Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting Wednesday, 4th December, 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 and Cllr Patrick Spence**
Apologies:	**Cllr Tom Rahilly**
Officers In Attendance	**Anne Canning (Group Director, Children, Adults and Community Health), Dr Sandra Husbands (Director of Public Health), Sonia Khan (Head of Policy and Strategic Delivery), Gareth Wall (Head of Commissioning for Adult Services) and Soraya Zahid (Strategic Delivery Officer)**
Other People in Attendance	**Siobhan Harper (Workstream Director, Integrated Commissioning, CCG), Jonathan McShane, Jon Williams (Director, Healthwatch Hackney) and Tony Wong (Programme Director - Connect Hackney)**
Members of the Public	
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 An apology for absence was received from Cllr Rahilly.

1.2 Apologies for absence were also received from Cllr Clark, David Maher and Simon Galczynski.

2 Urgent Items / Order of Business

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

3 Declarations of Interest

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

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

4 Minutes of the Previous Meeting

4.1 The Chair stated that the Mayor's letter to the Secretary of State re rare and uncommon cancers had been omitted in error from the agenda pack but was subsequently added to the electronic version and a hard copy was circulated at the meeting.#

4.2 On Action 5.3(g) the Chair stated that the lobbying letter to NHSEL on possible future co-commissioning of childhood immunisation services would now be issued after the General Election and the Christmas break.

4.3 Members gave consideration to the minutes of the meeting held on 4 November and agreed them as a correct record.

RESOLVED:	**That the minutes of the meeting held on 4 November be agreed as a correct record and that the matters arising be not noted.**

5 Neighbourhood Health and Care - transforming community services

5.1 The Chair stated that he had invited officers to provide an update to the Commission on the plans for a new Neighbourhoods and Care Service to which will, in part, replace the current Community Health Services contract with the Homerton which ends at the end in March 2020 and Members gave consideration to a briefing paper. He welcomed to the meeting:

Siobhan Harper (SH), Workstream Director Planned Care, CCG-LBH-CoL
Jonathan McShane (JMc), Integrated Care Convenor**,** CCG-LHB-CoL

5.2 SH took Members through the briefing describing how they were mainstreaming the approach. There was a need to integrate services to avoid patients' having to attend at a number of locations. The aim was to bring the partners together and there had been 18 months of work on these plans. They were also taking place concurrently with the with the changed national policy context with the creation of Primary Care Networks and the NHS Long Term Plan. The aim was to connect all services into the PCNs and their respective neighbourhoods. The aim was to avoid a series of hand-offs between providers and instead have a more integrated and collaborative model. Once the plan had been worked up they had tested the model in the market and a Prior Information Notice (PIN) had been issued to begin the contractual process. A key element in its success would be signing up Social Care to the model and letters of intent had been shared between the NHS and both LBH and CoL. The three providers of the new Alliance model would be HUHFT's Community Service team, ELFT's Community Mental Health Team and the GP Confederation. The final contract would be signed off by an Independent Oversight Group of the CCG's Governing Body. HUHFT's current contract will expire in April and there will be an overlap and it is expected the new alliance contract will commence in July. JMc added that that they were building on strong foundations here. City and Hackney

benefits from high performing and solvent providers and the leaders of the constituent organisations have been in place over a long period.

5.3 Members asked detailed questions and the following points were noted:

(a) Members asked why no other providers had bid. SH replied that the questionnaire had been out for a month but perhaps some might have viewed it as too much of a challenge. Members asked if they would see the initial document.

ACTION:	**Workstream Director Planned Care to provide Members with a copy of the Prior Information Notice for the Neighbourhood Health and Care contract.**

(b) Members asked what would be new here vis-à-vis the existing provision. SH replied that one aspect was that it sought to integrated mental health in a way which hadn't been done before. It was also important to note that the changes here could not happen overnight and there would be a need to prioritise the order of the service changes. One of the issues is how Adult Community Nursing can support the new Primary Care Networks so that patients don't have 4 members of staff from a multiplicity of providers to deal with. The aim was to provide care that isn't divided between health and social care as in the past. Over 10 years the contract would have substantial value but she illustrated that for example the value to the Confed for example would be £10m and to ELFT of £22m.

