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

Wednesday, 10th July, 2019

7.00 pm

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

Contact:
Jarlath O'Connell
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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, Cllr Patrick Spence and Cllr Tom Rahilly**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

Hackney

9 **Health in Hackney Scrutiny Commission- 2019/20 Work Programme (20.45)** (Pages 83 - 94)

10 **Any Other Business (20.59)**

Access and Information

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Hackney

Health in Hackney Scrutiny Commission 10th July 2019 **Minutes of the previous meeting and matters arising**	Item No **4**

OUTLINE

Attached please find the draft minutes of the meeting held on 13th June 2019.

MATTERS ARISING

Action at 8.9

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.*

This has been done.

Action at 9.19

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.*

A reply is awaited from NELCA. Noted this item will also be considered at INEL JHOSC on 31 July.

Action at 11.5

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.*

This is to follow.

ACTION

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

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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 (Chair, Hackney Migrant Centre), Siobhan Harper (Workstream Director - Planned Care, CCG/CoL/LBH), David Maher (MD, City & Hackney CCG), Dr Nick Mann (GP Well St Practice, Hackney KONP), Tony McLean (Chief Executive, St Joseph's Hospice), Jane Naismith (Director of Clinical Services, St Joseph's Hospice), Catherine Pelley (Chief Nurse and Director of Governance, HUHFT), Kirit Shah (City & Hackney Local Pharmaceutical Committee), Jon Williams (Director, Healthwatch Hackney), Nick Bailey (Hackney KONP), River Calveley (Commissioner, C&H CCG), Alison Glynn (Deputy Director Transformation Delivery, NHS North East London Commissioning Alliance), Mamie Joyce (Hackney Migrant Centre) and Dr Nikhil Katiyar (Local GP and C&HCCG Governing Body member)**
Members of the Public	**4**
Officer Contact:	**Jarlath O'Connell** ☎ 020 8356 3309 ✉ jarlath.oconnell@hackney.gov.uk

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 An apology was received from Cllr Oguzkanli and 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

Hackney

Health in Hackney Scrutiny Commission 10th July 2019 **City & Hackney Neighbourhoods Development Programme**	Item No **5**

OUTLINE

City & Hackney is more advanced than most in the development of its Neighbourhood Model and we had a detailed discussion on it at the July 2018 meeting. The minutes of which are here:
http://mginternet.hackney.gov.uk/mgAi.aspx?ID=31975

The Model is how City and Hackney will deliver the new requirement for a Primary Care Network. *Primary Care Networks (PCNs)* are a key part of the *NHS Long Term Plan* and the new GP five year contract, in place since April 2019. From 1st July 2019, all General Practices will be part of a PCN, covering 30,000-50,000 patients, with local Enhanced Services funded by CCGs and provided through the new network contracts. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. CCGs are required to commit recurrent funding to develop and maintain them.

NHS England is very clear that PCNs are now the fundamental building blocks of the local care delivery system. There is an explicit dual aim for PCNs; to support sustainability in primary care, and to drive the integrated care agenda at a local level.

After the previous discussion we asked officers to come back after a year and report back, in particular, with:

- An outline of targets and outcomes for the project
- Examples of how the model is reaching hard to reach groups in the borough

Attached please find the briefing report and appendix.

Attending for this item will be:

Nina Griffith, Workstream Director – Unplanned Care, LBH-CCG-CoL
Laura Sharpe, Chief Executive, City & Hackney GP Confederation

ACTION
The Commission is requested to give consideration to the report.

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City and Hackney Neighbourhoods Development Programme

An update paper for Health in Hackney Scrutiny Commission

July 2019

1. Introduction

Following a presentation on the plans for the development of Neighbourhoods in City and Hackney in the Summer of 2018, the Health in Hackney Scrutiny Commission asked for an update to be bought back to the meeting in a year to report on the progress being made with:

a) An outline of targets and outcomes for the project
b) Examples of how the model is reaching hard to reach groups in the borough

This paper will provide an update on the development of an outcomes framework for the programme which sets out the areas where we think the programme will make a difference to local residents, staff and the system as a whole.

The paper will also provide examples of how the model is reaching hard to reach groups. For the purpose of this paper we will use the term “seldom heard” groups as opposed to hard to reach groups. Constructive feedback from our Neighbourhood Resident Involvement Group suggested that the term 'hard to reach' groups, implies that there is something about these people that makes their engagement with services difficult. 'Seldom- heard' places more of the emphasis on providers and services to engage with these groups and it was agreed that this term was preferable.

Additionally, the paper will provide a brief overview of the newly established Primary Care Networks in City and Hackney which were created following a national mandate from the GP Contract this year.

2. Neighbourhood Outcome Framework

2i.What is the Neighbourhoods Outcome Framework and why is it important?

The Neighbourhoods Outcomes Framework is a set of indicators developed through consultation, research and discussion to monitor the expected outcomes from the introduction of the Neighbourhood model and the associated redesign work. The framework provides an overview of how the Neighbourhoods programme is performing.

It was developed to help demonstrate that that the additional investment and action within the Neighbourhoods Programme are improving (and will improve) people's lives across City and Hackney.

The detailed Outcomes Framework attached to this paper in Appendix 1 is the result of a long and extensive programme of work which has involved key stakeholders across the City and Hackney system.

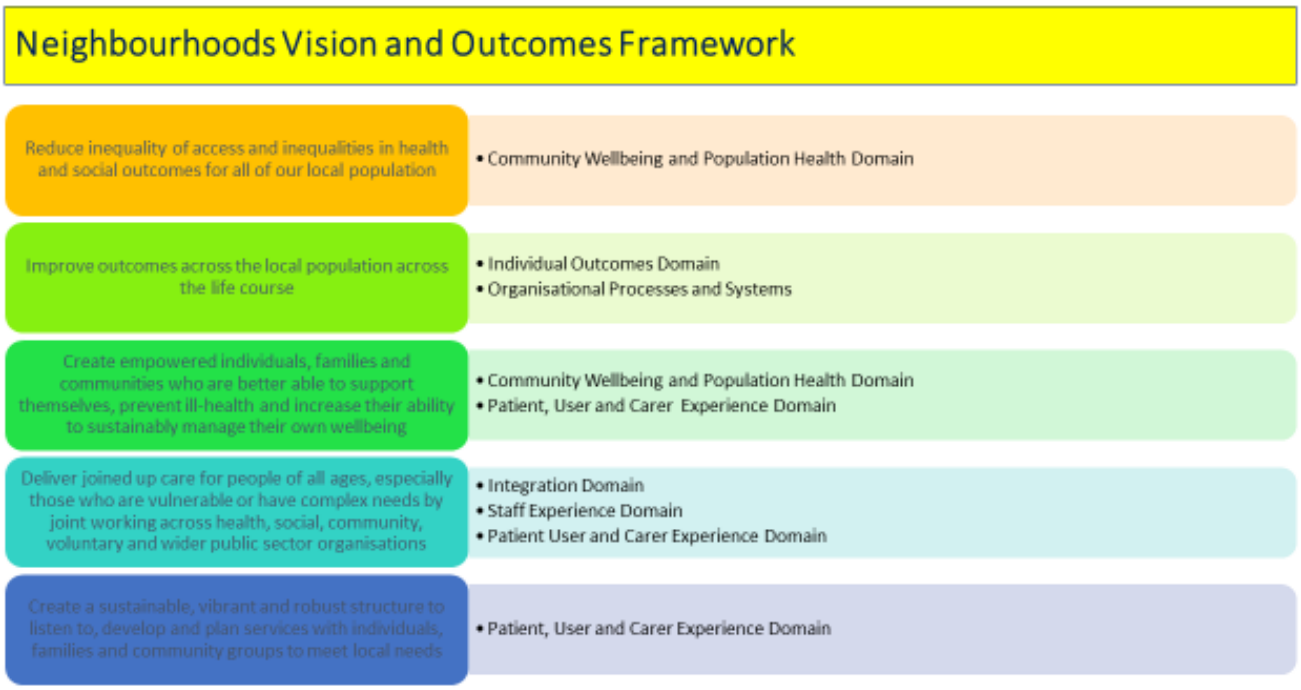
2ii. How is the Outcomes Framework is constructed

The Outcomes Framework is constructed from six over-arching domains. These domains were developed from logic models produced during a workshop held with all the providers within the programme and resident representatives. During the workshop participants were asked to list the expected outcomes which would be delivered as a result of the Neighbourhoods Programme and the redesign work it contained. When these outcomes were reviewed and grouped they fitted into six domains/areas. These domains are set out in Figure 1 below:

Figure 1: Neighbourhood Outcome Framework Domains

The figure below maps these domains back onto the overall vision for Neighbourhoods to ensure that we are capturing the outcomes which will help demonstrate that we are delivering the Neighbourhoods vision.

Figure 2: Neighbourhood Vision and Outcomes Framework



2iii. How does this fit into the Integrated Commissioning Framework?

The Neighbourhoods Programme is a critical vehicle in the delivery of the Integrated Commissioning (IC) Vision and Objectives.

The Neighbourhoods Outcome Framework is therefore a part of the broader Integrated Commissioning Outcomes Framework (which is currently being finalised). The Neighbourhoods programme outcomes will be a sub-set of the wider IC outcomes, but will also be able to be assessed distinctly. Successful achievement of the Neighbourhoods outcomes will support the overall delivery of the IC vision and objectives.

2iv. Timescales for change

The detailed Outcomes Framework attached in Appendix 1 sets out when the system might expect to see changes to the suggested indicators over the short, medium and longer term.

The Outcomes Framework has plotted this impact over a five year period beginning in the financial year 2020/2021. 2020/2021 was chosen as the first measurement year has many of the redesign projects are in a test and learn phase currently and are expected to deliver new ways of working towards the end of this financial year (2019/2020).

The programme has a strong focus on preventative work and an aspiration to deliver change across the broader determinants of health within Neighbourhoods which impact on an individual's health and wellbeing. Therefore a number of the indicators proposed (particularly those relating to Domain 3) are expected to deliver change over the longer term rather than in the short to medium term.

Within the programme there are a number of redesign projects which are being run or piloted in specific Neighbourhood/s. Each is using a Quality Improvement methodology and will therefore be capturing information at a project level within each of the six domains to assess the impact of changes on specific cohorts or within specific areas. We would expect to benefit at this local level for the given cohorts in 2019/20.

Some indicators are expected to deliver an improvement against the baseline position in 2020/2021 based on the current ongoing redesign work across Neighbourhoods and within Primary Care. These indicators are listed below:

Table 1: Impact in Year One

Domain	**Indicator**
Domain 1: Individual outcomes	Proportion of patients and service users who feel that they were involved as much as they wanted to be in decisions about their care and support Proportion of people feeling supported to manage their (long-term) condition
Domain 2 Staff Experience	Staff satisfaction using existing surveys
Domain 3 Community Wellbeing and population health	Smoking prevalence Admissions relating to alcohol Immunisation rates Social Isolation Measures
Domain 4 Patient, user and carer experience	Overall satisfaction of people who use services with their care and support (Social Care Primary Care experience measure
Domain 5 Organisational processes and system resource	Delayed Transfer of Care Metrics Attendances at A&E for primary care conditions including dental, minor injuries and minor eye conditions Social Prescribing measures Access to Primary Care
Domain 6 Integrated working	Number of people with a care plan which is reviewed at agreed frequency Number of Adult Safeguarding reviews where coordination of care is a factor

2v. Next Steps

Outlined below are the next steps for the development of the Neighbourhoods Outcome Framework

- To build and test the Outcomes Framework (in partnership with Cordis Bright, the CCG, Public Health and the CEG) and supported by the new Unplanned Care Digital Project Manager
    - To create a baseline for each indicators where information is already collected
    - To create a plan as to how all new indicators will be collected
- To create and confirm a clear trajectory of expected changes for each indicator including an assessment of the expected scale of change once the baseline has been confirmed
- To share a populated version of the Outcomes Framework with the Neighbourhood Steering Group and moving forward receive quarterly updates

The outcomes framework will be reviewed each year to ensure that the domains and indicators are still fit for purpose, sufficiently ambitious and aligned to the vision.

As we progress the contractual changes to underpin different organisations to neighbourhood working, we will need to ensure that the contractual outcomes of each partner organisation align to and drive the programme and the IC outcomes. The forthcoming contract for community health services will be the first large examples of this.

3. Reaching Seldom Heard Groups through the Neighbourhoods Programme

There are a number of ways in which the City and Hackney Neighbourhoods programme is reaching and work with seldom heard groups. These are summarised below:

3i. Understanding who is in the Neighbourhoods

The Public Health Team at the London Borough of Hackney have worked in partnership with the Neighbourhoods team and clinicians to develop a detailed information profile for each Neighbourhood. This has helped us to understand:

- Who is in each Neighbourhood
- The needs of the residents within the Neighbourhoods
- Differences in outcomes across the Neighbourhoods

This provides us with insight at a Neighbourhood level of where the seldom heard groups are and also where the greatest variation/inequality in access and outcomes is.

