Overview & Scrutiny

Health in Hackney Scrutiny Commission

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

Monday, 19th November, 2018

7.00 pm

Room 102, Hackney Town Hall, Mare Street, London E8 1EA

Contact:
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Tim Shields
Chief Executive, London Borough of Hackney

Members: **Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair), Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1	**Apologies for Absence (19.00)**	
2	**Urgent Items / Order of Business (19.01)**	
3	**Declarations of Interest (19.02)**	
4	**Minutes of the Previous Meeting (19.03)**	(Pages 1 - 16)
5	**Update on changes to breast screening services in Hackney (19.05)**	(Pages 17 - 18)
6	**Update on Integrated Commissioning - Children Young People and Maternity Workstream (JOINT WITH CYP SCRUTINY COMMISSION) (19.25)**	(Pages 19 - 28)
7	**Vaccine preventable disease and 0-5 childhood immunisations (19.50)**	(Pages 29 - 60)
8	**Implementing the Overseas Visitors Charging Regulations (20.50)**	(Pages 61 - 70)

Hackney

9 **Health in Hackney Scrutiny Commission- 2018/19 Work Programme (21.05)** (Pages 71 - 80)

10 **Any Other Business (21.07)**

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If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app') http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm

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Providing oral commentary during a meeting is not permitted.

Health in Hackney Scrutiny Commission 19th November 2018 **Minutes of the previous meeting and matters arising**	Item No **4**

OUTLINE

Attached please find the draft minutes of the held on 26th September 2018.

MATTERS ARISING from 26 Sept

Action at 4.3

ACTION:	*O&S Officer to follow up the Director of Public Health Commissioning at NHSEL's offer to meet to discuss the breast screening service performance further.*

This is on at item 5 and officers are attending.

Action at 6.6

ACTION:	*Chief Exec of HUHFT to bring proposals for the future of the Path Lab to a future Commission meeting as part of the engagement plan on it.*

This will be scheduled in due course.

Action at 7.4(f)

ACTION:	*Director of Adult Services to provide a note on the legislative distinction between what is provided by the NHS and by Adult Social Care.*

Director of Adult Services replied on 25 Oct

If we are talking about technical distinctions, it is an immensely complex area and cannot be summarised in a note. I think the best thing to do is to provide a link to the Care Act 2014, which sets out what local authorities are responsible for in terms of providing adult social care. The main Section 75 agreement between the Council and CCG might also be of interest

Please find here the links to the legislation and the statutory guidance:

Care Act 2014 -
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Care Act 2014 Statutory Guidance
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Document Number: 21671980
Document Name: item 4 cover sheet mins

Action at 8.5(b)

ACTION:	*O&S Officer to draw the attention of HUHFT Chief Executive to Members' concern about the 40% attendance rate by HUHFT reps at CHSAB quarterly meetings during 2017/18.*

On 23 Oct the Chief Exec of HUHFT replied that she had drawn the matter to the attention of their Chief Nurse and Director of Governance and they were working on ways to ensure higher attendance.

Action at 9.6

ACTION:	*That the next update on ILDS coming to the January meeting includes reference to the number of clients being supported out of borough.*

This has been added to the agenda for the 7 January 2019 meeting.

Action at 12.1

ACTION:	*Chief Executive of HUHFT to respond to the Commission's concern regarding the use of the Pre Attendance Forms for patients attending Homerton Hospital.*

This is on at item 8.

Action at 12.3

ACTION:	*O&S Officer to establish from CCG whether Avastin would now be used for treatment of Wet AMD.*

A response from the CCG is attached.

ACTION

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

CCG response: The CCG is looking into this question and a response will be made available at the October 2018 Governing Body meeting.

Question from Shirley Murgraff, member of the public to the Friday 28 September 2018 CCG Governing Body:

1. Can the Governing Body clarify the CCG and North East London Commissioning Alliance position on the use of the drugs Avastin and Lucentis, following the High Court judgement outlined in https://www.mirror.co.uk/news/greedy-drug-companies-lose-legal-13285139?

CCG response: For clarification, Avastin®, Lucentis® and Eylea® are not drugs prescribed in primary care. Lucentis® and Eylea® are commissioned by CCGs from Trusts with specialist ophthalmology services and administered via intravitreal injection (into the eye) by suitably qualified physicians who are experienced in administering intravitreal injections.

The indication for use under discussion is wet age-related macular degeneration, a relatively common condition that can lead to blindness. All 3 drugs belong to a similar class of drugs – known as VEGF inhibitors. Lucentis® and Eylea® have a current licence for wet AMD but Avastin® is not licensed for wet AMD, it is however licensed for the treatment of various cancers (including of the colon, rectum, cervix and breast).

There has been long standing interest from CCGs across the country (and PCTs before that) in commissioning the use of Avastin® as the preferred choice of anti-VEGF treatment for wet AMD, but this has not been progressed due to legal threats from the manufacturers that stand to lose profit from a wholesale switch from Lucentis® / Eylea®.

NHS Clinical Commissioners has been working over the last 3years to influence:

- The General Medical Council – to provide a specific exception to their standard guidance, to support physicians wishing to prescribe Avastin® off-licence for wet AMD;
- The Secretary of State for Health to ask NICE to consider the status of the current Technology Appraisal guidance and authorise NICE to undertake an multiple treatment appraisal looking the comparative cost effectiveness of Avastin® with Lucentis® and Eylea®;
- Simon Stevens at NHS England to support the case for change and to support clinical commissioners who wish to make local commissioning decisions to prescribe Avastin 'off-licence' on the grounds that it is safe and a cost effective treatment.

The Royal College of Ophthalmologists have welcomed the ruling but acknowledge the need to work with the Department of Health and Social Care, regulatory bodies and commissioners to secure efficient pathways for patients.

Until earlier this year, NICE guidance made positive recommendations for Lucentis® and Eylea® only in the management of wet AMD. In January this year, NICE concluded that there are "...no clinically significant differences in effectiveness and safety..." between Avastin and the current market authorised medicines, ranibizumab (Lucentis) and

aflibercept (Eylea) for the treatment of this condition. Furthermore, Avastin is the most cost-effective treatment compared to the others available, with the potential to release millions of pounds of vital funding locally which can be reinvested in other frontline NHS services.

NICE's review and conclusion that there are no clinically significant differences in effectiveness and safety between Avastin (unlicensed for wet AMD) and the licensed alternatives Lucentis® and Eylea® was a most welcome 1st step. The Court ruling this month also gives further assurance to commissioners in that the Court dismissed the case brought by Norvatis and Bayer against the North East England CCGs' policy to include Avastin as an option for the management of wet AMD.

This is not however the final step with regards to routine use of Avastin® for wet AMD. The legislative framework as I understand it, does not yet permit the use of an unlicensed product where there is not a "special clinical need" in cases where there is a current licensed option available. The Department of Health and Social Care, NHS England and the relevant regulatory bodies: - the Medicines and Healthcare products Regulatory Agency and the General Medical Council will have to issue updated guidance to facilitate the routine use of Avastin® for wet AMD.

Through our contracts team, we have made contact with Islington CCG as the host commissioner for Moorfields Hospital (where currently all known charges for wet AMD drugs for City & Hackney patients originate from) with regards to discussions with Moorfields following on from the ruling. Islington CCG has confirmed it will be formally notifying Moorfields of its plans to scope the use of Avastin® in the treatment of wet AMD, subject to NHSE Guidance, during 2019-20.

A referral has also been made to the Regional Medicines Optimisation Committees (RMOC) – for the RMOCs to consider providing guidance to commissioners and Trusts across NHS England.

The four Regional Medicines Optimisation Committees for England make recommendations, pursue actions, and co-ordinate activities related to any aspect of Medicines Optimisation. There is a committee for each NHS England region which brings together decision makers and clinicians across each geography.

Although there are 4 committees, the RMOCs operate against a single framework, with each group being part of a greater national system. Their role and function has been co-developed by NHS England and NHS Clinical Commissioners on behalf of Clinical Commissioning Groups, in partnership with NHS hospital representatives, primary care providers, the National Institute for Health and Care Excellence, NHS Improvement and representative bodies of the branded and generic pharmaceutical industry. Dr Haren Patel, Prescribing Lead GP is a member of the London RMOC.

Further information is available on request.

Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Wednesday, 26th September 2018

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

Chair	**Councillor Ben Hayhurst**
Councillors in Attendance	**Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair), Cllr Anna Lynch, Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence**
Officers In Attendance	**Dr Penny Bevan (Director of Public Health), John Binding (Head of Safeguarding Adults), Peter Burt (Asset Management Advisor), Anne Canning (Group Director, CACH), Tessa Cole (Head of Strategic Programmes and Governance, CACH), Simon Galczynski (Director - Adult Services) and Ian Williams (Group Director of Finance and Resources)**
Other People in Attendance	**Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), Amanda Elliott (Healthwatch Hackney), Tracey Fletcher (Chief Executive, Homerton University Hospital NHS Foundation Trust), David Maher (Managing Director NHS City & Hackney CCG), Dr Mark Rickets (Chair, City and Hackney CCG), David Boyd (ELHCP - NEL Strategic Estates Advisor), Councillor Gilbert Smyth, Paul Calaminus (COO and Deputy CEO, East London Foundation Trust) and Amaka Nandi (Finance Officer, Integrated Commissioning, City and Hackney CCG)**
Members of the Public	**12**
Officer Contact:	**Jarlath O'Connell** ☎ 020 8356 3309 🖂 jarlath.oconnell@hackney.gov.uk

<u>Councillor Ben Hayhurst in the Chair</u>

1 Apologies for Absence

1.1 Apologies for absence were received from Henry Black (ELHCP), Dr Navina Evans (ELFT), Dean Henderson (ELFT) and Sunil Thakker (C&H CCG).

1.2 An apology for lateness was received from Paul Calaminus (ELFT).

2 Urgent Items / Order of Business

2.1 There were no urgent items and the order of business was as on the agenda.

3 Declarations of Interest

3.1 Cllr Snell stated that he was Chair of the Board of Trustees of the disability charity DABD UK.

3.2 Cllr Lynch stated that she was employed by NHS Improvement.

4 Minutes of the Previous Meeting

4.1 Members gave consideration to the draft minutes of the meeting held on 24 July 2018 and noted a number of matters arising.

4.2 In relation the that Action at 4.2 of the previous minutes, David Maher (Managing Director, City & Hackney CCG) stated that NHSEL had indicated that they would be decommissioning the Pharmacy Enhanced Services from March 2019. Discussion were ongoing on options to co commission an alternative with both NHS 111 and the DMIRS service.

4.3 In relation to the Action at 4.3 the Chair stated that the performance on City and Hackney breast screening services as outlined on p.4 of the agenda were startling. With 255 cancellations or up to 500 women not being able to attend at their first preference site. He also added that there was a significant shortage of mammographers across the country. He stated that the Commission would write back to NHSEL asking if they could send a representative to the next meeting to discuss the issue.

ACTION:	**O&S Officer to follow up the Director of Public Health Commissioning at NHSEL's offer to meet to discuss the performance further.**

RESOLVED:	**That the minutes of the meeting held on 24 July 2018 be agreed as a correct record and that the matters arising be noted.**

5 North East London Estates Strategy update

5.1 Members gave consideration to a report on the Estates Strategy for the East London Health and Care Partnership area and the Chair welcomed to the meeting:

David Boyd, NEL Strategic Estates Advisor for ELHCP (**DB**)
Dr Mark Rickets, Chair, City and Hackney CCG (**MR**)
David Maher, Managing Director, City and Hackney CCG (**DM**)
Amaka Nandi, Finance Officer Integrated Commissioning, City & Hackney CCG (**AN**)

Tracey Fletcher, Chief Executive, HUHFT (**TF**)
Paul Calaminus, COO and Deputy CEO for London, ELFT (**PC**)
Ian Williams, Group Director Finance and Resources, LBH (**IW**)
Peter Burt, Asset Management Advisor, LBH (**PB**)
Anne Canning, Group Director CACH, LBH (**AC**)

5.6 DM and DB introduced the report stating that such a strategy had been requested in 2011 driven by population need and increasing demand and conversations were ongoing at the London Estates Board. There had been significant population increase in the NEL patch and another 600 bed acute hospital would be needed to meet that demand if nothing was done. Financially this was not a possibility and therefore there was a need for a more systems thinking approach and to establish an estates board to deliver change locally.

5.7 Members asked for clarification on the impact in Hackney for example on St Leonard's and on primary care sites.

5.8 DM explained that the local health providers applied for the various waves of funding. Among current changes a GP Practice would be disposed of in Hackney Wick by NHS Property Services and the future for the St Leonards, owned by NHS Property Services, was being considered as it would be a key part of the Neighbourhoods Strategy. One proposal was to reconfigure it as a hub.

5.8 TF explained that with the Homerton Hospital there had been changes to their Emergency capacity and as a consequence their amount of elective surgery had reduced and there was a need to build this up. The Estates Strategy provided an opportunity for HUHFT because being part of the ELHCP was vital for HUHFT in terms of developing its elective offer to expand the scope of what they do across a range of specialities.

5.9 PC stated that from the perspective of ELFT the Estates Strategy provided opportunities for bringing services together in a consolidated way which would allow for greater specialisation and more efficient use for example of psychiatry rotas. In Hackney the changes would include some continuation of the Crisis Service capacity. On elective work there were also opportunities by working on a sub-regional basis on areas such as treatment of chronic depression and eating disorders. The more you stay at a locality basis the more problems you will have in the longer term and specialisation and scaling up are what is required, he added. The challenge was on how to meet individual patients' needs and also ensure that there was sufficient training capacity in the system.

5.10 Members asked detailed questions and in the responses the following points were noted:

(a) There will always be a tension: locally, sub-regionally or nationally, about who should benefit from an NHS property and therefore where the capital receipts from the sale of a local asset should go and this was far from being resolved. At a local level residents did feel a connection to the St Leonard's site, for example, but there were also strong calls for the funds from the sales of high value London assets to be used to support poorer NHS areas in the midlands and north. The local NHS leaders with the Chief Executive of the Council are jointly engaged in ongoing discussions at the highest

levels with NHS Property Services to make a strong the case for the supporting the local health economy.

(b) The CCG does not hold any property assets itself as these are held by NHS PropCo (which is a part of NHS England) and Community Health Partnerships. These two organisation look at the condition of and utilisation of all their assets and may declare some as surplus to requirements.

(c) With regard to GP Practices only 6 of the 43 in Hackney are owned by NHS PropCo the rest are privately owned by GPs or GP groups. Wick Practice had been owned by NHS PropCo. In another example two Practices had bid to go into the vacant site at Kenworthy Rd which had been underused for many years. One had now been selected after a consultation carried out by NHSEL and the CCG.

(d) The CCG has to pay for the maintenance and upkeep of NHS assets in their area which are not being used, hence the urgency to resolve property issues.

(e) Members expressed concern that it appeared to be almost insurmountable to get the many bodies involved working together efficiently. There was a need for mapping and clarity and an agreement about direction of travel. DM offered to provide Members with more detail on the output from the Estate Enabler Working Group sub group of the Integrated Commissioning Workstreams.

(f) IW outlined some of the key property sites which were part of business cases which were being developed. The void space in St Leonard’s for example was costing the CCG and therefore the local health economy £720k per annum and there was another liability of £200k per annum relating to Hackney Ark and this needed to be resolved by the Council and the NHS. The Council had just resolved the plans for a Health Centre at Woodberry Down after 5 evaluations. The Council was able to control assets but the CCG was just a custodian of assets and it cannot own them.

(g) The Estates plans came out of the Hackney Devolution Pilot. The Chief Executive of the Council was joining with senior local NHS executives in negotiations with HM Treasury and also pursuing the London Estates Board for action on the Hackney estates issues.

5.11 The Chair invited residents present to ask a question. A member of Keep Our NHS Public stated that there was a strong statutory duty (e.g. S. 139 of the NHS Act or S. 147 of the NHS Act 2000) on the NHS to consult on these issues and they were not being held to it. The Estates Strategy had lots of aspirations in it but no strategy, in her view. The NHS often states that it is selling off property X or will be moving property Y she added but unless the public can see the specific proposals it is in no position to provide adequate challenge. She asked how the NHS could make any decisions on what was surplus to requirements unless there was an overarching strategy about what was needed. This also needed to be clearly communicated first. The Chair asked whether there would be meaningful consultation on the plans for St Leonards or whether it would be presented as a fait accompli.

5.12 DM replied that nothing had moved to the level of business case as yet and as part of the Neighbourhoods Strategy they were refreshing their ideas and this would feed in to the estates strategy. They would ensure that they would involve all key stakeholders in the development of the plans. A resident, put in a plea that patients and public must be given due prominence among these key stakeholders.

