Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting Thursday, 13th June, 2019

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 Emma Plouviez, Cllr Patrick Spence and Cllr Tom Rahilly**
Apologies:	**Cllr Deniz Oguzkanli**
Officers In Attendance	**Anne Canning (Group Director, Children, Adults and Community Health)**
Other People in Attendance	**Amanda Elliott (Healthwatch Hackney), Rayah Feldman (Hackney Migrant Centre), Siobhan Harper (Workstream Director, Integrated Commissioning, CCG), David Maher (NHS City & Hackney Clinical Commissioning Group), Dr Nick Mann (GP Well St Practice), Tony McLean (Chief Executive, St Joseph's Hospice), Jane Naismith (Director of Clinical Services, St Joseph's Hospice), Catherine Pelley (HUHFT), Kirit Shah (City & Hackney Local Pharmaceutical Committee), Jon Williams (Director, Healthwatch Hackney), Nick Bailey (Hackney KONP), River Calveley (C&H CCG), Alison Glynn (Dep Dir Transformation Delivery North East London Commissiioning Alliance), Mamie Joyce (Hackney Migrant Centre) and Dr Nikhil Katiyar (C&HCCG Governing Body)**
Members of the Public	
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Councillor Ben Hayhurst in the Chair

1 Election of Chair and Vice Chair

1.1 The O&S officer opened the meeting and it being the first meeting of the municipal year invited nominations for Chair. Cllr Maxwell nominated Cllr Hayhurst. Cllr Snell seconded. Cllr Hayhhurst was elected unanimously.

1.2 Taking the chair Cllr Hayhurst invited nominations for Vice Chair. Cllr Rahilly nominated Cllr Maxwell. Cllr Spence seconded. Cllr Maxwell was elected unanimously.

1.3 The Chair welcomed Cllr Rahilly to his first meeting of the Commission.

RESOLVED:	**That Cllr Hayhurst be elected Chair and Cllr Maxwell be elected Vice Chair for the year 2019/2020.**

2 Apologies for Absence

2.1 Cllr Snell gave apologies for having to leave early for another council meeting.

3 Urgent Items / Order of Business

3.1 The Chair stated that there was no urgent business but item 10 would be taken first as it required a vote.

4 Declarations of Interest

4.1 Cllr Maxwell stated that she was a Member of the Council of Governors of the Homerton University Hospital NHS Foundation Trust and also a member of St Joseph's Namaste Steering Group.

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

4.2 The Chair and Cllr Rahilly stated that one of the authors of the HUH draft quality account under item 5, the Head of Patient Safety, was a personal friend.

5 Minutes of the Previous Meeting

5.1 Members gave consideration to the draft minutes of the meeting held on 8 April and the matters arising.

RESOLVED:	**That the minutes of the meeting held on 8 April be agreed as a correct record and that the matters arising be noted.**

6 Response to Quality Account of St Joseph's Hospice

6.1 Members gave consideration to the draft Quality Account 2018/19 of St Joseph's Hospice. They also noted two additional tabled items:

(i) the response letter from the Commission, carried out under Chair's Action during the May recess
(ii) An email from the Director of Clinical Services providing responses to issues raised in the Commission's letter

6.2 The Chair reminded Members that all local NHS bodies are required to invite their local health scrutiny committee to comment on the draft Quality Account before it is submitted to NHSI.

6.3 The Chair welcomed to the meeting: Tony McLean (TM) (Chief Executive) and Jane Naismith (JN) (Director of Clinical Services) noting the former was new in post. Both took Members through the report in detail. JN commented that on the efforts taken in the Quality Improvement programme, on the work of the Multi-Disciplinary Teams with St Mungo's, local GPs and its work with the homeless population; the organisation's Enterprise Strategy. TM added that he had started in post in November and the past year had been one of great change for the Hospice. He reminded members that a lot of the valued work they do such as Namaste Care is not funded by the NHS but by other sources and on the need for the Hospice to extend its reach into the community.

6.4 Members asked detailed questions and in the ensuing discussion the following points were noted:

(a) That the Hospice was part of the London LGBT Hospice network, that they don't currently collect data on sexual identity but would start to do so from next year however it was clear looking at the profile of their service users that they already reached a very diverse population. They were always looking at ways to better capture Hackney's very diverse population among their service users for example they use an advocacy service and more recently have been using a Turkish speaking advocate. They also use Black Pride events to reach that community and their workforce mirrors the local community. Noted there were more women than men in their service users.

