Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting Monday, 4th November, 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 Deniz Oguzkanli, Cllr Emma Plouviez, Cllr Patrick Spence and Cllr Tom Rahilly**
Apologies:	
Officers In Attendance	**Anne Canning (Group Director, Children, Adults and Community Health), Dr Sandra Husbands (Director of Public Health), Ilona Sarulakis (Head of Service - Adult Social Care), Amy Wilkinson (Public Health Manager), Dr Andy Liggins (Consultant in Public Health) and Martin Bradford (Overview and Scrutiny Officer)**
Other People in Attendance	**Dr Deborah Colvin (GP Confederation Chair), Amanda Elliot (Healthwatch Hackney), Councillor Sade Etti, Dr Waleed Fawzi (Older Adult Consultant Psychiatrist, ELFT), Councillor Margaret Gordon, Jo Macleod, Dr Nick Mann (GP Well St Practice), Dr Mark Rickets (City and Hackney CCG), Dr Fiona Sanders (Chair, City & Hackney LMC), Kirit Shah (City & Hackney Local Pharmaceutical Committee), Shuja Shaikh (North London Muslim Association), Laura Sharpe (City & Hackney GP Confederation), Ernell Watson, Jon Williams (Director, Healthwatch Hackney) and Eugene Jones (Director of Strategic Transformation, ELFT)**
Members of the Public	
Officer Contact:	**Jarlath O'Connell** ☎ 020 8356 3309 ✉ jarlath.oconnell@hackney.gov.uk

Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Cllr Clark and David Maher.

1.2 Apologies for absence were also received from the following members of CYP Scrutiny Commission invited for item 5 – Cllr Conway, Cllr Woodley and Cllr Patrick.

2 Urgent Items / Order of Business

2.1 The Chair welcomed the following Members of Children and Young People Scrutiny Commission who were present for the joint item on the CYP&M Workstream: Cllr Gordon, Cllr Etti, Jo Macleod, Ernell Watson and Shuja Shaikh.

2.2 The Chair welcomed Dr Sandra Husbands the new Director of Public Health for Hackney and the City to her first meeting of the Commission.

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

3 Declarations of Interest

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

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

4 Minutes of the Previous Meeting

4.1 Members gave consideration to the minutes of the meeting held on 12 September.

RESOLVED:	**That the minutes of the meeting held on 12 September be agreed as a correct record subject to the following amendments:** **(i) 7.9 delete last sentence "She added that while she was grateful to receive intermediate care at St Pancras, options such as physiotherapy were not available there"** **(ii) 9.2 second sentence add "and the Confederation" to the sentence** **(iii)9.5 second sentence replace "Confederation only had 4 staff" with "Confederation only had 4 staff working on this aspect"**

4.2 Members gave consideration to the matters arising

RESOLVED:	**That the matters arising be noted.**

5 Children, Young People & Maternity Workstream Update (joint with members of CYP SC)

5.1 The Chair welcomed members of Children and Young People Scrutiny Commission for this item.

5.2 Members gave consideration to an annual update from the Children and Young People and Maternity (CYP&M) Workstream of Integrated Commissioning and he welcomed to the meeting:

Amy Wilkinson (AW) (Workstream Director)
Anne Canning (AC) (Group Director, CACH and Senior Responsible Officer for the CYP&M Workstream).

5.3 AW took Members through the briefing and Members asked detailed questions on it. The following points were noted.

(a) Members asked about the challenges around the **complexity of provision of mental health support in schools** and how the Wellbeing and Mental Health in Schools (WAHMS) project will take this forward. AW detailed the range of interventions being taken and commented that they struggled with the overarching commissioning landscape because schools can commission whatever they wish. Even after the Council publishes its plan this will continue to be the case. Members asked therefore how can we properly assesses the effectiveness of what is being done differently. AW replied that the council does have levers here such as the Providers Alliance and CAMHS is a key part of HUHFT and ELFTs service provision and the CCG also plays a crucial role. The point of the CAMHS Alliance is to try and bring all these elements together. AC added that schools are the biggest commissioners outside of the system and if they are better informed then they will make better decisions therefore she was much more hopeful that progress can be made.

