

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

Tuesday 23 February 2021

7.00 pm

Until further Notice, all Council meetings will be held remotely

Contact:

Jarlath O'Connell

☎ 020 8356 3309

✉ jarlath.oconnell@hackney.gov.uk

Tim Shields

Chief Executive, London Borough of Hackney

Members: Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Deniz Oguzkanli, Cllr Emma Plouviez, Cllr Patrick Spence, Cllr Kofo David, Cllr Kam Adams and Cllr Michelle Gregory

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

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|----------|--|-----------------|
| 1 | AGENDA PACK | (Pages 5 - 46) |
| 2 | Minutes of the meeting on 23 Feb 2021 | (Pages 47 - 54) |

Access and Information

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

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There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm>



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Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital

and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

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Providing oral commentary during a meeting is not permitted.

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7.00 pm

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To view the meeting please go to <https://youtu.be/teGyKDf-7y8>

Contact:

Jarlath O'Connell

☎ 0771 3628561/ 020 8356 3309

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Tim Shields

Chief Executive, London Borough of Hackney

Members:	Cllr Ben Hayhurst (Chair)	Cllr Peter Snell (Vice Chair)	Cllr Kam Adams
	Cllr Kofo David	Cllr Michelle Gregory	Cllr Deniz Oguzkanli
	Cllr Emma Plouviez	Cllr Patrick Spence	

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)
- 2 Urgent Items / Order of Business (19.02)
- 3 Declarations of Interest (19.04)
- 4 **Covid-19: update from GP Confederation and CCG on Vaccines programme (19.05)**
- 5 **Covid-19: briefing on a project on tackling engagement and vaccine hesitancy in ethnic minority communities (19.30)**
- 6 **Covid-19: monthly update from Director of Public Health (19.50)**
- 7 **Cabinet Member Question Time with Cllr Kennedy (20.20)**
- 8 Minutes of the previous meeting (20.50)

- 9 Health in Hackney 2020/21 Work Programme (20.51)
- 10 Any Other Business (20.55)

Access and Information

This meeting can be viewed live on the Council's YouTube channel at <https://youtu.be/teGyKDf-7y8>

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Health in Hackney Scrutiny Commission 23 rd February 2021 Covid-19: update on the vaccinations programme from GP Confederation and CCG	Item No 4
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OUTLINE

The roll out of the vaccinations programme for Covid-19 is dominating the work of the local NHS bodies.

Following on from January's meeting the Chair has invited the following to provide Members with an update:

Laura Sharpe, Chief Executive, C&H GP Confederation

Dr Caroline Millar, Chair, C&H GP Confederation

Dr Mark Rickets, Chair, C&HCCG

David Maher, MD, C&HCCG

Siobhan Harper, Programme Director – Planned Care and SRO for the vaccinations steering group, C&HCCG

There will be a VERBAL briefing with additional slides presented on the night to ensure the item is current on 23 Feb.

ACTION

The Commission is requested to give consideration to the briefing.

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Health in Hackney Scrutiny Commission 23 rd February 2021 Covid-19: briefing on a project on tackling engagement and vaccine hesitancy in ethnic minority communities in Hackney	Item No 5
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OUTLINE

The issue of vaccine hesitancy in particular ethnic minority communities has received national media attention over the past weeks. The local HCVS in conjunction with Public Health and Healthwatch Hackney have been organising on the issue and held a [community meeting on 18 Feb](#) to discuss the concerns and help tackle the barriers to take-up of the vaccine.

One of the organisations which has been tasked with echoing public health messages about COVID safety in communities has been the Hackney based SWIM (Support Where it Matters) Enterprises. This is a Community Interest company which empowers people in Hackney to improve their health wellbeing and life chances. You can read more about them here: <https://www.swimenterprises.com/>

The Chair has invited the following to answer questions on this urgent work:

Peter Merrifield, CEO of SWIM Enterprises
Jake Ferguson, CEO of HCVS

Also present will be:

Jon Willams, Executive Director, Healthwatch Hackney
Dr Sandra Husbands, Director of Public Health

ACTION

The Commission is requested to give consideration to the briefings and discussion.

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Health in Hackney Scrutiny Commission 23 rd February 2021 Covid-19: monthly update from Director of Public Health for Hackney and City	Item No 6
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OUTLINE

The Commission has been receiving updates at each meeting from the Director of Public Health on the latest number of cases and the trends for Covid-19 in the borough. The DPH reports' outline the Public Health department's current and future priorities in responding to the pandemic and detail the progress on the local test, trace and isolate programme.

The Chair has invited for this item:

Dr Sandra Husbands, Director of Public Health for City and Hackney

to provide a VERBAL update. There will be a presentation on the latest figures at the meeting so that the information can be up to date as possible.

ACTION

The Commission is requested to give consideration to the briefing.

