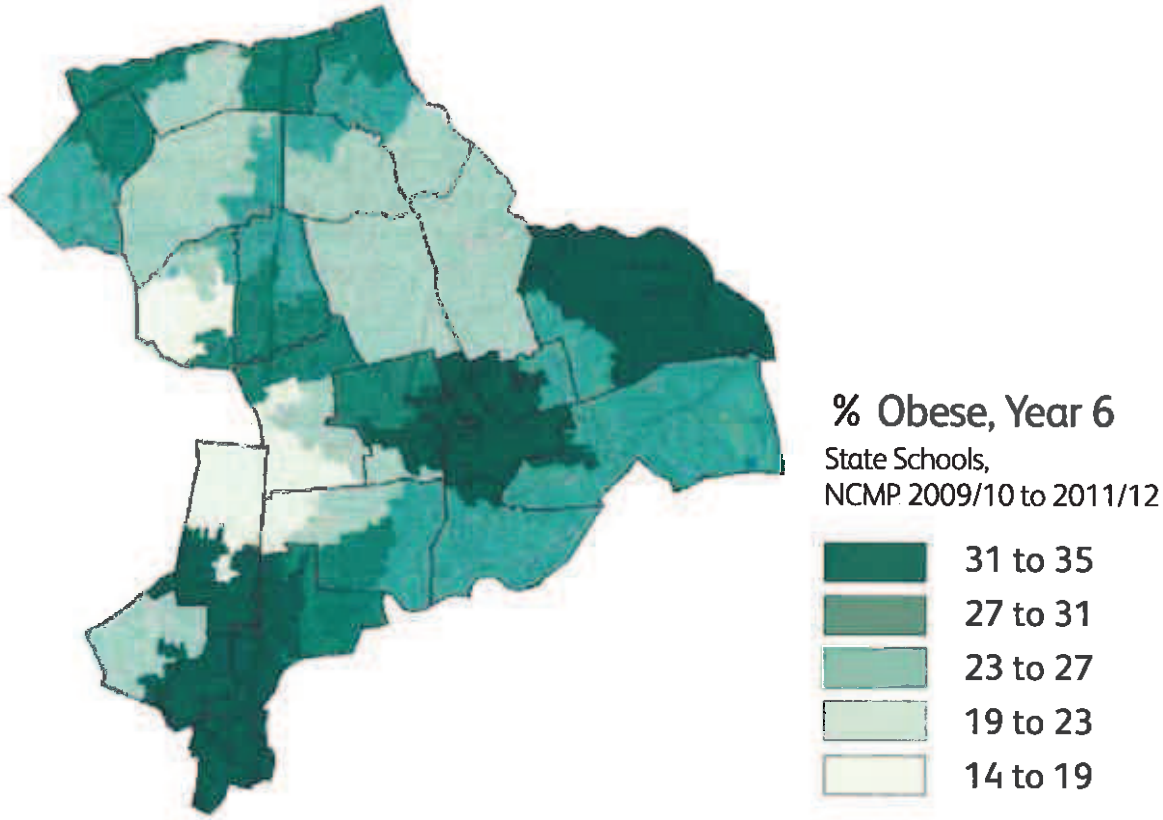


Figure 3.2: Obesity in year 6 (aged 10-11 years)



Source: National Child Measurement Programme

Giving Every Child the Best Start in Life

Establishing healthy eating and lifestyle patterns early in a child's life is crucial - what happens in pregnancy and the early years can lay positive foundations for lifelong health and wellbeing. Evidence suggests that working with parents in the pre-natal period and until their child is two years old is effective in reducing obesity.[15]

The Get Hackney Healthy project, which brings in partners from the Hackney Learning Trust, Homerton University Hospital and the CCG, is a co-ordinated childhood obesity intervention tackling the direct and underlying causes of excess weight at the same time. At a strategic level it has seen the development of a framework for reducing childhood obesity and promoting healthy lifestyles that will guide service delivery across the Council. It puts the objective of increasing healthy eating and physical activity among children, young people and families at the heart of the Council's work.