(b) Members asked about progress in **engaging with BME communities** in young people's mental health. AW replied that solid progress was being made with more referrals now coming from the Charedi community e.g. in perinatal mental health. The Council and CCG were also developing a strategy on Adverse Childhood Experiences as they acknowledged the crucial role that intergenerational trauma played in young people's outcomes.

(c) Members asked **how WAHMS would be evaluated** and whether the recent £70m national transformation funding for mental health, of which ELFT benefited, would be used for CAMHS transition work. AW replied that Public Health was leading on it, a range of indicators had been agreed and she would share the evaluation report. She added that the recent new ELFT funding would partly go towards CAMHS. Funding would rise from £5m to £10m and VCS work nationally would also receive additional funding and support was being targeted also at Black and Afro Caribbean young people up to age 25.

ACTION:	**AW to share the evaluation report on WAHMS with members of both Commissions.**

(d) Members asked what additional prevention measures, other than those outlined in the paper, were being attempted on **tackling school exclusions** and asked whether a more transformational solution might now be required? AW replied that phase 4 of the CAMHS strategy was ambitious and they were just about to publish an *Integrated Emotional Health and Wellbeing Strategy (2019-2024)* which would address some of these issues. This would come to CYP Scrutiny Commission as soon as it was ready. AC added that an 'Exclusions Working Party' had been set up and would include members from other services. Hackney had a high rate and it disproportionately affected certain groups. Ofsted was taking a great interest in the defining features of exclusion and the balance of how it affected the best interests of the school vis-à-vis the interests

of the child. Their target was to define what an Inclusive School would look like and to work towards that objective and to examine the hypothesis behind it and whether families and carers understand all the various dimensions. It was also important to examine what role School Governors could play. She noted that Hackney's PRUs now admitted KS4 pupils on-site and the key challenge of course was how schools can be better supported.

ACTION:	**Integrated Emotional Health and Wellbeing Strategy (2019-2024) to be brought to a future meeting of CYP Scrutiny Commission.**

(e) Members asked whether **funding of mental health support in schools** was coming directly out of CAMHS budget. AW replied that it was being delivered by ELFT in Hackney Ark and in north and south teams in the borough. The aim was to roll it out to the rest of the borough in 2021, it was currently only available in half the schools.

(f) Members asked about the '**Cool down' café**. AW replied that it was a drop-in project. The Chair asked how it was advertised and AW undertook to come back on this.

(g) Members asked what work was being done to prevent a recurrence of this year's **measles** outbreak. AW replied that a recent Audit Commission report had proven that rates of childhood immunisations had steadily declined since NHSE took over the national management of it. It was also disappointing that immunisations only merited one line in the NHS Long Term Plan. The role of Health Visitors and School Nurses was crucial. Locally, a Steering Group was developing and monitoring the work and there had been particular efforts to target the Charedi community because of low uptake there. Communications plans had been effective with the council's Facebook ad had been their most successful yet. The Chair asked what was being done at a more strategic level to lobby on this. AW replied that it is discussed at an NEL level and a lot more could be done to escalate the issue. They had received pushback on a local joint approach to NHSE on possible co-commissioning. The Chair stated that the Commission would be happy to write to NHSE again on this. The CE of the GP Confederation added that she had just read a report that day from NHSE which concluded that General Practice was where the focus needed to be in order to drive up immunisations. She undertook to share.

ACTION:	**The Commission to write to NHSEL, further to the recent City and Hackney experience, to lobby them on possible future co-commissioning in order to improve local performance on uptake of childhood immunisations.**

ACTION:	**AW to share an NAO report on evaluation of the childhood immunisation programme.**

ACTION:	**CE of GP Confederation to share the NHSE/NHSI report on *Interim findings of the Vaccinations and Immunisations Review – Sept 2019***

(h) A CYP Co-optee described her background as a social work working with deprived inner-city BME children and how they were often held back in school.