(b) They participate fully in City and Hackney's End of Life Care Board and have an excellent End of Life Care Consultant among their medical staff.

(c) They have made much progress in addressing the previous criticisms outlined in a CQC report which had criticised the quality of leadership and the staff morale. TM stated he was part of this change. He was a nurse by training and previous NHS Trust Chief Executive also. A whole new staff engagement process is in place. They expected to have a CQC inspection in the next 6 to 9 months and were fully prepared for that. There had been no inspection in the past year.

(d) 80% of staff had had an appraisal in the past year which was well within target. Diversity training has taken place for all staff

(e) User involvement was a key part of any service redesign and the person who had set up the successful Voices Programme in Islington was now running their Patient User Group which was also very diverse.

(f) Their Estates footprint was quite large and an Options Appraisal was taking place to ensure how it could best be maximised. Part of the current site was not fit for purpose. Options were being considered for how to develop their building on 72-74 Mare St and they had had discussions with the Regeneration Team in the Council. The spaces being further developed,

including within their main building, will be ancillary and not for new clinical areas.

6.5 The Chair thanked the officers from St Joseph's for their report and attendance and noted that they would be responding formally to the Commission's letter in due course.

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

7 Response to Quality Account of Homerton University Hospital Foundation Trust

7.1 Members gave consideration to two documents:

(i) Quality Account 2018/19 from Homerton University Hospital NHS Foundation Trust (HUHFT)
(ii) Response letter from the Chair dated 8 May

7.2 The Chair re-iterated that the NHS deadlines for submitting Quality Accounts to NHSI were always in May when the Commission was in recess so the Commission's response letter was done by Chair's Action.

7.3 The Chair welcomed Catherine Pelley (CP) (Chief Nurse and Director of Governance, HUHFT) to the meeting for items 7 and 8, noting it was her first meeting of the Commission.

7.4 CP took Members through the report and reminded them that the CQC had recently rated the Trust at 'Good' overall with Emergency Medicine and medical departments both being rated 'Outstanding. She stated they would be responding to the issues raised in Healthwatch's QA response in detail also.

7.5 The Chair stated in addition to the issues which the Commission had raised in the response he would like to use the opportunity to also ask about 3 key issues: the Path Lab, the overspend on elective surgery and the low number of staff appraisals.

7.6 CP responded to Members' detailed questions and the following points were noted:

(a) In relation to the future of the Pathology Laboratory at HUH no formal decisions had been made and in the autumn the Trust Board would be discussing the issue further.

(b) In relation to overspend on elective care, an audit had been done to ascertain the particular reasons for this spike in activity which had now dropped. DM added that the CCG was engaged in a concentrated piece of audit work on this also in order to resolve the issue.

(c) In relation to the issue of low levels of staff appraisals, they had identified improvements which had to be made in how appraisals were being recorded.

(d) In response to a question on Safer Staffing levels, they regularly review Safe Staffing levels in line with national guidance. There had been issues in Older People's services, Emergency Medicine, Children's and Maternity and work was being done to assess need. CM provided reassurance that Safer Staffing levels had been achieved. The levels of agency staff had not being declining as hoped but a number of 'special' category staff had to be engaged for the number of patients with special needs. It was noted that Safer Staffing levels are monitored closely and they record the number of staff above the roster level which are filled by agency staff.

(e) There had been a discrepancy between the feedback between staff and patients from the Friends and Family tests. Staff had identified areas for improvement and these were now being actively worked on which should impact positively on future data.

(f) In relation to the poor take-up of training by Receptionists, CP replied that there were limitations on which training could be made mandatory. Other approaches were being used included provision of targeted training for frontline staff on issues such as Dementia and Learning Disability awareness. The Receptionist roles were low paid and there was a need to ensure that staff felt fully valued by the organisation.

(g) In relation to the financial position and where the Trust was currently in relation to savings targets, CP reported that the NHS set Control Totals for each Trust and they had met theirs, which in turn released more funding. They had ended the last financial year in a strong position and were further ahead this year with savings targets. In relation to capital budget, one ward had been refurbished and another would be done this year.