3ii. Partnership working with the Voluntary Sector

Hackney Council for Voluntary Services (HCVS) is a critical partner in the Neighbourhoods programme. This is an important partnership for the programme as HCVS and the voluntary sector as a whole have good access and reach to many of the seldom heard groups and communities within Hackney and City and trusted relationships with these groups. The programme has funded HCVS to develop a model to help better connect statutory services

to voluntary and community group resources which will be important in helping to reach and improve outcomes for seldom heard groups.

Equally through closer working at neighbourhood level, it is hoped that trust and closer working can be developed between community groups/communities and statutory services using HCVS as a bridge where appropriate. By building trust and relationships it is hoped that this will reduce inequity of access to services.

3iii. Partnership working with teams at LBH

A scoping exercise was undertaken to understand how the Neighbourhoods programme might support the work of teams across the Council and how these teams can work more closely with Neighbourhoods. Opportunities were identified with Private Sector Housing, Leisure and Green Spaces, Tenancy and Leasehold Services, New Build Property Management and Regeneration.

Of the opportunities identified the common thread was the way in which Neighbourhoods might be able to support and provide holistic care to those individuals/families known to council services who may be isolated, struggling, complex and vulnerable and poorly connected to wider services.

Work is now beginning to look at how we create a referral route and offer for council teams into wider services to support vulnerable residents.

A number of other opportunities were identified during this exercise which are also being taken forward.

3iv. Community Navigation

A joint Prevention workstream/Neighbourhoods project is exploring how to improve and strengthen care navigation and social prescribing roles across City and Hackney. This project contributes to the Prevention workstream's 'big ticket' item on improving self-care and self-management.

The newly named Community Navigation System Design Group (formerly referred to as the 'Working Group') includes representation from clinical leads, Neighbourhoods Programme-Unplanned Care, Prevention workstream and City and Hackney VCS and other 'care navigation organisations.' Workshop sessions with the Group have explored the needs of our population, where gaps exist and how we could take these forward as a Group and at a system level. The Group has developed an action plan with six emerging themes:

1. Raising awareness and increasing the use of care navigation across City and Hackney.
2. Improving and strengthening the role of care navigation at a system level.
3. Improving the sharing of information across organisations.
4. Ensure the care navigation offer supports City and Hackney residents with complex and diverse needs and those in seldom heard groups.
5. Improving the interface with services to improve person centred care.

6. Developing the service offer for care navigation supported by training.

3v. Community Asset Mapping

A project is in place within the Neighbourhoods programme to develop a way to ensure that the City and Hackney Neighbourhoods have a comprehensive understanding and knowledge of all the community assets in order to improve the quality of community life and overall health and wellbeing. This project is in its infancy and will work across the system to explore what is already known about areas and pull this together.

The project will in time create a repository/inventory of information that will identify assets (things which have value) and resources at one point in time and then depending on need/resource be updated to reflect the following:

- Skills, capacities and abilities of community members (including legitimacy, influence, political connections)
- Physical structures such as schools, GPs, community centres, parks, social clubs, places of worship, libraries, hospitals and other health centres.
- Places of opportunity (spaces that could be used differently/more)
- Businesses/networks that provide jobs and support the local economy.
- Groups (informal/formal) of citizens such as a tenant resident association, neighbourhood watch, after school clubs or a park user group
- Community/voluntary sector organisations

3vi. Resident Involvement

The Neighbourhoods Programme has recently appointed a Resident Involvement Lead to both support the role of our active Neighbourhood Resident Involvement Group and also to develop and deliver a sustainable model for ensuring that resident's views are collected, listened to and represented at a senior level in the Neighbourhoods. An important part of this work will be to use the information available about Neighbourhoods (outlined above) to understand where seldom heard communities/groups are within each Neighbourhood and to establish ways to involve them in Neighbourhoods.

The Neighbourhoods Resident Involvement Lead will also work with specific projects to ensure that there is strong resident involvement from the outset with the right resident voices. This may also mean reaching out and involving seldom heard groups for specific pieces of work where indicated.

4. Primary Care Networks in City and Hackney

4i. What are Primary Care Networks?

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan and the new GP five year contract from April 2019. All general practices are required to be in a network by June 2019, and Clinical Commissioning Groups (CCGs) being required to commit recurrent funding to develop and maintain them.

From 1st July 2019, all general practices will be part of a PCN, covering 30,000-50,000 patients, with local Enhanced services funded by CCGs and provided through the new network contracts. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

NHS England are very clear that PCNs are now the fundamental building blocks of the local care delivery system. There is an explicit dual aim for PCNs; to support sustainability in primary care, and to drive the integrated care agenda at a local level.

Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve. Where emerging primary care networks are in place in parts of the country, there are clear benefits for patients and clinicians.

There are national monies for the networks to recruit staffing including pharmacists, social prescribers (in year 1), physiotherapists and paramedics (in years 2-3). There is also the requirement that wider health and social care services are aligned to PCNs in order to deliver locally integrated teams.

We are fortunate in City and Hackney that the ambitions of the PCN contract align to the ambitions of our Neighbourhoods programme and that this work is already progressing well within the Neighbourhood Programme.

Further useful information can be found in this briefing from the Kings Fund:

https://www.kingsfund.org.uk/publications/primary-care-networks-explained

4ii. Where are we at with PCN in City and Hackney?

Following the publication of the new GP Contract there was a very tight timeframe for practices to form into Primary Care Networks (agree the geography, groupings of practices and boundaries of the PCN) and elect/recruit their Clinical Directors.

For City and Hackney this decision around geography was straightforward and was based on the successful working within Neighbourhoods which had already taken place. We have the following 8 Primary Care Networks which have now all recruited their Clinical Directors:

Table 2: Primary Care Networks and Clinical Directors

Network	Clinical Directors
Springfield Park PCN	Dr Tehseen Khan and Dr Vinay Patel (job-share)
Hackney Downs PCN	Dr Denyse Hoseyin and Dr Sarah Williams (job-share)
Woodberry Wetlands PCN	Dr Ben Saw
Clissold Park PCN	Dr Moyra McAllister and Dr Neeraj Patel (job-share)
Hackney Marshes PCN	Dr Nick Brewer and Dr Haren Patel (job-share)
Well Street Common PCN	Dr Kathleen Wenaden
London Fields PCN	Dr Gopal Mehta
Shoreditch Park & City PCN	Dr Jenny Darkwah

4iii.What next for the City and Hackney Primary Care Networks?

The PCNs have a number of short term deliverables to initially set up their PCNs and deliver on the year 1 objectives. This has included:

- Putting in place their network agreements, a legal document describing how they are going to work together, share data, resolve disputes if they arise and also work with partners.
- Delivering the first network level service - extended access services must be delivered at Network level to go live 1 July. This means that every PCN must have a local 8am to 8pm 7 days/week primary care extended access model. We were fortunate in City and Hackney that work on this had already begun via the Neighbourhoods programme.
- Be ready to recruit social prescribers and clinical pharmacists from the 1st July 2019

The PCNs provide a fantastic opportunity for City and Hackney to drive many of our local ambitions. We will need to ensure that we harness this opportunity. Some of the key areas for us are as follows:

- The detailed national PCN contract has only been published for year 1. There will be more detailed specifications for years 2-5, with defined outcomes. We will need to marry these up to our local ambitions in the borough and the Neighbourhoods and wider integrated commissioning programme outcomes framework.
- The clinical directors have just taken up post (as of 1st July). There is an expectation that they take on a system leadership role, including being part of the emerging integrated care system governance. We will need to ensure that our system governance enables this, and support the clinical directors to take to do this.

5. Recommendations and Conclusion

The Health in Hackney Scrutiny Commission is asked to note the contents of this report.

It is proposed that formal updates on progress including a populated version of the outcomes framework is bought back to the Health in Hackney Scrutiny Commission at an appropriate frequency for the group.

We would welcome feedback and questions on the contents of this report or more generally on the City and Hackney Neighbourhoods development programme.

Jennifer Walker
Neighbourhoods Programme Lead
Nina Griffith
Director, Unplanned Care Workstream

NEIGHBOURHOODS OUTCOME FRAMEWORK – OVERVIEW

Domain	Indicator	Trajectory/Aim	Data Capture	Year 1 – 20/21	Year 2 – 21/22	Year 3 – 22/23	Year 4 – 23/24	Year 5 – 24/25
Domain 1 Individual Outcomes	Social care related quality of life	Statistically significant improvement on baseline	Already captured	Baseline	Baseline	Improvement	Improvement	Improvement
	Health-related quality of life for Carers, people with long-term conditions and, older people	Statistically significant improvement on baseline	Already captured	Baseline	Baseline	Improvement	Improvement	Improvement
	Proportion of people who use services who have control over their daily life	Statistically significant improvement on baseline	Already captured	Baseline	Baseline	Improvement	Improvement	Improvement
	Proportion of patients and service users who feel that they were involved as much as they wanted to be in decisions about their care and support	Statistically significant improvement on baseline	Already captured	Improvement	Baseline	Improvement	Improvement	Improvement
	Proportion of people feeling supported to manage their (long-term) condition	Statistically significant improvement on baseline	Already captured	Improvement	Baseline	Improvement	Improvement	Improvement
	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Examples include Infections, Nutritional, endocrine and metabolic, Diseases of the blood, Mental and behavioural disorders, Neurological disorders, Cardiovascular diseases, Respiratory diseases)	Statistically significant reduction on baseline	Already captured	Baseline	Baseline	Improvement	Improvement	Improvement
	Employment of people with long-term conditions	Statistically significant improvement	Already captured	TBC	TBC	TBC	TBC	TBC

NEIGHBOURHOODS OUTCOME FRAMEWORK – OVERVIEW

		on baseline						
	Proportion of adult social care users who have as much social contact as they would like	Statistically significant reduction on baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Proportion of adult carers who have as much social contact as they would like	Statistically significant reduction on baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
Domain 2 Staff Experience	Turnover Statistics (To be defined) across key providers	Reduction in turnover	Already captured	Baseline	Baseline	Improvement	Improvement	Improvement
	Spend on locum/bank staff across key service providers	Reduction in spend	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Staff satisfaction using existing surveys	Improvement in staff satisfaction	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Staff feel they have the skills and knowledge to support people in navigating the health and social care system	Improvement on baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Number of primary health care professionals per 100,000 population	TBD	Already captured	TBC	TBC	TBC	TBC	TBC
Domain 3 Community Health and Wellbeing	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	Reduction from baseline	Already captured					Long Term Improvement
	Reducing premature mortality from the major causes of death	Reduction from baseline	Already captured					Long Term Improvement
	Excess Winter Deaths	Reduction	Already					Long Term

NEIGHBOURHOODS OUTCOME FRAMEWORK – OVERVIEW

		from baseline	captured					Improvement
	Impact on the prevalence of the main long-term conditions identified in the JSNA. These are hypertension, common mental health disorders, CKD, asthma, and diabetes	Reduction from baseline	Already captured					Long Term Improvement
	Smoking prevalence	Reduction from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Admissions for alcohol related conditions	Reduction from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Immunisation rates	Improvement from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Percentage of physically active and inactive adults – active adults	Improvement from baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Measure of social isolation	Reduction from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
Domain 4 Patient, User and Carer Experience	Patients experience of Integrated Care	Improvement from baseline	TBC	Baseline	Improvement	Improvement	Improvement	Improvement
	Overall satisfaction of people who use services with their care and support (Social Care	Improvement from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Overall satisfaction of carers with social services	Improvement from baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Primary Care experience measure	Improvement from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	People who use services who say that those services have made them feel safe	Improvement from baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement

	and secure							
	Patient Activation Measures	TBD	TBD	TBC	TBC	TBC	TBC	TBC
	Number of residents involved in Neighbourhoods coproduction work	Improvement from baseline	New	Baseline	Improvement	Improvement	Improvement	Improvement
	Measure of experience of residents involved in coproduction work	Improvement from baseline	New	Baseline	Improvement	Improvement	Improvement	Improvement
Domain 5 Organisational Processes and Systems	Emergency admissions rate per 100,000 population	Reduction from baseline	Already Captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Emergency readmissions within 30 days of discharge from hospital	Reduction from baseline	Already captured	Baseline	Baseline	Improvement	Improvement	Improvement
	Delayed Transfer of Care Metrics	Reduction from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Avoidable admissions to hospitals	Reduction from baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Length of hospital stay for emergency admissions (excess bed days)	Reduction from baseline	Already captured	Baseline	Baseline	Improvement	Improvement	Improvement
	Number of adverse events outside of the acute setting	Reduction from baseline	Already captured	Baseline	Improvement	Improvement	Improvement	Improvement
	Attendances at A&E for primary care conditions including dental, minor injuries and minor eye conditions	Reduction from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Social Prescribing measures	Increase in update	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Access to Primary Care	Improvement in access	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Patients with multiple admissions per year for specific age groups and prior conditions	Reduction in admissions from baseline	New	Baseline	Improvement	Improvement	Improvement	Improvement