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COVID-19 update to the Hackney Scrutiny Commission

23 February 2021

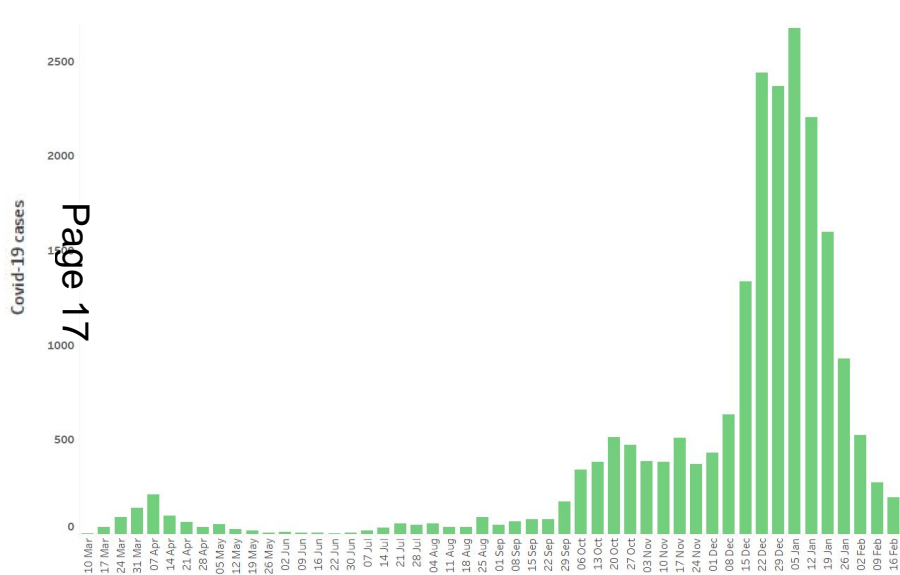
Dr Sandra Husbands
Director of Public Health
City and Hackney Public Health

Key messages

- Hackney's COVID-19 incidence, testing, and positivity rates have been declining since early January.
- While rates are decreasing overall, they remain high among certain age groups. Populations aged 18 to 24 and 60 to 79 are currently recording the highest incidence rates.
- There also continues to be variation in incidence rates by ward. However, this variation does not follow any obvious geographical pattern.
- The rate of decline has not been consistent between ethnicities. Other ethnicities recorded the greatest decrease in incidence rates, and Bangladeshi populations recorded the smallest.
- In line with decreases in COVID-19 cases, COVID-19 bed occupancy and staff absences have been decreasing since mid-January.

The number of new COVID-19 cases have been declining since early January and are currently lower than the London average

New COVID-19 cases in Hackney by week, up to 16 February

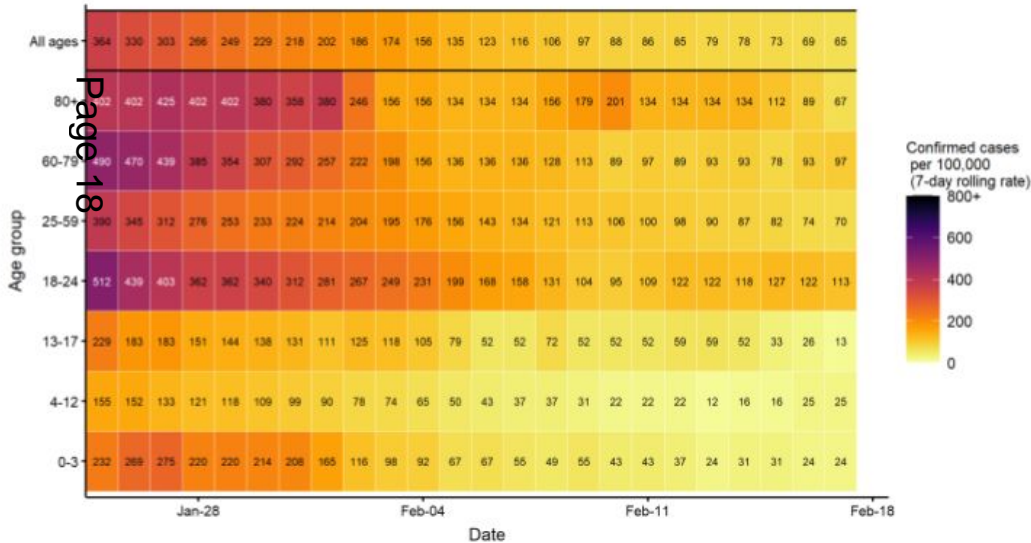


- The number of new COVID-19 cases reached a peak in the week ending 5 January and has since been significantly declining week on week.
- In the week ending 5 January, 952 cases were recorded per 100,000 population. As of 16 February, Hackney's incidence rate is now below 70 cases per 100,000 population. This is lower than the London average.
- The number of tests returning positive results has also decreased significantly in the last few weeks. Currently, 2.5% tests are returning positive results, down from 21.0% in the last week of December.
- Testing rates have decreased in line with decreases in cases - the current testing rate is roughly 3,600 tests per 100,000 population.