She asked what schools were doing to tackle **unconscious bias** as a disproportionate number of excluded children were BME. AC replied that unconscious bias was a key aspect now of the training which was taking place in Hackney Learning Trust arising from the Young Black Men programme. A dedicated officer was now in place to develop this work. Unconscious Bias was a linchpin of this work and early intervention in schools was critical, she added. HLT has put interventions in at KS3 and KS4 transition and the issue is very high on their agenda.

(i) Director of Healthwatch Hackney asked about use of qualitative assessments of lived experiences in the work of the CYP&M Workstream and about progress on tackling **childhood obesity**. AW replied that the tackling obesity work was focusing on three distinct areas. The rates were flat and only 75% of children, those in the state maintained sector were being measured. The state maintained sector was much more receptive to initiatives however.

ACTION:	**AW to provide note on how the 'Cool down café' was being advertised and promoted.**

5.4 The Chair thanked AW for her report and asked if in future the 3rd column used in the report could evidence more outcomes. Currently it listed activity but didn't show if some of these already had achieved their outcomes.

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

6 Consolidating Dementia and Challenging Behaviour Inpatient Wards case for change from ELFT

6.1 The Chair stated that the Commission had received a request from East London Foundation Trust and the CCG to consider a change proposal to consolidate all older adult in-patients beds for patients with behavioural and complex psychiatric symptoms of dementia, across East London, into once site at Sally Sherman Ward at the East Ham Care Centre. This particular plan envisaged that patients currently in Thames Ward at Mile End hospital be consolidated within Sally Sherman Ward in East Ham. He noted that the Commission had considered similar proposals relating to dementia or 'functional older adults' in 2018, 2015 and 2012 involving moves from Cedar Lodge in Homerton into Mile End Hospital

6.2 The Chair welcomed for this item:

Eugene Jones (EJ), Director of Strategic Service Transformation at ELFT
Dan Burningham (DB), Programme Director – Mental Health at CCG
Dr Waleed Fawzi (WF), Consultant Psychiatrist, ELFT

And Members gave consideration to the report "Consolidating dementia and challenging behaviour in-patient wards".

6.3 EJ took Members through the report noting that this cohort were dementia patients and not 'functional older adults' which had been the subject of a previous case for change. The aim was to consolidate the two wards as both had been under-utilised for some time. WF stated this cohort would be on an

acute ward for anything from 6 weeks to 3 months and were not suitable for discharge to a care home as they had high physical and mental health needs. He stated that ELFT noted the concerns about travel times but that the change for Hackney patients in terms of travel time by car would be, in his view, negligible. There would also be a hardship fund to cover taxis for those family members or carers affected to ensure that the new site was as accessible to them.

6.4 DB stated that from the commissioner's perspective they had initially been sceptical about this proposal but having visited the new site they were satisfied that the built environment in Sally Sherman ward was much better. It had more light and more space and would provide a range of activities and services there to improve the quality of life of these patients e.g. barbers and hairdressers. The décor was specifically chosen to aid dementia patients.

6.5 Members asked detailed questions and the following responses were noted.

(a) The Chair took issue with the various **bed projection numbers** stating that the new total for the 3 boroughs would be 37 (but flexed to 41) and Sally Sherman would have 19 (flexed to 23) which would represent a reduction of 18 beds in the system overall? EJ clarified that the issue of usage was complicated in that beds were also being used by other patients from outside of the 3 boroughs. This cohort ideally should not be present and they are identifying other solutions for them. WF clarified that as this ward was under-utilised they had allowed it to be used for other patients outside this particular clinical cohort and he added that many of the patients in Sally Sherman were ready to be moved on to community settings. The Chair interjected that didn't this mean therefore that there was effectively no spare capacity should the dementia beds be flexed to capacity. WF replied that a number of the patients in these wards e.g. Sally Sherman had been there for 5 years or more and now could be moved out into a community setting.

