Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting Wednesday, 10th July 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 Yvonne Maxwell (Vice-Chair), Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence**
Apologies:	**Cllr Peter Snell and Cllr Tom Rahilly**
Officers In Attendance	**Anne Canning (Group Director, Children, Adults and Community Health) and Jayne Taylor (Consultant in Public Health and Workstream Director - Prevention)**
Other People in Attendance	**Amanda Elliott (Healthwatch Hackney), Nina Griffith, (Worksteam Director Unplanned Care, LBH-CCG-CoL), David Maher (MD of City & Hackney CCG), Dr Sue Milner (Director of Public Health), Laura Sharpe (Chief Executive, City & Hackney GP Confederation), Rupert Tyson MBE (Chair, Healthwatch Hackney) and Jon Williams (Director, Healthwatch Hackney)**
Members of the Public	**5**
Officer Contact:	**Jarlath O'Connell** ☎ 020 8356 3309 ✉ jarlath.oconnell@hackney.gov.uk

Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Cllrs Rahilly and Snell.

1.2 An apology for absence was also received from Dr Stephanie Coughlin.

2 Urgent Items / Order of Business

2.1 There were not urgent items and the order of business was as on the agenda.

3 Declarations of Interest

3.1 Cllr Maxwell stated that she was a Member of the Council of Governors of HUHFT.

4 Minutes of the Previous Meeting

4.1 The Minutes of the meeting held on 13 June were agreed as a correct record.

4.2 Further to the action at 8.9 of the previous minutes, the Chair tabled the letter of response he had sent to the Chief Exec of HUHFT in relation to the Overseas Visitor Charging issue which had been discussed at the last meeting.

4.2 Further to the action at 9.19 the Chair stated that the Managing Director of C&HCCG had provided more background information on the Aligning Commissioning Policies issue, as requested, and this was being considered by Members.

RESOLVED:	**That the minutes of the meeting held on 13 June 2019 be agreed as a correct record and that the matters arising be noted.**

5 City & Hackney Neighbourhoods Development Programme - briefing

5.1 Members gave consideration to an update report on the Neighbourhoods Development Programme.

5.2 The Chair welcomed to the meeting Nina Griffith (NG), Workstream Director for Unplanned Care, LBH-CCG-CoL and Laura Sharpe (LS), Chief Executive, City & Hackney GP Confederation

5.3 Introducing the paper NG stated that the aim of the programme as to ensure more joined up services for patients with fewer interactions needed with the whole range of services when seeking support. A particular focus was how to join up care for those with complex needs. One study showed how some individuals were dealing with between 9 and 29 agencies with their problems. The focus too was to reach more seldom heard groups and to understand local issues at a more granular level. Lots of services, housing for example, identify vulnerable people and there was a great need for closer links between health and care. Another aspect of the Neighbourhoods Programme related to implementing Primary Care Networks locally which are a requirement in the new 5 year GP contracts. PCNs had to be in place from 1 July with the aim being that primary care be the building block when developing a Neighbourhoods programme.

5.4 LS illustrated how the Programme was making impact on the ground with the example of the new approach to organising the regular checks for patients who take warfarin, something which is very common. Up to now patients would have to spend half a day at the Homerton but this was not moved out into the 8 neighbourhood hubs where one Practice in each Neighbourhood would do all the warfarin checks for that patch. Another example was ‘Alcohol hubs’. Up to now GPs did the ‘Audit C’ assessment of the patients alcohol use and if there were concerns they were referred to the Substance Misuse Service in Mare St. Because of the stigma involved many patients did not go. Now one Practice in each hub employs Health Living Counsellors for half a day each week who are

given a private room in the Practice and can work with this cohort of patients to provide more appropriate, and it is hoped more effective, support. LS went on to explain some new elements of the NDP which were coming on stream, these include a rise from 3 to 30 social prescribing offers and Clinical Pharmacists in each of the Neighbourhoods. Next year there would be Community Paramedics and Community Physios and the new GP networks were steadily building up a cohort of staff, she added.