(c) Members asked how this service would integrated with IAPT. SH explained how services would break down for the different cohorts. The aim here with, for example, mental health support to those with Long Term Conditions, was to better integrate assessment and to take service provision to a new level. The hope was that with integrated funding and more integrated arrangements they would be able to then leverage more resources overall into Hackney's health economy.

(d) Members asked about how it would impact on contracts held by the VCS. SH replied that they would be able to become full partners as the system developed. The overall aim is that services should only be provided in hospital when necessary and she advised that there was no agenda here to reduce hospital based services.

(e) Members asked how integration with social care was progressing. SH stated that Adult Social Care was at the table but not formally part of the alliance as yet but much was going on at their end including the 'Three Conversations' model. To some extent it would be unclear until changes to legislative and funding arrangement had been made.

(f) Director of Public Health stated that central to this approach should be seeing people as assets. This was a provider alliance and it would be necessary to examine how it can support the community to develop itself. JMc agreed and stated that there was a big role for the Council in developing people's resilience and the move towards a Neighbourhoods focus and the PCNs and the move to 'Prevention Investment Standard' was key. The CCG was keen to do more on prevention by first tracking how much is spent overall. There was the potential

to bid for significant amounts of money for neighbourhoods work and he was pleased that the CCG valued the importance of 'Place' in these discussion.

(g) Members asked how the shift from spending on care to spending on prevention would happen. SH replied that the profile won't change to start with. Provides must think about how they can more collectively support their ambitions and there will still have to be business-as-usual. The ambition is not about making savings but in transforming how services are delivered and once the Long Term Plan funds are released there will be many opportunities.

(h) Members asked whether the changes would impact on the unique character of the GP Confed which is in the middle between commissioners and the GPs as providers. JMc replied that the emerging way for primary care to exert influence was through GP Confederations and there was a need to start doing things differently otherwise there is no point in having PCNs in the first place. The Confed's role would change and it would take on contracts in a way individual GPs can't do.

(i) A resident commented that as a patient rep she was sceptical about this change being too "top down". It was important to get the local population on board. It was capital 'N' for Neighbourhoods and it was plural and the documentation was frustratingly not consistent on this. There was a need for local leaders to be more robust on funding shortages she added. SH replied that the Finance Directors in each of the organisations were actively involved and the concept was firmly embedded in the local financial modelling of all the local health organisations. The Long Term Plan funding would of course come through the ELHCP and there was a delay on progress on this temporarily because of the election purdah period.

(j) The Chair asked, once the funding for ELHCP's Joint Commissioning Committee was sliced off the top, did the individual CCGs then remain in charge of their own budgets and do they require permission to do everything? SH replied that the Single Financial Officer in each CCG is still in charge but there are moves to consolidate CCGS by 2021. Individual CCGs do not put money into the JCC instead they commission through it and there was no appetite to take control of all commissioning centrally. The appetite is for systems to remain delegated. JMc added that things were somewhat easier in City and Hackney as it was already a system and additional funding would come through the LTP. CCG funding was set for 5 years ahead and it was not possible to predict beyond that or predict about other priorities beyond the LTP. He added that what governance might look like at Neighbourhoods level would be worth further debate and they would be happy to return to discuss it.

ACTION:	**Issue of 'What does governance look like at a Neighbourhoods level' to be added to the future work programme.**

(k) A resident commented that there was no mention of Patient and Public Involvement in the paper. SH replied that they were totally committed to this but it was not requested in this short briefing.

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

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

6 Development of Hackney's Ageing Well Strategy

6.1 Members gave consideration to a report on the development of Hackney's Ageing Well Strategy noting that this arose from one of the Mayor's manifesto commitments. The Chair welcomed to the meeting:

Sonia Khan (SK), Head of Policy and Strategic Delivery, LBH
Soraya Zahid (SZ), Strategic Delivery Officer, LBH
Gareth Wall (GW), Head of Commissioning for Adult Services

6.2 Officers took Members through the report noting that the aim of this work was to ensure that Council policies were age-friendly, that community partnerships recognise the distinct interests of older people, that barriers relating to access and attitudes are removed and that some creative and innovative proposals for older people are developed with stakeholders and with the older people themselves. The challenge here was to better integrate service delivery given the complex nature of the systems which serve and support older people. SZ described how they worked with a very diverse groups of Facilitators in running focus groups to co-produce the strategy. They helped design the questions and plan the sessions or interviews. They also worked, for example, with Interlink on a focus group on issues for the Charedi community.