5.13 The Chair stated that this was a complex area which the Commission would be returning to and he thanked all the senior representatives for their report and for their attendance.

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

6 Changes to Pathology Services at HUHFT - verbal update

6.1 The Chair stated that at the previous meeting a local GP had asked the Commission to raise the issue of the plans for the future of the Pathology Lab at HUHFT. The Commission had invited the Chief Executive of HUHFT to give a verbal update on the proposals. It was noted that there had been a number of items on this over the past 2 years.

6.2 Members noted two documents from NHS Improvement which also provided the national context to this issue:

a) Template structure for essential services laboratory – Blood sciences provision
b) Improving services for patients through pathology networks

6.3 Tracey Fletcher (Chief Executive, HUHFT) stated that no decisions had yet been made on the pathology service. The drivers for change here included the fact that the current lab was old and would become too small for its purpose and this was posing an increasing challenge. They were working with providers on developing options and Barts Health NHS Trust was now the favoured partner.

6.4 The Chair asked if there would be a formal public consultation. TF replied that where a formal consultation was required under the relevant NHS Acts they would do so but part of the process was to have conversations with the relevant stakeholders.

6.5 Members asked if there were plans to reduce the size of the service. TF replied there were not but that it was hoped that portacabins could be replaced. There would always be a need for a Path Lab onsite to support a significant amount of work. The intention with the ‘hub and spoke’ arrangement was that some testing would go off site and be consolidated and there was sense in doing that. This arrangement already existed as some work always went off site, she added.

6.6 The Chair asked that once proposals had been worked up if they could come back to the Commission as part of their wider engagement.

ACTION:	**Chief Exec of HUHFT to bring proposals for the future of the**

	Path Lab to a future Commission meeting as part of the engagement plan on it.

7 Integrated Commissioning - pooled vs aligned budgets briefing

7.1 The Chair stated that he had asked the Group Director of Finance and Resources and the Chief Financial Officer of the CCG to provide a report to Members which would help clarify the issue of pooled vs aligned budgets in Integrated Commissioning and the impact this has on cost savings programmes within the Council. Members gave consideration to the report.

7.2 The Chair welcomed to the meeting for this item:

Ian Williams, Group Director Finance and Resources, LBH (**IW**)
Anne Canning, Group Director CACH, LBH (**AC**)
Simon Galczynski, Director of Adult Services, LBH (**SG**)
Dr Mark Rickets, Chair, City and Hackney CCG (**MR**)
David Maher, Managing Director, City and Hackney CCG (**DM**)
Amaka Nandi, Finance Officer Integrated Commissioning, City & Hackney CCG (**AN**)

IW added that Sunil Thakker, the CFO of the CCG unfortunately had to send late apologies because of a family illness.

7.3 IW took Members through the report in detail. He added that the Leadership Group between the Council and the CCG worked to identify and re-patriate savings.

7.4 Members asked questions of the officers and partner representatives present and in the responses the following was noted:

(a) Members asked about the rationale for choosing the topic areas for the Budget Scrutiny Task Groups. IW explained that it was determined by the key budget pressure points and ensuring that there was sufficient engagement on the key areas. The Groups would be asked to come up with a higher level of savings than what is immediately required so that options can be considered. The Group in the health area is tasked with looking at Integrated Commissioning which is the key driver of change and of potential savings. The aim with the Task Groups was to have an open and transparent process. DM added that while the CCG had had to make savings each year it achieved these, thus far, by better ways of working rather than having to make cuts to services commissioned.

(b) Members asked whether the workstreams' activity was aligned to national strategies, officers replied that they were. Members asked whether the workstreams had full clinical input. MR replied they did and for example, on decisions about the number of clinicans by session required in a service, everything wasscrutinised against the best clinical practice.

(c) Members asked whether the system had now reached the limits of its pooling because of NHSE limitations put on it. DM stated that NHSE was fully aware of City & Hackney's ambitions and that locally they were going

through a risk analysis. NHSE was in agreement that where a local system can demonstrate better outcomes then further pooling can proceed. He added that technically they did not need NHSE's permission to extend pooling but NHSE was their partner so they worked with them.

(d) On governance and accountability DM explained that it was important that integrated commissioning does not to create additional decision pathways. Elected Members sat on the ICB and so were integral to the process.

(e) A Member of the public expressed a concern that services were increasingly shifting from health into social care where patients also had to pay and cautioned that local authorities needed to be more wary of this as councils were more financially strapped and so needed to take a stand on this. Michael Vidal, a resident, replied that he was a public representative on the Planned Care Workstream and he gave assurances that public representatives would never agree with such a transfer of the funding burden.

(f) SG intervened to say that the public did not divide their own need between health and social care. At the organisational level Section 75 agreements were clear and there was a legal distinction between what was the responsibility of Social Care to provide and what was the responsibility of the NHS. Members asked for a note on this.

ACTION:	**Director of Adult Services to provide a note on the legislative distinction between what is provided by the NHS and by Adult Social Care.**

(g) DM commented that the value which social care contributes to joint commissioning can't be underestimated. The collective voice backed by the involvement of elected members is therefore much stronger.

7.5 The Chair thanked officers for their report and for their attendance.

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

8 City and Hackney Safeguarding Adults Board Annual Report

8.1 The Chair stated that the Commission received the Annual Report of the City and Hackney Safeguarding Adults Board each year. Members gave consideration to the report for 2017/18 and a cover report.

8.2 The Chair welcomed for this item:

Anne Canning, Group Director CACH (**AC**)
Simon Galczynski, Director of Adult Services (**SG**)
John Binding, Head of Service - Safeguarding Adults (**JB**)

8.3 SG took Members through the report and stated that he was there to represent Dr Adi Cooper the Chair of the Board who had to give her apologies. Members commended the quality of the report and commented that it had improved each year.

8.4 JB added that the figures this year had not altered significantly since the previous one. There had been no new Safeguarding Adult Reviews (SARs) so the focus in the past year had been on embedding the learning from the 4 SARs the previous year. Much of the focus was on ensuring compliance with the Mental Capacity Act and on how to work with people to support their choices. A Peer Review had taken place recently and this would be reported on in next year's Annual Report.

8.5 Members asked questions of the officers and the following points were noted:

a. On this issue of increasing outreach to harder to reach BME groups, JB replied that one challenge was that BME status and religion was often not recorded accurately and would not be available at the beginning of a case but might be at the end. Safeguarding training was carried out with community groups and Safeguarding Champions were also utilised within different communities. The training had to be geared to the roles of the recipients otherwise the take up would be low.

b. Members expressed concern at some of the low attendance at the quarterly CHSAB meetings with only 40% attendance from HUHFT for example. Members asked that the Chief Exec of HUHFT be made aware of this. JB added that this Annual Report would go to the Board of HUHFT and the issue would be raised there. SG clarified that this indicator (attendance at the Board meetings) did not correlate to level of safeguarding activity. Members commented that perhaps the issue which needed to be addressed was why in particular some of these partners were not prioritising attending and for these reasons to be addressed. AC added that there had been an issue in the past about the poor rates of attendance by housing providers and the CHSAB Chair had acted on this. She undertook to take these comments back.

ACTION:	**O&S Officer to draw the attention of HUHFT Chief Executive to Members' concern about the 40% attendance rate by HUHFT reps at CHSAB quarterly meetings during 2017/18.**

c. A resident asked about training in safeguarding for staff and putting this requirement in contracts with private providers. SG replied that embedding safeguarding training in staff training was of key importance and both the Hackney Adult Services Training Academy and the Making it Real Board were leading on a co-production approach to training programmes.

d. A resident asked what was being done about the shortage of social workers and the implications of this shortage on safeguarding issues. SG replied that there was a whole range of work going on as it was a national issue. The CQC has a range of requirements on social care providers which have to be attended to. The Chair stated that this is an issue which the Commission could return to.

e. A member of the City and Hackney Older People's Reference Group pointed out that 'City and Hackney' was missing from their title on the list on p.115.

8.6 The Chair thanked officers for the report and for their attendance.

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

9 Integrated Learning Disabilities Service update

9.1 The Chair stated that he had asked the Director of Adult Services to provide regular updates on the Integrated Learning Disabilities Service which had recently undergone a redesign. Members gave consideration to the report.

9.2 The Chair welcomed for this item:

Simon Galczynski, Director of Adult Services (**SG)**
Tessa Cole, Head of Strategic Programmes and Governance, CACH (**TC**)

9.3 SG stated that there were significant cost pressures in this area. The previous update March was when the new system was being designed and they would be happy to return to the January meeting when they would be in a position to report more on roll out of the new system.

9.4 TC stated that ILDS was a good example of partnership working as it was overseen by an integrated multi agency team. The review and redesign of the system was driven by the increasing complexity of the service users' needs. A new Learning Disabilities Partnership Forum had been created and a Learning Disabilities Charter was being developed to be a vehicle for the co-production of the revised service. There would be co-production subgroups and a Carers Coproduction Forum.

9.5 Member asked questions and the following points were noted:

a.) Concern was expressed about how the required cost savings could be realised without staff numbers being reduced (as per 3.3 of the report). TC explained how redesign could contribute to savings. She explained that they work with the service user and their family to establish what they want to achieve and that could involve a supported living scheme, support at home or a move into a more institutional setting. Supporting people in independent settings was far less costly than in an institutional setting but some of the more complex cohort will require the latter. There is a Care Caluclator to ensure the council gets a fair price for the services it is purchasing.

b.) Members asked about the move to the new provider (ELFT rather than HUHFT) and when this would be communicated to service users. TC explained that part of the implementation plan would be the communication of any changes in the proper way. The timing of this announcement was important because although the service being provided won't change the person working with the service user would. This needs to be communicated early enough so that the service user understands but not too early so there is too long of a lead-in time.

c.) A Member asked for Healthwatch to comment on the changes. Amanda Elliott of Healthwatch stated that she attended the forums and they are were to be commended for being so person centred in their approach. She stated that 140 clients were currently placed out of borough and asked whether it was

envisaged, as part of the redesign, to bring them back. SG replied that where it was possible and appropriate the plan would be to bring more back to Hackney. He referred to the 'Circles of Detection' model whereby advocacy organisations which are part of local voluntary sector can add to the knowledge about a client and this works best when support is received in the home borough.

d.) In response to a question about how an increased life expectancy for those with learning disabilities would impact on service provision SG stated that a changing profile (older and with increased physical abilities) would certainly impact in how services need to be redesigned and how service user involvement, especially around the needs of ageing carers, can be enhanced.

e.) On the issue of the financial sustainability of the service AC commended the excellent support Adults Services colleagues had received from finance colleagues in financial modelling of future services. There was an ongoing debate on the funding particularly for older adults. In relation to the lower life expectancy the issue was how much of that is preventable and how can clients be better supported.

9.6 The Chair thanked officers for their report and asked that the next update in January include stats on the number of out of borough clients who are being supported.

ACTION:	**That the next update on ILDS coming to the January meeting includes reference to the number of clients being supported out of borough.**

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

10 Review on 'Supporting Adult Carers' Cabinet Response - for noting

10.1 Members noted the Cabinet Response to the Commission's own report on 'Supporting Adult Carers' which had been agreed by Cabinet on 17 September. The Chair stated that they would revisit the issue when they go back to officers for the update on implementation of the recommendations and this was scheduled for the 12 March 2019 meeting.

RESOLVED:	**That the Cabinet Response to the review on 'Supporting Adult Carers' be noted.**

11 Health in Hackney Scrutiny Commission- 2018/19 Work Programme

11.1 Members gave consideration to the updated work programme for the Commission for the year.

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

12 Any Other Business

12.1 Cllr Oguzkanli raised the issue of the legality of the use of Pre Attendance forms by HUHFT for patients attending Homerton Hospital to ascertain their eligibility for free access to NHS services. He stated that in his view there was no legal requirement for this and suggested that HUHFT should refuse to co-operate with this direction. The Chair replied that this issue had already been raised with him by Cllr Smyth and he had written to HUHFT. He had received a response from the Chief Nurse who had indicated among other things that the forms which had been objected to were being withdrawn. His understanding was that while there was a requirement to obtain this information the process had not been set down and he would ask the Chief Executive of HUHFT to clarify the situation in writing and this could be an additional item at the next meeting if necessary. Cllr Smyth, who was present, added that the Equality and Human Right Commission had ruled in June 2018 that the protocol whereby NHS Digital had to share patient information with the Home Office had been ruled as contrary to human rights legislation and so the practice had been suspended. He stated that HUHFT do not have to share information with the Home Office.

ACTION:	Chief Executive of HUHFT to respond to the Commission's concern regarding the use of the Pre Attendance Forms for patients attending Homerton Hospital.

12.2 The Chair stated that he was concerned about the impact on accountability should the ELHCP/NELCA proceed with its plan to create a single Chief Finance Officer across the 7 NEL CCG areas. David Maher (Managing Director, City and Hackney CCG) responded that the proposal was that the 'Executive Director of Finance' for the ELHCP would be an additional executive member of each of the constituent CCG Governing Bodies. City and Hackney CCG had put significant effort into ensuring that this new role reflected what the Governing Body wanted and the Hackney lay representative on the ELHCP's Joint Commissioning Committee, Sue Evans, had been involved in shaping the scheme of delegation for this new role. The single Executive Director of Finance would operate at an NEL level. The Chair stated that he would raise this issue at the next meeting of the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) and asked that in future if Scrutiny Committees were given sufficient waring of changes such as these.

12.3 A resident asked whether the North East London CCGs could provide a response on whether the drug Avastin would now be used in this region to treat Wet Age Related Macular Degeneration. This follows from Clinical Commissioning Groups (CCGs) in the north east winning a legal action taken by the drug company over their decision to start offering this drug, normally used for treatment of breast cancer, for treatment of Wet AMD also in their area. The drug, Bevacizumab (marketed as Avastin by Roche), is licensed for the treatment of cancer in the UK, but it does not have a marketing license for the treatment of Wet AMD. The CCGs noted that international clinical trials have demonstrated that Avastin was safe and clinically effective, and was used across Europe and the US for Wet AMD patients. It was estimated that the use of Avastin would save that region's NHS up to £13.5 million a year within the next five years.

ACTION:	O&S Officer to establish from CCG whether Avastin would now be used for treatment of Wet AMD.

12.4 With reference to the Estates Strategy report a resident took issue with the reference on p.21 that “life expectancy in the UK was improving” when latest data showed that was no longer the case.

12.5 A resident recommended that Members watch the BBC tv series based on the best seller ‘This Is Going to Hurt: Secret Diaries of a Junior Doctor” by Adam Kay.

Duration of the meeting: 7.00 - 9.10 pm

Health in Hackney Scrutiny Commission 19th November 2018 **Changes to Breast Screening Services**	Item No **5**

OUTLINE

At the previous meeting Members considered the response from NHSE London regarding concerns raised by the Chair and others regarding the performance of the breast screening service in Hackney. That letter is here.

The Chair asked for a representative of NHSEL to attend this meeting to answer some follow up questions and to provide an update on the situation reported in July.

Their update report will follow.

Attending for this item will be:

Commissioner: **Dr Kathie Binysh**, Head of Screening, NHSE London
Maggie Luck, Breast Screening Commissioning, NHSEL

New Provider: **Steven Davies**, Operations Manager, Royal Free London NHS FT also North London & Central and East London Breast Screening Services – London Administration Hub

Note: The previous provider was Barts Health NHS Trust and while some screening was carried out by them at a site at the Homerton, the latter were never the provider of this service.

ACTION

The Commission is requested to give consideration to the report.

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Health in Hackney Scrutiny Commission Joint item with Children and Young People Scrutiny Commission 19th November 2018 **INTEGRATED COMMISSIONING - Update from the Children and Young People and Maternity Workstream**	Item No **6**

OUTLINE

Health in Hackney Scrutiny Commission has been receiving a rolling programme of updates in turn from each of the 4 Integrated Commissioning Workstreams since they were created in May 2017.

The Children and Young People and Maternity Workstream are asked to provide updates to both the Children and Young People Scrutiny Commission and to Health in Hackney Scrutiny Commission and both commissions have decided to receive these jointly so that the effort is not duplicated. Members of Children and Young People Scrutiny Commission will therefore be attending for this item to ask questions of officers.

The previous joint update was at the meeting on 14 March 2018 and the minute of that is here:
http://mginternet.hackney.gov.uk/mgAi.aspx?ID=31054

Attending for this item will be

Amy Wilkinson, Integrated Commissioning Workstream Director - Children, Young People and Maternity
City and Hackney Clinical Commissioning Group / London Borough of Hackney / City of London

Anne Canning, Acting SRO for CYP&M Workstream also Group Director CACH

ACTION

The Commission is requested to give consideration to the report.