NEIGHBOURHOODS OUTCOME FRAMEWORK – OVERVIEW

	Use of voluntary sector metric (TBD)	TBD	TBD	TBC	TBC	TBC	TBC	TBC
	Contribution of voluntary sector metric (TBD)	TBD	TBD	TBC	TBC	TBC	TBC	TBC
Domain 6 Integrated Working	Effectiveness of team working questionnaire	Improvement from baseline	New	Baseline	Improvement	Improvement	Improvement	Improvement
	Number of multi-disciplinary training events	Increase in events	New	Baseline	Improvement	Improvement	Improvement	Improvement
	Number of staff trained in a multi-disciplinary setting	Increase in number of staff trained	New	Baseline	Improvement	Improvement	Improvement	Improvement
	Number of multi-disciplinary MDT in a community setting	Increase in number	New	Baseline	Improvement	Improvement	Improvement	Improvement
	Quality of MDT meetings	Improvement from baseline	New	Baseline	Improvement	Improvement	Improvement	Improvement
	Patient experience of MDT working	Improvement from baseline	New	Baseline	Improvement	Improvement	Improvement	Improvement
	Number of people with a care plan which is reviewed at agreed frequency	Improvement from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement
	Number of Adult Safeguarding reviews where coordination of care is a factor	Reduction from baseline	Already captured	Improvement	Improvement	Improvement	Improvement	Improvement

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Hackney

Health in Hackney Scrutiny Commission 10th July 2019 **Integrated Commissioning PREVENTION Workstream update**	Item No **6**

OUTLINE

The Commission to have a rolling programme of hearing in turn from each of the 4 Integrated Commissioning Workstreams. We hear from one at every second meeting, meaning each reports once per year.

We last heard from the Prevention Workstream in July 2018 and the minutes of that discussion are here:
http://mginternet.hackney.gov.uk/mgAi.aspx?ID=31976

Attached please find the briefing report.

Attending for this item will be:

Jayne Taylor, Consultant in Public Health and Workstream Director for Prevention Workstream, CCG-CoL-LBH

Anne Canning, Group Director CACH and SRO for Prevention Workstream

Dr Sue Milner, Interim Director of Public Health, City of London and Hackney

ACTION

The Commission is requested to give consideration to the report.

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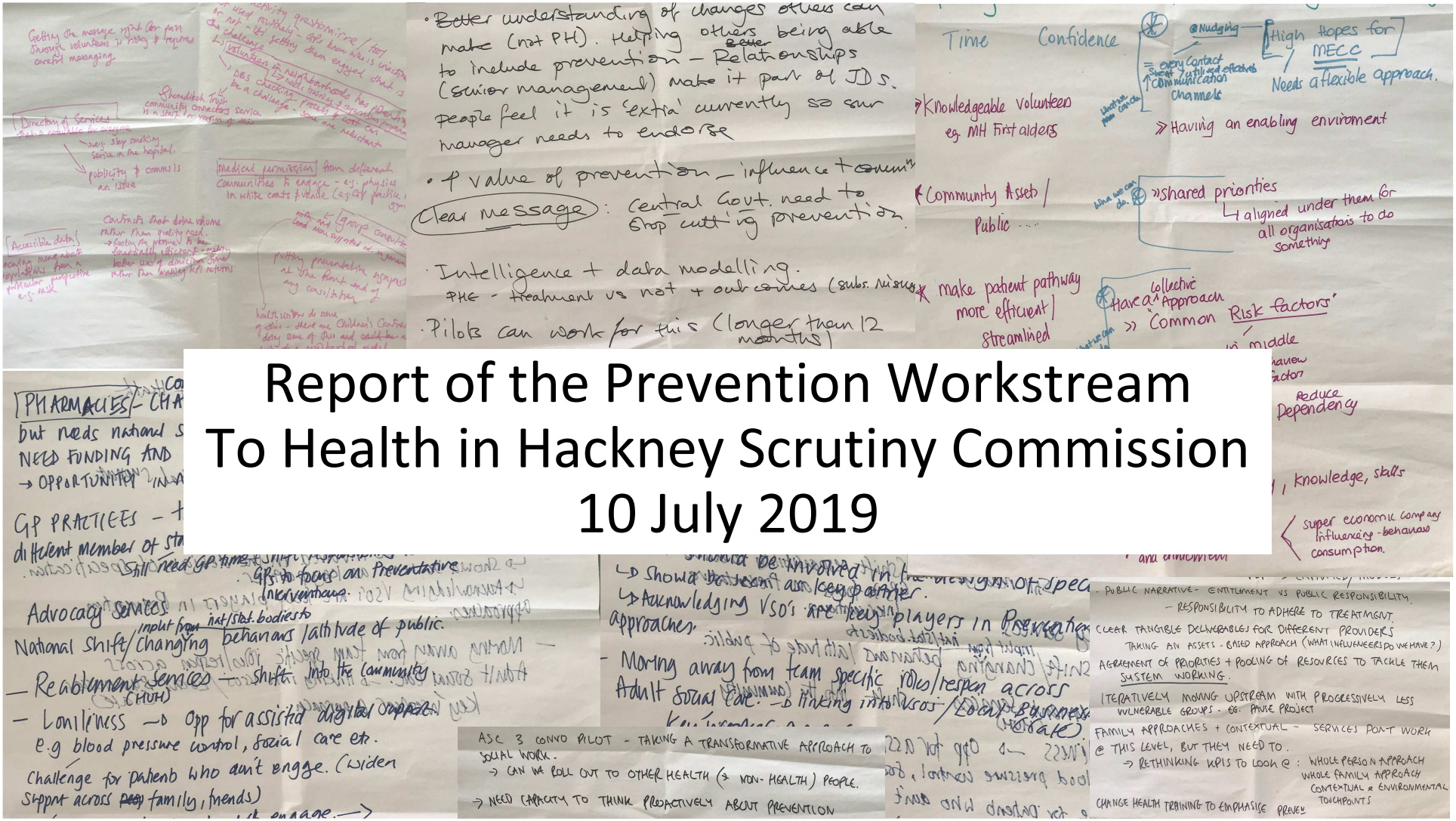

Report of the Prevention Workstream To Health in Hackney Scrutiny Commission 10 July 2019

Content

1. Context - why prevention (a reminder)
2. Overview of workstream priorities & plans
3. Six month progress update
    (a) Summary of successes and challenges
    (b) Co-production and resident engagement update
    (c) Achieving a system (& resource) shift to prevention
    (d) Key programme updates
4. Prevention and the NHS Long Term Plan
5. Outcomes and performance
6. Finances

1. Why prevention?

Main causes of death (as elsewhere) are cancer, cardiovascular and respiratory disease - 35% of all deaths are avoidable

Main behavioural risk factors for mortality and morbidity are smoking, diet and alcohol - huge scope for preventative action

Our behaviours are rarely free ‘choices’ - we are influenced by the circumstances and places in which we live and work

An integrated care system is necessary, but not sufficient on its own, to improve population health and reduce inequalities - action is required on the wider determinants of health (a ‘whole system’ preventative approach)

2. Overview of Prevention workstream priorities & plans

Purpose & aims

City & Hackney IC strategic objective 1:"**Deliver a shift in resource and focus to prevention** to improve the long term health and wellbeing of local people and address health inequalities"

3 core (overlapping) workstream aims:

- reduce the harms from the main preventable causes of poor health
- take early action to avoid or delay future poor health
- support and enable people to take control of their own physical/mental health and wellbeing

2 overarching ambitions (for population health improvement):

- support all workstreams and other IC partners to embed prevention principles in their plans
- work with wider partners to better understand/improve the social, economic & environmental drivers of health

Areas of work

- ➔ Whole system approaches to tackling the main behavioural risk factors for poor health (tobacco, obesity, inactivity, alcohol, drugs)
- ➔ Early intervention & risk factor management for the main preventable LTCs (CVD, diabetes, respiratory)
- ➔ Preventing poor mental health and promoting positive mental wellbeing
- ➔ Sexual health - prevention and treatment
- ➔ Improving staff health and wellbeing
- ➔ Earlier intervention support for vulnerable groups (including carers, rough sleepers)

2019/20 in focus

Thematic priority areas

- Embed **treatment of tobacco dependency** in the NHS (building on opportunities in the NHS LTP)
- Whole system action on **alcohol**
- Better **self-management** for people with/at risk of physical & mental health conditions (+navigation)
- Improve **employment** & volunteering opportunities for people with support needs
- Review & refresh local action on **CVD prevention**

Enabling a system shift to prevention

- **MECC** - owned and 'loved' across the system
- **Co-production** - real & meaningful dialogue, equal partnership working with local people
- Explore/develop **digital** solutions to help people take control of their own health and wellbeing
- Implement **cross-workstream prevention plans**

3. Six month progress update

(a) Summary of successes and challenges

Achievements and progress	Ongoing and emerging risks & issues
● 'Making every contact count' programme manager in post; scoping phase underway ● New services mobilising - City Early Intervention and Prevention Service, primary care sexual health service ● Fully collaborative and co-produced approach to re-commissioning adult substance misuse service ● Improvement in diabetes 'triple target' performance - now rated as 'good' on diabetes care locally ● Good early progress to integrate Social Prescribing service with new Primary Care Network link workers ● Successful bid for NHS England funding for supported employment in community mental health services ● New, co-produced healthy weight 'framework' developed - consultation underway ● Peer review complementary of our tobacco control activity ● Good progress on key digital enabler projects (including directory of services) ● Hackney Council achieved 'excellence' in London Healthy Workplace Award	● Contradiction of high quality care/treatment of long-term conditions and continued high rates of premature mortality (cardiovascular and respiratory disease esp.) ● Increasing volume and complexity of referrals affecting a number of services - including Social Prescribing, weight management, bereavement service ● Recent fall in number of referrals to stop smoking service, in line with national trends (local data validation underway) - but quality of service (quit rate) remains high ● Funding uncertainty for bereavement service from 2020/21 - options currently being explored ● New uncertainty over sustainable funding for HIV clinical nurse specialists (non-recurrently funded) ● Supported employment action plan stalled by loss of programme manager - new programme manager now in post

(b) Co-production and resident engagement update

- 2 new Prevention public reps appointed
- Prevention resident reference group established; working with Co-production and Resident Engagement lead to align with wider IC engagement strategy
- Key service co-design activity since Dec 2018:
  - complex obesity service re-design - patient stories and contributions to design workshop
  - service user involvement in co-design of new adult substance misuse service
  - ongoing involvement of carers co-production group in re-design of Hackney carers service
- Other ongoing and future priorities for co-production include:
  - MECC
  - obesity strategy (‘healthy weight framework’)
  - Social Prescribing re-commissioning
  - developing a Neighbourhoods community navigation model
- Session on ‘meaningful co-production’ at strategy workshop in May - working with resident reps to take recommendations forward
- Learning from ‘Moving Together’ pilot in Kings Park (community development approach)

(c) Achieving a system (& resource) shift to prevention

Early development work underway on defining a **prevention investment standard** for City and Hackney - establishing a baseline for system prevention spend against which future performance can be measured

Joint plans and projects:

CYPMF	● Joint workshop held in May - plans being progressed around smoking in pregnancy and child obesity
Planned Care	● Complex obesity service design in progress ● Integrated women's health commissioning model - scoping underway ● Review/refresh of approach to CVD prevention - comprehensive strategy to be developed during 2019/20
Unplanned Care	● Neighbourhood care navigation pilot - programme manager recruitment underway ● Falls prevention pathway - aligning commissioning plans
Primary Care	● Joint sessions on prevention and primary care with Primary Care Quality Board

(d) Key programme updates

- ‘Making every contact count’ (MECC)
- Supporting people to take control of their own health
- Supported employment
- Update on digital projects
- Tackling the main behavioural risk factors for poor health
- Early intervention and risk factor management
- Preventing poor mental health and promoting positive mental wellbeing
- Earlier intervention & support for vulnerable people

MECC programme overview

Our ambition
is to empower all health and care staff to have healthy conversations with patients and the public, signpost them to local preventative services and other sources of wellbeing support.

MECC is about
stimulating a movement for change across the health and care system to ensure the approach is embedded, sustainable and becomes **'the way we do things around here'**.