6.3 Members asked detailed questions and the following points were noted:

(a) Members praised the inclusion of the Dementia Friendly aspects and asked how to better develop the intergenerational aspects building on, for example, the events with school children held during the Dementia Festival and they asked what more could be done to engage shops, businesses and transport providers. SK replied that the need for intergenerational work came through very strongly from all the workshops and this would be picked up. She described how they also talked to the Young Futures group about shared priorities e.g. on access to toilets for example. On the issue of outreach to shops and businesses she said the work on the Strategy was deliberately broadly based and they were looking at whole borough and whole community solutions. There needs to be work on attitudinal change on ageing she added and work was ongoing with business groups and with Hackney Circle. GW added that the Ageing Well Strategy would complement and not replace the Dementia Strategy and they will join up the work on both strategies to avoid duplication and to build on the success so far of the Dementia Friendly Communities work, especially with local businesses.

(b) Members asked what could be done on the issue of "initiating movement" for older people and on "initiating engagement in conversation" and asked if there could be practical training sessions for officers on these aspects. He asked how well resourced were the facilitators and whether they had the tools they needed. SZ replied they were paid positions and there was also a part time co-ordinator to support them. There was a focus on "reflective practice" and the work was well resourced. GW replied that the Alzheimer's Society do deliver support on 'initiating movement' and he could provide details.

(c) A Member commented that he was aware of high levels of dissatisfaction with Dial-a-Ride and asked whether there was comparative data on performance from other boroughs. GW replied that the contracts would need to be examined more closely and they would look at this. SK cautioned that before the work on Ageing Well began there was a major piece of work done to synthesise what was already known so the new research could be fully informed and they could build on that and not repeat work.

(d) A Member commended the approach of having this work led by older people themselves and asked what was being done re. harder to reach/seldom heard groups. He commented that some of the aspects under discussion were very specialist e.g. planning and were there advisory groups on specialist areas? GW replied by describing the recent work done in Adult Services on support to carers which involved the creation of Carers Co-production Group to help redesign the service. The carers themselves helped design and implement the process of engagement on the new model. After the work was completed that group told them they then wanted to continue on in an advisory capacity and this had happened. The aim was to attempt to duplicate this approach on Ageing Well. SK stated that there was a difference between being diverse and being user led and both aspects were attended to. A Member responded that using existing groups would not achieve the best results here. SK replied that with Ageing Well they were going out beyond the people who would normally come and engage and were looking at the possible gaps. They were going out to lunch clubs and grass-roots groups and also engaging with those who were restricted in their ability to leave their homes. SZ descried this aspect and the work she did with the Community Library Services and with housing associations to reach those in sheltered residential settings who are more isolated and home bound. Members asked for a list of the settings where the contacts had been made. It was noted that the briefing report was underpinned by a significant database which Commission Members could view.

ACTION:	**Strategy Delivery Officer to provide a list of locations and organisations where they engaged with more seldom heard groups/cohorts as part of the evidence gathering for the Strategy.**

(e) A Member asked if the engagement work was now complete. SK replied that most of the engagement work had been done. Organisations were being invited to an event on 17 Dec and the thematic discussions on agreeing the scope would take place in January.

(f) Healthwatch Director asked whether the scope included those with learning disabilities. SZ replied that they had held an engagement with older people with learning disabilities at the Oswald Centre and were happy to be advised on other possibilities and were discussing this with Adult Services.

(g) A resident asked about the involvement of the Older People's Reference Group. She detailed an example of best practice from the CCG in using a "You Said – We Did" format in reporting back on the progress with the strategy. SZ replied that "You Said We Did" would definitely be done after the co-production session. GW said this echoed feedback from Adult Services' 'Making it Real' Board. GW stated that OPRG was a key stakeholder and the full group had 70

members so this was not a focus group, however he would be attending the OPRG steering group the following day.