Data source: Public Health England. Most recent days are excluded as they are subject to reporting delay.

The highest incidence rates are currently being recorded among 18 to 24 year olds, followed by 60 to 79 year olds.

COVID-19 incidence rate by age group in Hackney (19 January to 17 February)

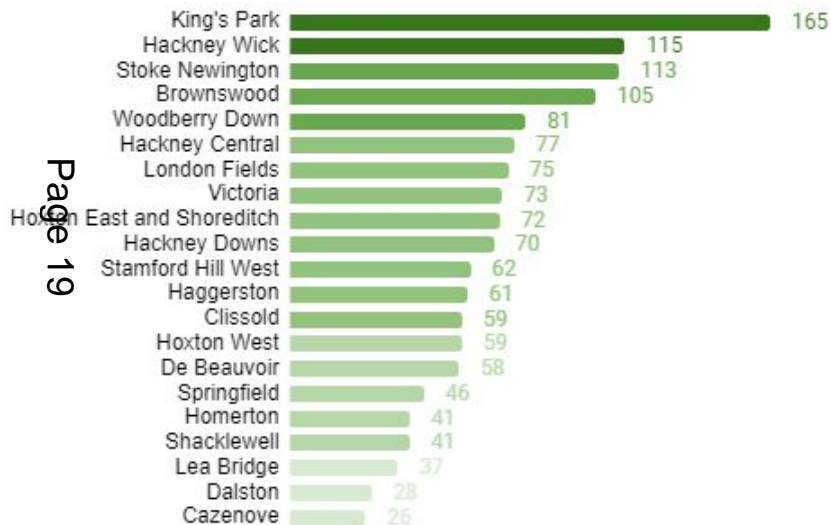


- The most recent cases continue to be diagnosed among younger working ages, for both genders.
- Incidence rates have decreased in all age groups since mid-January. Comparing incidence rates from 19 to 25 January with 11 to 17 February:
 - 18 to 24 year olds: 512 vs 113 cases per 100,000 (-78%)
 - 25 to 29 year olds: 390 vs 70 (-82%)
 - 60 to 79 y/o: 490 vs 97 (-80%)
 - 80+ y/o: 402 vs 67 (-83%)
- 60 to 79 year olds are currently recording the second highest incidence rates. This is worrying as these are some of our most vulnerable residents.

Data source: Public Health England. Most recent days are excluded as they are subject to reporting delay.

Incidence rates continue to vary by ward, but this does not follow any obvious geographical pattern

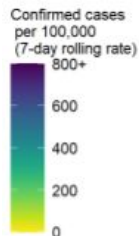
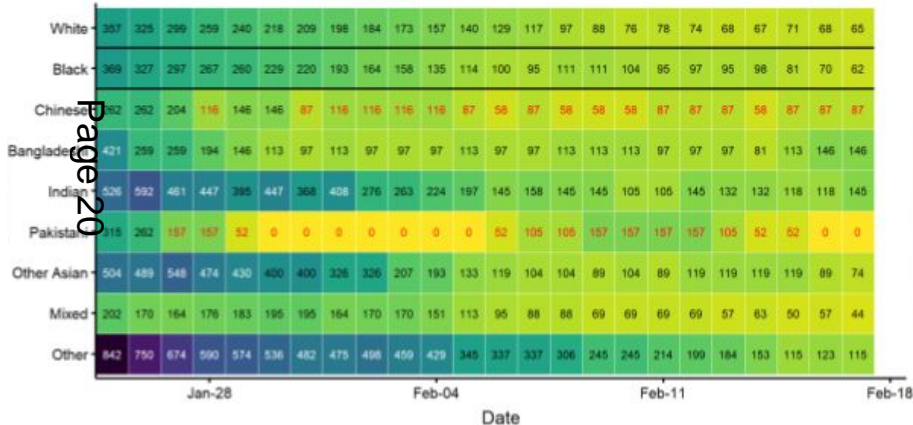
Weekly incidence rates per 100,000 population, per week (10 to 16 February)



- While incidence rates have declined across all wards since early January, there continues to be variation by ward. However, this variation does not follow any obvious geographical pattern.
- King's Park, Stoke Newington, and Brownswood have recorded some of the highest incidence rates in the latest weeks.
- In the week ending 16 February, Kings Park recorded the highest incidence rate at 165 cases per 100,000 population. Kings park also recorded a 31% increase in COVID-19 cases in the latest week.
- In the latest week , four wards recorded incidence rates above 100 cases per 100,000 population, while six wards recorded rates of under 50 cases per 100,000 population.