MECC is not about
adding to already busy workloads, staff becoming specialists or experts in behaviour change, or telling people what to do and how to live their life.

Our commitment
is to ensure that we achieve our shared objectives, we will: co-design the programme with residents and staff; continually test and learn; consider sustainability from the outset and start to embed a local approach across Hackney and the City.

Where we are now

Established a MECC steering group.
The first meeting was on 30th May and will be held on a quarterly basis. Members are from key partners across Hackney and the City and will act as MECC champions, coordinate actions on behalf of their organisation and help to unblock operational and strategic barriers to implementation.

Scoping interviews commenced
Ten 1:1 interviews have been completed with stakeholders (from heads of service and commissioners to clinical leads).
Workshops have been conducted with frontline social workers and with residents/community groups. City-specific workshop also organised.
Seeking alignment with existing programmes so we build on effective practice (e.g. smoking VBA, '3 conversations' model in adult social care (Hackney)).

Project plan finalised.
Milestones have been defined and are aligned with steering group meetings for timely sign off.

What we've learnt (so far...)

1. There is substantial system-wide support for the programme and many opportunities for trialling/implementing MECC.

2. Competence and confidence of frontline staff to initiate MECC conversations varies across and within teams.

3. No mandatory training in behaviour change/motivational interviewing/very brief advice (VBA) identified so far, but specialist practitioners operate within some services.

4. Those implementing MECC or existing 'MECC-like' programmes and initiatives across the system would benefit from being part of a network of practitioners, to share learning and good practice.

5. Staff find it difficult to signpost/refer people to local services due to the lack of reliable information and knowledge of what support is available locally.

6. Current infrastructure does not support monitoring of MECC activity or onward referrals to preventative services.

What's next?

1. Complete initial scoping phase by August 2019.

2. Compile an assessment report describing 'readiness' for MECC in Hackney and the City, with recommendations on how to progress to the next phase.

3. Finalise logic model and evaluation framework (map objectives and outline measures of success to understand if the programme achieves its objectives).

4. Develop a service specification and commence market testing for a service provider to help co-design and test different formats of MECC training.

5. Produce an initial comms and engagement plan (with recommendations for establishing a community of practice and build a movement for change).

Supporting people to take control of their own health

Social Prescribing service

- 1600+ annual referrals, 75% report improved health and wellbeing
- Current contract ends Sep 2020, service review/re-design underway
- Working collaboratively with Primary Care Networks to integrate provision across City and Hackney

Peer support pilot evaluation complete and findings currently being reviewed

Group consultations pilot started - training underway, clinical lead appointed

‘3 conversations’ model being rolled out in Hackney adult services

- A new model of social work practice, focused on early identification of needs and a strengths-based approach
- Very positive early results from ‘innovation site’

Developing a **Neighbourhood community navigation model**

- Programme manager recruitment underway
- Mapping of various related programmes and development of Neighbourhood navigation model

Supported employment

Successful bid for NHSE wave 2 Individual Placement and Support (IPS) funding

VCS-led Supported Employment Network has agreed a programme of work

Programme manager re-recruitment underway

Network aims	• Disabled people have a choice of career opportunities and sustainable jobs • Clarity of offer – there is clear offer of support for service users and employers which meets their needs • Partnership working and a seamless service – all services referring to each other as appropriate			
Priorities	1. Local 'standard' for supported employment providers (includes IPS 'fidelity')	2. Employer engagement (including employer 'offer')	3. System-wide communication strategy (challenge stigma and celebrate successes)	4. Client-owned digital 'employment passport'
Outcomes	• More inclusive service offer • Greater partnership working • A more inclusive labour market • Greater choice of career opportunities and sustainable employment for disabled people			

Update on digital projects

Digital Social Prescribing Platform

- Aim is to improve SP referral and outcomes monitoring, and build VCS capacity to support this
- Business case approved to progress to next stage (to develop/test a ‘minimal viable product’)
- IT supplier procurement process to commence shortly

City and Hackney Directory of Services

- Agreement to proceed with this priority project, building on development work completed to date
- Review meeting held in June with system partners - intention is to link up with/complement Digital Social Prescribing project
- Specific, costed plans to be presented to July IT enabler board meeting

Assistive Technology (Adult Social Care)

- Ambitious programme of work to develop and test new approaches to AT to support greater independence and improve health and care outcomes
- Business case for Personal Alarm Watch pilot approved

Tackling the main behavioural risk factors for poor health

Smoking	● 'CLeaR' self-assessment complete and peer review workshop held (Hackney) - recommendations to be taken forward by new Tobacco Control Alliance ● Enforcement - recruitment of Trading Standards (alcohol & tobacco) officer, numerous seizures made ● Stop smoking services: fall in referrals in line with national trends (but quit rates remain high), improvement plan in place; service in the City is being reviewed, exploring opportunities for (partial) integration with Hackney service; partnership with vape stores ● New City and Hackney stop smoking advisor recruited by ELFT ● Recruitment underway for dedicated stop smoking advisor in ACERS service (pilot) ● Joint work with CYPMF workstream to improve maternity pathways ● Work commenced on joint NEL proposal to embed treatment of tobacco dependency in NHS
Obesity and physical activity	● New place-based healthy weight framework has been co-produced, informed by strategy workshop and targeted insight - engagement ongoing ● Healthier Together service continues to perform well. New Healthy Eating & Physical Activity Provider Alliance. ● Bariatrics audit complete and multi-agency complex obesity workshop held to inform re-commissioning of adult obesity pathway; plans to model this approach for CYP and maternity pathways ● Sport England 'Moving Together' pilot is progressing - links established with Prevention workstream and Neighbourhoods programme
Alcohol and drugs	● Whole system action on alcohol selected for specific workstream focus this year ● Hackney Alcohol Action Plan progressing and new City Alcohol Strategy under consultation ● Targeted research on cocaine use in the City being commissioned ● Co-design of new joint (City and Hackney) adult substance misuse service - planned start date Oct 2020 ● GP with Special Interest (GPwSI) in process of being appointed

Early intervention and risk factor management

Long-term conditions	• LTC contract continues to perform well in terms of risk management and evidence-based treatments (2018/19 LTC contract achievement report, QOF) – plans to shift focus more towards prevention from 2019/20 • NHS Health Check performance improved significantly in recent years, but scope for better risk communication and onward referrals • Plans to integrate NHS Health Check and LTC contract postponed to 2020/21 • Spirometry training being rolled out in primary care (non-recurrent/PIC funded project) • 1000+ referrals to NHS Diabetes Prevention Programme in 2018/19; 'conversion' rates significantly improved with new provider; moving to wave 5 in July 2021 (with digital offer) • Very low calorie diet (VCLD) pilot ongoing within Homerton diabetes service - early results are encouraging
Sexual health	• New GP service currently mobilising (STI screening and LARC 'hub' model) • Sexual health strategy in development • Case to be made for a joint gynae/sexual health clinical lead to take forward plans to develop an integrated women's health service • Non-recurrent funding for HIV CNS comes to an end in November

Preventing poor mental health & promoting positive mental wellbeing

Joint City & Hackney Mental Health Strategy	• Key prevention priority = promoting positive mental health for all, reducing stigma around mental health, targeted help and support at the earliest opportunity for those who need it
Joint LBH/CCG Public Mental Health Action Plan	• Work is ongoing, overseen by the Joint Public Mental Health/5 to Thrive Steering Group
Suicide prevention	• New Hackney strategy due to be published in the autumn, shaped by a multi-agency stakeholder workshop • City suicide prevention action plan currently being implemented
Mental Health First Aid	• Programme re-commissioned in Hackney - during 2019/20, MIND will train 275 professionals in Hackney who work with people most at risk of poor mental health • MHFA being rolled out in the City to all line managers (in-house provision)
Wellbeing Network	• Service currently under review to inform service re-design and improvements to the prevention offer - to be informed by evaluation report and Hackney budget scrutiny report on mental health spend (currently being finalised)
SMI Physical Health Recovery Pilot	• 12 month pilot aimed at improving the physical health of people with SMI who are obese/have poor diet/low physical activity
'Dragon cafe'	• Wellbeing hub for City workers and residents - further 2 year funding secured

Earlier intervention & support for vulnerable people

Support for carers	● Procurement of Prevention, Early Intervention and Outreach Service for unpaid adult carers in Hackney now complete - contract award imminent ● City Early Intervention and Prevention Service currently mobilising (includes support for young/adult carers and people who are socially isolated), first outcomes delivery board in June
Bereavement service	● New support groups for people bereaved by suicide and those bereaved of a child set up in 2019 ● Most activity is funded non-recurrently - initial discussions held with Mental Health Team about the service model, links with IAPT and future sustainability
Rough sleepers and people with multiple needs	● Health needs of rough sleepers a priority for INEL System Transformation Board - Simon Cribbens is SRO ● Hackney homelessness strategy currently being refreshed ● Scoping options for improving access to primary care for City rough sleepers ● Various pilots being funded/bid for - coordination meeting recently held between LBH, CoLC and CCG ○ Healthier City and Hackney funded care navigation project being delivered by Groundswell (City) ○ CCG (PIC) funded complex mental health pilot (partnership between ELFT, Greenhouse & HRS) ○ GLA funded mental health outreach pilot being delivered by ELFT ○ MHCLG funded project for mental health practitioner and navigators in Hackney ○ Bid being submitted to PHE fund to tackle co-occurring mental ill-health and drug misuse ○ Links to Planned Care Housing First pilot ● Rebranded Multiple Needs Service (now called Supporting Transitions and Empowering People Service, or STEPs) is building on learning from 2 year pilot to support adults with complex/multiple needs to move from frequent crisis admissions to stable, planned service use - with a particular focus on supporting safe transition back into the community

4. Prevention and the NHS Long-Term Plan (1)

LTP prevention priorities	Current projects and plans
Make the most of patient contacts as positive opportunities to help people improve their health	MECC programme resourced and currently in scoping phase.
Social Prescribing - increase access to link workers nationwide, 900k referrals by 2023/24	Social Prescribing available via all GP practices since 2016, based on link worker model. Digital pilot underway to improve referral and outcome monitoring. Re-commissioning plans on pause while implications of PCN funded posts are worked through - working closely with Clinical Directors to optimise integration.
CVD prevention - working with local authorities and PHE to improve effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions	Hackney NHS Health Check service - provided by GP Confed. City will soon join this delivery model. Uptake has improved significantly in recent years. Plans to integrate the NHS Health Check and LTC contracts, in order to improve opportunities for CVD prevention. Plans to review and refresh local action on CVD prevention being developed - in partnership with Planned Care workstream.
Smoking - by 2023/24 all people admitted to hospital who smoke will be offered NHS-funded 'bedside' tobacco treatment services (Ottawa model) - new smoke-free pregnancy pathway - new universal cessation offer for long-term specialist mental health service users & in learning disability services (+ inpatient e-cigarette offer)	New SSS (lead provider Whittington Health) is working with Homerton Smokefree Group to improve pathways into community cessation support. Working with STP Prevention Workstream to explore funding options for early development of Ottawa delivery model across NEL. Smoking in pregnancy pathway established; CO monitoring in maternity contract. ELFT has secured fixed term funding for inpatient specialist SS advisors (Hackney advisor will cover forensics and CMH). Opportunities through new Learning Disability Strategy to improve access to support to quit.

4. Prevention and the NHS Long-Term Plan (2)

LTP prevention priorities	Current local projects and plans
Obesity - access to primary care weight management services for people who are obese (BMI 30+) with type 2 diabetes or hypertension - very low calorie diets (VCLD) pilot for obese people with type 2 diabetes - by 2022/23 'expect' to treat a further 1,000 children a year for severe obesity-related complications - hospital food standards as requirement in NHS standard contract	LBH and CoLC commission an integrated weight management/exercise on referral service - main referral route is via primary care. Adult obesity pathway review underway, focused on addressing the gap in support for people with complex needs. Small scale VCLD pilot at Homerton is showing positive results. We have expressed an interest at STP level to lead a bid for NEL. Child obesity pathway review planned (with CYPMF workstream), focused on addressing the gap in support for CYP with complex needs. Homerton has made excellent progress against these standards through the Healthy Food CQUIN.
Diabetes prevention - doubling of the NHS Diabetes Prevention Programme over next 5 years	New NEL-wide NDPP provider in place since May 2018 - local performance improved. Referrals incentivised through LTC contract.
Alcohol - hospital-based Alcohol Care Teams to be established in trusts with highest rates of alcohol-related admissions	Service provided at Homerton by clinical nurse specialists employed by Hackney Recovery Service. Plans underway to improve referral pathways and treatment outcomes. Awaiting confirmation of trusts identified with highest admissions.
Tackling inequalities - rough sleepers - carers	Numerous local pilots underway to inform development of effective care pathways for rough sleepers. New services providing support for carers in Hackney and the City, with strong co-production focus.