Meanwhile we have introduced specialised training for health and education practitioners who work with young children and parents in the borough. Get Hackney Healthy incorporates a number of specific programmes including the Health Heroes schools programme, the Health and Nutrition for the Really Young (HENRY) programme (see boxes on page 20 and 21) and expansion of the Playstreets initiative, which sees roads closed to traffic to allow children to play safely. These direct interventions are accompanied by a borough-wide communications campaign and programme of activities to encourage residents to join the Change4Life movement and help create a healthier Hackney.

A Healthy Start for All

Good nutrition is another vital element of giving children the best start in life, which is why the national Healthy Start vitamins scheme has been extended free-of-charge to every pregnant woman, every new mum and every child under four years old in City and Hackney. The scheme has been re-launched and registrations are now backed by a new database that will enable better monitoring and targeting for increasing take-up of the scheme. The ultimate aim is that every eligible mother and child in the area will receive the health benefits of better nutrition.

[15] Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial. Li Ming Wen, Louise A Baur, Judy M Simpson, Karen Wardle, Victoria M Flood. BMJ 2012;344:e3732 doi: 0.1136/bmj.e3732. (Published 26 June 2012).

Health Heroes

The Health Heroes programme was introduced in seven schools to address the interconnected challenges of boosting physical activity levels, increasing use of green spaces, reducing the amount of time children spent on 'screen time' and encouraging active travel. This has meant the introduction of new breakfast, lunchtime and after-school sports sessions, training more teachers to deliver PE activities, and providing opportunities to do gardening. There is also a focus on healthy eating by working with catering staff, introducing fresh fruit and vegetable stalls, food co-ops and healthy cooking classes for parents.

Chantal Minzan and her daughter Shalom, 8, shopping at the food co-op at Saint Dominic's, which was established as part of the Health Heroes project

Breastfeeding

Breastfeeding is the best form of nutrition for infants to ensure a good start in life. Initiation rates in Hackney and the City are very high; 91.3 per cent of mothers initiated breastfeeding compared to 86.8 per cent for London and 73.9 per cent for England. At six to eight weeks, City and Hackney has the highest number of mothers still breastfeeding in England at 83.3 per cent (51.5 per cent exclusively and 31.8 per cent partially). This compares to the national average of 47.2 per cent of women breastfeeding (32.2 per cent exclusively and 15 per cent partially).

breastfeeding welcome scheme

To encourage and help mothers to breastfeed, there are nine weekly drop-in breastfeeding groups, delivered by Homerton University Hospital, which run across the borough in children's centres and other easy-to-reach locations. The service is looking for ways to access hard to reach mothers and hoping to give breastfeeding training to volunteers from ethnic minority communities.

Hackney is a strong supporter of the Breastfeeding Welcome scheme which helps public venues to be more welcoming to breastfeeding mums. There are currently 90 locations in the borough that are accredited or in the process of doing so - including cafes and restaurants, a travel agent, a photography studio, libraries and Hackney City Farm. A Facebook page and a Twitter account (@HackneyBFW) were launched in October 2012, to recruit new volunteers and encourage new venues and businesses to sign up.

Health Exercise Nutrition for the Really Young (HENRY)

The HENRY programme is based on the principle that physical activity and eating habits are shaped early in life. It is an eight-week programme for small groups of parents and carers of children aged up to five years. It provides them with information and skills to create a healthy family lifestyle, covering topics such as healthy eating, portion sizes, reading labels, activity ideas and parenting skills.

HENRY classes have been run all over the country and are having great results. HENRY not only deals with obesity but helps to tackle inequalities, supports and empowers families and provides a healthy start for children. There are 17 trained staff that are able to run HENRY parent groups in Hackney, including a Turkish speaker. Ten groups were delivered last year – reaching almost 100 parents or carers - and six more will run in the first half of 2014.

Tackling Adult Obesity

New figures released in February showed that Hackney, at 48.7 per cent, had the fourth lowest percentage of overweight or obese adults in England. But this still means that almost half of adults in Hackney are over their healthy weight and have an increased risk of developing type 2 diabetes, heart disease, arthritis, hypertension and certain cancers.

The Council takes its responsibility for protecting residents' health very seriously. As well as providing parks, leisure facilities and cycle routes to help people stay active outdoors, we offer a range of services including walking, swimming and sports activities and an exercise on referral scheme.