Incidence rates have fallen at different rates by ethnic group since mid-January

COVID-19 incidence rate by ethnic group in Hackney (19 January to 17 February)

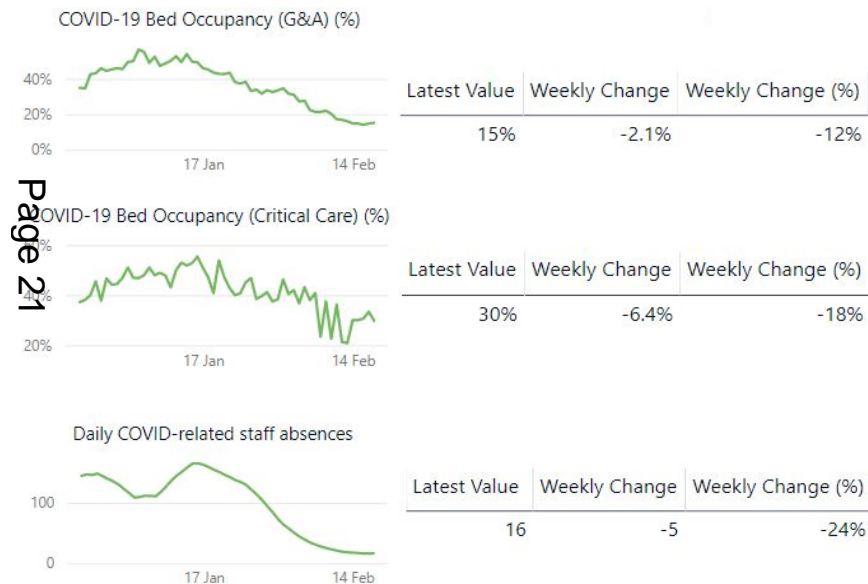


Data source: Public Health England. Most recent days are excluded as they are subject to reporting delay. Excluding 7.4% ethnicity data classified as NA or Unknown. Where text is red, rates should be interpreted with caution as underlying case numbers are <5.

- Incidence rates have fallen among all ethnicities since mid-January. However, the rate of decline has not been consistent between ethnicities.
- Between the week ending 25 January and the week ending 17 February, Other ethnicities recorded the greatest decrease in incidence rates, at -86%, and Bangladeshi populations recorded the smallest decrease at -65%.
- Bangladeshi populations also recorded the highest incidence rates in the latest week of available data (ending 17 February), at 146 cases per 100,000 population, closely followed by Indian populations at 145 cases per 100,000.
- When excluding Pakistani who have a small underlying population, the lowest rates were recorded among mixed ethnicities in the latest week, at 44 cases per 100,000 population.

COVID-19 bed occupancy and staff absences have been decreasing since mid-January in line with decreases in COVID-19 cases

Homerton Hospital general and critical COVID-19 bed occupancy and COVID-related staff absences, up to 14 February



- Since the beginning of January, there have been 134 deaths due to or involving COVID-19 among residents of Hackney. This followed an increase in COVID-19 bed occupancy and staff absences.
- However, COVID-19 bed occupancy and staff absences have been decreasing since mid-January.
- In the week up to 14 February, 30% of critical care beds were occupied by COVID-19 patients. This is 18% lower than the previous week.
- Overall bed occupancy remains relatively high: 65% of G&A beds are occupied and 85% of critical care beds are occupied.

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Health in Hackney Scrutiny Commission 23 rd February 2021 Cabinet Member Question Time – Cllr Kennedy	Item No 7
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OUTLINE

It is customary for each Cabinet Member to attend one Cabinet Member Question Time Session each year with their relevant Scrutiny Commission. The purpose is to allow Members to ask questions on areas separate from reviews or other key work programme items being considered during that year.

To make these sessions manageable questioning is confined to **three** agreed topic areas. There are no formal papers and the Cabinet Member makes a verbal statement which is followed by a Q&A.

For this session these will be:

- 1. What are your reflections over the past year?**
- 2. What are your 3 personal ambitions for your portfolio over the year ahead / where you would like to make a personal difference?**
- 3. What do you see as the biggest challenge over the next year and why?**

Attending for this session will be:

Cllr Chris Kennedy, Cabinet Member for Health, Social Care and Leisure.

ACTION

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

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Health in Hackney Scrutiny Commission 23 rd February 2021 Minutes of the previous meeting and matters arising	Item No 8
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OUTLINE

Attached please find the draft minutes of the meeting held on 6th January 2021.

MATTERS ARISING

Action from 18 Nov 2020 meeting

Action at 4.9(i)

ACTION:	<i>Interim Group Director Adults Health and Integration to provide Members with a note on the Quality Assurance Framework on Care Homes commissioned by the borough and to provide clarification on how regularly the risk assessments of Care Homes are being updated.</i>
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This is awaited.

Action from 6 Jan 2021 meeting

Action at 4.7(g)

ACTION:	<i>Exec Director of Healthwatch to discuss education/awareness training on vaccine hesitancy for care home staff with Interim GD Adults, Health and Integration.</i>
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This is awaited.