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Integrated Commissioning: Children, Young People and Maternity (Families) Care Workstream

Update to Joint Health in Hackney and Children and Young People Scrutiny Commission
19th November 2018

1.0 Purpose

The purpose of this report is to update members of the Health in Hackney and CYP Scrutiny Commissions on the progress that has been made by the Children, Young People and Maternity (CYPM) Care work-stream in embedding governance and delivery arrangements, and delivering its objectives for 2018/19.

2.0 Context

The CYPM Work stream has now been delivering for a year (commenced in October 2017), having been through Integrated Commissioning Governance at Assurance Review points 1, 2 and 3. The Children, Young People and Maternity Workstream is working to deliver an integrated system for children, young people and their families across City and Hackney. The overarching aim is to co-ordinate, optimise and transform the delivery, and subsequently the health outcomes of our residents.

3.0 Plans and progress 2018/19

Moving into 2018/19 the workstream has consolidated structures to support delivery of both business as usual, and transformation.. We have now recruited to our 3 Clinical / Practitioner lead roles (for Maternity, Children, and CYP mental health and wellbeing), alongside our clinical leads for Long Term conditions (asthma, sickle cell and epilepsy), Maternity (pre-conception, antenatal pathways and patient experience) and two new clinical leads (Early years and SEND / wider children's pathways). These clinical expertise will support our wider children's services leadership and our head teacher representatives to drive forward integration.

Our top 3 deliverables, linked to our transformations plans, for 2018/19 are:

- Delivering the CAMHS transformation, including integrated work on exclusions
- Transforming pathways for children with SEND, in line with recommendations from inspections, and commissioning a new health offer for our Looked After Children
- Improving quality of maternity services at HUFT, and embarking on repatriating the significant numbers of births we have out of area

The workstream has made progress on delivery of the 4 functions outlined in the delivery framework (reported to Overview and Scrutiny committee in March 2018), that support both the development of the workstream and the delivery of the CYPM integration and transformation agenda as below:

3.1 Delivery Framework: 'How' we are working

Deliverable	Progress to May 2018	18/19 Plans
Consolidating and streamlining of workstream budgets	Work progressing. Budgets collated across LBH, CCG, CoL and HLT and recommendations drafted for pooling / aligning.	Proposals for pooling / aligning being explored currently. The first in a series of finance workshops to go ahead 20 Dec 2018. Confirmed proposals to follow, likely Spring 2019.
Refreshing children's health governance across the system	Work complete. New streamlined workstream - based governance structure being implemented.	New structures in place. To be reviewed early 2019.
Improvement and oversight of Business as usual	BAU being managed through BPOG (as below). Integrated management of BAU functioning well. See performance tracker in appendices	Continue integrated oversight and management of BAU. Key areas include delivery of QIPP, re-basing of HUFT CHS contract and support for implementation for changes in CHC (SEND) and maternity, implementation of the new School Based Health service, alongside examining acute performance and repatriation (linked to Transformation priority) and other BAU. Also see transformation priorities and big ticket items for alignment.
Identification and delivery of transformation priorities	Priorities agreed, early plans drafted and structures for delivery emerging.	Delivery of transformation priorities and big ticket items, aligned to BAU as above. Further detail below.

3.2 Key outcomes, current performance and trajectories and Business As Usual

Our CYPM performance dashboard and tracker give an overview of performance against our 'BAU' indicators and details our transformation priorities. We are currently working on re-

freshing our performance and outcome dashboard to more accurately reflect the breadth of the work delivered.

Our business as usual is being managed by our Business, Performance and Oversight Group. Commissioners across all organisations (CCG, LBH and CoL) meet with clinical leads monthly to examine performance of commissioned contracts, issues with performance and contracting, delivery of statutory functions (including inspection co-ordination) and align with transformation work and 'big ticket' items. This is becoming well embedded across the system and also does a monthly deep dive into specific areas on a rotating basis (ie, 0-5, CoL, maternity, etc.). This group deals with any new proposals or innovations, and has an overview of risk.

3.3 Transformation Priorities

Transformation Priorities are beginning to beginning to deliver in an integrated way. As an overview, our key transformation areas (linked to our workstream 'Asks') are:

Deliverables:	**Outcome ambitions:**
Priority 1: Improving Children and Young People's Emotional Health and Wellbeing across the system	
Ensure the development of a clear prevention offer, with an emphasis on wellbeing, and young people getting support where needed. Includes: • Implementation of the CAMHS transformation plans, including schools work • Re-design of service system • Investigating the increase in self- harm presentation, and • Identify key trends / issues and making recommendations to address • Improving access to support to for children and young people in the City of London	Improved offer of, and access to CAMHS, demonstrated through: • Increased diagnosis (linked to increased investment) • clearer pathways for residents and non-residents • improved access to support for crisis • CAMHS support in all schools by 2020 • Improved outcomes for those transitioning to adult mental health services through a pilot 18-25 yr service • Reduced waiting times to entering treatment within 6 weeks by Q3, 18/19 • Extended hours of Paediatric Psychiatric liaison in A&E to 10pm • Enhanced eating disorders service • Improved neurodevelopmental pathways including increase funding for Autism diagnosis and aftercare

Priority 2: Strengthening our health and wellbeing offer for vulnerable groups	
Improve the health offer for Looked After Children: Re-design and procure integrated HLAC provision Oversight of the health elements of the SEND offer and targeted joint work. Includes: • Pathway development, particularly around the offer at early years • Early health input mechanisms embedded into EHCPs (Education, Health and Care Plans) • Support at key transition points • Further development / use of personal health budgets • work with partners including the OJ community to support access to provision • explore improving the health and wellbeing of boys with autism specifically for City of London Support work with children to manage Long Term conditions. Includes: • STP Integrated Asthma provision work • Epilepsy and Asthma specialist nurses • Develop local offer around allergy and dermatology • Explore increasing access to therapies for groups with barriers to access, and specifically for City of London children • Develop clear Primary Care pathways for children with unexplained medical symptoms (in conjunction with the Paediatric liaison service),	More effective pathways for LAC through health, particularly for those CYP with complex health needs, mental health needs and challenging behaviour needs through newly commissioned service Increased early health support for children with SEND, as evidenced through input to EHCPS Increased numbers of children and their families utilising Personal Health budgets and making effective transitions to adult services Increased representation of specific communities accessing SEND heath support More families supported to manage long term conditions in the community, and through a closer relationship with Primary Care

and work with CAMHS on the Autism pathway Scope potential for joint work across the CSE, harmful sexual behaviours and CSA agenda, and deliver on STP proposals for development of CSA hub Support integration and groups with disparities in health outcomes and higher levels of coming into contact with the Youth Justice system, alongside work to Explore links to reducing exclusions Improve the health and wellbeing offer for the most vulnerable groups of City of London children and young people	Further integration of social care and health, resulting in better identification and support for those at risk of sexual exploitation, and better and faster access to support for those who have experience sexual assault. Less disproportionate representation of specific vulnerable groups accessing health and wellbeing services Closer working across education, health and social care to support the most vulnerable young people to stay in school
Priority 3: Improving the offer of care at maternity and early years	
Support improvement in quality of local maternity services and perinatal care. Includes: • Explore and propose work to reduce rates of infant mortality • Explore and evaluate data around re-admissions and identify action plan • Reduce rates of smoking in pregnancy (Embed HUFT maternal smoking pathway and explore UCL pathway) • Support work to improve rates of immunisations (including antenatal flu and pertussis). Explore potential effectiveness of devolved commissioning. • Support work on choice of maternity care and perinatal mental health (with STP partners) • Clarify pathways for women following birth and discharge Support work to improve rates of immunisations at 1 and 2 years, including	Reduction in rate of stillbirths, neonatal and maternal deaths, supported by: • Increased early booking by 10 weeks of pregnancy, and improve continuity of care from their midwife • Improved pregnancy outcomes, specifically for women who have Long Term Conditions (LTCs) or other specific medical needs through our GP Early Years Contract, and targeted pre-conceptual care • An increase in numbers of women taking folic acid, aspirin and healthy start vitamins for a healthy pregnancy and healthy growth and development of the child • Increased numbers of women who receive Pertussis and Flu jabs during their pregnancy • Increased referral of women early to local services when social or psychological risks are identified • Improved pregnancy outcomes for socially vulnerable women targeted support for women who may be socially vulnerable • Clearer pathways through services for women with a high

exploring options for a devolved commissioning role Improve access to breastfeeding support Explore options for development of a 'supporting parents' pathway, linked to substance misuse. This includes exploring work with Fathers. Ensure the needs of families and young children are built into the new 'Neighbourhoods' model (above), and the interface with children's centres is effective	Body Mass Index (BMI) • Ensure pregnant women, partners and parents have the opportunity to provide feedback on their experience of using maternity services • Increased identification of, and access to support for women around mental health in the perinatal period (alongside our STP partners)

3.4 Some early highlights across both BAU and transformation priorities include:

- Improved maternity performance by HUFT, CQC Inspection August 2018 (moved from 'Requires improvement' to 'Good').
- Delivery of CAMHS Transformation plans : Over 40 schools engaged in joint CAMHS / Education workshops and 50 schools now have CAMHS workers in them
- All children with continuing healthcare needs now transferred to personal health budgets, and all those eligible now transferred from statements to EHCPs (linked to two positive SEND inspections)
- Collaborative re-design and commissioning process underway for new health of Looked After Children's service (for delivery September 2019)
- Early snapshot of factors affecting exclusions drafted, with a full data analysis now underway.
- Funding secured for implementation of recommendations arising from the CoL and LBH SEND inspections, which will include a system wide review of, and recommendations for funding protocols and pathways
- Perinatal mental health bid across North East London was successful, and will roll out further mental health support for mums over the next year in City and Hackney
- Plans developing for how we will work with Unplanned Care to embed the 'neighbourhoods' model in a meaningful way for families. This includes support for families but also a focus on strengthening relationships around children across Primary care and other professionals at both early years and adolescence. Some funding secured for this.
- Successful re-commissioning of School Based Health services and Family Nurse Partnership. New integrated model delivering from September 2018.
- Early scoping work has started on how we might take a City and Hackney approach to implementing national findings around Adverse Childhood Events. This begins in November 2018.
- Close cross-workstream work to ensure the children's contracts that are part of the current HUFT Community Health services contracts are a high priority of the new

'Neighbourhood healthcare' model, and are fit for purpose. This is being designed currently, as part of an ambitious 5 year plan.

4.0 Alignment with East London Health and Care Partnership ('The STP')
There are several areas of alignment with the East London Health and Care Partnership, and our close neighbours, including maternity, vulnerable children at risk of sexual exploitation and assault, CAMHS transformation and asthma.

5.0 Primary Care
Our newly appointed clinical lead for Children (Suki Francis) will lead on consolidating and developing clear pathways. We are keen to strengthen links across Primary Care and wider health, education and social care services for children and young people. Additionally:

- We have prioritised 'immunisations' work, and have a GP confederation contract on it. We are keen to also explore how we can develop this work through piloting a 'neighbourhood' approach.
- We want to strengthen links across Primary Care and children's community nursing and other services
- Building on our GP confederation Long Term Conditions contracts, we would like to work on scoping a clear offer around Long Term Conditions - specifically dermatology and allergy. There is currently a specialist asthma nurse and specialist epilepsy nurse, and we want to see if there are any benefits to alternative ways to manage LTCs.

6.0 Quality and Safeguarding
Quality is monitored at contract and service level, through a number of KPIs and wider indicators, with the support of the CCG quality function.
Further detail on Quality of local children's and maternity services is available, but key points are that:

- Homerton acute and community services are rated "good" by CQC and. Mental health services for children are rated "good" or "outstanding" at ELFT. All local GP practices are rated "good" or "outstanding".
- We have had two generally positive SEND (Special Educational Needs and Disability) Inspections (Hackney Dec 2017 and CoL March 2018). Health services for this cohort were found to be good
- The August CQC report on Maternity services has now rated HUFT as 'Good'

The workstream has drafted a safeguarding framework, building on very strong joint City and Hackney child safeguarding arrangements. This outlines how we interface and incorporate safeguarding throughout our workstream business and joint plans. It will ensure we are responding to recently published Safeguarding guidance: 'Working together to Safeguard Children 2018'.

7.0 Co-production & Engagement
The workstream has drafted an Engagement Plan that includes a mapping of the existing groups across the system that regularly engage children, young people and parents. We are now in the process of drafting an engagement strategy that will outline the ways we engage with children and young people. As part of this, our two public representatives (parents of very young and adolescent children) alongside our two VCS representatives (from Interlink

and the Black Parents Forum) represent our more specific communities. We have set up a Young Parents Advisory Group (4 parents), who are working with us to inform and support engagement and co-production. They have begun to think about how they would like to take co-production forward across maternity (specifically the campaign to attract births back to HUFT - alongside the Maternity Voices Partnership), CAMHS (as part of evaluating delivery of transformation plans), and how they will be part of designing our new health offer for Looked After Children.

8.0 Financial plans

Having almost completed a financial transparency and consolidation exercise to look at all the workstream budgets, we are now in a position to state exactly what they are, and which areas we would like to explore propose for pooling and aligning in the immediate term. We are commencing a series of workshops to look at the detail underneath these proposals with Finance Directors and Service Leads, commencing in December 2018.

We plan to have a more detailed proposal worked up for April 2019.

Health in Hackney Scrutiny Commission 19th November 2018 **Vaccine preventable disease and 0-5 childhood immunisations**	Item No **7**

OUTLINE

Members requested an item on this to address concerns about the poor performance, for some time, by City and Hackney on the rates of vaccine preventable disease and immunisation. City and Hackney has, for example, the lowest rate in the country, 75%, for the MMR1 vaccine at 24 months. The requirement for 'herd immunity' is 95% so this is a significant concern. NHS Digital published a report in September which showed that nationally vaccination rates had decreased for the fourth year in a row. This also comes amid serious outbreaks of measles across Europe.

The Commission last had a lengthy item on this in July 2016 when the commissioners from NHSE London attended and followed up with a local action plan. The minutes and report of that are here:
http://mginternet.hackney.gov.uk/mgAi.aspx?ID=26199

Since then City and Hackney GP Confederation has had a dedicated project to drive up vaccination rates and to provide vaccinations in a range of settings.

Attached please find:

a) Report from **NHS England London** (the commissioner)
b) Report from **City and Hackney GP Confederation** (both providing additional capacity for vaccinations and leading the local initiative)

Attending for this item will be:

Dr Catherine Heffernan, Principal Advisor for Commissioning CHIS, Immunisations and Vaccination Services, NHS England London
Rehana Ahmed, Immunisation Commissioning Manager, NHSE London
Susan Cahill, NHSE London
Dr Mary Clarke CBE, Director of Workforce, City and Hackney GP Confederation
Laura Sharpe, Chief Executive, City and Hackney GP Confederation
Dr Simrit Degun, City and Hackney GP Confederation
Amy Wilkinson, Integrated Commissioning Workstream Director - Children, Young People and Maternity

Sarah Darcy, Children and Young People Strategic Lead, Integrated Commissioning CYP&M Workstream
Anne Canning, SRO for CYP&M Workstream also Group Director CACH
Dr Rhiannon England, City and Hackney CCG
David Maher, Managing Director, City and Hackney CCG
Dr Penny Bevan CBE, Director of Public Health, City and Hackney

ACTION

The Commission is requested to give consideration to the reports.

NHS England

Report to Health in Hackney Scrutiny Commission on Section 7a Immunisation Programmes in City & Hackney 2018

Report on Section 7a Immunisation Programmes in London Borough of City & Hackney 2018

Prepared by: Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years, Immunisations and Vaccination Services and Ms Rehana Ahmed, Immunisation Commissioning Manager

Presented to: Health in Hackney Scrutiny Commission.

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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1 Aim

- The purpose of this paper is to provide an overview of coverage and uptake of Section 7a 0-5s childhood immunisation programmes in the London Borough of City and Hackney for 2018.

- Section 7a immunisation programmes are 18 publicly funded immunisation programmes that cover the life-course:
    - Antenatal and targeted new-born vaccinations
    - Routine Childhood Immunisation Programme for 0-5 years
    - School age vaccinations
    - Adult vaccinations such as the annual seasonal influenza vaccination

- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule.

- Members of the Health in Hackney Scrutiny Commission are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase vaccination coverage and immunisation uptake in City and Hackney.

2 Roles and responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.

- Under this guidance, NHS England (NHSE), through its Area Teams (known as Screening and Immunisation Teams), is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHS England is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

- Public Health England (PHE) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In City and Hackney, this function is provided by the PHE North East Health Protection Team.

- Clinical Commissioning Groups (CCGs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.

- Across the UK, the main providers of childhood immunisation are GP practices. In City and Hackney, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.

- Immunisation data is captured on Child Health Information System (CHIS) for City and Hackney as part of the NEL CHIS Hub (provided by NELFT). Data is uploaded into CHIS from GP practice records via a data linkage system provided by QMS. The CHIS provides quarterly and annual submissions to Public Health England for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these statistics are official statistics.