(b) Members expressed concern that when both Dementia and later FOA patients had been moved from Cedar Lodge to Mile End they had been told that it was by far the better setting for them and now within two years this cohort was being asked to **move again**, this time further east. The family members of these patients were also likely to elderly and frail and therefore longer travel times were a significant issue. Also it was important with these patients that they retained close connections with family members and this would be curtailed as a result of this move. WF replied that Thames Ward was a step-up from Cedar Lodge as the former had also been refurbished. The positive aspect of this was that the overall demand for beds had come down and so ELFT now had a half empty ward and needed to consolidate. The families of those concerned had been consulted closely. He added that these were in-patients and in-patients did move so these were not care home residents. ELFT had made a commitment to the families that if they insisted in remaining at Mile End then space would be found for them. One of the families had visited Sally Sherman and liked it.

(c) Members took issue with the **transport times** as outlined in the report and stated that they were in their view underestimated. Members asked whether the primary driver here was capacity or quality of provision. They also asked

what the knock-on effect of the beds in question being used for other purposes was and added that this in itself was worrying. Another Member commented that change was not always bad for these patients and that also needed to be taken into consideration.

(d) Director of Healthwatch stated that the whole drive in the NHS was for care closer to home and this represented the opposite. There was a need to hear the **voices of the families** here. He added that the joint east London Healthwatches should complete Enter and View visits. The key issues were the distance the beds were being moved, the impact on families and the ongoing level of support that could be provided.

(e) In a combined response WF stated that some of the extra patients in Thames Ward were 'court of protection' cases and long stayers and that there were social and financial reasons why they were there. If this space didn't exist they would have had to be housed in another ward for older adults but overall the pressure of numbers from this cohort was not significant because there was the capacity.

(f) Members asked about the reference to full **capacity being reached in 2024** and how this was being planned for. EJ replied that the population of the three boroughs was increasing so consequently there would be an increase in need for in-patient beds by then. The service was looking at how to remodel in-patient and community care and the proposed new configuration would help build skills and knowledge of staff. He added that the recently launch of the Enhanced Dementia Service in east London came about precisely because of the savings from previous consolidations.

(g) Members commented that the **mix up of current usage** in the ward was unfortunate and that the fact that there currently was some capacity did not mean there would be in the future. They asked whether there was a possibility that ELFT would return in a year proposing further consolidation. They also stated that the reassurances on future capacity and that fewer beds might be needed were not convincing. EJ responded that the 'do nothing' scenario on Estates was not possible because by 2024 there would be a problem. He offered members a site visit.

6.6 The Chair stated that he had significant concerns and would welcome the opportunity for a site visit and he sought Members' views:

a) The Chair stated he was minded to Not Endorse.
b) Cllr Snell stated he was minded to Endorse but only because he had concerns about attempting to micro manage such bed moves. He would welcome a site visit and for the Healthwatches to carry out an Enter and View.
c) Cllr Maxwell stared she was minded to Not Endorse as she had concerns about the distance and about the quality of provision.
d) Cllr Plouviez stated she was unsure and had a broader concern about how these dementia patients get on this care pathway in the first place.
e) Cllr Spence stated he was unsure and would welcome a stronger position from the commissioner.
f) Cllr Oguzkanli stated he was minded to Not Endorse but happy to defer until after a site visit

g) Cllr Rahilly stated he was minded to Not Endorse but would like the decision deferred until after a site visit.

The Chair stated that the Commission was therefore minded to **Not Endorse** and asked if ELFT wished to bring a revised proposal back to the Commission they would consider it but would be grateful for a site visit in advance.

6.7 DB stated that as commissioner of the service the CCG did feel that the transport issues could be surmounted. On capacity issues there was a history of ELFT doing this previously with success and consolidation would also help concentrate expertise. They would also need with ELFT to look at how many patients there could be discharged to community care or to care homes and how this would impact on the numbers.