ACTION

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

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Chair	Councillor Ben Hayhurst
Councillors in Attendance	Cllr Peter Snell (Vice-Chair), Cllr Kam Adams, Cllr Kofo David, Cllr Michelle Gregory, Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence
Officers In Attendance	Denise D'Souza (Interim Director Adults, Health and Integration) and Dr Sandra Husbands (Director of Public Health, Hackney and City of London)
Other People in Attendance	Tracey Fletcher (Chief Executive, HUHFT), Cllr Christopher Kennedy (Cabinet Member for Health, Social Care and Leisure), David Maher (MD, NHS City & Hackney CCG), Cllr Yvonne Maxwell (Mayoral Advisor for Older People), Dr Caroline Miller (Chair, C&H GP Confederation), Dr Mark Rickets (Chair, City and Hackney CCG), Laura Sharpe (Chief Executive, City & Hackney GP Confederation), Cllr Carole Williams (Cabinet Member for Employment, Skills and Human Resources), Jon Williams (Executive Director, Healthwatch Hackney)
Members of the Public YouTube link	9 during livecast and 128 subsequent views. The meeting in full can be viewed at https://www.youtube.com/watch?v=euvYB3sfFms
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 There were none.
- 2 **Urgent Items / Order of Business**

- 2.1 There was no urgent business. During the meeting Members agreed with Cllr Kennedy to postpone item 7 to the next meeting to allow additional time for items 4 and 5.

3 **Declarations of Interest**

- 3.1 There were none.

4 **Covid 19 update from GP Confederation on vaccinations roll-out**

- 4.1 The Chair stated that the purpose of this item was to get an overview on the roll out of the Vaccination Programme which was an at early and crucial stage. He welcomed to the meeting:

Laura Sharpe (LS), Chief Executive, City and Hackney GP Confederation
Dr Caroline Millar (CM), Chair, City and Hackney GP Confederation
Tracey Fletcher (TF), Chief Executive, Homerton University Hospital NHS Foundation Trust (HUHFT)
Dr Mark Ricketts (MR), Chair, City and Hackney CCG

- 4.2 The Chair thanked TF for also attending for this item considering the current pressures on her and asked if she would give a verbal update on the current situation re Covid 19 at the Homerton Hospital.
- 4.3 TF stated that the Trust was the 4th highest in the country for proportion of Covid patients. In the first wave they'd had 118 maximum at one time but currently they were over 200. The positive aspect was that they had learnt a lot since then and treatments were now getting much better and hopefully this would produce better patient outcomes. They currently had 330 beds occupied rather than the typical 250 and they had 25 ICU beds instead of their usual 10. She also described the staff vaccinations programme which had begun on 5 Jan.
- 4.4 The Chair, on behalf of the Commission, stated that the borough had an immense debt to the Homerton staff for their efforts at this very difficult time. He added that it was alarming that 48% of the in-patients were under 45 and commented that there was an urgent need for a public communications campaign about the age ranges of those who are being affected.
- 4.5 In response to a Member's question on staffing, TF stated that compared to others, it was low but still they had a 20% vacancy rate for Critical Care Nurses. Staff absences due to either Covid symptoms or needing to self-isolate for family reasons were lower than they had been in April but remained a challenge.
- 4.6 Members gave consideration to a tabled paper 'Covid 19 Vaccination Update' from the CCG and the GP Confed. Laura Sharpe stated that 965 first doses had been given at the Elsdale St site. That was just about to close and be replaced by a new dedicated Vaccination Centre at Bocking St and she thanked the Council for its sterling efforts in providing the site and helping to get it up and running so quickly. She clarified that 2nd doses were given to the over 80s at Elsdale St who had received their first dose there because to do otherwise for this frail cohort would have caused too much disruption and

distress. They had done 956 of the 5300 estimated to be in Category 1 (over 80s and care home staff) and they were working down the categories. The second priority was health and social care staff including GPs, nurses, reception staff, staff at St Joseph's. She stated that she was getting 800 emails a day at the GP Confed as well as phone calls with people asking when their turn would be, so there was an urgent need for a clear comms message to go out about waiting to be called. She looked forward to having Bocking St up and running in the next few days and again thanked the Council for its support. The following week the second vaccination centre, at John Scott Medical Centre, would open. A marquee was going up there. She commented that these sites required a lot of space because of the need for separate waiting areas before and after which must allow for social distancing. She stated that the patient flow had to be smooth and the support from the Hackney Volunteer Centre with this had been excellent. In a couple of weeks, they could potentially be 12 hr days, 7 days a week. She added that the AstraZeneca vaccine was being targeted for care homes as it was easier transport and store in care homes and 'supported living' sites. They would also use it for the housebound over 80s as the Pfizer vaccine can't go to individual houses. Another challenge here was to keep the 40 GP Practices resilient during all this and there were daily check-ins with them. She was pleased that the CCG provided further funding for them so they can go to agencies to secure additional staff. Another issue was fear of de-prioritisation in primary care and this should not be a concern locally. They had however got permission from Public Health to temporarily suspend the Health Check program in order to release capacity for Covid work. She described how the 'Oximetry at Home' service operated. This had been set up in a day and it greatly helps with reducing A&E admissions.