- Local Authorities (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England, Public Health England and providers.

- Apart from attendance at Health and Social Care Overview Panels and at Health and Well-Being Boards, NHSE (London) also provides assurance on the delivery and performance of immunisation programmes via quarterly meetings of Immunisation Performance and Quality Boards. There is one for each Strategic Transformation Partnership (STP) footprint. The purpose of these meetings is to quality assure and assess the performance of all Section 7a Immunisation Programmes across the STP in line with Public Health England (PHE) standards, recommendations and section 7a service specifications as prepared by PHE with NHS England commissioning. All partners are invited to this scrutiny meeting, including colleagues from the Local Authority, CCG, CHIS, NHSE, PHE Health Protection and Community Provider service leads. Data for City and Hackney is covered in the NEL STP Immunisation Performance and Quality Boards.

- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership and updates via the Association of Directors of Public Health. It is through these communication channels that progress on the Bi-annual London Immunisation Plan (2017-19) and its accompanying annual Flu Plans are shared.

3 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, fragmented commissioning and provision of health care, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- Under the London Immunisation Partnership (formerly the London Immunisation Board), NHS England London Region (NHSE London) and Public Health England London Region (PHE London) seek to ensure that the London population are protected from vaccine preventable diseases and are working in

partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

4 Routine Childhood Immunisation Schedule (0-5 years)

- The routine childhood immunisation programme protect against:
  - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
  - Pneumococcal disease, (PCV)
  - Meningococcal group C disease (Men C)
  - Meningococcal group B disease
  - Measles, mumps and rubella (MMR)

- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.

- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.

- At 2 years and again at 3 years, children are offered annual child influenza vaccine.

- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

5 What is COVER and how is it produced?

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years. This is an important point to note as often COVER statistics are used to take action to improve uptake in general practice populations or communities. However, you are using data is between 6 months and 18 months out of date and opportunities to ensure that those cohorts have been immunized in accordance with the routine immunisation schedule have been missed.

- There are known complexities in collecting data on childhood immunisations. Indeed, since 2013, London's COVER data is usually published with caveats and drops in reported rates are always due to data collection or collation issues for that quarter. Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities.

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5.1 Role of Child Health Information Service (CHIS)

- London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Health Care) and North West London (provider is Health Intelligence). These Hubs are commissioned by NHS England to compile and report London's quarterly and annual submissions to PHE for COVER.

- A 'script' or algorithm is utilized to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified – for example for first dose of MMR any child who had their MMR vaccination before their first birthday are not included and so appear unvaccinated.

- CHIS Hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to PHE.

- CHIS Hubs are also commissioned to 'clean' the denominator by routinely doing movers in and movers out reports. This is to ensure that the denominator is up-to-date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. Historically and currently, there are ongoing issues with CHIS Hubs keeping up-to-date with movers in and removals which is picked up in contract performance meetings with the NHSE (London) commissioners.

5.2 Role of Data Linkage Systems

- Immunisation data is extracted from London's general practices' IT systems and uploaded onto the CHIS systems. This isn't done directly by the CHIS Hubs. Instead data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHS England whilst 4 CCGs in outer North East London commission a separate system.

- Since the primary purpose of CHIS is to hold health information on individual children, the immunisation data extracted from general practices is patient identifiable data (PID). As a result, data sharing agreements is required between each general practice and CHIS. In 2017, NHSE (London) Immunisation Commissioning Team and CHIS Hubs worked to ensure that data sharing agreements were signed and agreed – for example Health Intelligence managed to secure 99% data sharing agreements (DSAs) in North West London. Introduction of GPDR in mid-2018 meant that DSAs had to be resigned and this was reported by the NEL CHIS Hub to their commissioner as having had an impact on their data submission for Q1 2018/19 and again for Q2 2018/19.

- NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance to the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the 'COVER SOP', to check against the COVER submissions by CHIS in order to question variations or discrepancies.

5.3 Role of General Practice

- While data linkage systems provide an automated solution to manual contact between CHIS and general practices, data linkage does not extract raw data. General practices have to prepare the data for extraction every month. This will vary between practices how automated the process is but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.

- General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystemOne, all of whom are commissioned by their CCG), CQRS (the payments system run by NHS England for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive.

- The aggregated immunisation data in each practice is dependent upon the quality of patient records. When a practice nurse vaccinates a child, the record of the vaccination should be recorded onto the GP IT system and into the child's hand held personal record (the Redbook). In the past, a duplicate copy was taken from the Redbook and sent to CHIS but this is no longer wide-spread practice. It is anticipated that the e-Redbook will provide that secondary source to triangulate immunisation data going forward. There can be variation in when the nurse inputs the information – can be at the individual appointment or at the end of a clinic. There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction. (During 2015/16, the team visited 300 practices to uncover the issues in vaccinating 0-5 year olds and these were the main factors vocalised by practice managers.)

- Whilst NHSE (London) immunisation commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission general practices directly. Vaccination services, including call/recall (patient invite and reminder systems) are

contracted under the General Medical Services (GMS) contract. This contract is held by primary care commissioning directorates of NHSE. To date, there is a lack of clarity on what levers NHSE (London) Immunisation Commissioning Team (with primary care colleagues) can use to ensure robust high quality data for extraction for COVER and that practices are undertaking adequate call/recall.

6 City and Hackney and the challenges

- City and Hackney is affected by the same challenges that face London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
  - Complexities in data collection for COVER statistics
  - the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices
  - London's high population mobility which affects data collection and accuracy
  - Inconsistent patient invite/reminder (call-recall) systems across London
  - Declining vaccinating workforce
  - Increasing competing health priorities for general practice

- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in City and Hackney's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.

- However, despite London's percentage uptake being lower than other regions, London vaccinates almost twice as many 0-5 year olds than any other region. If you look at MMR2 as an indicator of completion of programme, London reported 79.5% uptake for 2016/17 compared to England's 87.6%. We vaccinated 100,293 five year olds with MMR2 in 2016/17, down from 104,031 in 2015/16 but more than any other region – South East (the next biggest region) vaccinated 99,434 (86.2% coverage).

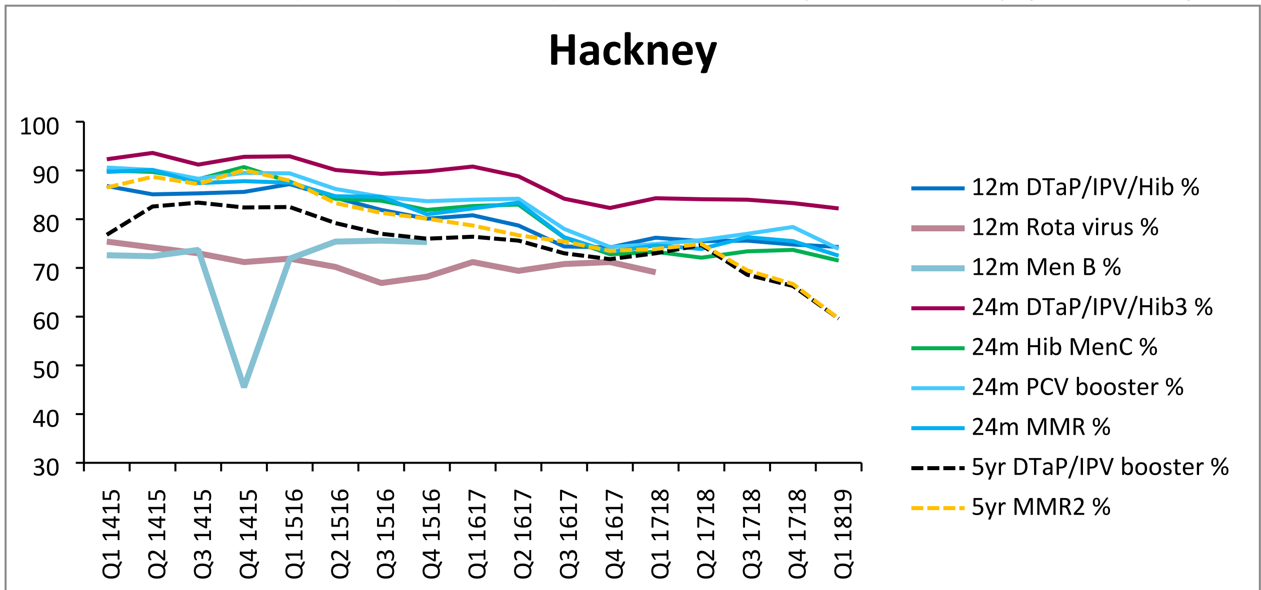
- It could be argued that with a bigger denominator, London has a bigger number of unvaccinated children. However, only a proportion of these 'unvaccinated' children are truly unvaccinated, the others have been vaccinated abroad (there are known difficulties recording these) or within UK (records may not be updated in time for the data extraction). These vaccinations have not been captured on data systems. Similarly, there are children who are vaccinated outside the schedule (either early or late) and are not included in the cohorts reported.

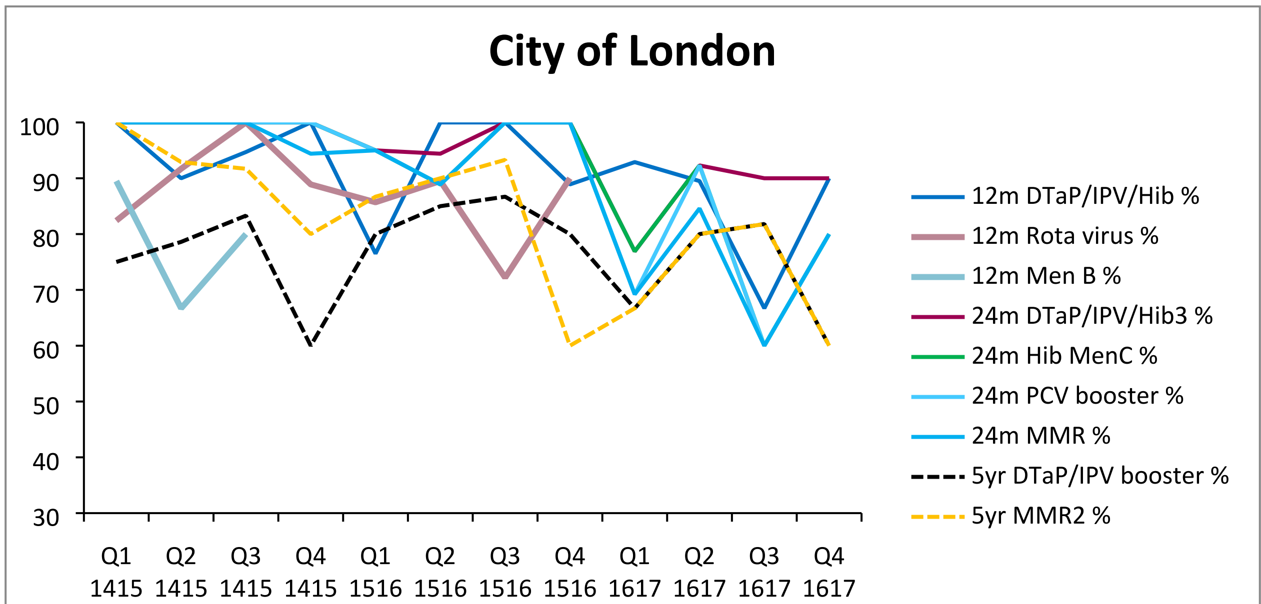
6.1 City and Hackney's uptake and coverage rates

- Like many other London boroughs, City and Hackney has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).

- Figure 1 provides a snapshot of all City and Hackney's 0-5 immunisation programmes. Whilst City of London fluctuates widely due to small numbers. Figures for Hackney are unusual. Typically, uptake of vaccinations are close together indicating a good quality of service provision for the age one cohort and then drop off between age 1 and age 2 and again by age 5 which indicates the system ability to call/recall and track children. However, in Hackney uptake for the 12 month cohort is considerably lower than the rest of London – 75.6% for 2017/18 compared to 89.2% for London – but the uptake of primaries if measured at 24 months is higher, thus indicating late vaccinations. Overall the rates for Hackney are declining across all cohorts. As this is not reflected across London, this suggests the decline is due to additional factors to data quality, although the dip in Q1 2017/18 was a data quality issue due to migrating CHIS systems to 4 CHIS hubs.

Figure 1
COVER rates for Age 1, Age 2 and Age 5 cohorts in City and Hackney (2011-2016)



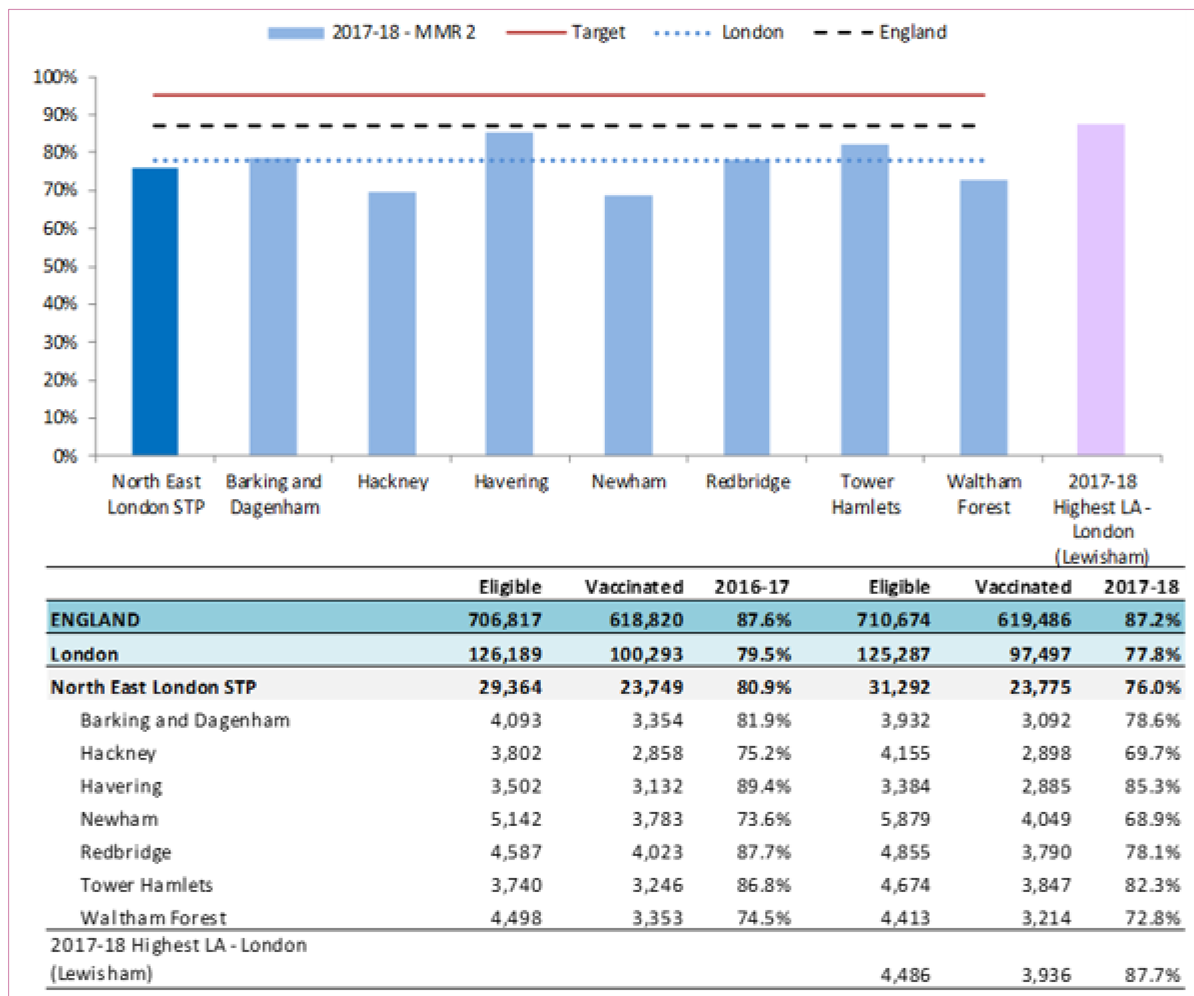


Source: PHE (2018)

- Immunisation uptake can be compared with geographical neighbours as immunisation uptake is affected by service provision and neighbouring boroughs in NEL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours. However, we have included a statistical neighbour comparison for the completion of the 0-5s immunisation schedule – MMR2 and preschool booster in Figures 2 and 2. It can be seen here that Hackney is just above Newham at the bottom of its geographical neighbours. All rates in London were affected in 2017/18 by the migration of CHIS systems, yet throughout the past five years, Hackney has been below London averages.