Healthwise - Exercise on Referral

In partnership with the leisure provider, Better (GLL), Hackney is delivering an exercise referral scheme called Healthwise. Residents are eligible if they have developed or are at risk of conditions such as heart disease, hypertension, diabetes, depression or obesity.

Those referred by a doctor or health professional are given access to high quality, affordable leisure facilities and advice on nutrition and healthy lifestyles. It takes place at the Britannia, Kings Hall and Clissold Leisure centres and over 1,200 residents have already started a personalised programme. A similar scheme operates in the City of London, delivered by Fusion Lifestyle and taking place at the Golden Lane Sport and Fitness Centre.

Well London

Woodberry Down Estate, North Hackney

Well London is supporting residents of Hackney's biggest estate, Woodberry Down, to improve their health and well-being. Delivered by Manor House Development Trust, Well London has worked with residents to develop and deliver activities including healthy eating classes, a community garden, walking groups, cycling classes, stress management sessions and creative art workshops. Volunteering to help deliver the project has improved residents' confidence and practical skills.

Community Kitchens

As part of a drive to make the most of existing assets to improve health, Hackney is developing the Community Kitchens programme. A number of community centres on estates already had refurbished kitchens for all residents to use, so a series of healthy cooking classes has been introduced to use them to their full potential. The Friends Who Do Lunch classes, aimed at over 50 year olds, are at the heart of the most disadvantaged communities and are easy and free for residents to attend.

Participants are taught about nutrition and cooking skills, and are shown how to make their budget go further by using alternative, cheaper ingredients and cooking for the freezer.

Local resident Elif Bakici (left) and her translator Nevin Vessey, join the Friends Who Do Lunch cooking club at New Kingshold Community Centre

6. Mental Health

Mental health is as important as physical health in promoting wellbeing. Hackney and the City of London have disproportionately high numbers of people with serious mental health needs. Younger people, those of Black-Caribbean or Pakistani origin, migrant groups, refugees and asylum-seekers are more likely to suffer from mental illness. There are also strong associations between poor housing and mental health problems and higher rates of psychiatric admissions and suicides are seen in areas of high deprivation and unemployment. All of these factors and at-risk groups feature strongly in Hackney's demographic make-up and contribute to a high level of need amongst residents in relation to their mental health and use of drugs and alcohol.

Responsibility for mental health services is shared between the local authority, the CCG and the East London Foundation Trust, along with service providers and voluntary sector organisations. There are different needs at different levels of the population.

Members of the Health and Wellbeing Boards have prioritised mental health and outlined the need for a new innovative approach to providing mental health and substance misuse services. Work to assess the mental health needs of residents and to understand that need in the context of the latest academic evidence has been commissioned. As this report went to press, the outcome of the assessment was being compiled and will be used to design and commission the most effective combination of mental health and substance misuse services for the population.

The needs assessment will include the findings of a series of 56 face to face and telephone interviews with a representative group of stakeholders. It goes beyond identifying gaps, deficits and problems to identify the assets, skills, strengths, social capital and knowledge of individuals and communities. The report and recommendations will be finalised in early summer 2014.

Integrated Mental Health Network

The Council's mental health service provision is based on in-depth engagement with current providers and service users. It will support adults with mental health problems and those at risk of developing them through an Integrated Mental Health Network managed by a lead provider.

The prevention component of the service will work pro-actively with people with common mental illness and mild to moderate needs for up to one year. It will offer early intervention and a range of services to promote mental wellbeing, including talking therapies, and prevent individuals from developing the need to access more intensive support. There will also be a recovery and social inclusion component for people with serious or enduring mental health conditions to promote recovery. Support and activities will be offered for up to two years to help service users to access employment, education and training services.

Children and Adolescent Mental Health Service (CAMHS)

Local organisations have reported an increase in young people aged 11- 25 years to requiring mental health support to deal with issues such as family and relationship breakdowns, depression, anxiety and stress. The aim of our work is that all children and young people in Hackney and the City enjoy good mental health and are resilient enough to deal with changes and difficulties in their lives.