4.7 Members asked questions and in the responses the following was noted:

(a) In response to a question on the possibility of 24-hour vaccinations and on how to upscale the service, LS stated that they'd already engaged retired doctors and got community pharmacists involved, the latter being great at administering doses and being 'guardians of the vaccine'. She also discussed the potential to also use of non-clinical staff for distributing the easier Astra-Zeneca vaccine. It would be easiest to train non-clinical staff if needed on the AZ vaccination because of easier handling. MR described the various mass vaccinations sites opening across east London over the following weeks e.g. Excel and Westfield. Once more staff can be vaccinated then they could roll out more centres and more timeslots and carry out intensive bursts of activity. LS agreed stating that staffing the current opening times was a challenge and 24hrs would be impossible unless they could train and vaccinate more staff. MR described the process for managing the rare few allergic reactions which might take place and how they've planned for that. Vaccines were only withdrawn from anyone with an allergic reaction to the first dose and vaccines were not being limited necessarily if people had bad reactions to other vaccines or treatments. MR added that the focus in the vaccination programme was on the most in need and the most vulnerable in the top cohorts.

(b) In response to a question on vaccine hesitancy she replied that the numbers declining the offer had been very small. Some had just asked to wait and see how it affected others before they proceeded and those were kept in the system to return to later.

(c) In response to a question on vaccine hesitancy in care home staff she replied that this certainly was a challenge, and that she was in talks with Public Health on how to tackle it.

(d) In response to a question on the need for more oximeters she explained how the Oximetry at Home service operated. It begins with a GP referral and then they go to the patient's home and teach them how to use the equipment and make a judgement about the patient's ability to manage. She added that they currently had 300 oximeters but that there were some supply chain issues because of high demand.

(e) In response to a question on concern about potentially using non-clinical staff for vaccinations LS replied that, if they were used, they would be properly trained and supervised. Currently all vaccinators were either GPs or Pharmacists. She acknowledged that some people might be hesitant if the vaccinators were students and this would need to be carefully managed.

(f) In response to a question on giving the public a choice of type of vaccine and whether they can be mixed she replied that people would not be offered a choice and that the vaccines could not be mixed.

(g) In response to a question from Healthwatch on the need for urgent comms support LS stated Comms had to be expanded as she was, for example, currently receiving 600 email enquiries a day with requests about times of appointments. She added that the current Comms staff from the council, CCG and City were going the extra mile in producing comms material and signage and she was grateful for their hard work.

(g) In response to a concern from Healthwatch on the need to work with Adult Social Care on an urgent education/awareness programme on vaccine hesitance among care home staff, the Chair urged the Interim Group Director Adults Health and Integration and the Exec Director of Healthwatch to liaise outside of the meeting on how this could be progressed.

ACTION:	Exec Director of Healthwatch to discuss education/awareness training on vaccine hesitancy for care home staff with Interim GD Adults, Health and Integration.
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4.8 Cllr Snell described in detail work as volunteer at one of the Vaccination Hubs and what a positive experience it had been. Members and LS thanked him for his efforts.

4.9 The Chair thanked the GP Confederation and CCG staff for attending to give a briefing on this at such a hectic time.

RESOLVED:	That the briefing paper and discussion be noted.
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5 Covid 19 update from Public Health on test, trace and isolate

5.1 Members gave consideration to a tabled presentation "Covid-19 Update" from the Director of Public Health and the Chair welcomed for this item:

Dr Sandra Husbands (SH), Director of Public Health

5.2 SH took Members through the report in detail which covered latest data on incidence, the current key messages, an overview of all the testing channels in Hackney, a summary of areas of future focus and an overview of local contact tracing. She stressed the need for a local testing strategy to be responsive so that they can get the best value out of it for the immediate situation. There was a focus for example on continuous testing of essential workers and those in high-risk settings who cannot work from home. She explained that if they just tested everyone and most refused to self-isolate not much would be achieved, the aim therefore must be to really target the testing where it would deliver the best outcomes in terms of halting the spread.

5.3 Members asked questions and in the responses from Dr Husbands the following was noted:

(a) In response to a question on schools being the correct priority, SH stated that they had ensured that schools were getting enough of the lateral flow tests. They had been advised that schools would get up to a maximum of 10k per week if needed. They were also supporting school staff to develop their capability to administer the tests. Similarly, they were working with ELFT on how to best administer the PCR tests to children with learning disabilities as that test was neither easy nor pleasant to take.

(b) In response to a question about members of medical teams being worried about having tests in case the result then seriously impacted the teams capacity she stated that for medical, social care and VCS frontline teams this was a big issue and the risk would have to be discussed and weighed up with managers.