6.8 Mrs Murgaff, for the Older People's Reference Group, asked if they could be included in any site visit and the Chair replied that they would try to accommodate this.

RESOLVED:	**That the proposal is Not Endorsed and if ELFT wished to bring a revised proposal back to the Commission that Members be able to make a site visit to both sites in advance of this.**

7 Housing with Care Improvement Plan - update

7.1 The Chair stated that he had asked Adult Social Care and Healthwatch Hackney to return with an update on the improvement plan on the Housing with Care Service. Members gave consideration to the update report from Adult Services on the progress made, to the CQC's re-inspection report from Sept 2019 and to Healthwatch Hackney's own report on the service from Aug 2019.

7.2 The Chair welcomed for this item:

Ilona Sarulakis (IS), Principal Head of Adult Social Care
Anne Canning (AC), Group Director CACH
Jon Williams (JW), Director of Healthwatch Hackney

7.3 In introducing the report IS stated that there had been progress on the move to more permanent staffing for the service with more half-time staff having moved to full-time. JW added that the re-inspection report from CQC and the service's own update was showing great improvement but there were still clear challenges and he continued to have some concerns about clients being, in many ways, 'warehoused' by the system. The care plans were better but they did not feel that these were properly understood by clients and their families. The quality of food had improved. One of the challenges was social isolation. Another was busy staff feeling they cannot support clients as well as they would wish to because of the pressures of time. The Chair thanked Healthwatch for their important input to the work in response to the CQC inspection.

7.4 Members asked questions and the following points were noted.

(a) Members asked about the sustainability of the quality improvements going forward. AC replied that they were committed to Quality Assurance here in the

light of the learning from the failed inspection. The service will be inspected again in a year. She added that Adult Services Commissioning had a Provider Concerns Process which it regularly used in monitoring external providers but it had not used this on the internal service and they had learned from this.

(b) Members asked about care workers picking up on housing related issues of clients but being frustrated in making any progress with them. IS replied that housing issues had come up on a number of occasions. There was a forum with the Registered Providers (i.e. housing associations) where social workers could progress issues and there was a need to enhance this partnership working. AC added that the social workers do not have the power to instruct a housing provider and of course the housing element of care was not part of the CQC's inspection remit. Most of these issues related to Registered Providers and not Hackney Council as the housing provider.

(c) Members asked about the model in use here and whether care workers were used to best advantage considering how for example the pressures are different at night and how this could breed a sense of insecurity among service users. IS stated there was no single model and staffing had to be flexed to meet the times of greatest need and this was always the challenge.

7.5 The Chair thanked the officers for their update report and for the progress made.

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

8 Sexual and Reproductive Health Services in GP Practices

8.1 The Chair stated that this issue had been raised with the Commission by the Local Medical Committee (LMC) and he had invited Public Health (the commissioner), City and Hackney GP Confederation (the provider co-ordinator) and the LMC (representing local GPs delivering services on the ground) to discuss the concerns raised about the effectiveness of this contract and the complaints about its burden on GPs. Members gave consideration to a report from Public Health on "Sexual Reproductive Health Services in GP practices".

8.2 The Chair welcomed the following for this item:

Dr Sandra Husbands (SH), Director of Public Health, C&H
Dr Andy Liggins (AL), Consultant in Public Health, Corporation of London and lead commissioner for these sexual and reproductive health services for City and Hackney
Dr Deborah Colvin (DC), Chair of the City & Hackney GP Confederation
Laura Sharpe (LS), Chief Executive, GP Confederation
Dr Fiona Sanders (FS), Chair of Local Medical Committee
Dr Nick Mann (NM), Member of Local Medical Committee

And he welcomed Dr Husbands and Dr Liggins to their first meeting of the Commission. He also apologised for the limited time available to discuss this item because of previous items having taken longer than anticipated.