Child and Adolescent Mental Health Services are commissioned as a partnership between City and Hackney CCG and Hackney Council's Children and Young People's Services department. Services are delivered using a range of providers working in an integrated way, and supported by specialist provision where needed. The arrangement is underpinned by a framework that outlines the key principles of accessibility, responsiveness, early intervention, value for money and working together.

For further details see: **www.hackney.gov.uk/Assets/Documents/CAMHS_Framework_2013_-_2015.pdf**

Substance Misuse

The Hackney Drug and Alcohol Action Team (DAAT) is responsible for commissioning and coordinating drug and alcohol treatment services across Hackney. It works with partners to reduce the harm caused by substance misuse to individuals, their families and communities. The latest data showed that there were around 1,300 drug users in structured treatment in Hackney in 2011/12, of which four fifths were heroin or crack cocaine users. Nearly all clients (97 per cent) were able to get treatment within three weeks.

Local data on alcohol consumption is limited but population estimates indicated a relatively high rate of abstinence and that binge drinking was lower than the England average, but higher than London average. There were 476 people being treated for alcohol misuse in Hackney in 2011/12. Over half (54 per cent) were parents or carers for children under 18 years.

DAAT's support is available by telephone, online or through drop in sessions at locations around the borough. The DAAT team offer an extensive range of services including advice and information, counselling, a service for young people, benefits and housing advice, assessment for treatment, needle exchange, health support, complementary therapies, blood borne virus testing from a specialist nurse.

More details are available at **www.hackneydaat.org.uk**

7. Dementia

Around one in three people over the age of 65 years will get dementia. Dementia has been prioritised by Central Government and there is a national strategy in place to improve awareness and understanding of the condition and deliver a step-change in the provision of care so that people with dementia can live well for longer. In Hackney and the City our strategy is to increase the number of cases that are diagnosed early and provide a high quality intervention for all.

Services for older residents, including those with dementia, are delivered by Adult Social Care. The Public Health team works closely with our colleagues to ensure all the health needs of our older residents are met. Hackney Council has signed up to the Manifesto for a Dementia Friendly London and last year developed a health and social care pathway for people with dementia. The Council's dementia work will expand during 2014/15 including support for the national 'Dementia Friends' programme and training of cultural services staff.

The Alzheimer's Society is active in Hackney and the City and was supported during 2013/14 with increased funding from the CCG to enable the development of the Dementia Adviser service linked to GP clusters. Alzheimer's Society staff helped to develop two Dementia Friendly Environment projects in Hackney.

Adult Social Care has ensured that, where applicable, those with dementia have care packages and access to telecare products to enhance their independence. Support to their carers takes place through respite care and access to carer assessments and short breaks.

More detail is available in the Adult Social Care commitment statement available here: **www.hackney.gov.uk/Assets/Documents/Adult-Social-Care-Services-commitment-statement.pdf**

The City of London is set to publish its 'A Dementia Friendly City' strategy that details its delivery of dementia services until 2015. The strategy aims to improve diagnosis and support for those with dementia, as well as to create a 'Dementia-Friendly City', where residents and business will show understanding and awareness of the disease and offer support in a respectful and meaningful way.

8. Air Quality

Air pollution can have serious consequences for the health of people and the environment. The main source of air-borne chemicals and particles affecting people in our areas is exhaust fumes, particularly from diesel vehicles and standing traffic, but emissions from boilers, homes and businesses are also significant.

In the City and Hackney, concentrations of nitrogen dioxide remain above national maximum targets.[16] There is growing evidence that high levels of air pollution can cause damage to the airways and lungs, trigger asthma attacks, cause heart attacks, and lead to premature death for people who are already ill. This is a significant problem, given the areas' high rates of illness and hospital admissions due to respiratory problems. Long term exposure can increase the risk of cancer.

As pollution particles pass into the blood and travel through the body they may cause inflammation in many organs, and they are also associated with Alzheimer's and Parkinson's diseases, Type 2 diabetes, cognitive impairment and learning problems in children. Air pollution disproportionately affects the elderly, poor, obese, children and those with existing heart and respiratory disease. There is particular concern for children and babies in prams who breathe air at the level of exhaust pipes. In the City, 9 per cent of deaths can be attributed to long-term exposure to PM2.5, fine particles in the air that can be inhaled deep into the lungs. In Hackney that figure is 7.8 per cent.