(b) In response to a question on asymptomatic individuals testing negative and the frequency for repeating tests she stated that the general rule being applied currently was not to encourage testing of those with are asymptomatic. The PCR test was different however in that it is highly specific and also highly sensitive such that people might still be testing positive long after they had been ill. The rule was that if you have symptoms get a PCR test and if not opt for a Lateral Flow test.

(c) In response to a question on whether there were sufficient resources for Public Health she explained that the key challenge was not having enough trained staff and not being able to get them in place quickly enough something shared by all Public Health teams.

5.4 The Chair thanked the Director of Public Health for her detailed report and for her attendance.

RESOLVED: That the report and discussion be noted.

6 **NEL system response to national consultation on Integrated Care Systems**

6.1 The Chair explained that on 26 November NHS England had launched a consultation on the next steps for Integrated Care Systems in England. It would close in two days, on 8 Jan, and City and Hackney's Integrated Care Board Members were contributing to the single formal response from the NEL system. NHSE was asking respondents to choose one of two possible options

for enshrining ICSs in legislation, without triggering a distracting (in their words) top-down re-organisation. The options were:

Option 1: a statutory committee model with an Accountable Officer that binds together current statutory organisations.

Option 2: a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS. (their preferred option)

6.2 Members' gave consideration to the following 4 documents:

- 1.) *Integrated Care – next steps to building strong and effective Integrated Care Systems across England* – the consultation document from NHSE
- 2.) East London Health and Care Partnership's summary of the proposals and comments on implications and next steps, which went to the December meeting of City & Hackney ICB
- 3.) A briefing to City and Hackney's ICBs on the transitional governance plans from January (for their Dec meeting)
- 4.) NHS Providers' briefing on 26 Nov, setting out their position on the changes

6.3 The Chair welcomed for this item:

Dr Mark Ricketts (MR), Chair of City & Hackney CCG
David Maher (DM), Managing Director, City & Hackney CCG
Cllr Christopher Kennedy (CK), Cabinet Member for Health, Social Care and Leisure

6.4 DM took Members through an overview of the context for the consultation and the key points that would go into the NEL response. He described the 5 pillars in the NHS Long Term Plan and how they had ushered in a suite of new service models, promoted a greater emphasis on prevention and on digital care. He added that of course the latter had been rapidly accelerated by the requirements of the pandemic response. The 5th pillar was the need to create ICS and bring partners closer together and to enshrine Primary Care Networks in every borough. NHSE and NHSI in this consultation appeared to be pushing for a statutory ICS Board with new powers and the challenge locally was to make this work for City and Hackney where there had already been great strides taken in partnership working over many years. He stated that the NEL system response would indicate a preference for Option 2 i.e. the creation of a statutory ICS body.

6.5 Members asked questions and in the responses the following was noted:

(a) The Chair stated that his own preference would instead be for Option 1 as Option 2 appeared very 'top down' and did away with any local veto there might have been and appeared to include far less stakeholder engagement. He asked the Cabinet Member for Hackney Council's position. CK replied that he was in discussions with the Mayor on a possible LBH specific response to complement the NEL one. He stated that different areas were all at very different stages in the development of their ICSs. He stated that, notwithstanding the success in east London, there remained concerns for example in Tower Hamlets about the WEL grouping, which had been an NHS construct, and therefore there was a danger of ending up on a body which had many

discontented partners within it. He added that there was a widely held view that even if many opted for Option 1 it was most likely that we would all end up in Option 2 eventually because the legislation would be written in such a way as to make that an inevitability. He added that the challenge therefore in City and Hackney was to preserve what was best about how we worked locally and to ensure that our Health and Wellbeing Board was robust and well used.

(b) The Chair commented that Option 2 was the corollary of a devolved health system as it was very top-down and that Local Authorities barely featured in the paper. On point 2.43 about new powers it was necessary to ask what these would be precisely. He added that the NHS had, in the past, dismissed concerns about the creation of the Single Accountable Officer and proceeded anyway and that councils had been sold the idea that NEL ICS's three subsystems would be protected and instead it now turned out there would be just a single CCG which would evolve into a single ICS. Option 2 did not provide any reassurance about local accountability he added.

(c) DM replied that this was an engagement process and he had concerns that this was an NHSE-NHSI driven document rather than one from the DHSC itself. He explained that currently CCGs are not sovereign bodies they are instead subservient to the NHS Commissioning Board and this sought to correct that. He agreed that it will be necessary to lead the debate on the response that the concept of 'Place' must be defined as coterminous with local authority boundaries. MR added that CCG Chairs in east London had all led on the merger into the Single CCG. The principles regarding 'Place', regarding finance flows needing to flow down to boroughs and on the need for shared accountability would continue to inform all their work as the ICS evolved.

(d) In response to a question about permissions for personal data to be shared across various health bodies, MR explained how data sharing currently operated at the patient level and that the new data system was a great improvement from a clinical perspective as it ended the need to be sharing pieces of paper. As a GP he said he only ever saw a snapshot of a hospital record and there were careful checks and balances built into the system.