5. Outcomes and performance

Key outcomes (latest available data) - (1)

Indicator	Latest outturn	Trends and comparisons
Smoking prevalence (PHOF)	Hackney (2017): 21.4% City: data not available	Significantly above London average Similar to peer group Little change since 2012
Child obesity (Year 6, age 10-11) prevalence (IAF)	City and Hackney (2017/18): 40.2%	Significantly above London average Similar to peer group Trends relatively stable since records began
Alcohol and substance misuse treatment completions (PHOF)	City and Hackney (2017): 39.5% alcohol treatment completions City and Hackney (2017): 7.1% drug treatment completions (opiates)	Similar to London and peer group Significant improvement recent years Similar to London and peer group Recent trend relatively stable
Uptake of NHS Health Check (PHOF)	Hackney (2013/14-2017/18): 60.2% of eligible population receiving NHS Health Check City (2013/14-2017/18): 56.5%	Higher than London average Improving trend Higher than London average Improving trend

Key outcomes (latest available data) - (2)

Indicator	Latest outturn	Trends and comparisons
Diabetes - CCG assessment (IAF)	IAF overall all assessment: GOOD - 42.5 % achieved treatment targets - 8.8 % newly diagnosed attended structured education	Comparable to peer group and STP Improving trend (treatment target)
People with a LTC feeling supported to manage their condition (NHSOF)	Hackney (2017/18): 55% City: data not available	Similar to London Data not comparable with recent years
Sexual health - chlamydia detection rate age 15-24 (PHOF)	Hackney (2018): 5,757 per 100,000 City: data not available	Above London and peer group average Increasing trend*
HIV late diagnosis (PHOF)	Hackney (2015-17): 37.4% newly diagnosed City: data not available	Similar to London and peer group Stable trend

**increasing trend a measure of 'success' in detecting infection*

Key outcomes (latest available data) - (3)

Indicator	Latest outturn	Trends and comparisons
Age-standardised mortality rate from suicide and injury of undetermined intent (PHOF)	Hackney (2015-17): 10.2 per 100,000 City: data not available	Similar to London and peer group Stable trend*
Proportion of adults in secondary mental health services in paid employment (ASCOF)	Hackney (2017/18): 3.0% City: data not available	Significantly below London average Stable trend**
Proportion of adults with learning disability in paid employment (ASCOF)	Hackney: 3.7% City: data not available	Significantly below London average Stable trend**
Carers with a LTC feeling supported to manage their condition (IAF)	City and Hackney (2018): 55%	Below England average Worsening trend since 2017

**non-significant increase most recent year of data*
*** based on gap between overall employment rate and employment rate of people accessing secondary mental health services/with learning disability*

6. Finances

2019/20 Prevention budget - overview

Fund type: Pooled vs Aligned	CCG £000	LBH £000	CoLC £000	TOTAL £000
Pooled budgets				
Pooled - Prevention	301			
Aligned budgets				
Aligned - Prevention	3,521	23,554	1,507	28,582
Total budgets	3,822	23,554	1,507	28,883
Total Annual Budget	3,822	23,554	1,507	28,883

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Hackney

Health in Hackney Scrutiny Commission 10th July 2019 **Annual Report of Healthwatch Hackney**	Item No **7**

OUTLINE

The Commission regularly receives the Annual Report which Healthwatch Hackney has to submit to Healthwatch England and this serves as an opportunity to consider the work of the local Healthwatach over the past year.

The Commission works closely with Healthwatch who contribute to its reviews and agenda items and regularly attends Commission meetings.

In the past year Healthwatch has appointed a new Chair.

Attached please find a copy of the Annual Report.

Here also is a link to last year's Annual Report discussion:
http://mginternet.hackney.gov.uk/mgAi.aspx?ID=31977

Attending for this item will be:

Rupert Tyson MBE, Chair
Jon Williams, Director
Amanda Elliot, Intelligence and Signposting Manager

ACTION

The Commission is requested to give consideration to the work of Healthwatch over the past year.

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healthwatch Hackney

Annual Report 2018-19

Contents

Message from our chair

'We have stabilised quickly and remain a powerful and influential voice for local people, capable of making a real impact'

Welcome to our 2018-19 annual report. Last year was a year of growth and change for Healthwatch Hackney. When I became chair in February 2019 the organisation was just emerging from a period of challenge due to governance uncertainty and staff turnover.

Reflecting on our achievements in the past year, I am confident we have stabilised quickly and remain a powerful and influential voice for local people, capable of making a real impact. We learned lessons in the past year and are stronger for it. We will reshape the organisation, strengthen its efficiency and, we hope, make it the envy of other Healthwatch.

During the year we reached mutual agreement with City commissioners to end our contract for Healthwatch City of London. We are pleased City residents and workers will now have a locally-based Healthwatch and wish them the very the best representing City people.

Having lived and worked in Hackney for many years, and previously chaired the Hackney Homes board, I am passionate about local residents having a trusted organisation to represent and involve them in shaping services.

My fellow directors, management and staff agree we must work to ensure Healthwatch remains a vital, independent, grassroots organisation that listens to and articulates local people's views, while closely collaborating with our partners.

Our strength is your voice. Last year we gathered feedback from more than 1,008 people. We are grateful to everyone who shared their experiences.

I would like to thank Paul Fleming and Tara Barker for their contributions as chairs of the board of directors during 2018-19. I also want to say thank you to departing directors Rosanna Le Voir and Nora Cooke O'Dowd for serving the board.

Finally, I wish to thank our dedicated board, staff and volunteers and voice appreciation for all their hard work as we take Healthwatch Hackney forward.

Rupert Tyson
Chair, Healthwatch Hackney

Message from our director

Healthwatch Hackney saw big changes in 2018-19 including an office move, a new chair and departure of familiar faces from the staff team. Change disrupts but also presents opportunities for reflection and growth.

In 2018 we said farewell to Ali Aksoy, Sulekha Hassan and Emily Tullock and welcomed Catherine Perez Phillips, our new deputy director, along with new staff Lola Njoku, Andrew Mitchelson and Chloe Macri.

It is a tough climate for local health and care services right now. City and Hackney health commissioners have less flexibility to innovate, limited by budget constraints and activity driven by north east London-wide savings targets.

Hackney Council, funder and provider of care to our most vulnerable residents, continues trying to provide more with less.

By listening to local people and collecting your views, we monitor how you experience these services, the good and the bad. Our latest data shows relentless cuts are starting to take their toll with a 7% drop in satisfaction with local health and care services.

Residents remain supportive of local services but they are deeply concerned that change, driven by austerity and funding constraints, will dilute the quality of care and restrict access to valued services.

More than ever it is essential our local health and care leaders are open with people. Public involvement and honest conversations with residents will help leaders to tackle the challenges ahead.

'Residents remain supportive of local services but worry austerity and funding constraints will dilute quality of care and restrict their access to vital services.'

We continue to support and strengthen those conversations through NHS Community Voice, the new Involvement Alliance and through co-production across integrated commissioning.

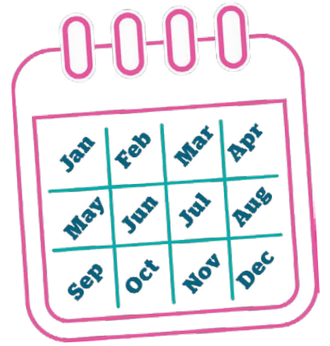
Despite challenges, in 2018-19 we continued to produce high quality, responsive work. When Hackney's housing with care scheme was placed in special measures, we responded quickly to a request for help gathering residents' views. The council is now using our report to improve services for some 250 vulnerable residents.

Healthwatch Hackney is nothing without its volunteers and staff. Special thanks is due for their hard work and commitment to providing a voice for local people.

Jon Williams
Director, Healthwatch Hackney

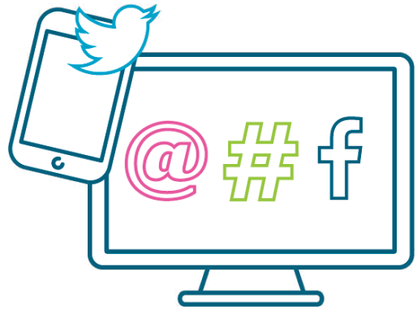
Highlights of the year

We identified 4,845 issues from 1,008 people and shared this feedback with local providers and commissioners.



52 volunteers helped us to carry out our work by providing more than 2,269 hours unpaid support.

We produced special reports on housing with care and Barton House Medical Group.



Our social media reach topped 150,000 and more than 12,554 people visited our website.

Staff, from left to right: finance and office coordinator Liya Takie; NHS Community Voice manager Andrew Mitchelson; volunteer and enter & view coordinator Chloe Macri; Involvement Alliance coordinator Lola Njoku; deputy director Catherine Perez Phillips; communications and intelligence manager Amanda Elliot and executive director Jon Williams.

Who we are

Healthwatch Hackney is the independent champion for people who use health and care services in the London Borough of Hackney. We make sure people's voices are heard and influence decision-makers to improve services.

Our vision

+ Health and social care services equal to all
+ Needs of all Hackney communities met
+ Residents at the heart of service design

Our mission

+ Improved health and care services
+ People able to enjoy good health & wellbeing
+ Treatment & care provided with respect & dignity
+ Diversity valued
+ Participation and collaboration encouraged

Our priorities

+ Changes and cuts to social care
+ Early access to quality mental health services
+ Shift of services out of hospital
+ Access to quality information

These key priorities guided and informed our work in 2018-19.

Our duties

+ **Promote** and support people's involvement in commissioning and scrutinising local health and care services
+ **Enable** people to monitor the quality of local health and care services and recommend improvements
+ **Obtain** people's views on using health and care services, advise on gaps and make people's views known
+ **Publish** reports and recommendations on how to improve services and direct these to health and care commissioners, providers, Healthwatch England and other scrutiny bodies
+ **Provide** advice and information on how to access local health and care services
+ **Formulate** views on the standard of provision and how it can be improved and share these with Healthwatch England
+ **Make** recommendations to Healthwatch England and advise the Care Quality Commission on special reviews or investigations
+ **Provide** Healthwatch England with the intelligence and insight it needs to perform effectively

Your views on health and care

What you told us in 2018-19

We use outreach, focus groups, meetings, events, social media and our online feedback centre to capture your views.

Trends and Insights

In 2018-19 we identified and analysed 4,845 issues about local health and care services based on feedback from 1,008 people.

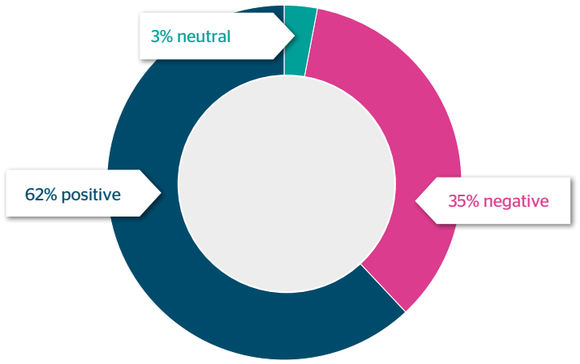
Local residents took part in regular feedback panels, reviewing, coding and analysing your feedback with a matrix used by other Local Healthwatch.

+ 33% was collected in person, by email, phone or social media
+ 48% commented on staff attitudes and support
+ 69% commented on GPs

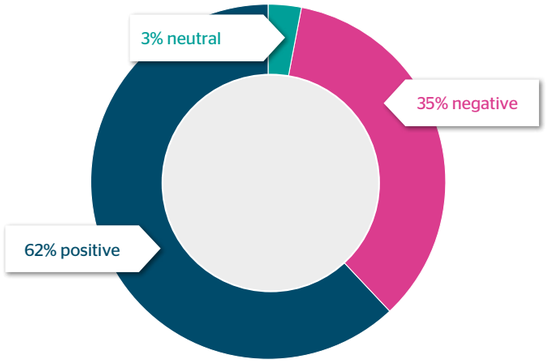
Our analysis showed:

+ 7% drop overall satisfaction with services
+ 8% drop in satisfaction with Homerton Hospital
+ 3% increase in overall satisfaction with GPs
+ Satisfaction with quality and empathy remains high
+ People more negative about communication, administration and access
+ 48% were unhappy with access to services

1. How do people feel about health and care services as a whole?

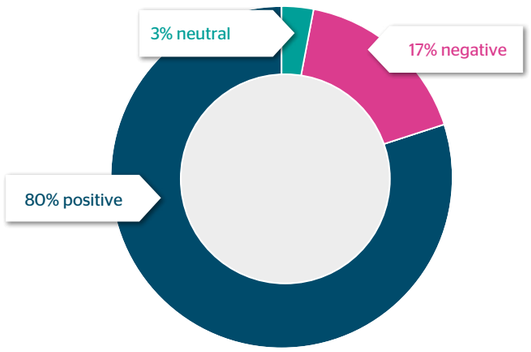


2. How well informed, supported and involved do people feel?

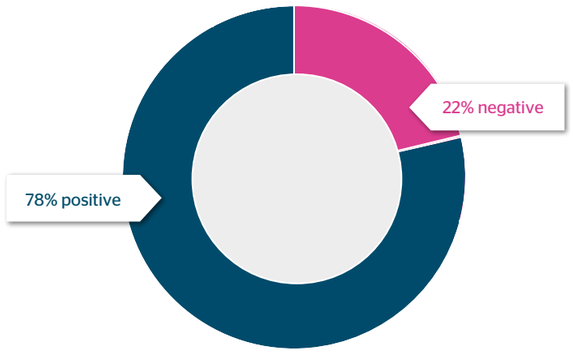


What else you told us about health and care services...