5.6 Members asked what evidence there was that social prescribing was working and what the impact in outcomes had been. LS replied that the Programme was quite advanced with its plans and there would be Social Prescribing Navigation Services and the IT Enabler Group was developing a Digital Social Prescribing Platform and exploring how social prescribing can be used with the more complex cases. One of the leads for the Confederation and for the Programme had been on benchmarking visits to Manchester and Frome to view their models of social prescribing. They were also looking at the "failure to thrive model" which focused on individuals who were for example missing medical or social care appointments and who have children who are missing school, who haven't had their immunisations or screenings, who haven't got their correct benefits entitlement in place and who are generally not coping. In Manchester and Frome they had 'Health Care Connectors' to assist these individuals.

5.7 Members asked about the Extended Access Services. LS replied that the Health London Partnership had given the Confederation £1.4m per year to enable Practices to provide extended access from 18.30-20.30 weekdays. The 'EMIS Community' work will mean that other City & Hackney surgeries will now be able to access patients' records also. Weekend opening was also live now in Neaman, Nightingale, Hoxton, Stamford Hill and Lea Practices. At 18.30 on Fridays any unused weekend appointments wre released into the NHS 111 system. She added that the PCN 'extended hours' service was a different programme and this was about opening at 07.00 hrs. She acknowledge that the different extended hours systems had not been coordinated and she hoped that under the new Neighbourhoods Model this would be addressed.

5.8 A Member asked about data safeguards in the new model. LS explained that under the new extended hours systems a patient was asked give consent for the new doctor to access their health record. If the patient declined than the appointment was not offered. When the GP met the patient face to face the consent was again sought and clarified. Only clinical professionals can see full patient data and they have to use their normal NHS GP log in. The GP Confed for example only sees performance numbers not individualised data.

5.9 In response to a question from Healthwatch about the patient user experience of integrated care NG said that they were developing the right tools to measure this properly. They had looked at the 'Integrate' tool from the USA which involved 4 question that tested the consistency of messages to a patient and explored how they'd been treated in the past.

5.10 A resident expressed concern that the 'warfarin' programme was just a back office change. NG replied that it was not. The Primary Care offer here was far more cost effective than having this delivered at the Homerton. The new

system of having the warfarin checks closer to home at a local GP hub tightened up on the previous system and had proved a success with patients.

5.11 In response to a question from the Chair on a perceived loss of autonomy by GPs arising from the Programme, NG stated that the new integrated system didn't have the cash constraints of the previous one and allowed money to be targeted more efficiently and senior Homerton staff acknowledged this. HUHFT itself was also a very integrated trust and provided community services itself and had been very much involved in planning for the Neighbourhoods Programme. The CCG was also about to embark on a reshaping of the whole Community Services offer and this would align to the Neighbourhoods Programe, she added. LS added that the GPs are well aware that the days of a lone GP acting totally autonomously had gone. The majority of GPs were very welcoming of the new staff who would be working out of the neighbourhood hubs. Down the line there would obviously be potential for further cost savings as within a PCN of three Practices for example they could move towards having a single Network Manager for all three. The important point to remember however was that from the CCGs point of view they wanted to ensure that the current 40 front doors to the system i.e. the current GP practices in City and Hackney remained open.

5.12 The Chair thanked the officers for their report and their attendance and stated that Members would benefit from receiving a further update on the progress of this important initiative in a year's time.

ACTION:	**That the GP Confederation and the Workstream Director provide a further update on the Neighbourhoods Programme in July 2020.**

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

6 Integrated Commissioning PREVENTION Workstream briefing

6.1 Members gave consideration to an update report on the Prevention Workstream and the Chair welcomed for this item:

Jayne Taylor (JT), Consultant in Public Health and Workstream Director for Prevention, LBH-CCG-CoL
Anne Canning (AC), Group Director CACH and Senior Responsible Officer for the Prevention Workstream
Dr Sue Milner (SM), Interim Director of Public Health for Hackney and City of London

6.2 JT took Members' through the report highlighting some key points including: summary of recent successes, work on co-production, current prevention projects, Making Every Contact Count now having a dedicated Programme manager and the work being done on primary care sexual health services and the changes coming in October to the Substance Abuse services. There was also now a new framework in place for the work on Obesity and there had been a peer review of the tobacco control programme. The smoking rate had dropped in 2018 and Public Health England was also now reporting a more drastic drop for City & Hackney but this had to be validated. There was also significant work ongoing on Long Term Conditions but more needed to be done

in tackling rates of high blood pressure, sugar intake and in the overall mortality rate, which is still high.