A co-ordinated response across the local authority

In 2011, the City of London published a new air quality strategy for the Square Mile. This included taking steps to reduce emissions and pollutants from its own buildings and vehicles and encouraging businesses to do the same via the CityAir project.[17] The City runs two award schemes to encourage best practice - the Sustainable City Award for Air Quality and the Considerate Contractor's Environment Award.

The City considers air quality when making decisions in many areas of public policy including traffic management, planning, and construction/demolition. It is considering using parking policy to influence the type of vehicles coming into the Square Mile and is reducing emissions from taxis by improving the design and usage of taxi ranks. From January 2012, drivers of any vehicle who fail to turn off their engines when waiting or parked are issued a Fixed Penalty Notice in a bid to reduce emissions from idling vehicles. Figure 4 clearly shows high levels of nitrogen dioxide (NO2) in relation to the main traffic routes in the City of London.

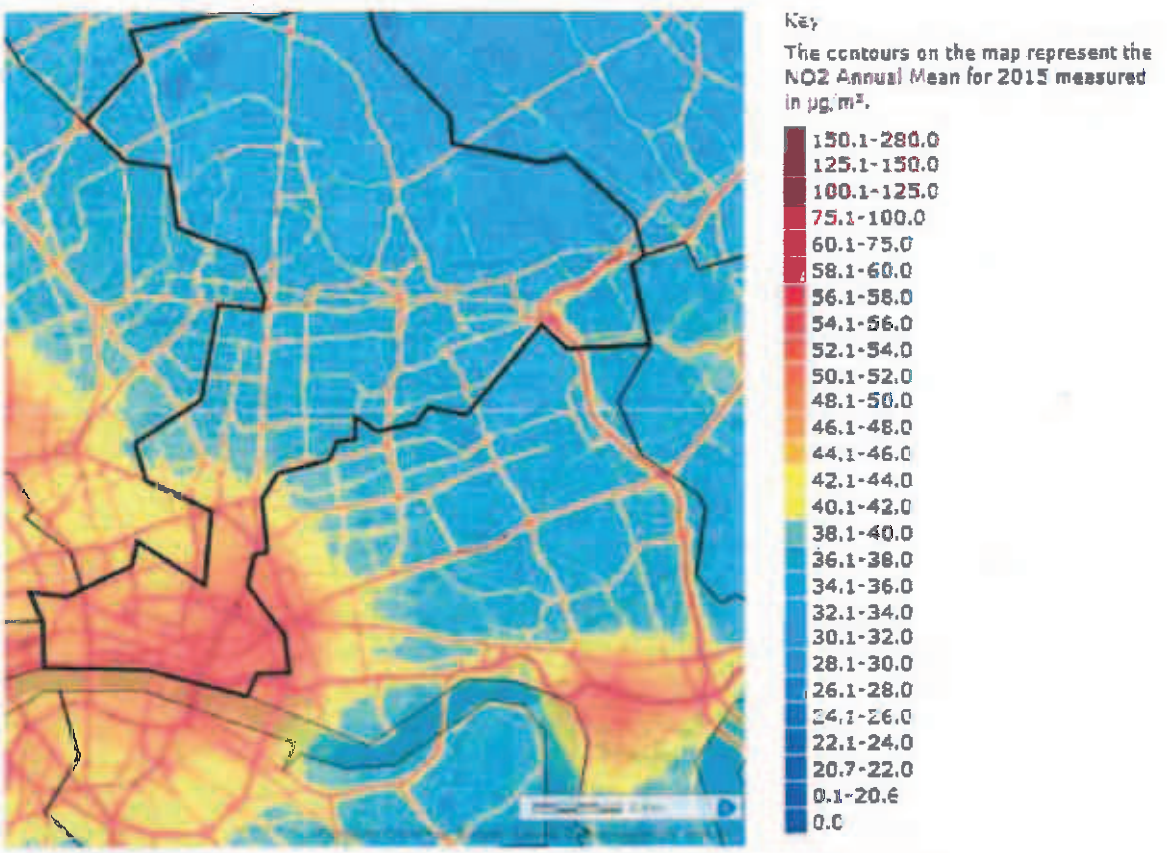
Hackney Council published its first action plan to improve air quality in 2006 and is updating it this year. Two areas are getting particular attention – the Green Action Zone South project along defined transport routes and the Zero Emissions Network in Shoreditch, an initiative that supports businesses to improve air quality. The action plan includes particular focus on working with schools near busy roads.