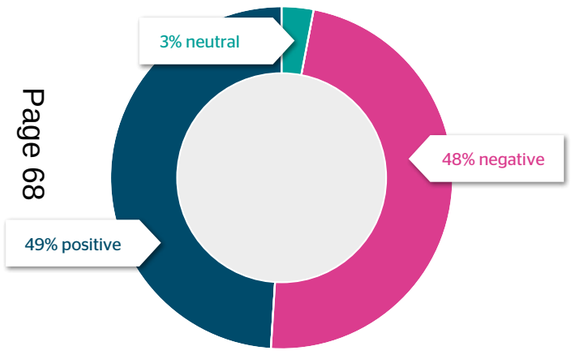
3. Quality and empathy



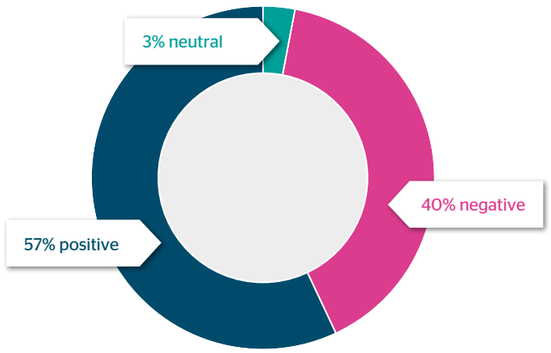
6. Dentists



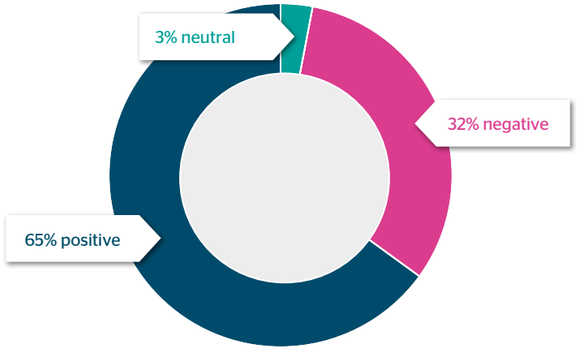
4. Access to services



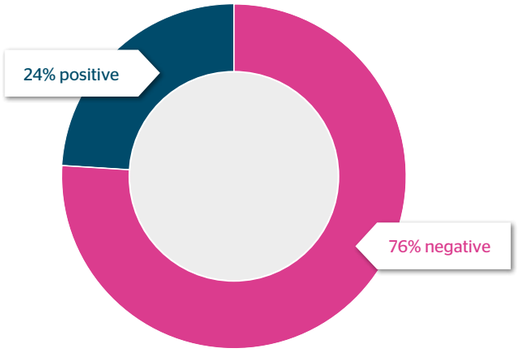
7. Homerton Hospital



5. General Practice



8. Transport



Focus on social care

Local Healthwatch have a remit to capture the views of people who receive social care services.

In February 2019, Hackney Council invited us to a series of 'residents and family' meetings at their housing with care scheme. The meetings were arranged to talk to residents after a Care Quality Commission inspection placed the service in special measures.

Housing with care supports around 250 vulnerable people in 14 housing units.

Healthwatch staff and volunteers attended six meetings to hear residents' and relatives' experiences first-hand.

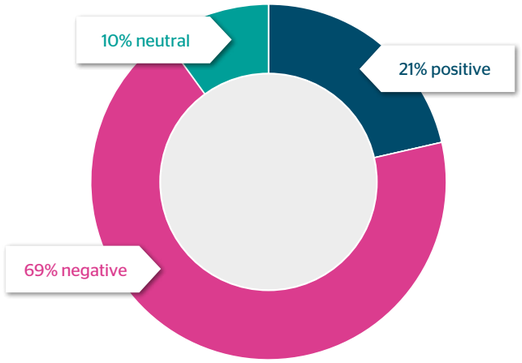
We attended meetings at:

+ Penn Street and Liz McKeon House
+ Rose Court
+ Century Court
+ Leander Court
+ Southwold Road
+ Peppie Close

What we heard:

+ Quality of care was often good
+ Agency staff were used too often
+ Residents preferred regular carers
+ Regular staff were kind and listened
+ Rushed or missed care visits
+ Some rude care workers
+ Personal care missed
+ Agency staff were less helpful
+ Communication was patchy
+ Staffing levels too low at night
+ Care plans not updated

Sentiment about Hackney Housing with Care



In response to our report, the council agreed to:

+ Tailor communication to residents' needs
+ Set up forums for residents, family and relatives
+ Widely promote the Homecare Helpline
+ Provide easy read care plans
+ Improve activities for residents
+ Reduce reliance on agency workers
+ Report progress to the local scrutiny committee

We will speak to more housing with care residents over the summer to update the Health in Hackney scrutiny committee in September 2019.

Enter and View

Healthwatch Hackney has powers of 'enter and view' to visit local health and care services to:

+ Interview people receiving services
+ Observe care delivered
+ Report on how services can improve

In 2018-19, we carried out one Enter & View visit, fewer than in previous years due to staff changes. Visits are carried out by trained volunteers supported by staff.

Barton House GP surgery

We visited Barton House GP surgery in December 2019. GPs at the practice agreed to implement changes following our visit. We will continue to monitor actions from this and previous visits to GP surgeries.

What we found	
Positive	Negative
Welcoming practice	Patients felt rushed
Physically accessible	Hard to make appointments
Good website	Patients unaware how to complain
Patients happy with GP and nursing care	Patients unaware of participation group

Changes following our visit
Better promotion of participation group
Complaints leaflets and forms are displayed
NHS Complaints advocacy promoted
Patient access to appointments monitored

NHS Community Voice

Our successful patient-led project continues to reach new communities and empower more residents to shape health and care services.

+ 310 local residents attended our events
+ 66% had English as a second language
+ 38% were disabled
+ 25% were carers
+ 39% were from black and minority ethnic backgrounds.

Our events included:

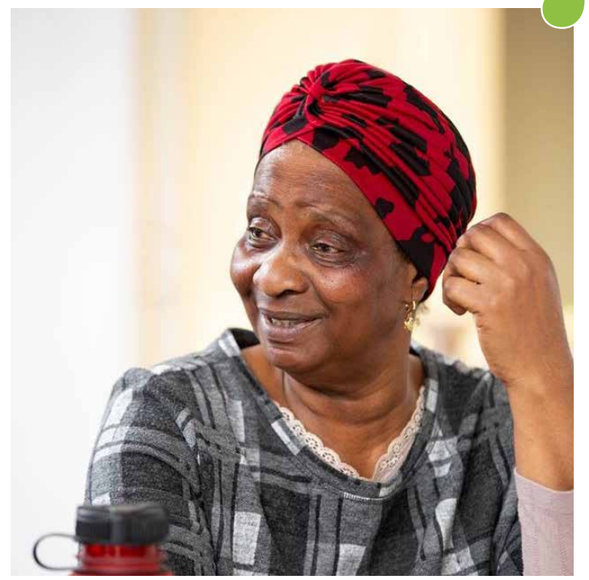
Making every contact count

People discussed how they felt about frontline health and care staff asking about non-medical problems like diet, exercise, debt or family problems.

You said:

+ Be sensitive to people's needs and beliefs
+ Make messages relevant to the individual
+ Empower not judge
+ Only delivered by skilled professionals known to the person

'Brilliant information about healthy living'



Urgent care

People discussed how urgent care, including GP hubs, NHS 111 and pharmacies, could be improved.

You said:

+ Ensure 24/7 access to medicines/prescriptions
+ Better information on out-of-hours pharmacies
+ Provide waiting times in urgent care centres
+ Ensure GPs are informed of out-of-hours visits so they can follow up patients
+ Shorter waits in children's A&E
+ Keep face-to-face consultations

Transforming outpatients

People discussed how to improve outpatient appointments.

You said:

+ Use more text and email for reminders and test results
+ Make it easier to change appointments
+ Group appointments only suitable for some
+ Staff should interact with patients as equals
+ Offer patients easy way to select their preferred communication method

Advocacy

Some local residents are struggling to get advocacy support to make complaints and navigate services.

You said:

+ We need more non-statutory advocacy
+ Carers need advocacy too
+ No help for people with social care complaints
+ Advocacy should promote legal rights
+ Advocacy should empower people

Of the people who attended Community Voice* events:

71% felt better able to influence local services

78% felt better informed about local services

* NHS Community Voice is funded by City and Hackney clinical commissioning group

NHS Long Term Plan consultation

This NHS Community Voice meeting aimed to shape City and Hackney's longer term plans for local health services.

You told us City and Hackney should:

+ Protect Homerton Hospital from a downgrade
+ Improve discharge and care
+ Improve digital information sharing
+ Consult properly on any change to the hospital
+ Independently review Discharge to Assess
+ Target prevention at specific communities
+ Improve diabetes pathways
+ Improve access to specialist psychology
+ Improve confidentiality at GP practices
+ Ensure local patient forums shape services
+ Address concerns over lack of patient choice

Staying Healthy

This event held in Self-Care Week was well received by many people who dropped in to check their blood pressure, get advice on healthy eating and try out the 'smoothie bike'.

Working together with others

Working with our partners

We work closely with the council, clinical commissioning group, GPs, hospitals and the voluntary sector to make sure your views on health and care are heard and acted on.

Health in Hackney scrutiny

We contributed evidence to the council's scrutiny committee on:

+ Problems with the breast screening service
+ Changes to 'places of safety' for people in crisis
+ Learning disability services
+ Supported housing with care

Health and Wellbeing Board

Healthwatch Hackney sits on this key partnership board. Last year we:

+ Supported people to present to the board on how they adopted healthy eating and lost weight
+ Coordinated board sign-off of the Hackney Complaints Charter

Safeguarding

We are concerned at the increase in reports involving safeguarding concerns. As a member of the Hackney Adult Safeguarding Board, Healthwatch is working with others to plan ways to help Hackney residents become more 'safeguarding aware' and report concerns.

Integrated commissioning

2018-19 saw a rapid expansion of integrated commissioning with City and Hackney NHS and councils pooling resources to commission health and care services.

We played a key and active role supporting and promoting user involvement and co-production across the new system.

Transformation board

+ Co-developed a reward and recognition policy for public representatives

Care workstreams

+ Supported public representatives on the prevention, planned care, unplanned care and children's workstreams generating plans for integrated care

Communications enabler group

Co-chaired by our executive director, this group drives communications and engagement across the new integrated health and care system. This year the group:

+ Agreed a reward and recognition policy for public representatives
+ Developed the public's value statements to inform commissioning outcomes
+ Launched Let's Talk events to engage the public in the new system

Neighbourhoods

We co-developed this Hackney-wide panel to kick start public involvement in the new neighbourhoods programme which is working to bring care closer to people via GP clusters. This group:

+ Ran a 'name your neighbourhood' residents' poll
+ Coproduced neighbourhood meetings on wellbeing and healthy weight

During 2019-20 we will help widen engagement with residents across all eight neighbourhoods.

Mental health coordinating committee

+ Represented patients along with Mental Health Voice

Patient User Experience Group

Healthwatch Hackney runs this user-led advisory group which this year:

+ Advised on Falls Pathways
+ Reviewed Improving Discharge plans
+ Reviewed a healthy weight leaflet
+ Contributed to the St Joseph's Hospice review
+ Advised on engaging with the black community on hypertension

City and Hackney Autism Alliance Board

Healthwatch Hackney sits on this board and:

+ Widely promoted a survey of autistic residents and their carers
+ Supported the autism 'expert by experience' group
+ Contributed to Hackney's autism self-assessment

Helping you find answers

Signposting

We provide advice and information to help local people find health and care services. Last year, more than 630 people found information on health, care and wellbeing services using our signposting service.