(h) Members asked about governance of the Ageing Well Strategy work. SK replied that it was under the remit of Cllr Clark as the Cabinet Member. It was decided from the outset not to set up a separate Steering Group for this work. The officers report directly to the Cabinet Member and then the Mayor and of course to the Group Directors. The work was discussed at Group Directors' meetings and with individual Directors and all were feeding into the process. Whether specific governance is required at the Implementation stage is being looked at. Consideration is being given to whether one of the existing groups owns the Strategy or whether a new group will be formed. They could report back on this.

6.4 The Chair thanked the officers for the work and stated that once this is published it must not sit on a shelf and asked if officers can come back with a "You Said –We Did" update. He added that the strategy needed to address how various tensions could be resolved, for example, between cyclists and older pedestrians or between the need to provide more public toilets and the need to prevent ASB. SK agreed and commented that these intersectional issues are very important. The idea was to build implementation into how the strategy is developed and to build in commitments from the outset and not retrofit actions. Another area to be looked as was how the Strategy might conflict with other Policy agendas. What was needed was a focused effort to support older people as existed with CYP and this was the aspiration, she added. It would also feed into *Hackney – An Accessible Place for Everyone* which would be the next stage from the successful *Hackney - A Place for Everyone* work.

ACTION:	**Officers to return to the Commission, date to be scheduled, with a 'You Said – We Did' update on the implementation of the Ageing Well Strategy.**

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

7 Legacy Plan for Connect Hackney

7.1 The Chair stated that he had asked officers to provide a briefing to the Commission on the legacy plan for Connect Hackney after the National Lottery funding for that programme ends in March 2021. Members gave consideration to a report on the 'Legacy Plan for Connect Hackney' and the Chair welcomed to the meeting:

Tony Wong (TW), Programme Director for Connect Hackney, HCVS
Sonia Khan (SK), Head of Policy and Strategic Delivery, LBH

7.2 TW took Members through the report which outlined the background to the programme, the scale of loneliness in the borough, the programme's achievements, the learning from the programme, the legacy objectives and about how Members might help Connect Hackney achieve its legacy ambitions. It was noted that activities that were considered fun and which were key to reducing social isolation were often difficult to commission.

7.3 Members asked detailed questions and the following was noted.

(a) Members asked for further clarification on the detail behind the outcomes measures "*73% either improving or maintaining their De Jong score*". TW replied that the report was merely an overview and the statistical analysis was being completed and that at the end of January he would be able to provide data at a much more granular level. A lot of the targets were "test and learn" so it was more difficult to provide tracked data.

(b) Members asked if they could see a full list of the activities which had been commissioned and more detail on how these are maximised. TW undertook to provide this.

ACTION:	**(i) Connect Hackney to provide more granular detail on the latest outcomes data from the programme following the statistical analysis due end of Jan.** **(ii) Connect Hackney to provide a full list of the activities which had been commissioned and any updates on which may be able to continue.**

(c) A Member asked why a new Older People's Committee had been set up when the Older People's Reference Group was already in existence. TW replied that in the initial modelling for the governance of the programme there was a view that the OPRG could be more diverse and so efforts were made to ensure that the OPC was more diverse in terms of age/ethnicity/religion. One problem the National Lottery had was that collection of data was challenging and the amount of quantitative data to be collected was limited. For this reason, he questioned whether they might continue to fund further activity on reducing social isolation among older people.

(d) Members expressed concern at the observation in the report that the VCS struggled to find innovative ways to support people who need help to leave their homes as funders were reluctant to fund projects which included support for getting out and about. TW replied that the challenge here was that transport was expensive and people who were isolated and/or frail have a limited ability to leave their homes. Transport outreach was a key challenge and already there was an example in Hackney of a project failing not because it wasn't needed but because participants couldn't travel to it.

(e) A Member commented that the voluntary sector runs on minibuses and she had personal experience working for a VCS org in Westminster where they found that funders didn't want to fund minibuses. SK replied that the Council fund Hackney Community Transport and the model does require local charities to pay into it.