7.7 The Chair thanked CP for her attendance.

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

8 Update on implementation of Overseas Visitors Charging Regulations for NHS services

8.1 The Chair stated that this was a follow up from the item at the November meeting. Following on from that the Commission had lobbied the Secretary of State on the issue on 28 February and a reply had been received from Baroness Blackwood the Minister of State on 2 May. Members gave consideration to the latter.

8.2 Members also gave consideration to two tabled items:

(i) Email from Chief Executive of HUHFT providing further detail.
(ii) Copy of presentation by the Trust's Director of Finance which had gone to HUHFT's Council of Governors in October 2018 *Overseas Patients Presentation*

8.3 The Chair welcomed to the meeting: Rayah Feldman (Chair of Hackney Migrant Centre), Mamie Joyce (Health Advocate, Hackney Migrant Centre) and Catherine Pelley (Chief Nurse and Director of Governance, HUHFT).

8.4 RF reminded Members of the background issue. The following was noted:

a) Two different groups were typically being confused here: expats on visitor visas and undocumented migrants. The latter were not allowed to work or claim benefits and manifestly could not pay these charges.
b) She explained the operation of the NHS surcharge for those not entitled to free NHS services.
c) The Royal College of Physicians had recently issued a statement criticising the government's policy.
d) A recent report which RF co-authored highlighted the particular impact on women and mothers.
e) Some Trusts had resorted to debt collectors.
f) The government had revised the Charter but had publicly refused to publish the full findings and it was in dispute with the House of Commons Health Select Committee on this.
g) There was an abundance of evidence now which detailed the operation in practice of this 'hostile environment'.
h)The Migrant Centre was pleased that the Homerton had removed some posters within the hospital which many had considered insensitive.
i) She concluded by asking whether the Commission could issue a public statement about the detrimental impact of these charges and asked the Commission to join the Migrant Centre in calling for HUHFT to audit the financial impact of the charges, to monitor the deterrent impact, to stop the practice of routinely reporting debts to the Home Office and to make a public statement on the issue.

8.5 CP replied that the Overseas Visitor Charging Regulations were a national requirement on all NHS Trusts and they could not issue a public statement criticising them. They did not have evidence of impact. They always hoped to create a welcoming environment and that had made a series of changes to the process. They ensured that those who have to be charged are provided with detailed information and guidance. They were also working within the wider North East London STP (ELHCP) area to ensure consistency of treatment. She stated that last year 51 people had been charged at the Trust. They did have processes in place to handle Do Not Attends but there was no way of determining how many of these might be due to being fearful of the impact of the charging system. The information which they currently collected would not allow them to make that judgement about these patients. Should there be further duties to collect more data this would be an added cost burden on the Trust on top of administering the current system.

8.6 In response to a Member question CP stated that while there wasn't a specific statutory duty to report debts the national Guidance, as confirmed in Baroness Blackwood's letter, makes clear that patients who have reasonable repayment plans with an NHS Provider and who are adhering to that agreements, do not have details of their debt shared with the Home Office.

8.7 CP stated that HUHFT was happy to work with the Hackney Migrant Centre to ensure they have access to information and are willing to make sure this

information is a comprehensive as possible. She stated that it was possible to find common ground on this but reiterated that there is a requirement on them to recover debts and to put information about that into their systems.

8.8 The Chair stated that everyone agreed there was a need to work within the constraints of the national guidance. He added that it was very unfortunate that Government was unwilling to publish the full findings of its review on the charges. He suggested the Commission write to HUH requesting further analysis.

8.9 The Chair stated that he understood why HUHFT could not enter the political discussion on these regulations but he asked if the positive discussions at this meeting between the Migrant Centre and HUHFT could be formalised and if both could work more closely on managing the impact of the charges and finding common solutions to the challenges they present.

ACTION:	**Chair to write to the Chief Executive of HUHFT requesting further details on the costs so far of the implementation of the Overseas Visitor Charging Regulations and to urge the Trust to provide some further data on the possible deterrent effect and to formally work more closely with the Hackney Migrant Centre on a joint approach to managing the impact of this guidance.**

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

9 NHS Consultation on 'Aligning commissioning policies across north east London'

9.1 The Chair stated that he had been alerted to this issue by the NHS's public consultation document on '*Aligning commissioning policies across North East London*' and Members gave consideration to that, noting that consultation would close on 5 July.

9.2 Members also gave consideration to the following additional documents:

(i) Slide presentation '*Aligning commissioning policies across north east London'* from the NHS'
(ii) North East London Save Our NHS response to the consultation 'Aligning commissioning policies across north east London'
(iii) Note from Dr Nick Mann (Hackney KONP) on local concerns about the possible impact of the proposed changes.