Ways we provide 'signposting':

+ In response to calls
+ During outreach
+ From our stall at meetings and events
+ On social media
+ Via our website forms

Our busiest area of signposting was to mental health services including talking therapies, the wellbeing network and to crisis and diagnostic services.

Our top six areas of activity were:

+ Mental health services
+ Wellbeing services, including exercise and smoking cessation
+ Complaints about NHS services
+ Information on local health services
+ Support for disabled residents
+ Dementia services

Deaf family get help with accessible eye tests

A deaf mother and her deaf child, both British Sign Language users, attended a well known high-street optician to have NHS eye tests. They were unable to have the tests because staff did not provide BSL interpreters who could communicate the process.

The family contacted us through their advocates at Deaf Plus. We provided the family with information on their right to reasonable adjustments under the Equality Act.

We told them about the legal duty on health and care organisations to provide accessible information to NHS patients. We directed them to POhWER who provide independent NHS complaints advocacy for City and Hackney and who use deaf interpreters.

Our Plans

What next?

Our local health and care partners are committed to involving local people in planning services. Big changes to commissioning in the year ahead present challenges as well as opportunities for Local Healthwatch.

Health and care landscape

Local health and care leaders continue to reshape services by working ever more closely together. More decisions are now made by the Integrated Commissioning Board.

The new local 'landscape' includes:

+ An East London Health and Care Partnership increasingly shaping plans for City and Hackney from 'above'
+ Tightened NHS and social care funding
+ New funding for local health services conditional on meeting regional priorities
+ A growing health and care workforce crisis

Local commissioners hope to protect the quality and availability of services through better co-ordination.

Opportunities

With any change comes opportunities for us and for the people we represent. We are therefore pleased:

+ Our advice is sought by more local health and care services keen to 'co-produce' change with local people
+ We are making organisational changes after asking others about our work, to ensure we are the organisation local people want
+ We can focus exclusively on Hackney residents following a mutually agreed end to our contract running Healthwatch City of London

Challenges

Local people tell us they:

+ Want more transparency on what is happening to local health and care services, including Homerton Hospital
+ Are open to change but not if it means fewer, poorer quality services
+ Are worried City and Hackney funding will be used to bail out other areas

On your behalf, we will keep a close eye on:

+ Changes to hospital and community services
+ Changes to learning disabilities services
+ Impact of the hostile environment on migrants' health
+ Access to mental services
+ Local NHS estates planning
+ Support for carers

Priorities

Will we continue to prioritise:

+ Social care cuts and changes and their impact
+ Early access to quality mental health services for adults and children
+ Shift of services out of hospital into the community
+ Access to quality information

We will review and revise our priorities by:

+ Looking at people's feedback
+ Asking residents what matters to them
+ Taking account of partners' priorities

How we make decisions

Healthwatch Hackney is a community interest company (CIC) governed by its board of unpaid directors who live in the London Borough of Hackney.

The board provides strategic direction to the organisation and ensures we meet our statutory and contractual obligations.

Decisions are made by our board and its sub-committees with some decisions delegated to the executive director.

How we ensure transparency

To ensure decision-making is transparent, the board:

+ Meets in public
+ Publishes board minutes and agendas
+ Widely promotes board vacancies
+ Holds formal interviews for prospective board members
+ Holds an annual general meeting in public

Our board

Rupert Tyson, chair
Previously chaired Hackney Homes
Joined February 2019

Paul Fleming, chair
Executive director, The Hoxton Trust
September 2018-February 2019

Tara Barker, chair
Strategic communications consultant
May-July 2018

Anthonia Onigbode, treasurer
Chief financial officer
Hackney Co-operative Developments

Malcolm Alexander
Chair, Patients' Forum for the London Ambulance Service

Paula Shaw
Well Street Surgery patient participation group

Heather Finlay
Lecturer in health and social care

Lloyd French
Community activist with interest in race equality

Sarah Oyebanjo
Works for the British Society of Rheumatology

Rosanna Le Voir
Advisor, Save the Children International
Stepped down November 2018

Nora Cooke O'Dowd
Public health analyst at Southwark Council
Stepped down February 2019

Our volunteers

Healthwatch Hackney cannot deliver its work without our fantastic volunteers. Many volunteers go on to paid work. Last year 52 volunteers provided 2,269 hours of unpaid support including:

+ Enter and View visits
+ Board membership
+ Public representatives on key health committee and groups
+ Collecting public feedback
+ Event organisation and administration

Our Finances

Income	2018-19 £	2017-18 £
Funding from local authority to deliver local Healthwatch statutory activities	150,000	159,000
City of London Corporation	62,553	-
NHS clinical commissioning group projects	117,343	134,340
Other income	1,684	2,852
Total Income	**331,580**	**296,192**
Expenditure		
Operational costs (including project direct expenses)	42,526	44,395
Staff costs	201,189	207,906
Premises / office costs	19,170	43,049
Healthwatch City of London	68,272	-
Total expenditure	**331,157**	**295,350**
Balance brought forward	423	841

Contact us

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Hackney

Health in Hackney Scrutiny Commission 10th July 2019 **REVIEW on 'Digital first primary care and the implications for GP Practices' – Recommendations discussion**	Item No **8**

OUTLINE

The Commission began evidence gathering for its review on '*Digital first primary care..*' in January but there has been a delay in in finalising the final report because of other Scrutiny work programme priorities.

The full report of this review will be agreed by the Commission at its meeting on 12 September but, in the interim, please find attached is a rough outline of the recommendation areas and draft wording for some possible recommendations.

These are for consideration by the Members only at this stage and the final recommendations and conclusions will be shared with the key stakeholders affected prior to final agreement and publication of the draft report on 4 Sept.

ACTION

The Commission is requested to give consideration outline recommendations and make amendments as necessary.

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First draft of Recommendations for review on

'Digital First Primary Care and implications for GP Practices '

No.	Outline recommendation area – wording to be developed...
	IMPROVING ACCESS
1	There needs to be a **streamlined gateway process** for all local GP that is accessible and which works easily. Local GPs hoped the development of the NHS App will assist in this, however there is a need for more local action. City and Hackney is far more fragmented than Tower Hamlets or Newham both of which have gone with one preferred triage system platform which they then push out. The fragmentation in City in Hackney has arguably delayed the roll out of digital first access in local GP Practices. The **GP Confederation** is asked to set out a timeline and targets by which the 44 practices are offering a) the bulk of their appointments online first b) plans for local Apps and video access c) plans for driving up digital access among those who are not digitally enabled d) plans for driving up digital access for those who merely lack confidence
2	**CCG/GP Confed** to look at how to **improve the process and user interface for registering for online services in local GP Practices** and encourage patients who are having difficult to register and to get them signed up for the NHS App. We noted that more hand-holding required for some elderly or those not as adept with technology, investment would pay off as more people would be digitally enabled rather than insisting to continue with face to face when with a little encouragement they could adapt.
3	**CCG/GP Confed** to work with Silver Surfers (and similar VCS orgs) and Age UK East London on **encouraging those elderly people** who have the ability to get more confident at engaging with services digitally.
	IMPROVE COMMUNICATIONS
4	**CCG** to replicate Tower Hamlets CCG's **information leaflets** about the consequences of being de-registered if you decide to switch to GP at Hand or similar. These need to be distributed widely at GP Practices and other settings.
5	**IT Enabler Group** of ICB to detail how they intend to **increase take-up of the NHS App** locally following 13 May go-live date.
6	**Local NHS bodies via ELHCP**? to co-operate on a communications **campaign to proactively promote digital first** approaches as a good thing in themselves and be on the front foot when confronted with

	complaints that digital first approaches are a cover for cuts to face-to-face provision (the argument that other access will disappear). Likewise, the **potentia**l **for health improvement of embracing digital tools for self-monitoring** (diabetes, blood pressure etc) needs to be promoted as the next step once digital access is off the ground. This needs to focus on the cohorts where most progress can be made initially. Also the advantages of digital for those who may be house bound needs to be emphasised. This is not just physically disabled or frail elderly but those with mental health issues e.g. agrophobia, anxiety etc)
	EDUCATION AND SUPPORTING INFRASTRUCTURE LOCALLY
7	**Public Health/CCG/HUHFT/ELFT** to examine how **public education about online symptom checking** needs to improve. Lots of concern about 'googling' symptoms. The response needs to be more clever than just saying you shouldn't do it. How can patients be signposted to reputable sources?
8	**Pharmacy First** needs to continue to be funded and **NHSE London** needs to be continually challenged via the local LPC about these cuts to its local provision.
	DRIVIING 'DIGITAL FIRST' IN ELHCP
9	Considering that GP out-of-hours is now organised sub-regionally as part of NHS111 (delivered by LAS) can the **ELHCP** detail, perhaps from the work of the Waltham Forest Accelerator Site, **whether having digital first GP triage delivered at a more central level would improve the overall effectiveness of the system**. GPs will of course object stating that they know their patients best and patients are loyal to a 'family doctor' but on the other hand there is continued pressure for greater access coming from a rising population together with rapidly falling numbers of GPs. In the longer term GP Practices will struggle with this at a CCG level. What are ELHCP's plans here? **Is local delivery, at all times and in all circumstances still the way forward?** Doesn't the existence of GPAH demonstrate that for a younger cohort 'the family doctor' concept no longer holds sway.
10	**ELHCP to create a Steering Group** made up of the GPs who are Digital Lead in each of the 3 CCG group areas (BHR, 'WEL' i.e W-TH-N, C&H) to drive the Digital First agenda in order to share knowledge and learning. This needs a **greater investment** of those GPs time and needs to be budgeted for if this work is to progress in a co-ordinated fashion.
11	The **Chief Clinical Information Officers** in the 3 group CCG areas to provide updates to scrutiny on the work being done on the **Online Registration project across North East London** which would allow patients to register at any practice.

Hackney

Health in Hackney Scrutiny Commission 10th July 2019 **WORK PROGRAMME FOR 2019/20**	Item No **9**

OUTLINE

At the previous meeting Members gave consideration to a full list of suggestions received so far. Members should also note the attached letter from the MD of the CCG giving their suggestions.

Attached please note the updated draft work programme for the year.

ACTION

Members are requested to give consideration to the proposed plan and agree the work programme for the coming year.

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NHS
City and Hackney
Clinical Commissioning Group

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By email

Thursday 27th June 2019

Dear Cllr Hayhurst

Re: 2019-2020 Work Programme for Health in Hackney Scrutiny Commission

Thank you for your letter on the above dated 31 May 2019 and apologies for the delay in replying.

I have discussed this internally, and suggest the following items for ongoing input and scrutiny from this committee.

1. CAMHS Transformation *(this has been to CYP Scrutiny commission so may be best placed to return there, or to a joint commission*).

A range of new investment and interventions are in place as part of national and local transformation, in order to complement our CAMH services with earlier identification and work with universal partners (i.e. schools). We also want to strengthen our support for specific groups with high need – i.e. LGBTQ and YBM groups.

2. Mental Health. There are a number of significant 2019-20 mental health developments taking place which will inform the redesign of services:

- High Intensity Users of A&E and LAS services – the piloting integrated pathway involving acute, mental health services and wellbeing services.
- Personal Health Budgets are being piloted as part of the ELFT discharge pathway
- Recovery Care Plans as a standardised part of the ELFT discharge pathway (ELFT CQUIN)
- City and Hackney, alongside Newham and Tower Hamlets, have also bid for NHSE funding to re-shape mental health provision in Primary Care Neighbourhoods. As part of the bid process we have re-designed our mental health Enhanced Primary Care services to provide a more comprehensive neighbourhood offer.

3. Immunisations

Building on the recent measles outbreak response, we are committed to increasing uptake of immunisations and vaccinations across all communities. Political support

and championing of this agenda is key in supporting this, and giving weight to our ongoing dialogue with NHS England on effective commissioning arrangements.

4. Using Neighbourhoods to address wider determinants.
   We know that health and care services only make a small (10%) contribution to people's health outcomes. The neighbourhoods provide a structure for effective engagement with wider community partners to take a place based approach to improving health and wellbeing. The NHS Long Term Plan puts further emphasis on delivering support for people at a 30-50000 neighbourhood population through Primary Care Networks and work is underway on redesigning community services including social care. Significant progress should be made by ELFT, Confed and Homerton working in partnership with wider CCG and London Borough of Hackney colleagues over the course of the year and the commission may wish to scrutinise progress and pace of change.

5. Work to understand and tackle increasing A&E attendances including CYP
   A&E attendances have increased outside of population growth in the last year. This is across a wide range of ages and conditions, including for children and young people. We are undertaking analysis and engaging with local residents to understand this, and developing plans to try to better support people through community services where possible.