Air quality is a London-wide issue, so both Hackney and the City of London are working closely with the Mayor of London, other London Boroughs and the Government to make improvements across the capital.

[16] For details of Air quality monitoring results please see – 2013 Air Quality Progress Report for City of London Corporation, April 2013, and Local Air Quality Management: 2011 Air Quality Progress Report, London Borough of Hackney, 2011

[17] City of London Air Quality Strategy 2011-2015

Figure 4: Nitrogen dioxide levels are highest along main transport routes



Nitrogen dioxide modelling for 2015, Environmental Research Group, Kings College London.

Cycling: The health benefits of active travel

Cycling is a healthy, low cost and environmentally friendly way to travel. Hackney prides itself on being a cycling-friendly borough – it has the highest number of people cycling to work in London and has joined up its public health and transport strategy. As well as providing cycle routes throughout the borough, the Council offers free cycle training and holds an annual cycling conference. Hackney was recently awarded transport borough of the year in the 2014 London Transport Awards in recognition of cycling innovation including cycle parking and monitoring progress through cycle counters and apps.

Evidence suggests that for the average individual, the health benefits of cycling were significantly larger than the risks relative to car driving – taking both air pollution and traffic accidents into account.[18] Walking and taking the train have lower levels of exposure to pollutants but less benefit from exercise. Sitting in a bus or car has the same exposure as cycling whilst some areas of the underground are up to three times higher.

[18] Johan de Hartog, et al Do the Health Benefits of Cycling Outweigh the Risks?Environ Health Perspect. 2010 August; 118(8): 1109–1116. Oja et al. Health benefits of cycling: a systematic review www.ncbi.nlm.nih.gov/pubmed/21496106

9. Delivering Local Public Health Services

Local authorities have considerable freedom to allocate their public health grant in whatever way will best suit the needs of the local population but there are certain services that must be delivered according to a government mandate. These legally mandated services are those that are critical to the running of an effective local health system or that require a uniform service to be provided across the country. They include the annual production of a Joint Strategic Needs Assessment (see page eight) the National Child Measurement Programme (see page 16), appropriate access to sexual health services and the provision of NHS Health Check assessment, which are outlined below.

Although not part of the portfolio of mandated services, responsibility for health services such as school health and dental checks have now also transferred to the Council as part of the reforms. This offers an opportunity to align and integrate these services with the rest of the public health work as outlined below.

Sexual Health

Hackney Council commissions a range of sexual health services across the borough for adults and young people. This includes family planning and contraception, screening for HIV and Sexually Transmitted Infections, emergency hormonal contraception from community pharmacies and comprehensive sexual and reproductive drop-in health services. These are available from a choice of locations including GPs, pharmacies, specialist sexual health clinics and teenage-only health clinics. Sexual health services are free, confidential and, in some cases, those who visit can use them anonymously.