6.3 Members asked about the mental health issues of rough sleepers particularly the younger ones and mental health issues relating to poor and overcrowded temporary housing, noting that this was a recurrent issue in Members' case work at surgeries. JT replied she would take these comments back. She added that there were 10,000 substandard properties in the borough in terms of health and wellbeing needs, therefore this was a big issue. Public Health already had an officer working with the Public Sector Housing Team to ensure that services were better joined up and that those with complex needs received appropriate support, but the challenge was great.

6.4 Members asked how realistic it was to think you could get all front line staff from both council and partners fully up to speed so that 'Making Every Contact Count' actually worked. JT replied that MECC had been the start of the focus but they were now working on 4 key building blocks for improvement and were scoping against these. These were: training, infrastructure, health promoting environment and cultural shift. The focus was about giving people skills in everyday life and it already happened to some extent but it needed to be speeded up and expanded.

6.5 Healthwatch asked about how the system for social prescribing coped with the increased volume and complexity noting that the move of lunch clubs into the VCS has been very challenging. JT replied that there had been some extensive mapping and there was a group made up of VCS and Primary Care officers working on it. With Obesity, for example, there was now an integrated pathway and works was beginning on updating the offer from the Bereavement service.

6.6 Helathwatch commented that the supported employment work appeared to have stalled and asked how it was performing against targets. JT replied that they had just recruited a public health officer to work on Supported Employment. There were a lot of providers involved which made it a big task and a revised programme plan was in train.

6.7 Healthwatch asked whether the funding for Open Doors was secure. SM replied that pressure on all budgets was significant but there were no current plans specifically relating to Open Doors. All public health spend will have to be looked at in the round because of the changes to the Public Health grant she added. The totality of spend in Integrated Commissioning was dominated by secondary and tertiary care so the focus was on how to bend or adapt the mainstream provision to get the most value for money.

6.8 The Chair asked about the need to save £800k from Public Health budgets and whether there would also be an in-year cut. SM replied that the grant has to be spent it couldn't be saved. They were in the process of implementing budget planning and making decisions about how to repurpose the PH grant. This would mean that some funds would be diverted away from some services and redirected to others but the overall funds were not being lost, rather they were being re-directed. There were only two possible ways to make savings: to reduce the staffing costs and to reduce the cost of the commissioned services. A budget shortfall of £780k this year would need to be clawed back and plans

were in place to mitigate this. Discussions were ongoing with the Cabinet Member on how to reduce current spend so as to balance the budget. She added that they will not know until December the amount of the Public Health Grant or even whether it will still exist in its current form for 2020/21. It could be rolled into the business rates retention system and so much of local government finance was also dependent on the outcome of Brexit. A resident commented that the Council should be advancing a No Cuts Budget and allowing overspend The Chair stated that this was not for forum for such a debate and the Council had made numerous and strong representations on budget matters to central government already.

6.9 Members asked what Assisted Technology would look like in practice. AC replied that the social care service was being tasked with exploring it in all their recommissioning specifications. Telecare for example could very easily be recommissioned in a very different way. She added that there appeared to be a very mixed understanding across London on what can be done although there were some exemplars internationally. A recent exhibition by providers at the town hall did provide some insight but none of it had been game changing and it was necessary to get IT Services to do some modelling. In relation to the Digital Social Prescribing Model this related to making links to primary care and providing 'wellbeing steers' to service users.

6.10 Members asked about how a more focused response to Childhood Obesity could be brought about. JT replied that there was a shift in focus on this to 'family work'. The National Child Measurement Programme was just one route in but the key would be to provide sensitive support so as not to stigmatise. The new Obesity Strategy will need to identify how Public Health initiatives can add value here. The trends were positive she added with the stats for 'reception year' gradually going down and for 'year 6' levelling off. It takes a long time and the new national childhood obesity strategy should have been much bolder, she added.