Figure 2

Hackney compared to its geographical neighbours for MMR 2 (completed MMR coverage) using annual data for the age 2 cohort for years 2016/17 and 2017/18

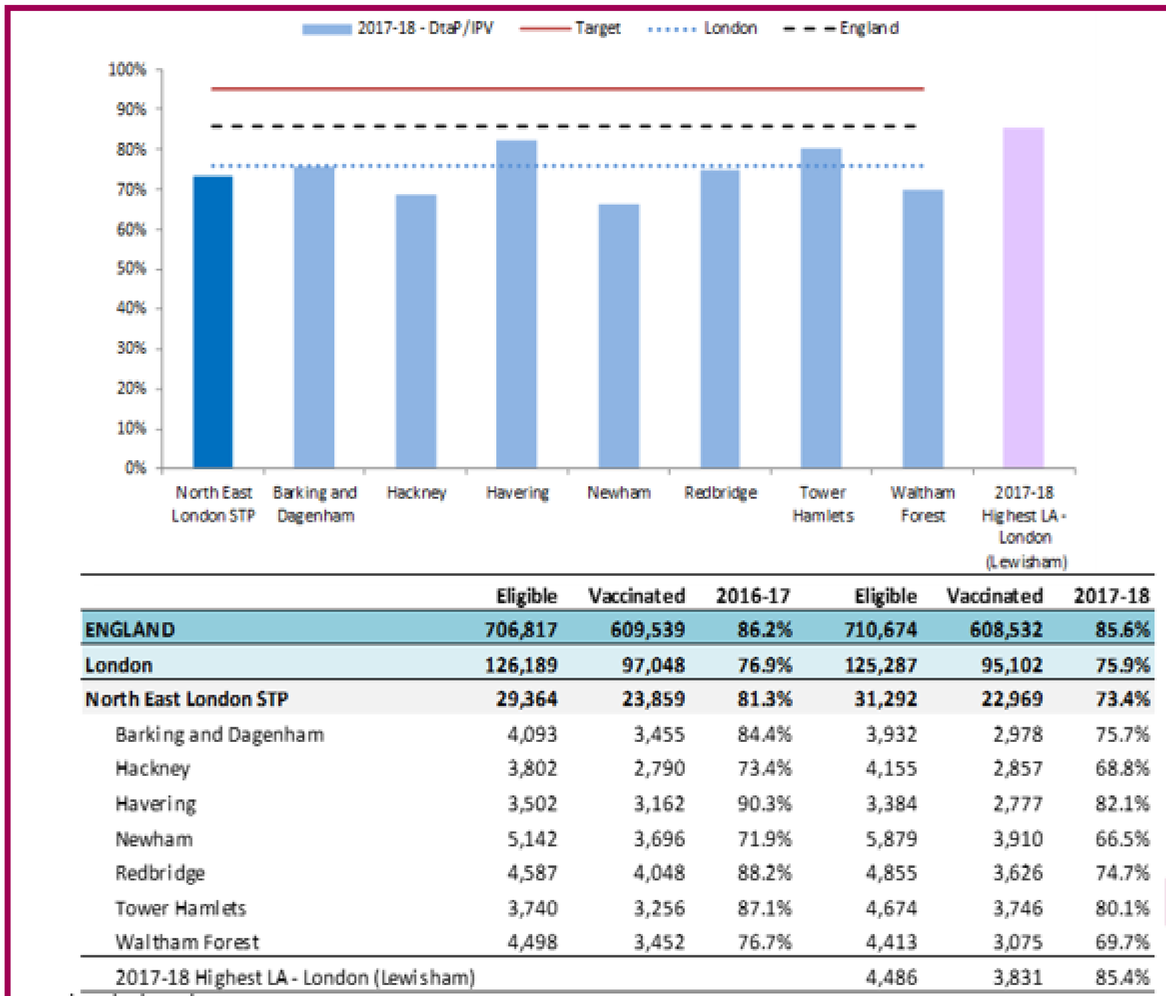


	Eligible	Vaccinated	2016-17	Eligible	Vaccinated	2017-18
ENGLAND	**706,817**	**618,820**	**87.6%**	**710,674**	**619,486**	**87.2%**
London	**126,189**	**100,293**	**79.5%**	**125,287**	**97,497**	**77.8%**
North East London STP	**29,364**	**23,749**	**80.9%**	**31,292**	**23,775**	**76.0%**
Barking and Dagenham	4,093	3,354	81.9%	3,932	3,092	78.6%
Hackney	3,802	2,858	75.2%	4,155	2,898	69.7%
Havering	3,502	3,132	89.4%	3,384	2,885	85.3%
Newham	5,142	3,783	73.6%	5,879	4,049	68.9%
Redbridge	4,587	4,023	87.7%	4,855	3,790	78.1%
Tower Hamlets	3,740	3,246	86.8%	4,674	3,847	82.3%
Waltham Forest	4,498	3,353	74.5%	4,413	3,214	72.8%
2017-18 Highest LA - London (Lewisham)				4,486	3,936	87.7%

Source: PHE (2018)

Figure 3

Hackney compared to its geographical neighbours for 'Preschool Booster' using annual data for the Age 5 cohort for years 2016/17 and 2017/18



	Eligible	Vaccinated	2016-17	Eligible	Vaccinated	2017-18
ENGLAND	**706,817**	**609,539**	**86.2%**	**710,674**	**608,532**	**85.6%**
London	**126,189**	**97,048**	**76.9%**	**125,287**	**95,102**	**75.9%**
North East London STP	**29,364**	**23,859**	**81.3%**	**31,292**	**22,969**	**73.4%**
Barking and Dagenham	4,093	3,455	84.4%	3,932	2,978	75.7%
Hackney	3,802	2,790	73.4%	4,155	2,857	68.8%
Havering	3,502	3,162	90.3%	3,384	2,777	82.1%
Newham	5,142	3,696	71.9%	5,879	3,910	66.5%
Redbridge	4,587	4,048	88.2%	4,855	3,626	74.7%
Tower Hamlets	3,740	3,256	87.1%	4,674	3,746	80.1%
Waltham Forest	4,498	3,452	76.7%	4,413	3,075	69.7%
2017-18 Highest LA - London (Lewisham)				4,486	3,831	85.4%

Source: PHE (2018)

6.2 What are we doing to increase uptake of COVER?

- City and Hackney like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in City and Hackney is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London.

- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Figure 4 illustrates the interconnecting domains across which work needs to be undertaken in order to increase uptake and coverage.

- Under the London Immunisation Partnership (formerly Board), PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. This year so far there have been two deep dives – one into school age vaccinations in June and another into production of COVER in October 2018. These deep dives result in action plans taken forth by the sub-group of the London Immunisation Partnership – the London Immunisation Business Group – and these plans are then evaluated for impact by another sub-group Evaluation, Analytics and Research Group. A health inequalities strategy for immunisations – Serving the Under-served – was drafted and consulted upon this year and is due to be published later this year. This outlines what PHE (London) and NHSE (London) are going to do with their partners to reduce inequities in uptake across London.

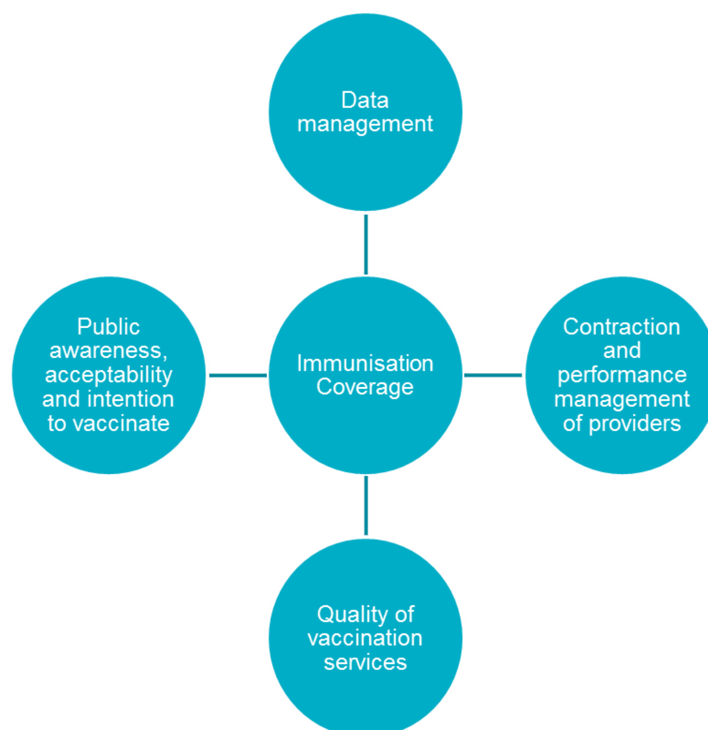
- The London wide Immunisation Plan for 2017/19 included sub-sets of plans such as improving parental invites/reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations. A census of London's 1401 GP practices resulted in the production of 0-5s call/recall best practice pathway and a 0-5s best practice pathway. Under the London Immunisation Partnership PHE and NHSE (London) are evaluating the impact of these pathways over the next few months. Another strand of work is to grow a vaccinator workforce in London. This includes a webinar offer from PHE (London) which practice nurses can access to ensure that they are kept up-to-date with the recommended annual updates.

- As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community and Haredi community in Hackney) and to work together to improve public acceptability and access and thereby increase vaccine uptake. NHSE (London) is also working with the GP Confederation in City and Hackney to improve provision of 0-5s immunisations. This includes working with vaccine ambassadors to help parents make informed choices (a

key finding from the body of evidence on 'vaccine hesitancy') and supporting a pilot of digitalised patient invite/reminder processes. This builds upon the support from the CCG to increase capacity in the workforce to deliver immunisations.

- In October 2018, NHSE (London) with the Strategic Transformation Partnership (STP) for NEL hosted a devolution workshop into the opportunities that place based commissioning provides for improving immunisations. Two pragmatic approaches emerged from the discussions on how to make children 'school ready' in terms of immunisations. We will be sharing and working to implement these approaches.

Figure 4
Infographic of action plan to improve immunisation coverage by working in partnership on each of the four areas below



7 Conclusions

- NHSE (London) continues to work on delivering the WHO European and national strategies to improve coverage and to eliminate vaccine preventable diseases. In London this is done through the London Immunisation Plan which is reviewed annually by the London Immunisation Partnership.
- City and Hackney are amongst the lowest uptake in London and NHSE are working with the GP Confederation and partners to target this borough and support general practices in delivering vaccination services.
- Quarterly assurance is provided on City and Hackney through the NEL Immunisation Performance and Quality Board where challenges and solutions can be discussed around the performance data and the surveillance data.

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City & Hackney GP Confederation Childhood Immunisation Service Report for Health in Hackney Meeting

19th November 2018

CHILDHOOD IMMUNISATION SERVICE INTRODUCTION AND BACKGROUND

Immunisation is one of the most cost-effective health interventions available, saving millions of children from illness, disability and death each year. The primary aim of immunisations is to protect the population from vaccine preventable diseases and reduce the associated morbidity and mortality.

The aim of the national childhood immunisation programme is to protect children who receive the vaccine and reduce the risk of infection to others. Currently the uptake of childhood immunisations in City & Hackney is well below the level (95%) required for herd immunity.

Improving the uptake of Childhood Immunisations has been identified by all partners as a priority and is reflected in the priorities of the integrated Children, Young People and Maternity Services workstream. Childhood immunisation is also articulated in the City and Hackney neighbourhood plans as a key area of work.

In City and Hackney there are two approaches in place aligned to the commissioning of childhood immunisations:

Firstly, NHS England commissions General Practice to provide childhood immunisation as part of the contract held for the delivery of general medical services and this is where the vast majority of immunisations take place. The GP Confederation, funded by the CCG, has been supporting all practices to raise their performance levels.

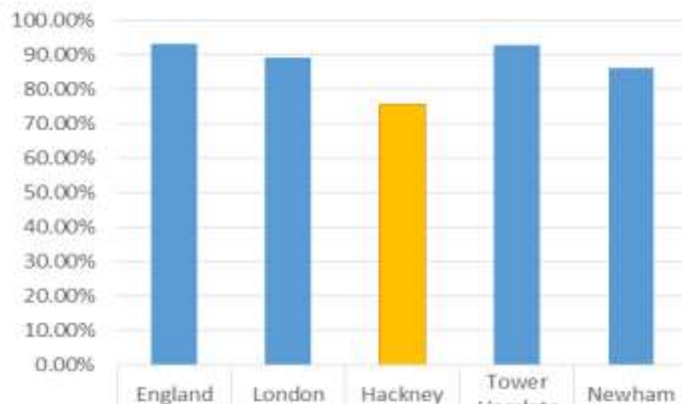
Secondly, the CCG has commissioned the GP Confederation to supplement this by directly providing a 0 – 5 childhood immunisation service. The service provides the schedule of immunisations which are given at 8, 12 and 16 weeks, at 1 year, 3 years 4 months of age. The aim of the contract is to increase primary care capacity and enable wider access to childhood immunisation aimed at improving the uptake of the childhood immunisation and performance of practices in City and Hackney. The GP Confederation Childhood Immunisation Service is available to all children registered with a City and Hackney GP.

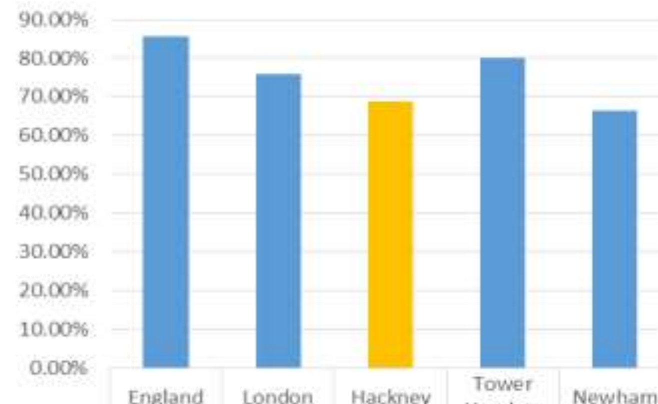
The service commissioned operates flexible clinics to widen access tailored to the needs of the population, improving access by delivering clinics across the borough, providing greater choice and flexibility for families falling behind with Immunisation. Through improved co-ordination and data monitoring, the GP Confederation targets areas of particular need to ensure optimum uptake of immunisations.

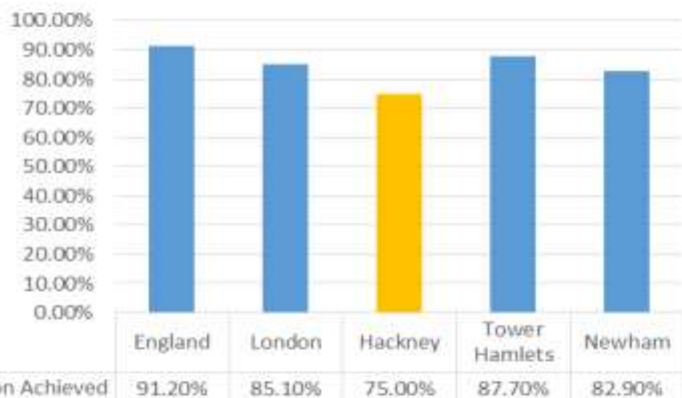
The GP Confederation service commenced in September 2017.

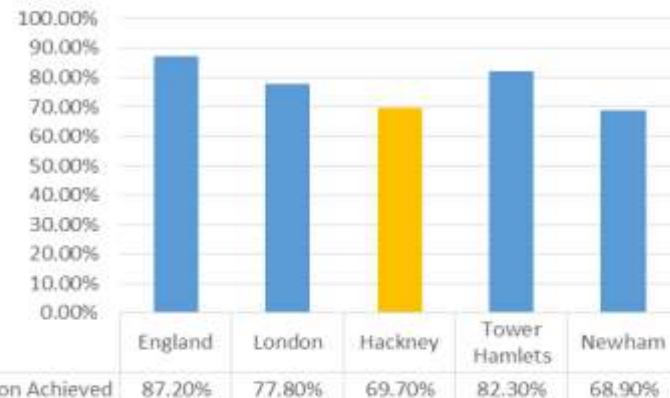
CHILDHOOD IMMUNISATION
NATIONAL AND LOCAL COMPARISON DATA

The below tables show the national and local compassion figures comparing the performance of Hackney with the England and London average and also comparison with Tower Hamlets and Newham against four immunisation targets for 2017 - 2018.









CHILDHOOD IMMUNISATION SERVICE
CURRENT IMMUNISATION PERFORMANCE BY NEIGHBOURHOOD

The below tables set out the current position against the four immunisation targets as of October 2018. Of particular note is the ongoing strength of the South West & City, contrasted with weaker performance in the North West, and the deteriorating performance in the North East against the 2017 baseline.