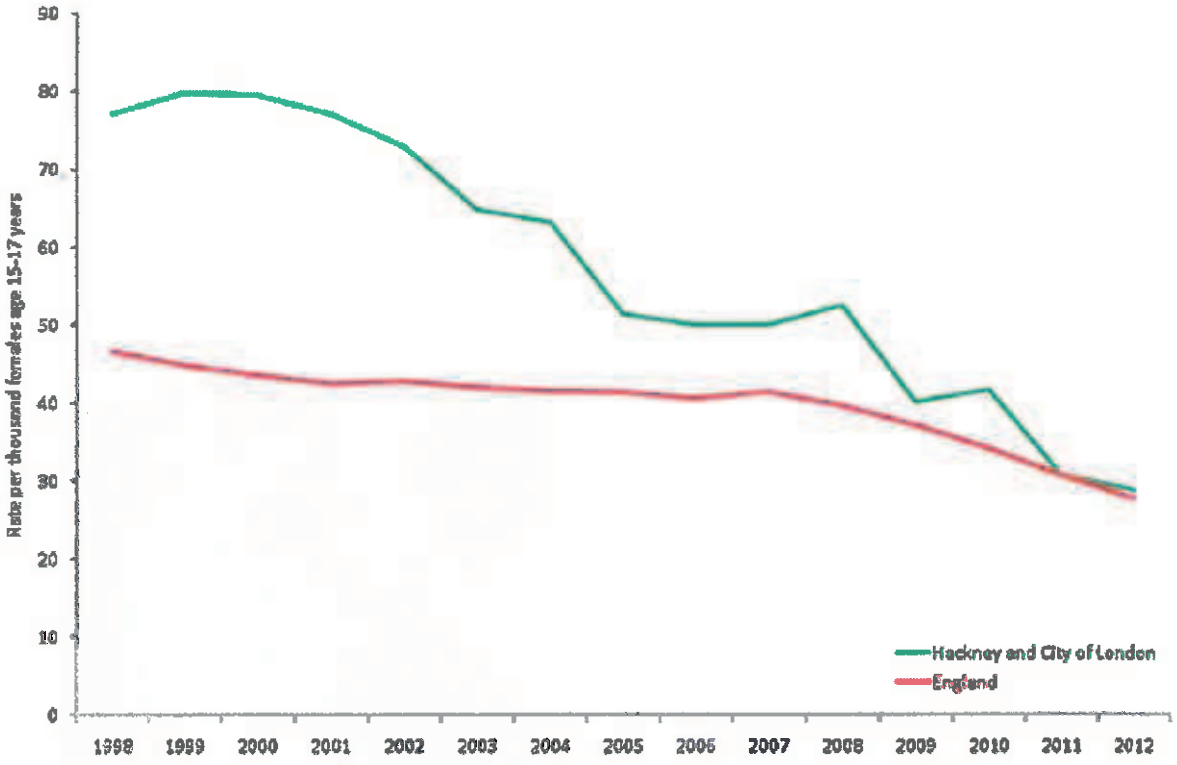
Hackney works with young people to promote good sexual health and reduce teenage pregnancy. Our work includes supporting schools to improve their sex and relationships education, dedicated clinical services for teenagers and safer sex advice with free condoms via pharmacies, youth services and clinics. City and Hackney Young People's Service (CHYPS+) provides a weekday walk-in advice service for teenagers and runs a weekly clinic at a number of youth hubs. This work is showing good results. The rate of teenage pregnancies in Hackney is continuing to fall – it dropped 6.2 per cent during 2012, and has fallen by 63.8 per cent since the national teenage pregnancy strategy was launched in 2000.

Come Correct

Hackney is part of the London-wide condom distribution scheme for young people called "Come Correct" which provides access to free condoms in a variety of outlets, such as pharmacies, youth clubs and colleges across the borough.

Over the last 12 months, more than 80,000 free condoms have been provided to under-25s in the borough. Once a young person has registered they can collect free condoms or get advice from any participating outlet displaying the Come Correct logo. Outlets are all listed on **www.comecorrect.org.uk** and an app with the same information will be available soon.

Figure 5: Rates of conceptions in women under 18 years old, 1998–2012



Source: Public Health England

Health Checks

The NHS Health Check programme aims to keep people healthier for longer by helping them to avoid, reduce or manage their risk of heart disease and strokes - the most common causes of death in England and Wales. The check involves a brief medical history, a review of key personal details and lifestyle questions about smoking and alcohol use. There are also tests for cholesterol, blood pressure, Body Mass Index (BMI) and a diabetes risk assessment. The results will provide health professionals with a clearer picture of residents' health and their risk of developing diseases.

NHS Health Checks are aimed at everyone between the age of 40 and 74 years who have not been previously diagnosed with heart disease, hypertension, stroke, diabetes or kidney disease. The test is likely to be carried out by a practice nurse, healthcare assistant or local pharmacy. Those taking the test may be given advice on a healthier lifestyle or medical treatment by their GP.