9.3 The Chair welcomed for this item:

Dr Nikhil Katiyar (NK), local GP and CHCCG Governing Body Member
Alison Glynn (AG), Deputy Director Transformation Delivery, North East London Commissioning Alliance (NHS NEL CSU) (lead for the policy)
David Maher (DM), Managing Director, C&HCCG

Siobhan Harper (SH), Workstream Director, Planned Care, Integrated Commissioning
River Calvely (RC), Planned Care Lead, Integrated Commissioning, C&H CCG
Nick Bailey (NB), Hackney Keep Our NHS Public
Dr Nick Mann (NM), Local GP, member of LMC, Member of Hackney Keep Our NHS Public

9.4 AG took Members through her report. It was noted that this had been worked on since July 2018, that there had been two local policies in NE London and this was at attempt to align them, that it was part of a wider national consultation and it was part of the 'Spending Wisely' workstream in NE London. They had met monthly with the CCGs to review the local and national policies and took advice from clinicians and a number of stakeholders and then came up with this set of proposals. There was an urgent need for the policy to be updated and properly aligned and to discontinue unnecessary treatments and everyone needed to clear which policy to apply. While there was always a resource issue in the NHS, this piece of work was not driven by resource issues. The numbers affected were low, the number of treatments were low and this was about making more effective use of staff time and helping for example, patients with no- specific low back pain, who are not really being helped by these procedures. Cancer patients would not be affected by the new policy. There had been a number of engagement activities arranged with the east London Healthwatch organisations.

9.5 Members took issue with the consultation and in particular the consultation document making the following points:
(i) the consultation document set out the criteria and number but not what the changes will be and who will no longer be able to access these treatments. It does not set out clearly the 'Before and After' scenarios.

(ii) It was important for Members to understand the full impact here and the consultation had not set out: the eligibility criteria; the numbers and the costings before and after this proposed change.

(iii the cost reduction from £3.5m to £1.7m would imply a diminution of the current offer to patients of nearly 50%.

9.6 AG replied that much more detailed modelling had been done. They estimated that it would be 365 treatments out a global total of 56,000. RC clarified that for the treatments under discussion the total was 1488 for the last year and 365 would represent roughly 25% of that.

9.7 Members expressed a concern that this looked like cost cutting and asked whether NICE guidelines were being properly followed. AG replied that NICE guidelines were followed where they were in place but there were none for some of these procedures, so this is about fitting in with clinically advised good practice. She reiterated that the cost savings of c. £400k were not significant in the context of the wider C&H budget. She added that the local providers on this were good and they also used independent sector providers when it was necessary.

9.8 Members took issue with approach to the NICE guidance and drew attention to apparent contradiction between the NICE guidance and the proposed local policy on cataract surgery, for example, arguing that it would be a diminution of the current offer. They asked what the principles were behind the local guidance and who ultimately decided.

9.9 AG replied that for cataracts they took the London guidance. They looked at the various sets of guidance at each level and chose what was best, after having taken advice from local experts e.g. consultants at Moorfields Hospital on the cataracts proposal.

9.10 Members took issue with the fact that under the revised guidance 365 patients would still appear to get clearance for a set of procedures which the NHS was now arguing was no longer really beneficial to them.

9.11 Siobhan Harper replied that this area was about achieving clinical consensus. NICE was the national guidance but where this didn't exist variation did become a problem for commissioners and this has to be managed sub regionally and locally. She added that the granular detail of the clinical advice for each of these specific procedures could be shared with Members if they so wished.

9.12 Jon Williams commented that the policy on weight loss surgery appeared to greatly reduce eligibility. RC replied that the context here was just Tier 3 patients which had been one of the gaps which needed attending to. When there wasn't specific guidance in place they would require the Homerton (as provider) to work with them and they would both have similar processes for devising eligibility rules.

9.13 Dr Nick Mann commented that these descriptions did amount to rationing. In his view there was a drive nationally to reduce unwanted variation, this was a reduction to the minimum and he drew Members' attention to the document outlining the research done challenging the national plans on 17 'Evidence Based Interventions (EBIs)'. There may be areas of overlap between the national list and the local ones but in time, he argued, NHSE's mandatory list would prevail. This was a minimal restructure but was just the beginning and it was being done at the limits of accessibility. It represented a conflation of things local clinicians don't do, with procedures which are evidence based, cost effective and necessary and putting them all on the same list and then introducing more limited eligibility criteria was unacceptable. This policy was conflated and confused, he concluded.