Uptake of 5 in 1 or 6in1 @ 12 months

Quadrant	*Baseline Dec 2017 (%)*	Target by Mar 2019	**Position as at 30 Oct 2018**
NW1	80%	95%	82.11%
NW2	89%	95%	90.72%
NE1	47%	95%	38.25%
NE2	68%	95%	69.55%
SE 1	85%	95%	86.78%
SE 2	88%	95%	89.46%
SW1	91%	95%	89.10%
SW2	88%	95%	90.46%
City	88%	95%	91.36%
All	75%	95%	73.91%

Uptake of MMR @ 24 months

Quadrant	*Baseline Dec 2017 (%)*	Target by Mar 2019	**Position as at 30 Oct 2018**
NW1	79%	95%	77.75%
NW2	82%	95%	83.41%
NE1	60%	95%	55.21%
NE2	68%	95%	68.04%
SE 1	82%	95%	82.23%
SE 2	79%	95%	82.38%
SW1	80%	95%	81.71%
SW2	85%	95%	82.96%
City	86%	95%	90.32%
All	75%	95%	74.09%

Uptake of 5 in 1 or 6in1 @ 24 months

Quadrant	*Baseline Dec 2017 (%)*	Target by Mar 2019	**Position as at 30 Oct 2018**
NW1	85%	95%	84.36%
NW2	89%	95%	87.73%
NE1	68%	95%	62.33%
NE2	75%	95%	73.48%
SE 1	91%	95%	92.06%
SE 2	87%	95%	92.49%
SW1	86%	95%	92.36%
SW2	90%	95%	90.67%
City	89%	95%	91.94%
All	82%	95%	81.56%

Uptake of DTaP/IPV (Booster) @ 5 Years

Quadrant	*Baseline Dec 2017 (%)*	Target by Mar 2019	**Position as at 30 Oct 2018**
NW1	79%	95%	64.68%
NW2	82%	95%	70.14%
NE1	60%	95%	44.12%
NE2	68%	95%	63.25%
SE 1	82%	95%	74.14%
SE 2	79%	95%	62.12%
SW1	80%	95%	71.78%
SW2	85%	95%	75.18%
City	86%	95%	83.02%
All	75%	95%	63.26%

CHILDHOOD IMMUNISATION SERVICE
CURRENT IMMUNISATION PERFORMANCE BY PRACTICE

Neighbourhood	Practice	5in 1 or 6in 1 @ 12m	5in 1 or 6in1 @24m	MMR @24M	DTap/IPV (Booster) @ 5yr
NW1	Cedar Practice	81.01%	89.41%	85.88%	71.43%
	The Heron Practice	89.02%	89.67%	79.35%	67.12%
	Allerton Road Medical Centre	60.20%	60.20%	59.18%	40.87%
	Statham Grove Surgery	93.68%	95.40%	87.36%	88.89%
NW2	Barton House Health Centre	95.14%	90.61%	85.64%	78.29%
	Barretts Grove Surgery	88.57%	76.19%	64.29%	50.00%
	Brooke Road Surgery	77.78%	85.00%	80.00%	61.11%
	Somerford Grove Practice	92.20%	90.91%	88.81%	72.73%
	Abney House Medical Centre	82.61%	76.47%	76.47%	56.52%
NE1	Spring Hill Practice	48.11%	64.86%	57.25%	52.33%
	Stamford Hill Group Practice	34.76%	62.36%	54.04%	44.58%
	Cranwich Road Surgery	33.78%	59.62%	55.00%	35.36%
NE2	The Gadhvi Practice	63.64%	76.32%	58.44%	56.94%
	Elm Practice	71.05%	78.72%	78.72%	59.09%
	Healy Medical Centre	65.22%	64.95%	64.95%	55.43%
	The Nightingale Practice	89.13%	89.82%	81.44%	76.55%
	The Riverside Practice	87.93%	95.83%	87.50%	86.00%
	Rosewood Practice	76.19%	64.71%	70.59%	67.86%
	The Clapton Surgery	42.86%	51.95%	50.65%	51.30%

Neighbourhood	Practice	5in 1 or 6in 1 @ 12m	5in 1 or 6in1 @24m	MMR @24M	DTap/IPV (Booster) @ 5yr
SE1	Athena Medical Centre	82.05%	83.87%	74.19%	66.67%
	Kingsmead Healthcare	84.62%	88.57%	75.71%	81.43%
	Lower Clapton Group Practice	89.29%	95.74%	87.94%	75.00%
	Sorsby Medical Practice	81.13%	90.20%	80.39%	83.33%
	Latimer Health Centre	96.15%	98.04%	90.20%	85.71%
	The Lea Surgery	84.14%	92.21%	81.17%	64.93%
SE2	Elsdale Street Surgery	83.61%	84.38%	73.44%	62.07%
	The Greenhouse				
	The Wick Health Centre	88.24%	97.14%	78.57%	63.33%
	Trowbridge Surgery	86.76%	89.71%	85.29%	73.17%
	Well Street Surgery	92.71%	94.57%	85.87%	58.99%
SW1	Dalston Practice	88.68%	91.07%	71.43%	66.67%
	Beechwood Medical Centre	84.09%	80.77%	76.92%	48.48%
	Richmond Road Medical Centre	81.82%	87.30%	82.54%	59.46%
	London Fields Medical Centre	93.10%	95.52%	88.06%	75.51%
	Queensbridge Group Practice	90.01%	96.61%	81.36%	85.27%
	Sandringham Practice	90.32%	85.71%	77.14%	57.89%
SW2 & City	Shoreditch Park Surgery	86.25%	91.86%	79.07%	67.61%
	Southgate Rd MC & Whiston Rd Surgery	95.18%	90.67%	86.67%	80.30%
	De Beauvoir Surgery	90.85%	93.01%	85.31%	61.90%
	The Hoxton Surgery	86.44%	91.53%	79.66%	70.97%
	The Lawson Practice	91.41%	86.92%	82.31%	86.11%
	The Neaman Practice (City)	91.36%	91.94%	90.32%	83.02%

CHILDHOOD IMMUNISATION SERVICE
IMMUNISATION PERFOMANCE IN CITY AND HACKNEY

Immunisation performance across London is below the 95% uptake which provides herd immunity. All of London struggles because of:

- Lack of robust call and recall systems;
- Complex local patient demographics, such as non-English speaking communities or deprivation;
- Patient mobility

In the North East of Hackney the challenge is much greater. Clapton Surgery, Cranwich Road Surgery, Spring Hill Practice and Stamford Hill Surgery all have significantly young populations, with lots of small children and particular cultural and religious needs. There is a more varied picture in the North West area; with only Allerton Road Surgery performing consistently below all four targets (up to October 2018), and with a more varied performance from the remaining eight GP Practices in the NW area.

However there is good Immunisation practice being undertaken at a number of GP Practices across City & Hackney. Latimer Health Centre achieved 98.04% uptake of the 6-in-1 vaccination @ 24 Months, 96.15% uptake of the 6-in-1 vaccination @ 12 months, and 90.20% uptake of the MMR vaccination. Queensbridge Practice and The Lawson Practice in the South West, The Neaman Practice in the City, and the Lea and Wick Surgeries in the South East all achieved cohort uptake of over 90% in one or more of the target immunisation measures.

In addition to the above a number of practices achieved over 90% in one or more of the target immunisation measures in October namely Barton House Health Centre, Somerford Grove, Statham Grove, Well Street Surgery, Hoxton, Shoreditch Park, Riverside, The Wick Health Centre, Dalston Practice, Southgate Road and Whiston Road Surgery, Neaman Practice and De Beauvoir Surgery

CHILDHOOD IMMUNISATION SERVICE
GP Confederation Nurse Hub Clinics

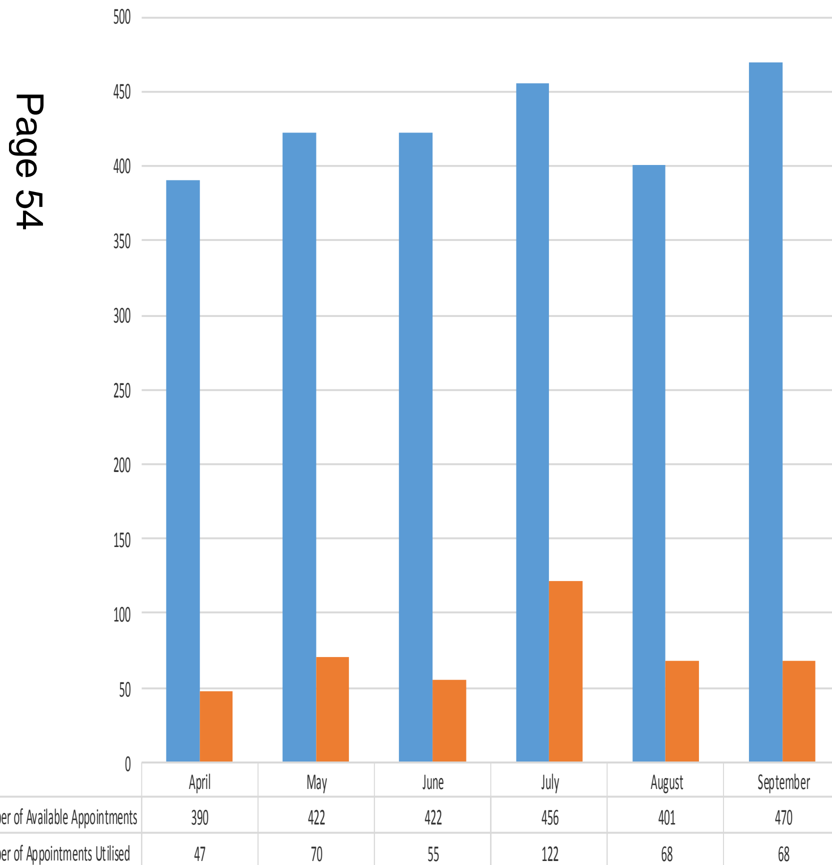
The below table details the GP Confederation Nurse Hub clinics in operation across the borough. Each clinic is run by a Registered Nurse who has been trained and assessed as competent in delivery of childhood immunisations. For each session there is a senior nurse on call to provide advice and support. In addition, we also run a childhood immunisation clinic at the Lubavitch Childrens centre twice a month on a Thursday and from October 21st also on a Sunday.

Day	Time	Location
Tuesday	4:30pm – 7:00pm	Springfield Health Centre 19 – 21 Oldhill Street, N16 6LD
Thursdays	4.30pm – 7.30pm	The Hoxton Surgery 12 Rushton Street, N1 5DR
Saturday	10.00am – 2.00pm	Nightingale Practice 10 Kenninghall Road, E5 8BY
Saturday	10.00am – 2.00pm	The Hoxton Surgery 12 Rushton Street, N1 5DR
Sunday	10:30am – 1.30pm	Tollgate Lodge 57 Stamford Hill, N16 5SR
Sunday	10.00am – 2.00pm	Richmond Road Medical Centre 136 Richmond Road, E8 3HN
Sunday	3.00pm – 6pm	Stamford Hill Practice 2 Egerton Rd, London N16 6UA

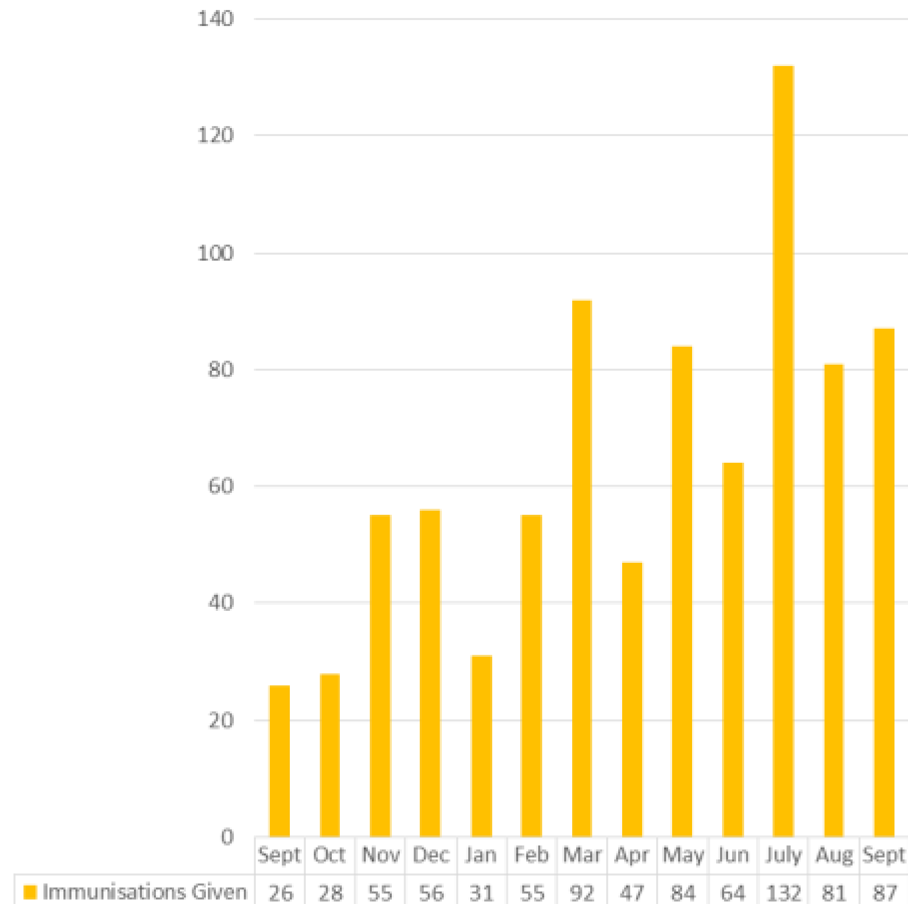
Practices book appointments for patients directly into the EMIS appointment book, for all of the nurse hub clinic except for services provided by the Lubavitch centre. These appointments are booked by the centre manager.

NUMBER OF IMMUNISATIONS GIVEN
September 2017 – September 2018

The GP Confederation childhood immunisation service commenced in September 2017. The service provided at the start of the service was delivered from just one site, namely the Springfield site on Tuesday evening and Tollgate Lodge site on a Sunday morning. A number of other locations have come on stream since February 2018. The below shows the number of available appointments slot for childhood immunisation in all of the GP Confederation bub clinics and the utilisation of appointment slots from April 2018 – September 2018. The second table shows the number of immunisations given since the service commenced in 2017.



	April	May	June	July	August	September
Number of Available Appointments	390	422	422	456	401	470
Number of Appointments Utilised	47	70	55	122	68	68



	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept
Immunisations Given	26	28	55	56	31	55	92	47	84	64	132	81	87

CHILDHOOD IMMUNISATION SERVICE
PATIENT FEEDBACK

Feedback forms are given to patients at each attendance at the childhood immunisation clinics. Client satisfaction of the service has been very high. A summary of examples of client feedback is detailed in the table below:

HOW DID YOU FIND OUT ABOUT CHILDHOOD IMMUNISATION SERVICE?	HOW LONG DID YOU WAIT TO SEE THE IMMUNISATION NURSE?	DID THE NURSE EXPLIAN TODAY'S IMMUNISATION TO YOU?	WAS THE NURSE ABLE TO ANSWER ANY QUESTIONS YOU HAD?	DO YOU KNOW WHEN YOUR CHILD'S NEXT ROUND OF IMMUNISATIONS ARE DUE?	ON A SCALE OF 1 -10, HOW WOULD YOU RATE OUR SERVICE TODAY?	HOW COULD WE IMPROVE OUR SERVICE?	DO YOU HAVE ANY OTHER COMMENTS ABOUT OUR SERVICE?
LEAFLET	5 MINS	YES	YES	YES	10		AMAZING SERVICES
LEAFLET	10 MINS	YES	YES	YES	10		
ADVISED	5 MINS	YES	YES	YES	10		VERY GREAT
LEAFLET	5 MINS	YES	YES	YES	10		VERY GOOD SERVICE
LEAFLET	5 MINS	YES	YES	YES	10		
GP PRACTICE TO ME	5 MINS	YES	YES	YES	10		
LEAFLET	20 MINS	YES	YES	YES	10	SHORTER WAIT	WELL DONE
LEAFLET	5 MINS	YES	YES	YES	10		THANK YOU
GP PRACTICE TO ME		YES		YES	10		
GP PRACTICE TO ME	5 MINS	YES	YES	YES	10		
GP PRACTICE TO ME	10 MINS	YES	YES	YES	10		
GP PRACTICE TO ME	20 MINS	YES	YES	YES	10	REDUCE WAITING TIME	VERY PLEASE GENTLE AND NICE
JEWISH NEWSPAPER	20 MINS	YES	YES	YES	10		REALLY PIATIENT AND EXPLAINED
POSTER	5 MINS	YES	YES	YES	10		THIS A GREAT SERVICE
LEAFLET	20 MINS	YES	YES	YES	10		
SOMEONE ELSE TOLD ME ABOUT CLINIC	5 MINS	YES	YES	YES	10		
SOMEONE ELSE TOLD ME ABOUT CLINIC	10 MINS	YES	YES	NO	10	MORE INFORMATION	MORE COMMUNICATION ABOUT WHEN AND WHERE
GP PRACTICE TO ME	5 MINS	YES	YES	YES	9	N/A	N/A
GP PRACTICE TO ME	20 MINS	YES	YES	YES	10		

CHILDHOOD IMMUNISATION SERVICE WORK WITH CHILDRENS CENTRES

The GP Confederation has undertaken work with the Children's centres in City and Hackney since May 2018.