6.11 A resident asked about rough sleepers getting displaced and not receiving a joined up service. JT replied that some good work was being done on this by City focusing on health problems as a trigger. The new Inner North East London commissioning committee had recognised that while the east London boroughs have common priorities, rough sleepers do move around and there needs to be a more joined up approach.

6.12 The Chair thanked officers for their report and attendance.

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

7 Annual Report of Healthwatch Hackney

7.1 Members gave consideration to the Annual Report of Heatlhwatch Hackney noting that it has been produced for submission to Healthwatch England.

7.2 The Chair welcomed for this item:

Rupert Tyson (RT), Chair

Jon Williams (JW), Director
Amanda Elliot (AE), Intelligence and Signposting Manager

and he welcomed RT to this first meeting of the Commission as the new chair. RT and JW took Members through the report. They highlighted some key points such as their concern at the ongoing impact of austerity on local health and social care services and a concern that a further post Brexit recession might be round the corner. JW stated that they would come to the Sept meeting, as agreed, with an update on the work they were doing in response to the CQC inspection failure for the Housing with Care service, work that had been commissioned by Adult Services to assist them with implementing the required action plan. JW added that Healthwatch had done fewer Enter & View inspections in the past year and this was regrettable. The Community Voice work had been a very strong programme however. They had also run engagement events for Healthwatch England and for ELHCP on the consultation on the NHS Long Term Plan. One of the issues during the year had been increased concerns about adult safeguarding and the Dr Adi Cooper the Chair of the CHSAB would be addressing Healthwatch's AGM, to be held on 24 July, on this matter.

7.3 Members asked if there was further qualitative data to back up the concerns as outlined on pages 7 and 8 of the report about satisfaction with services and in particular the high rate of dissatisfaction about Transport. JW replied that the GP Confederation had given them a license to enable them to draw down more data so it could be analysed further. AE added that the coding matrix used was the same as 20 other helathwatch organisationsand recommended by Healthwatch England but stated that there was a whole database underlying these headline stats.

7.4 The Chair noted the 8% drop in satisfaction with the Homerton and commented that it would have helped if this information had been available when they did the Quality Account discussion with HUHFT.

ACTION:	**O&S Officer to ensure closer liaison with Healthwatch so when performance items such as Quality Accounts come to the Commission in future that they are also informed by the latest Heatlhwatch data on that organisation.**

7.5 Members asked how new Board members were recruited. RT replied that they used many methods and would be grateful if the Commission could assist them in advertising and promoting vacant position via outlets such as Hackney Today. JW added that their commissioner in the council asked them to audit how and who they recruit and also to ensure that Board Members receive training.

7.6 AC stated that she wanted to put on record her thanks to Healthwatch for their assistance with the action plan on Housing with Care and helping Adult Services with the necessary outreach and engagement.

7.7 A resident asked whether they would consider becoming a membership organisation. JW replied that they were not meant to be a membership organisation but they do have 'supporters'. He added that they had met

recently with the Chair of the Board of Directors of HUHFT who had complimented their work and pushed for closer involvement with them.

7.8 A resident asked whether the move to the new office in St Leonard's had helped or hindered the organisation. RT replied that trying to secure more suitable premises in Hackney was a great challenge and he asked if the Commission could assist them on exploring whether there were any empty Council premises that might considered.

ACTION:	**O&S officer to pass the concerns about premises back to the Head of Policy and Partnerships who was responsible for the property strategy in relation to the local VCS.**

7.9 The Chair stated that Healthwatch walked a very fine line in that it was funded by the Council and the CCG and yet had to hold both to account and, in his view, they did this very well. He thanked Healthwatch for their work over the year and added that the Commission would welcome more input from Healthwatch about their response to changes which are coming down the line on service provision. One general concern that he hoped would feed into their priorities for the year was that, because there was now a Single Accountable Officer for the ELHCP, there was a danger of less local accountability within the 8 boroughs and Healthwatch and Scrutiny needed to keep a watching brief on this.

7.10 The Chair thanked the representatives of Healthwatch for their report and their attendance.

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

8 Review on 'Digital first primary care and implications for GP practices' - Recommendations Discussion

8.1 The Chair stated that following a delay the Commission would now be completing its report of its review on 'Digital first primary care and the implications for GP Practices'. Members noted a revised tabled version of the draft recommendations.