8.3 AL took Members through the report noting the commissioning history of these services and that the GP Confederation had just taken on this contract in April and that it was potentially a 5 year contract and it was therefore early days yet

in terms of its performance. He concluded that if parties to the contract were unhappy then it was in everybody's interests that they talked to each other. He added that he was new to City and Hackney.

8.4 The Chair asked FS to outline the local GPs concerns. She stated that this contract was over complicated, under-funded and undeliverable. She listed some examples of the difficulties it had caused. For example where they could in the past just issue condoms they now had to get the patient to register in a bureaucratic process and do an interview. She added that the KPIs were not achievable. She added that the funding in the contract was capped so what would happen when the money might run out part way through the year. This needed to be a simple process and instead GPs, who were already under great pressure, have had this added burden.

8.5 DC on behalf of the GP Confederation added that she agreed with Dr Sanders in many respects. GPs were being asked to do more by everyone and were in a difficult position. Contracts need time to bed-in. They had spent two years trying to perfect this contract and parts of it are underfunded. Another challenge related to the new online app for 'contact tracing' of sexual partners in relation to STDs.

8.6 NM stated that his objection was that it fragmented and compartmentalised what they used to do. Under the new system he was now ineligible to fit LARCs because he does not also fit implants as well. A GP consultation on fitting a coil takes 40 mins which means using ing up the time of four typical 10 minute consultations. They have to arrange these within 5 days and they therefore must find appointment slots for these procedures in a packed GP appointments diary. This is one of the reasons why the uptake of coils as a method of contraception had dropped and this contract won't make this situation any better, he added. He also had concerns about 95% of women aged 15-59 having to be offered STI testing. Did this mean 95% those they consult with or those on their list or of new registrations he asked? All of these were very different matrices, he added.

8.7 A Member commented that if these KPIs had been agreed by all parties and there were lots of shared aims about what they all need to be delivering it was odd that some of the parties were now crying foul.

8.8 Kirit Shah (Local Pharmaceutical Committee rep) commented that pharmacists were also bound by similar rules and have to register those to whom they distribute condoms or chlamydia screenings and Pharmacists were also being asked to do more as part of the wider system.

8.9 The Chair asked the LMC whether they had sat around the table with Public Health and the GP Confed on this. FS stated that they had never had sight of the final contract and they had raised their concerns about it. AL responded that the contract was with the GP Confederation. FS stated that historically they would have looked at this but in this case they had not seen it. The Chair suggested that the LMC submit a clear list of concerns with each element of the contract to the commissioners and the lead provider. AL replied that they have contract monitoring meetings and that Practices, which include the Practices of the 3 GPs present for this item, were all part of this contract and were in fact performing well. The Chair stated that the GP Confederation appeared to be in

a difficult situation here. AL stated that parties affected by the contract can of course provide input and they would listen to all concerns. Dr Mark Rickets (CCG Chair) commented that this reflected some of the broader challenges around an integrated care system and that things should not have not got to this point. NM commented that he had delivered such services over his 30 years as a GP and the risk was that if you make these contracts overly complicated then you will reduce the number of GPs who are willing to provide them. AC commented that there was a need to agree some principles around this discussion and to be clear about what the budget envelope was. The Chair concluded the discussion by inviting the parties to get round the table to try to resolve these differences.

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

9 Review on 'Digital first primary care' - agree report

9.1 The Chair stated that at the September meeting he had postponed the formal agreement of the report of the Commission's review to allow some additional time for any further comments from the stakeholders. There had been no other changes from when this was discussed at that meeting and he therefore asked the Commission to agree the report.

RESOLVED:	**That the report of the Commission's review on 'Digital First Primary Care' be agreed and submitted to Cabinet.**

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

10.1 Members gave consideration to the updated work programme for the Commission.

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

11 Any Other Business

11.1 There was none.

Duration of the meeting: 7.00 - 9.15 pm