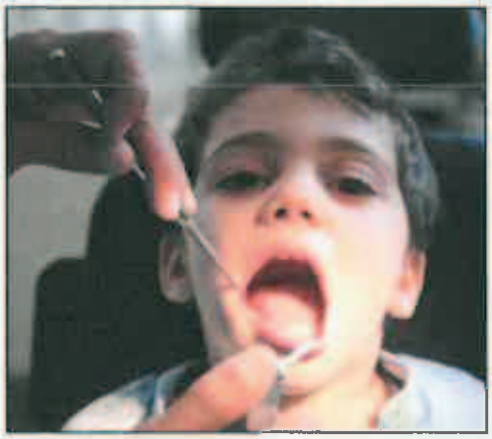
It is anticipated that GP practices in Hackney will achieve the annual target of inviting 20 per cent of eligible residents to attend a Health Check. However there is some variability in performance between different GP practices, which could be masking a widening of inequality. As the Health Checks programme expands we will be seeking ways to address this potential disparity.

Dental Checks

Good oral health is a key part of a child's health and is one of the Government's public health priorities. Poor oral health can cause pain and disease and can lead to difficulties in eating, sleeping, concentrating and socialising as well as school absence and time off work for parents.

The latest figures in Hackney show an increase in the percentage of five year old children who experienced tooth decay from 29.7 per cent in 2008 to 31.4 per cent in 2012. In December 2013, 44 per cent of children and young people had been seen by a dentist in the previous 24 months, similar to the rate for the previous year. Attendance has improved over the last six years but is still below the London average of 62 per cent.

Hackney is implementing oral health improvement initiatives including a fluoride varnish programme which has reached 3,200 children aged three to six years old in 57 nurseries and primary schools, a 'brushing for life' programme for children aged one to two years old and an oral health promotion programme in schools and children's centres. We are training health, education and voluntary sector professionals in oral health and working with the orthodox Jewish community on an oral health programme.



School health

Responsibility for health in schools has moved to the local authority, providing an important opportunity to improve the health of pupils across the borough. The Council will closely align school health work with other key services for children and young people – including schools, children's centres, children's social care, the virtual school for Looked After Children and integrated youth provision.

In close consultation with partners, including head teachers, we have designed a suite of new services that focus on getting the basics of school health right - the safeguarding elements, the health offer for looked after children, delivery of the National Child Measurement Programme, school entry health checks and a robust school health service for disabled children and those with additional needs.

We are in the process of commissioning the first of these – the brand new Safeguarding School Health Service, and a new Looked After Children's Health Service. Over the next year we will be creating a new Children and Young People's Health Service, consolidating the basics with a holistic offer to support the wider health needs of our City and Hackney children and young people.

Guildhall, City of London

Produced by Hackney Design, Communications & Print • March 2014 • P004984

1 May 2014

Review of NHS patient care in East London

Transforming Services, Changing Lives in East London

Transforming Services, Changing Lives (TSCL) is a clinical review programme established by local clinical commissioning groups (CCGs) Waltham Forest, Tower Hamlets, Barking and Dagenham, Newham, and Redbridge; NHS England; Barts Health NHS Trust and other local providers, including Homerton University Hospital NHS Foundation Trust.

The aim of the programme is to understand the current demands on the NHS and analyse the local health economy. Local clinicians have been asked to use their own knowledge of national and international best practice to review the quality and performance of East London health and social care services, highlight areas of good practice that should be maintained and developed, and set out if, why, and in what specialties they think there may be a case for change to ensure we provide the very best care for local residents. It will not, at this stage, set out any recommendations for change.

A public and patient reference group has been established to provide ideas and feedback to clinicians leading the TSCL programme. The group is made up of representatives from three broad groups:

- local branches of Healthwatch, including City Healthwatch
- patient representatives from the CCGs involved in the programme
- patient representatives from the providers involved in the programme, including Homerton University Hospital

During the summer we will be testing thoughts and ideas out with a wider group of stakeholders before publishing a Case for Change in autumn 2014.

Following the publication of the Case for Change, if partner organisations conclude change may be necessary a longer term transformation programme incorporating wide public and patient engagement will be considered.

For further information contact:

Zoe Hooper
TSCL Communications Manager
TSCL@nelcsu.nhs.uk / 0203 688 1678

This page is intentionally left blank