8.2 The Chair stated that his concern following the review was less about the destabilising effect of GP at Hand on the system and more on whether the NEL boroughs were doing all they can to ensure that patients that want easy digital access can get it from the NHS. He added that he had a sense that there was more momentum or drive in Tower Hamlets about getting the GP Practices on board with one preferred system. He also had a concern about whether Hackney had enough senior clinicians actively driving this agenda and letting patients know about the positive aspects of greater use of digital.

8.3 Laura Sharpe (LS) (Chief Exec of GP Confederation) stated that the contact to drive up digital take-up in City and Hackney was a developmental one. There were cultural issues at play and the need to work with practices to explore the possible different avenues so as not to be overly prescriptive. Broadly there were three systems (Egton, AskMyGP and E-Consult) being tried and a small

cohort of Practices stating they were not that interested. 80% of practices were on one system or other and so far 20% were not engaging. The new GP Contract stipulations on this were advisory and not mandatory. Egton was the current favourite in Hackney and now only one practice was still using AskMyGP. As regards The NHS App, she stated she was trying it but the issue was whether what it offered was worth it. The broader issue was what the overall digital plan was and this needed to be debated further. She added that while Practices might sign up for a system she was not convinced they were then maximising the opportunities open to them by it. There was a need therefore she added for a team of people to work inside Practices once they have signed up to help them embrace the new opportunities fully and she was exploring whether there were people in the CSU who could assist with this.

8.4 The Chair asked whether this was a question of resources for the CCG. David Maher (MD of C&HCCG) replied that the IT Enabler Group were working on care records and much was being achieved however an overall strategic approach would also be welcomed. NHSE was mandating that by 2021 one third of patients had to be able to access alternative models. He added that the current work on the Neighbourhoods Development Programme combined with the upcoming Community Services re-design would articulate clearly what will be needed to make the system better integrated and IT systems were key to this. LS added that she would examine the 'Demand Management Contract' more closely and that a digital champion here would assist. DM commented that Dr Niifio Addy was sufficiently resourced to carry out digital development work as the C&H rep in discussions within the ELHCP. The Chair commented that everything possible needed to be done at a local level to respond to the challenges posed by GP at Hand.

8.5 LS commented that she would like to see the leaflet, referred to, that Tower Hamlets CCG had produced warning patients about the dangers of being de-registered and the O&S Officer undertook to share it with her. A resident commented that the reference to Silver Surfers was out of date and the current group working with older people was called 'Hackney Stream' who run drop-in centres on use of technology and she would forward details.

8.6 The Chair stated that the draft Recommendations would be revised further and the report of the review would be agreed at the next meeting.

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

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

9.1 Members gave consideration to the latest draft of the work programme for the year. A Member asked whether there could be an item/review on inequality and its impacts on health. He stated that while a focus on inequalities was embedded in all the Commission's work there was a need to bring this to the fore. There was a long history of health inequalities being linked to socio economic disadvantage. The Director of Public Health stated she would be happy to help scope such an item with the O&S Officer. The Chair stated that this could be the focus for a Scrutiny in a Day exercise instead of 'Air Quality' which could be a single item.

9.2 A resident asked whether there could be an item on Intermediate Care and the Chair replied that this was already in the plan.

9.3 DM asked if the Commission might like to consider the draft submission from City and Hackney to NHSE on Hackney's response to the NHS Long Term Plan consultation. Members agreed to add this item to the September meeting.

9.4 The Chair stated that the work programme would be updated with the above suggestions and more work would be done on scoping the main review.

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

10 Any Other Business

10.1 A resident, raised a concern about the absence of a safety rail on the steps at the side of the Town Hall. The Chair stated that he would take this as a piece of case work as he was the ward councillor.

10.2 A resident, stated she was on the Neighbourhoods Residents Involvement Group and was saddened to hear about the departure of the Programme Lead who was someone she had worked closely with for many years on 'One Hackney' and other projects. The Chair replied that this was not the appropriate setting to raise individual HR issues and he would speak to her separately about her concerns.

Duration of the meeting: 7.00 - 9.00 pm