During a General Practice (GP) teaching session in May 2018 informal walk-in workshops were held at a number of children centres in Hackney where parents had the opportunity to discuss immunisation and vaccination concerns with local GP trainees. Four children's centres were selected in Hackney; Tyssen, Daubeney, Sebright and Lubavitch.

Due to changes in funding, children's centre stopped offering vaccinations from August 2016 and uptake has steadily declined since that time. Although several factors may be related to this decline, discussion with parents suggest that restarting to offer immunisation at baby centres could potentially increase uptake. This was reflected in the number of vaccinations completed on the day of the workshop implying that easier access might improve uptake. This information also collaborates with the PHE 2016 report which states parents most cited method to improve immunisation service would be to reduce waiting time at immunisation and more child friendly facilities

The workshop highlighted several issues regarding immunisation uptake in City and Hackney. It found that barriers to uptake were around access and convenience to immunisation rather than health beliefs about immunisations. Parents interviewed from the Hasidic Jewish community felt that taking their children to a GP waiting room with potentially sick people was a barrier to vaccinating their children. Workshops in combination with regular classes (e.g. baby sensory) allowed data gathered from both incidental attenders of the class and those interested to discuss immunisation.

In addition to the above the Nurse Advisor to the service has visited all of the children's centres in Hackney.

The children’s centres are keen to provide the use of their clinic/ consulting rooms, some of which are currently used some of the week by Therapists, Community Midwives and others and generally work with the Confederation in tackling the issues related to the poor uptake of immunisations. The children centres also sighted that their positive, ongoing and often longer term relationships with families could be fully utilised and exploited to encourage immunisation compliance. For example, if they’re aware of the immunisation ‘defaulters’ they will raise this with parents and actively monitor and encourage compliance, with their family support practitioners working with the ‘MAT’ families accompanying parents to immunisation sessions where appropriate.

The GP Confederation continues to have discussions with the children's centre managers on working together and how to engagement families. Many of the children's centres are keen for the GP Confederation to deliver immunisation sessions on location. There are a number of issues and challenges with this approach. The GP Confederation would need to ensure that the environment is conducive with delivering childhood immunisation from an infection control and also from a safety perspective, particularly from a clinical perspective.

In addition , we would have issues staffing the children centre clinics as currently our hub clinics operate mostly at weekends with two late after noon sessions during the week. There is also the issue about funding as in order to ensure appropriate cover at each of the centres plus provide a service which is flexible and accessible to the whole population we would have to put in additional resources to increase the capacity and cover.

CHILDHOOD IMMUNISATION SERVICE ACTIVITIES TO IMPROVE PERFOMANCE

The GP Confederation has been actively engaging practices to raise the profile of the service and to identify practices where intensive work can be undertaken with the aim of improving the practice immunisation performance. The following outlines the engagement that has taken place plus the practices that we are working with now and those targeted for future work:

- A series of GP meetings were held in April 2018 focusing childhood immunisation. There were specific neighbourhood discussions to review the immunisation data and dashboard to identify individual practice performance. The discussion focused on what practices can do to improve their performance, what the challenges are and how the GP Confederation can support practices.
- Meetings and discussions have taken place with the following practices to focus on actions that can be undertaken to support the practice – Springhill, Stamford Hill, Allerton Road and Clapton Surgery. Meetings are planned with Cranwich Road, Riverside, Abney House Medical Centre. In addition practice visits have been undertaken, by a salaried GP, with a number of practices in the south of the locality to discuss challenges and issues and also focusing on good practice particularly with those practices that are close to the target.
- Meeting with Children Centres – There has been around of information sessions which took place during May to four children's centres in Hackney lead by the VTS doctors. The aim of the sessions were to raise the profile on immunisation from a public health perspective.
- Monthly updates on performance are being provided to practices via the GP Confederation weekly bulletin to raise the profile of the service;
- The Childhood Immunisation Support Officer is actively working with ten practices namely, Allerton Road, Cranwich Road, Stamford Hill, Spring Hill, Clapton Surgery, Riverside Practice, Lower Clapton, Sorsby, Nightingale and Hoxton to support the practices with call and recall and appointing clients to either the practice clinic sessions or to the GP Confederation Nurse Hub clinics;
- Further discussions have taken place with the NE1 neighbourhood clinical lead picking up on the initial discussions that had taken place at the neighbourhood events in April 2018. This neighbourhood has made childhood immunisation its priority;
- Practice visits have been undertaken, by a salaried GP, with a number of practices in the south of the locality to discuss challenges and issues and also focusing on good practice particularly with those practices that are close to the target.
- Meeting with Children Centres – There has been a second round of information sessions taking place with the children's centres in Hackney by the Nurse Advisor for the service;
- Design and cascade of patient information leaflets and posters advertising the service;
- Dedicated phone line for booking appointments at the GP Confederation Nurse Hub clinics;

We are also piloting a number of different approaches with selected practices to identify the processes and approach that can be used to improve immunisation performance. The pilots are:

- Nurse attending and working alongside GP doing child health checks (Allerton Road)
- Call and Recall using practice defaulters list (Stamford Hill, Clapton Surgery and Hoxton);
- Childhood Immunisation co-ordinator being able to offer clinic appointments using the practice appointment book booking patients in directly to the practice or to the GP Confederation Hub Clinics (Hoxton and Cranwich Road)

CHILDHOOD IMMUNISATION SERVICE
NEXT STEPS & PROPOSED PLANS FOR THE FUTURE

Recognising the interdependencies, common themes and challenges in relation to achieving optimum childhood immunisation compliance levels, the Confederation is continuously committed to working together with local community health and social care practitioners and managers to find shared solutions largely based on the Neighbourhood Model of delivering health and care and addressing issues of accessibility. So with that in mind and working on the core principle of the 'right care, at the right time, and in the right place', our options for future work are:

- Pilot of centralised call and recall system for all practices in City and Hackney (bid for funding submitted to NHS England);
- Pilot the GP Confederation centrally managing the childhood immunisation defaulters list produced by the child health information system (CHIS) run by North East London Foundation Trust;
- Expansion of the service/clinics in the North East Hackney to run from children's centres;
- Expand Domiciliary clinic offer;
- Dedicated work with the Charedi community – question time event, working with community leaders;
- Development of a good practice guide to the management of immunisations in general practice;
- Data cleansing of practice lists;
- Access to RiO system for General Practice;
- Continue to work with Health Visiting and Maternity services to raise the profile of the service and activity encourage referral to the service;
- Pilot moving 6 week check to 8 week check for mother and baby to coincide with 1st scheduled immunisation;
- Audit of GP practice records to ensure data is being transferred from the practice to the national immunisation database;
- Review the utilisation of clinic appointments across City and Hackney and focus on those localities where attendance is good;
- Access to live immunisation data so we can identify the eligible children and target attendance and immunisation;
- Lead Nurse and NE1 Neighbourhood Clinical Lead attending the Charedi community health forum in November to raise the profile of childhood immunisations;
- Work with Vaccination UK, Health Visiting and Maternity services to raise the profile and benefits of childhood immunisations;
- Additional training for health professionals on having difficult conversations and how to work with communities and families to recognise the benefits of immunisations;
- Evaluate the recent outbreak of measles, what has the uptake been?, why now immunise and not before?, how do we learn the lessons?

RESPONDING TO THE MEASLES OUTBREAK

In response to the measles outbreak in North Hackney and South Haringey City and Hackney GP Confederation have been proactive in providing additional appointments at our established nurse hub clinics at Stamford Hill and Spring Hill practices on Tuesday evenings and also on Sundays. All appointment slots for the last two weeks have been fully utilised. In addition, all available appointments slots for November have been booked up to and including 28th November.

We have worked closely with the Centre Manager at the Lubavitch Children's Centre to provide an immunisation service on Sundays. We have delivered two additional clinics during October and November. A total of 28 appointments are available at each session, all of which have been fully utilised.

We have increased the availability of domiciliary visits for those clients with large numbers of children.

We have developed a plan in response to the measles outbreak which includes:

- Additional appointment slots at Stamford Hill, Spring Hill Practices;
- Additional clinics at Lubavitch and Tyssen Children's centres;
- Dedicated phone line for appointments 7 days a week;
- Increased domiciliary visits;
- Working with Hatzola to raise the profile of the service available and the important of immunisations;
- Working with local community and religious leaders;
- Additional nurse capacity at the following GP practices: Cranwich Road, Stamford Hill, Spring Hill and Allerton Road;
- Dedicated data entry support for each clinic;
- Data analysis support;
- Increase managerial and senior nurse support to the service to 7 days a week.

At the time of writing this report our response plane is with NHS England for confirmation of funding.

We are working closely with Health Visiting services and GP practices in the area to raise the profile of the service available and more generally the importance of immunising children.

Additionally there have been a number of patients requesting immunisation who, whilst resident in Hackney, are registered with a Haringey GP. We are currently inn discussions with Hackney CCG and Public Health to discuss the City and Hackney response and how we can work in partnership to ensure that there is a service available to those patients who need it.

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Agenda Item 8

Health in Hackney Scrutiny Commission 19th November 2018 **Implementing the overseas visitors charging regulations at HUH**	Item No **8**

OUTLINE

This issue was raised under AOB at the 26 Sept meeting.

Attached is a response from HUHFT. This briefing was also prepared for HUHFT Council of Governors.

The issue was first raised with the Chair during the summer by Cllr Smyth. The Chair wrote to HUHFT to seek clarification and the response below was received from the Chief Nurse on 28 August:

On 28 August 2018 at 08:25, PELLEY, Catherine (HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST) <c.pelley@nhs.net> wrote:

Jarlath
First of all apologies for taking so long to reply. As you know I am new to the trust and I wanted to ensure I fully understood how the system works within the trust before responding.

In response to your email I have attached the DH Upfront Charging Regulations effective from 21 October 2017, in preparation for the introduction of this policy Trusts were asked to look at ways to identify patients preferably before attending their first appointment, as such we were also advised to look at NHS numbers beginning with (7) this was in-line with the Immigration Health Surcharge brought in 2016.

Any Non-EEA National who intends to enter the UK as a Visitor would not need to pay the health surcharge as the visa only allows entry for 6 months (180 days) therefore would be responsible for obtaining Travel Insurance or sufficient funds should they access to NHS while in the UK.

Any Non-EEA National intending to enter the UK for longer such as to study, work or settle would have to mandatorily pay the surcharge as part of their application, only giving access to NHS (excluding Fertility, Dialysis or Cancer treatment) only when the visa has been granted.

The NHS Spine generates a New NHS Number for those required to pay the surcharge, this shows as a traffic light system,

Green Banner – Has paid or Exempt from paying the surcharge (Asylum Seekers, Refugees, visa applicants but not visitors, anyone who originally entered the UK before 1 March 2016 with outstanding applications including extension as their conditions of entry were before the introduction of the surcharge)

Amber banner – May need to provide further evidence for NHS . These would mostly be from those EEA Nationals or countries outside Europe previously granted access to healthcare under the EEA Reciprocal agreement which for those countries ended from1 January 2016.

Red Banner – Red likely chargeable for NHS These may now be subject to immigration because they overstaying their visa, making an applications to remain or an Asylum or Refugee case has been refused. In all cases Overseas team must run a check with Home Office for confirmation.

Pre-Attendance Forms
These were originally issued to OVM's to replace any previous registration form because most trusts had different registration forms in different parts of their trusts which became confusing, we were asked to use their pre- attendance forms and given freedom to introduce the form where it would have the most effect. With support from Maternity management and the booking team, a form was sent with every New Antenatal Appointment, these would completed and handing in at check-in the OVM would collect the forms and check if further investigations were required, bearing in mind according the regulations Maternity is considered immediate absolutely necessary those identified as chargeable would be contacted and followed up with a letter of entitlement and invoiced post-delivery. We introduced the form in all Maternity areas such as delivery or EOAU where access was 24/7 this enabled us to identify possible chargeable patients as early as possible.

Using the success of Maternity, we introduced the form into Fertility where we had some of our most success having established a 4 month Initiative May to September 2015 with support from the Home Office and continue to use these forms to deny or place on hold access to fertility at the earliest point.

Based on the success of the forms in these areas with support from my Line Manager and Senior Managers and Out-patients Staff & Central booking the form was sent to all New Appointments only regardless of previous NHS history with Homerton as the DH wanted us to identify those chargeable as early as possible, these forms would collected and processed by Overseas Team. The Central Booking and Outpatient staff were very supportive, there were a few review meetings with those involved.

Currently there are lots of changes in the coming months that will no longer require the pre-attendance form to be sent with appointment letters, Check-in Kiosks will shortly be placed in all Out-Patients areas which will hopefully include simple yes/no answers to a few questions that the information team are currently working with Overseas based on the basic questions.

Overseas Team receive a report weekly of all New Appointments for the coming week where the NHS Number starts with a 7 and the patient is over the age of 18, the NHS numbers can be checked with NHS Spine for a possible Green, Amber or Red Banner to help identify any possible chargeable patient so the Consultant can be made aware as early as possible should

there be a need to refer to another NHS provider or order elective procedures which under upfront charging regulations the patient would need to pay for in advance.

I am led to believe also being introduced at some point is all patients referred to NHS Trusts must have a valid NHS Number as such patients are where possible being encouraged to register with a GP .

We take our guidance from the DH Migrant Hospital Charging Regulations & further regulations like the Upfront Charging Regulations and try to work within these as much as possible and the DH reviews all regulations continuously

Catherine Pelley
Chief Nurse and Director of Governance
Homerton University Hospital NHS Foundation Trust

Here is the NHS Guidance on charging of overseas visitors:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/742251/guidance-on-implementing-the-overseas-visitor-charging-regulations-may-2018.pdf

Here are all the template letters and forms which the NHS is currently (Oct 2018) recommending to providers to use:
https://www.gov.uk/government/publications/help-for-nhs-to-recover-costs-of-care-from-visitors-and-migrants

Here is a government memorandum about the Oct 2017 amended regulations:
http://www.legislation.gov.uk/uksi/2017/756/pdfs/uksiem_20170756_en.pdf

And here is the Equality and Human Rights Commission's position on it which was raised by Cllr Smyth at the September meeting
https://www.equalityhumanrights.com/sites/default/files/debate_on_the_impact_of_the_governments_hostile_environment_approach_towards_illegal_immigration_house_of_commons_14_june_2018.pdf

Attending for this item will be:

Tracey Fletcher, Chief Executive, HUHFT

ACTION

The Commission is requested to give consideration to the reports.