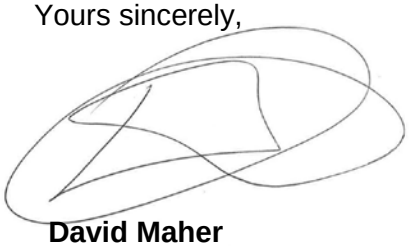
6. Estates
   To review the emerging plans for the City and Hackney public estate and how these plans are supporting our delivery models for health and social care services.

In addition, it would be helpful to continue with general Integrated Care Workstream updates along with updates from the Integrated Commissioning Board enabler groups.

I hope that's useful and I am looking forward to continuing to work closely with the commission over the coming months and years.

If you would like to discuss or ask me to think again on areas of focus, then I will be happy to do so.

Yours sincerely,



David Maher
Managing Director
NHS City and Hackney Clinical Commissioning Group

Health in Hackney Scrutiny Commission

Future Work Programme: June 2019 – April 2020 (as at 2 July 2019)

All meetings will take place in Hackney Town Hall, unless stated otherwise on the agenda.

This is a working document and subject to change. ALL ITEMS ARE TO BE CONFIRMED!

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Thu 13 June 2019 Papers deadline: 3 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.
	St Joseph's Hospice	Tony Mclean Jane Naismith	**Response to Quality Account for St Joseph's Hospice**	To comment on the draft Quality Accounts for 2018/19 from the local NHS Services who request them.
	HUHFT	Catherine Pelley	**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.
	HUHFT Hackney Migrant Centre	Catherine Pelley Rayah Feldman/ Mamie Joyce	**Overseas Visitors Charging Regulations**	To consider response received from Baroness Blackwood (Health Minister) to Commission's letter.
	NELCA CCG	Alison Glynn, NELCA Siobhan Harper, Workstream Director Planned Care Dr Nikhil Katyiar (C&HCCG GB)	**Consultation on 'Aligning Commissioning Policies' across NE**	NELCA is consulting on 'Aligning Commissioning Policies' across the NEL patch. It closes on 5 July. INEL will take this forward but the Chair has invited the CCG and NELCA to brief the Commission on these changes to eligibility for

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
		David Maher, CCG	**London**	certain procedures which will no longer be routinely offered by NHS.
	All Members		**Work Programme for 2019/20**	To consider work programme suggestions received from stakeholders, Cabinet, Corporate Directors and others and to AGREE an outline work programme for the year to be sent to Scrutiny Panel's 18 July meeting for comment
Wed 10 July 2019 Papers deadline: 1 July	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
	Unplanned Care Workstream GP Confederation	Nina Griffith Laura Sharpe	**City & Hackney Neighbourhoods Development Programme**	Update requested at July 2018 meeting.
	Healthwatch Hackney	Jon Williams Rupert Tyson	**Healthwatch Hackney Annual Report**	To consider the annual report of Healthwatch Hackney
		Jarlath O'Connell	**REVIEW on 'Digital first primary care….'**	Recommendations discussion
INEL JHOSC ***Wed 31 July 2019*** ***at 19.00 hrs at Old Town Hall Stratford***	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Robert Brown (Newham Council)*	***a) New INEL System Transformation Board*** ***b) Early Diagnostic Centre for Cancer at Mile End*** ***c) Aligning Commissioning Policies consultation***	

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Thu 12 Sept 2019 Papers deadline: 2 Sept		Jarlath O'Connell	**REVIEW on Digital first primary care and implications for GP Practices**	Agree final report.
	Chair of CHSAB Adult Services	Dr Adi Cooper Simon Galczynski John Binding	**Annual Report of City & Hackney Safeguarding Adults Board**	Annual review of SAB work. Annual item.
	Adult Services Healthwatch Hackney	Anne Canning Jon Williams	**Update on 'Housing with Care' service post CQC inspection revisit**	Updates from both Adult Services and Healthwatch Hackney 6 months after the last item on the implementation of the Action Plan in response to the CQC inspection of the Housing with Care service
	CACH Planned Care Workstream?	Anne Canning Siobhan Harper	**Update on provision of intermediate care**	Follow up from suggestion at March 2019.
	Cabinet Member	Cllr Clark	**Cabinet Working Group Update on Housing Related Support**	The Mayor and Cabinet has initiated Member Working Groups to develop key policy areas and Cllr Clark will report on the one relevant to HiH.
INEL JHOSC ***Wed 18 Sept 2019*** ***at 16.00 hrs*** ***Please note early start*** ***At Old Town Hall Stratford***	***JOINT WITH Outer North East London JHOSC***	*Robert Brown (Newham Council)*	***a) NHS Long Term Plan*** ***b) Relocation of Moorfields Eye Hospital*** ***c) TBC***	*One meeting per year is joint with Outer East London JHOSC*

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Mon 4 Nov 2019 Papers deadline: Thu 23 Oct	Public Health NHSEL LMC		**Sexual Health Services - new commissioning arrangements**	Request from LMC to examine the impact of this on primary care.
Joint with Members of CYP Scrutiny Commission	LBH/CoL/CCG CYP&M Care Workstream	Amy Wilkinson Workstream Director	**Update on Integrated Commissioning – CYPM Workstream** **TBC**	Series of updates from each of the Integrated Commissioning Workstreams
	HCVS Connect Hackney Older People's Reference Group	Jake Ferguson Tony Wong	**Connect Hackney - Reducing social isolation in older people**	Briefing on the progress of Connect Hackney (a Big Lottery Funded project)
	Policy Team	Soraya Zahid	**Development of Hackney's Ageing Well Strategy**	Input to the development of this key new strategy being developed by the Council
INEL JHOSC Wed 27 Nov 2019 at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Robert Brown (Newham Council)*	***a) NEL Estates Strategy*** ***b) Update on Barts Health's Non-Emergency Patient Transport Service review***	
Wed 4 Dec 2019 Papers deadline: 22 Nov	Integrated Commissioning	Anne Canning David Maher Simon Galczynski	**Redesigning Community Services**	Suggestions from Cabinet Member and from CCG Outline briefing. Will require more detailed follow up items.
	Adult Services	Simon Galczynski	**Assistive Technology in social care**	Suggested by Adult Services To explore potential demand and hear about the small pilots taking place and the plans to recommission telecare service.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	Cabinet Member	Cllr Clark	**Cabinet Member Question Time with Cllr Clark**	Annual CQT Session with the relevant Cabinet Member.
Possible separate engagement event hosted by the Commission in January/February 2019	*LBH* *CCG* *HUHFT* *ELFT* *Healthwatch*	*Tim Shields/ Ian Williams/ Anne Canning* *David Maher* *Tracey Fletcher* *Dr Navina Evans* *Jon Williams*	***NEL Estates Plan in particular plans for St Leonard's Site***	*Scrutiny will host an engagement event with the senior officers from the relevant stakeholders and the Cabinet Members to discuss the emerging plans for the St Leonard's Site.*
Wed 29 Jan 2020 Papers deadline: 17 Jan	ELFT CCG Adult Services Public Health	Dean Henderson and colleagues Dan Burningham Dr Nicole Klynman David Maher	**Mental Health Updates**	Session with ELFT and CCG to cover: a) New Health Based Places of Safety at Homerton Hospitcal b) Redesign of C&H Diagnostic Memory Clinic and Dementia Service Pathway c) Tackling the increase in High Intensity users for A&E and LAS services d) Personal Health Budgets as part of ELFT discharge pathway e) Recovery Care Plans as a standardised part of ELFT discharge policy i.e. an ELFT CQIN f) Reshaping mental health provision as part of Neighbourhoods Model including redesign of mental health Enhanced Primary Care
	Public Health Adult Commissioning Network providers	Anne Canning Dr Nicole Klynman Gareth Wall	**City & Hackney Wellbeing Network**	To receive update on the revised model for the Wellbeing Network being put in place following an evaluation report.
	LBH/CoL/CCG Unplanned Care	Nina Griffith Workstream Director Tracey Fletcher, SRO	**Integrated commissioning –**	Series of updates from each of the Integrated Commissioning Workstreams

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	Workstream		**UNPLANNED CARE Workstream**	
Wed 12 Feb 2020 Papers deadline: 31 Jan			**Terms of Reference for Scrutiny in-a-day REVIEW on Air Quality**	Review to be carried out on a date in Feb-Mar on the health impact of poor Air Quality
	Adult Services	Tessa Cole	**Adult Services Local Account**	Annual item on publication of the Local Account of Adult Services
	Public Realm Sport England Project	Aled Richards Lola Akindoyin	**Sports development and health inc. Sport England project**	Suggested by Public Realm. Briefing on the programme of the Sport England funded project inc.the New Age games, improvements to leisure and parks facilities.
Scrutiny in a Day on <u>Air Quality</u> Feb daytime date tbc	Public Health Transport TfL CoL	TBC	**Air Quality – health impacts**	Intensive day of evidence gathering following site visits for review on health impacts of poor Air Quality
INEL JHOSC Wed 26 Feb 2020 at 19.00 hrs at Old Town Hall Stratford	*East London Health and Care Partnership and North East London Commissioning Alliance*	*Robert Brown (Newham Council)*	***TBC***	
Mon 30 Mar 2020 Papers deadline: 18 Mar		Jarlath O'Connell	**Scrutiny in-a-day REVIEW on Air Quality**	To agree report
	LBH/CoL/CCG Planned Care Workstream	Siobhan Harper, Workstream Director Andrew Carter, SRO	**Integrated Comm. PLANNED CARE Workstream**	Series of updates from each of the Integrated Commissioning Workstreams

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
	Adult Services	Ann McGale Penny Heron Tessa Cole Anne Canning	**Integrated Learning Disabilities Service**	Update on development of the new model
	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.
			Discussion on Work Programme items for 2020/21	

CCG Suggestions (received since last meeting)

1. **CAMHS Transformation** (N.B. this is being done by CYP SC)

2. **Mental Health** (this links to ELFT's suggestions for Jan meeting).
CCG Note: There are a number of significant 2019-20 mental health developments taking place which will inform the redesign of services: • High Intensity Users of A&E and LAS services – the piloting integrated pathway involving acute, mental health services and wellbeing services. • Personal Health Budgets are being piloted as part of the ELFT discharge pathway • Recovery Care Plans as a standardised part of the ELFT discharge pathway (ELFT CQUIN) • City and Hackney, alongside Newham and Tower Hamlets, have also bid for NHSE funding to re-shape mental health provision in Primary Care Neighbourhoods. As part of the bid process we have re-designed our mental health Enhanced Primary Care services to provide a more comprehensive neighbourhood offer.

3. **Immunisations** (follow up on previous item)
CCG Note: Building on the recent measles outbreak response, we are committed to increasing uptake of immunisations and vaccinations across all communities. Political support and championing of this agenda is key in supporting this, and giving weight to our ongoing dialogue with NHS England on effective commissioning arrangements.

4. **Using Neighbourhoods to address wider determinants**. (this follows on from July item on Neighbourhoods)
CCG Note: We know that health and care services only make a small (10%) contribution to people's health outcomes. The neighbourhoods provide a structure for effective engagement with wider community partners to take a place based approach to improving health and wellbeing. The NHS Long Term

Plan puts further emphasis on delivering support for people at a 30-50000 neighbourhood population through Primary Care Networks and work is underway on redesigning community services including social care. Significant progress should be made by ELFT, Confed and Homerton working in partnership with wider CCG and London Borough of Hackney colleagues over the course of the year and the commission may wish to scrutinise progress and pace of change.

5. **Tackling increasing A&E attendances including CYP** (can be covered as part of January mental health item)
CCG Note: A&E attendances have increased outside of population growth in the last year. This is across a wide range of ages and conditions, including for children and young people. We are undertaking analysis and engaging with local residents to understand this, and developing plans to try to better support people through community services where possible.

6. **Estates** (being covered as part of proposed Jan/Feb scrutiny engagement event)
CCG Note: To review the emerging plans for the City and Hackney public estate and how these plans are supporting our delivery models for health and social care services.

Items held over from last year but not scheduled

	LMC CCG	Kirit Shah Rozalia Enti	**Pharmacy First (Minor Ailments) Scheme and Medicines Optimisation Service**	Follow-up on previous concerns about the withdrawal of these services. Awaiting NHSEL decision on commissioning.
tbc	Adult Services Oxford Brookes University researcher Camden Council rep	Gareth Wall and Simon Galczynski	**Market Making in Adult Social Care**	Report on Adult Services Market Position Statement and benchmarking on how to develop the local market for social care providers.
Tbc			**Transport implications for residents of service change**	Suggestion from Cllr Snell. Possible review/item to understand how much Transformation Programmes take transport impacts for patients and families into consideration and whether these can be improved.