(f) A resident and member of the OPRG stated that she took issue with the view that OPRG was not representative enough and that the OPC was required. She stated that OPRG only had an admin support worker for 1 or 2 days a week and if the Connect Hackney funding had been put into building the capacity of OPRG it would have created a legacy. She also took issue with Connect Hackney's magazine which in her view was missed opportunity because it provided personal stories only and so missed a vital opportunity to inform or educate. The Chair replied that there was obviously a tension between OPRG and Connect Hackney and it was not productive to purse that

at this meeting. The focus needed to be on maximising the legacy. TW replied that a lot of work had been done over the past few years and its activities had been welcomed and the programme has had many achievements which can now be built on in the legacy plan.

(g) A resident asked why disabled people under 50 were being ignored by this programme. TW replied that the National Lottery funding requires the activities to be for over 50s only and they be focused on reducing social isolation.

7.4 The Chair thanked the Programme Director of Connect Hackney for the report and for his attendance.

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

8 Assistive technology in social care

8.1 The Chair stated that he had asked Adult Services to provide an update on the work they are doing to increase the use of assistive technology in adult social care. Members gave consideration to a report "Assistive technology update" and the Chair welcomed to the meeting:

Gareth Wall (GW), Head of Commissioning, Adult Services

8.2 GW took Members through the report. They key point of the activity he stated was to ensure that the Council is not held to a standard which is led by the industry and instead that they are held to a standard of their own which focuses on the needs of residents of Hackney. He drew attention to the contract with Riverside who are the new providers for the Floating Support contract and who have allocated £100k towards piloting assistive technology in their service and in employing a dedicated AT co-ordinator.

8.3 Members asked detailed questions and the following points were noted:

(a) Members asked if any of the technology being considered was predictive i.e. could it predict that an frail elderly person might fall. GW replied that that technology is in a formative stage and for example there are applications which include inflatables, like airbags in cars, which can sense if someone falls. The focus of this work is to ask if there is a need and a demand for a particular application. There is a lot of encouragement from tech providers to get councils to invest at scale but a lot of the work so far has made councils sceptical and a bit more cautious.

(b) Members asked how ambitious we were being here and if we were focusing on making life easier and helping people to take part in activities. GW replied that they had just started focusing on for example the telecare watch which is a development from the pendant which acts as an alarm to alert a monitoring centre when there is a fall/incident. This will be piloted and then rolled out if it can be proved to be more effective. He added that there is a link between Assistive Technologies and Assisted Health Care which is huge and expanding area. In the long term there will need to be joint investments with health partners in these but they must be based on what people's needs are.

(c) The Chair asked if the pilots were shared out between boroughs so as to avoid duplication. GW replied that they were and that that Rob Miller the Council's Head of IT sits on the London Office of Technology and Innovation (LOTI), which is a pan-London councils' body. This body has collectively agreed on an evaluation framework to use in future pilots and they have agreed that there would be mutual benefit from sharing the results of pilots. The idea is to make it easier for boroughs to learn from each other and to collaborate and compare products and to set standards.

(d) The Chair asked how in the tendering process it will be possible to ensure that councils/commissioners are not using these new technologies in an oppressive way e.g. tracking people unnecessarily and impinging on their privacy or dignity. GW replied that they were very conscious of this and the key was to ensure the technology was controlled by the council and not by the tech provider. The current electronic call monitoring system which contractors use is controlled by the council and so they are able to monitor each agency's use of the technologies.

(e) A resident described an incident where a friend had phoned Adult Social Care duty line at 16.47 and took 1hr and 13 minutes to be dealt with. She stated that assistive technology won't work unless the system is properly resourced. GW replied that the ASC duty line is not a call centre and the call handling on it can take time and it has periods when they are very busy. She undertook to take this particular case up with GW outside of the meeting.

8.4 The Chair thanked officers for their detailed overview of the issue and apologised that there hadn't been sufficient time to get into more detail at this meeting. It was an issue they would return to.

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

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

9.1 Members noted the updated work programme for the Commission.

RESOLVED:	**The updated work programme for the Commission was noted.**

10 Any Other Business

10.1 A resident asked if the issue of the rebuilding of Whipps Cross hospital could be considered at a future meeting. The Chair stated that this was an NEL issue and would be best dealt with at INEL JHOSC where he would ensure it was raised. He also raised an issues about closure of side roads which the Chair stated was outside the remit of the Commission.

Duration of the meeting: 7.00 - 9.15 pm