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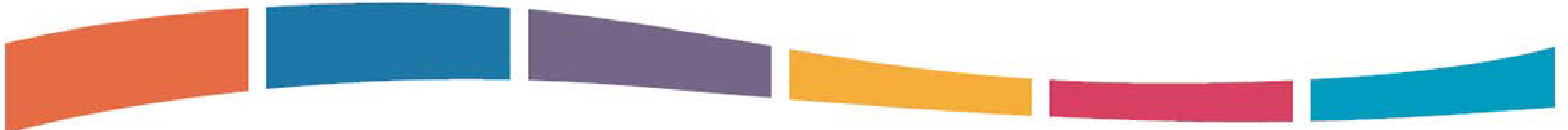
Homerton University Hospital NHS Foundation Trust

Homerton University Hospital NHS Foundation Trust

Overseas Patients Presentation to Council of Governors October 2018

Jonathan Wilson

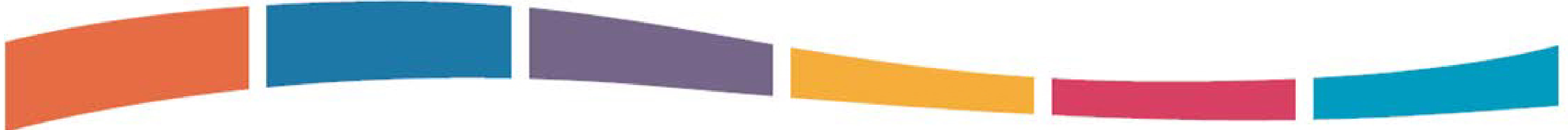
Director of Finance



NHS
Homerton
University Hospital
NHS Foundation Trust

Eligibility Criteria for Free NHS Treatment

- The UK's healthcare system is a residence-based one, which means entitlement to healthcare in the UK is based on living lawfully in the UK. This contrasts with many other countries which have insurance-based healthcare systems.
- The test of residence that the UK uses to determine entitlement to free NHS healthcare is known as **"ordinary residence"**. An overseas visitor is defined in the Charging Regulations as anyone who is not ordinarily resident in the UK.
- A person is not ordinarily resident in the UK simply because they have British nationality, hold a British passport, have an NHS number or are paying National Insurance contributions and taxes in the UK.
- When assessing the ordinary residence status of a person seeking free NHS services, a relevant body will need to consider whether they are *"living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration".*



Homerton University Hospital NHS Foundation Trust

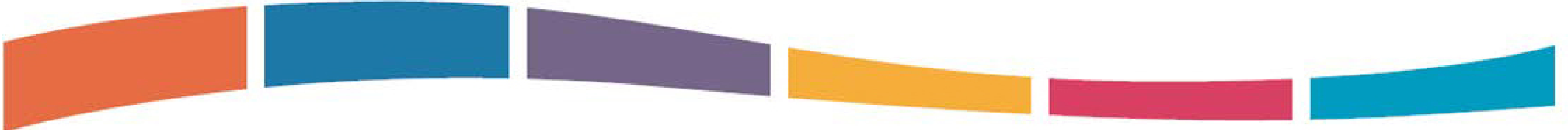
Examples of Eligibility Criteria

- Some examples of how "ordinary residence" works in practice are as follows:
  - Nationals of countries outside the European Economic Area (EEA) must have indefinite leave to remain in the UK in order to be "ordinarily resident" here.
  - Temporary migrants coming to the UK lawfully for six months or more from outside the EEA can pay an "immigration surcharge" and are then entitled to NHS care on the same basis as a person "ordinarily resident" in the UK.
  - Nationals of the EEA are usually deemed to be "ordinarily resident" in the UK.
  - A UK citizen whose work takes them out of the UK for the majority of the time but whose home, which they return to between trips, remains in the UK will still be ordinarily resident here. This would apply to for example a pilot or a member of cabin crew.
  - However a UK citizen who works and is settled in one place overseas and only spends a few weeks of the year in the UK visiting family would usually not be viewed as being "ordinarily resident" in the UK.

Homerton University Hospital NHS Foundation Trust

New Mandatory Regulations October 2017

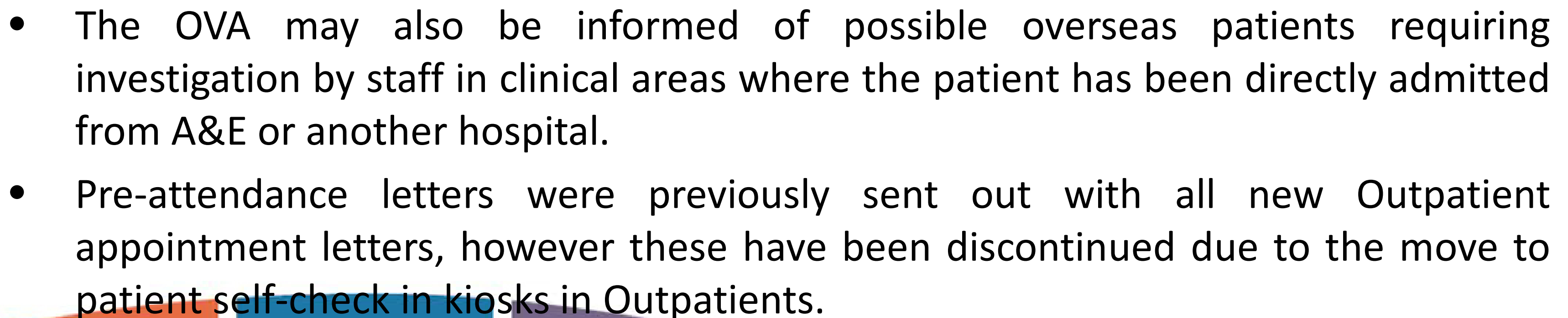
- In October 2017 the Charges to Overseas Visitors regulations were amended to include new mandatory provisions as follows:
  - NHS bodies must make and recover charges from overseas visitors where relevant services have been provided to them and no exemption applies.
  - All relevant bodies must recover an estimate of the cost of treatment in advance of providing treatment, unless doing so would prevent or delay the provision of immediately necessary or urgent services.
  - All NHS Trusts and foundation trusts must record when a person is an overseas visitor on that person's "consistent identifier" (i.e. against their NHS number).



Homerton University Hospital
NHS Foundation Trust

Current Overseas Process at Homerton

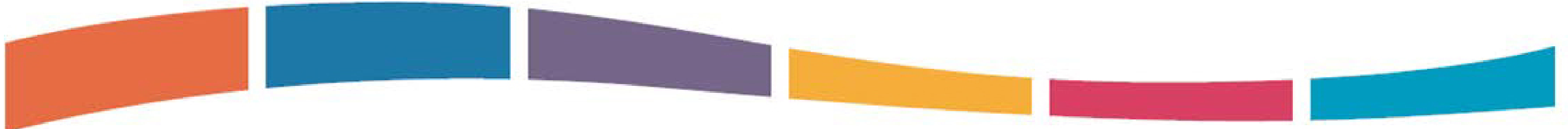
- Homerton Hospital has an Overseas Visitors Advisor (OVA) whose role is to identify chargeable overseas patients and to advise on the application of the Overseas Visitor Charging Regulations.
- The OVA is not however responsible for deciding whether a patient should be treated – this decision rests with the clinical team.
- The OVA receives a report each week from the Information Team showing all outpatient appointments for the next week where the patient is either not registered with a GP or has a recently allocated NHS number – these indicators act as prompts to identify patients who need further investigation.
- The OVA may also be informed of possible overseas patients requiring investigation by staff in clinical areas where the patient has been directly admitted from A&E or another hospital.
- Pre-attendance letters were previously sent out with all new Outpatient appointment letters, however these have been discontinued due to the move to patient self-check in kiosks in Outpatients.



Homerton University Hospital NHS Foundation Trust

The Way Forward

- The NHS Improvement Overseas Visitors Improvement Team recently visited the Trust to review our processes for identifying and charging Overseas Visitors.
- This visit made it clear that the focus from NHS Improvement is very much on the potential "income opportunity" that is believed to be available to the Trust via identifying and charging overseas patients.
- It was suggested that the Trust should consider setting up an Overseas Steering Group with an identified Senior Responsible Officer to assist in improving and building on current processes.
- Targeted training was also recommended across all staff groups.



Health in Hackney Scrutiny Commission 19th November 2018 Work Programme for the Commission 2018/19	Item No 9

OUTLINE

Attached is a copy of the updated work programme for the year. This is a working document and is constantly revised.

ACTION

The Commission is requested to consider and update the future work programme.

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Health in Hackney Scrutiny Commission

Future Work Programme: June 2018 – April 2019 (as at 8 Nov 2018)

All meetings will take place in Hackney Town Hall, unless stated otherwise on the agenda. **This is a working document and subject to change.**

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Tue 12 June 2017 Papers deadline: 1 June		Jarlath O'Connell	**Election of Chair and Vice Chair for 2018/19**	
	Legal & Democratic Services	Dawn Carter McDonald	**Appointment of reps to INEL JHOSC**	To appoint 3 reps for the year.
	HUHFT	Tracey Fletcher	**Response to Quality Account for HUHFT**	Discussion with Chief Exec of Homerton University Hospital on issues raised in the Commission's annual Quality Account letter to the Trust.
	LBH/CoL/CCG Planned Care Workstream	Simon Cribbens SRO Siobhan Harper, Workstream Director Anne Canning Dr Mark Rickets	**Integrated commissioning – PLANNED CARE Workstream**	4th in a series of updates from each of the Integrated Commissioning Workstreams
	LBH/CoL/CCG UnPlanned Care Workstreams	Nina Griffith Dr Mark Rickets	**Delayed Transfers of Care including the outcome of the 'Discharge to Assess' pilot.**	Update requested at 14 Feb meeting.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	LBH/CoL/CCG UnPlanned Care Workstream	Nina Griffith Dr Mark Rickets	**Update on new arrangements for Integrated Urgent Care**	Presentation on the ongoing Hackney element to the new Integrated Urgent Care service which will replace CHUHSE from August and work alongside London Ambulance Service (the new pan NEL NHS 111 provider).
	MEMBERS		**WORK PROGRAMME FOR 2018/19**	To agree the outline Work Programme for 2018/19
FOR NOTING ONLY	ELHCP	Jane Milligan (for noting only)	**NHS North East London Commissioning Alliance**	To note letter from Jane Milligan (AO for the NEL LCA and Exec Lead for ELHCP) to the Chair of INEL JHOSC in response to questions regarding the new NHS structures and commissioning arrangements in north east London.
Tue 24 July 2018 Papers deadline: 16 July	CCG, GP Confed, HUH, Adult Services	Nina Griffith Dr Stephanie Coughlin	**Neighbourhood Model for Health and Social Care**	Suggested by CCG, GP Confed, Public Health.
	LBH/CoL/Prevention Workstream	Anne Canning SRO Jayne Taylor Workstream Director	**Integrated commissioning – PREVENTION Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	Healthwatch	Tara Barker Jon Williams	**Healthwatch Hackney Annual Report**	To consider the annual report of Healthwatch Hackney
FOR NOTING ONLY			**Responses to Quality Account requests**	To note responses by the Commission to requests for comments on draft Quality Accounts. Responses to:

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
				- St Joseph's Hospice - Arriva Transport Solutions
Wed 26 Sept 2018 Papers deadline: 17 Sept	Integrated Commissioning CCG/LBH/HUHFT/ ELFT	David Maher Amaka Nandi Anne Canning Tracey Fletcher Paul Calaminus	**Estates Strategy for North East London**	Update on emerging Estates Strategy at NEL level and impact on Hackney.
	HUHFT	Tracey Fletcher	**Changes to pathology services at HUHFT**	Update requested at July meeting following concerns raised by Dr Coral Jones.
	CCG, Finance & Resources, Adult Services	Sunil Thakker Ian Williams David Maher Anne Canning	**Update on pooled vs aligned budgets in Integrated Commissioning**	Requested at March meeting. To focus on implications for cost savings programmes.
	Chair of CHSAB Adult Services	Simon Galczynski John Binding	**Annual Report of City and Hackney Safeguarding Adults Board**	Annual review of SAB work. Annual item.
	Adult Services/ Planned Care Workstream	Simon Galczynski Tessa Cole	**Integrated Learning Disabilities Service**	Update on development of the new model
FOR NOTING ONLY	Adult Services Carers Centre		**Cabinet Response to review on 'Supporting Adult Carers'**	To note the Cabinet Response to the Commission's review on 'Supporting adult carers' agreed by Cabinet on 17 Sept.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Mon 19 Nov 2018 Papers deadline: Thu 8 Nov	NHSE London (commissioner) GP Confederation Public Health CCG CACH and CYP&M Workstream	Dr Catherine Heffernan/Susan Cahill/ Debbie Green Laura Sharpe Dr Mary Clarke Dr Simrit Degun Dr Penny Bevan Dr Rhiannon England/ Sarah Darcy Amy Wilkinson Anne Canning	**Vaccine preventable disease and 0-5 childhood immunisations**	Long item on Childhood Immunisations to address concerns about the borough's performance and key issues for the stakeholders engaged in trying to increase the uptake of immunisations.
Members of CYP Scrutiny Commission to attend	LBH/CoL/CCG CYP&M Care Workstream	Anne Canning SRO Amy Wilkinson Workstream Director	**Update on Integrated Commissioning – CYPM Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
	NHSEL (commissioner) The Royal Free (provider for central and east London)	Matthew Bazeley/ Kathie Binyish/Maggie Luck Steven Davies Director of Screening	**Changes to Breast Screening Services in Hackney**	Follow up to response in August from NHSEL re concerns about shortage of appointments and overall performance of breast screening service for Hackney residents.
	HUHFT	Tracey Fletcher/ Catherine Pelley	**Implementing the overseas visitors charging regulations**	Response from HUHFT to concerns about pre attendance checks on patients attending the Homerton to establish entitlement to free NHS services.
INEL JHOSC Nov or Dec tbc		*LB Newham Scrutiny*	***East London Health and Care Partnership and the North East London***	*The work of the NHS North East London Joint Commissioning Committee*

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
			Commissioning Alliance	
Mon 7 Jan 2019 Papers deadline: **Tue 18 Dec** (early because of Xmas closing)	Tbc	Various Tbc All tbc GP at Hand C&H GP Confed C&H CCG H&F CCG	**REVIEW on Digital Primary Care and the implications for GP practices – Agree Terms of Reference Evidence gathering 1**	Agree ToR and commence evidence gathering.
	Cabinet Member	Cllr Demirci	**Cabinet Member Question Time with Cllr Demirci**	Annual CQT Sessions
	Adult Services Planned Care Workstream	Simon Galczynski Siobhan Harper	**Integrated Learning Disabilities Service**	2nd update on development of the new model
INEL JHOSC Jan/Feb tbc			***East London Health and Care Partnership and the North East London Commissioning Alliance***	*The work of the NHS North East London Joint Commissioning Committee*
Mon 4 Feb 2019 Papers deadline: 24 Jan	Various	Various incl All tbc eConsult IT Enabler Group C&H LMC TH LMC Healthwatches	**REVIEW on Digital Primary Care and the implications for GP practices – Evidence gathering 2**	TBC

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
		Hurley Group		
	Partnership Members; Public Health, Hackney Learning Trust, Children's Services, Young Hackney, Community Services, NHS partners etc	Tim Shields Dr Penny Bevan	**Obesity Strategic Partnership briefing**	Report from Chief Exec and Public Health on 'Obesity Strategic Partnership' a whole system approach to tackling obesity
	LBH/CoL/CCG Unplanned Care Workstream	Tracey Fletcher SRO Nina Griffith Workstream Director	**Integrated commissioning – UNPLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams
Tue 12 Mar 2018 Papers deadline: 1 Mar	Various	Various tbc Virtual outpatients pilot at Barts Health LBH Smart Care etc	**REVIEW on Digital Primary Care and the implications for GP practices – Evidence gathering 3**	Various
	Adult Services	Simon Galczynski	**Adult Services Local Account**	Annual item on publication of the Local Account of Adult Services
	Adult Services	Simon Galczynski	**6 month update on implementation of recommendations of 'Supporting adult Carers' review**	Including briefing on the new model for Carers Services.
	Adult Services Oxford Brookes	Gareth Wall and Simon Galczynski Names tbc	**Market Making in Adult Social Care**	Report on Adult Services Market Position Statement and benchmarking on how to develop the local

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	University researcher Camden Council rep (best practice)	Names tbc		market for social care providers.
INEL JHOSC Mar/Apr tbc			***East London Health and Care Partnership and the North East London Commissioning Alliance***	*The work of the NHS North East London Joint Commissioning Committee*
Mon 8 April 2019 Papers deadline: 28 Mar	Various	Various	**REVIEW Digital Primary Care and the implications for GP practices - Evidence gathering 4 and draft recommendations**	
	LBH/CoL/CCG Planned Care Workstream	Simon Cribbens SRO Siobhan Harper, Workstream Director Anne Canning Dr Mark Rickets	**Integrated commissioning – PLANNED CARE Workstream**	4th in a series of updates from each of the Integrated Commissioning Workstreams
	Adult Services Planned Care Workstream	Simon Galczynski Siobhan Harper	**Integrated Learning Disabilities Service**	3rd update on development of the new model
			Discussion on Work Programme items for 2019/20	

20-18/19 REVIEW report will be agreed at June 2019 meeting.

Items to be scheduled

	HCVS Connect Hackney Cabinet Member Age Concern East London? GP Confed or CCG?	Jake Ferguson Lola Akindoyin Shirley Murgraff Cllr Demirci	**Connect Hackney - Reducing social isolation in older people**	Report on work of Connect Hackney (a Big Lottery Funded project) Suggested look at work of Mendip Council in Somerset which resulted in reductions in hospital admissions.
	CCG Confed	Nina Griffith Dr Stephanie Coughlin	**Neighbourhood Model**	Revisit the progress in July 2019.
	Integrated Commissioning – Planned Care Workstream	Siobhan Harper	**Housing First pilot**	Update on this health initiative in conjunction with Housing Needs to support those with multiple and complex needs.

Other suggestions from Members this year to be considered

1. Exploring the relationship between health and well being and housing in Hackney.

2. Scrutiny of Public Health function since it transferred from the NHS 5 years ago.