9.14 The Chair asked whether City and Hackney CCG Governing Body had to agree this and AG replied that it did and he asked whether all local GPs would agree with it. NM replied that most of his colleagues knew nothing of it and most would disagree, adding that just 14 GP across NE London had supported it. NB added that this was an attempt to shrink the NHS for merely financial reasons.

9.15 David Maher took issue with this replying that GPs in City in Hackney had been fully consulted via the Clinical Forum and the consensus view had been that this was a positive exercise in standardising overlapping policies and the expectation was that it would be fully endorsed by the Governing Body.

9.16 Members asked about the assertion that this was a race to the bottom asking whether there were changes to the eligibility criteria that went beyond the bare minimum and whether eligibility criteria had been lessened for any procedures.

9.17 NK replied that they had and listed two examples. He added that the standards in City and Hackney were very high and others in NEL area were trying to catch up. These changes would not have significant impact in Hackney but would have elsewhere in the STP area. AG added that this discussion was part of the wider engagement exercise and they wanted to hear from GPs and providers.

9.18 EP took issue with the accuracy of NM's point on the 6 month limit on knee operations. NM apologised for the error but added that the broader issue remained that the Opportunity Cost of not providing these procedure for those who badly needed them to be carefully considered.

9.19 The Chair thanked the officers for their briefings and their attendance and Members asked for further information before deciding on making a representation on this to the CCG GB. The Chair commented that he understood that this issue would also be discussed at the next INEL JHOSC meeting.

ACTION:	**(a) NHS CCG/CSU to provide, for each of the 12 procedures in question: the eligibility criteria; numbers affected and costings for City and Hackney, before and after this policy would be implemented.** **(b) Following discussion with Members of this information the Chair to then make an appropriate representation to the City & Hackney CCG Governing Body in advance of their decision.**

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

10 Appointment of representatives to Inner North East London JHOSC

10.1 Members gave consideration to a report from the Director of Legal on appointing representatives to the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC).

10.2 Members voted unanimously that Cllrs Hayhurst, Maxwell and Spence be reappointed.

RESOLVED:	**That Cllrs Hayhurst, Maxwell and Spence be reappointed as the 3 Hackney representatives on INEL JHOSC for the municipal year 2019/20.**

11 Health in Hackney Scrutiny Commission- 2019/20 Work Programme

11.1 Members gave consideration to the draft work programme for the year and to the tabled paper on the suggestions already received from stakeholders, as

well as an additional submission from the Local Pharmaceutical Committee. It was noted that the Chair had written to all the key stakeholders as well as Cabinet Members for suggestions for items for the coming year. It was noted that replies were still awaited from some key stakeholders and these would also need to be taken into account.

11.2 The Chair asked if Members could also submit suggestions to him and he suggested that one issue which he would like to propose was the 'Health impact of poor Air Quality' was very timely at present. This would have to dovetail with the work on this issue being done by Living in Hackney Scrutiny Commission.

11.3 DM stated that the CCGs Senior Management Team had considered the Chair's letter at its meeting that week and would be responding formally.

11.4 Mr Sills, a resident, commented that October would be too late for the proposed engagement event on the future of the St Leonard's estate. DM clarified that it might actually be too soon. It would be six months before there would be even some outline proposals from the 'One Public Estate' plan which could form the basis of a useful public discussion on options. £150k had been received to initiate the work but more funding would be needed to develop a full proposal. The Chair stated that this event could therefore be provisionally scheduled for January 2020.

11.5 On formats, the Chair stated that completing one single review was proving problematic as the evidence gathering got protracted as other urgent items got in the way. He asked if Members might consider the Scrutiny in Day model which CYP SC had used as a possible solution and that this might be used for the main piece of work. Members agreed and the officer was asked to work up a proposal.

ACTION:	**O&S Officer to work up a proposal to Members for using the Scrutiny in Day model for one of the key review pieces in the coming year.**

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

12 Any Other Business

12.1 The Chair reminded Members that the next meeting of INEL JHOSC had been postponed from 19 June to Wed 31 July.

Duration of the meeting: 7.00 - 9.00 pm