(e) In response to a question on how the ICS can take account of local priorities across 8 local authorities, DM stated that this was a challenge, but it would be made clearer as the ICS developed and the draft legislation is published. CK added that he thanked the Commission Members for their comments and stated he would take these to the meeting he was having with the Mayor to finalise a Hackney Council response which will feed into a North East London system response.

(f) In closing the discussion, the Chair stated that the hierarchy of NHSE clearly wanted Option 2 but the Commission Members continued to have major reservations about it. He added that City and Hackney had had a good locally devolved model over the past few years and that these changes would mean the borough would lose some local autonomy.

6.6 The Chair thanked the Cabinet Member and the CCG guests for their attendance. It was noted that DM would be departing for a new post in Northamptonshire at the end of March and Members thanked him for his service to Hackney and his always constructive engagement with the

Commission. The Chair stated that more formal thanks would follow in due course.

RESOLVED:	That the report and discussion be noted.
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7 Cabinet Member Question Time with Cllr Kennedy

7.1 Members agreed with Cllr Kennedy to postpone this item to the next meeting so that additional time could be given to items 4 and 5.

8 Minutes of the Previous Meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 18 November and noted the matters arising.

RESOLVED:	That the minutes of the meeting held on 18 November be agreed as a correct record and that the matters arising be noted.
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9 Work Programme 2020/21

9.1 Members' gave consideration to the updated work programme for the Commission. The Chair stated that he would continue with the approach of keeping the meetings topical because of the pandemic and its impacts, not least on the ability of officers to engage at present.

RESOLVED:	That the updated work programme be noted.
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10 Any Other Business

10.1 The chair stated that Hackney was taking on, for two years, the Chair and the Secretariat for the Inner North East London Joint Health Overview and Scrutiny Committee from its next meeting on 10 February.

Duration of the meeting: 7.00-9.00 pm

Health in Hackney Scrutiny Commission 23 rd February 2021 Work Programme 2020/21	Item No 9
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OUTLINE

Attached please find the latest iteration of the Commission's Work Programme. Please note this is a working document and is regularly updated.

Please also find attached for information the draft work programme for INEL JHOSC.

ACTION

The Commission is requested to note the updated work programmes and make any amendments as necessary.

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Health in Hackney SC - Rolling Work Programme for 2020-21 as at 15 Feb 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
9 June 2020	Covid-19 Response	Discussion Panel	Public Health	Director of Public Health	Dr Sandra Husbands	
deadline 31 May			Public Health England	Regional Director for London	Prof Kevin Fenton	
			Independent SAGE/ UCL	Professor at UCL	Prof Anthony Costello	
			Independent SAGE/ University of Newcastle	Professor at Newcastle	Prof Allyson Pollock	
			Durham County Council	Director of Public Health	Amanda Healy	
	Appointment of members to INEL JHOSC	Decision	Legal	Monitoring Officer		
9 July 2020	Election of Vice Chair 20/21	Decision	Legal	O&S Officer		
deadline 30 June	Homerton Hospital's contract for soft services	Inquiry	HUHFT	Director of Finance	Phil Wells	
			HUHFT	Director of Workforce and Organisational Development	Thomas Nettel	
			UNISON	Area Officer for NHS	Michael Etherdige	
			UNISON	Unison rep at ISS	Naomi Byrne	
			GMB Union	Regional Organiser for NHS	Lola McEvoy	
	An Integrated Care System for NEL	Briefings	City & Hackney CCG	Managing Director	David Maher	
			City & Hackney CCG	Chair	Dr Mark Rickets	
	Covid-19 City & Hackney Restoraton and Resilience Plan	Briefings	City & Hackney CCG	Managing Director	David Maher	
			City & Hackney CCG	Chair	Dr Mark Rickets	
	Covid-19 update on Test, Trace and Isolate	Monthly briefings	Public Health	Director of Public Health	Dr Sandra Husbands	
30 July 2020 URGENT	Re-location of inpatient dementia assessment services from Mile End Hospital to East Ham Care Centre	Urgent briefing	ELFT	Consultant Psychiatrist and Clinical Lead for Older Adult Mental Health	Dr Waleed Fawzi	
			ELFT	Director of Operations	Edwin Ndlovu	
			Barts Health NHS Trust	Chair of Medicine Board and Outpatient Transformation	Neil Ashman	
			City & Hackney CCG	Programme Director Mental Health	Dan Burningham	
			City & Hackney CCG	Managing Director	David Maher	
	Covid-19 update on Test, Trace and Isolate	Monthly briefings	Public Health	Director of Public Health	Dr Sandra Husbands	
23 Sept 2020	Covid-19 update on Test, Trace and Isolate	Monthly briefings	Public Health	Deputy Director of Public Health	Chris Lovitt	

deadline 14 Sept	An Integrated Care System for NEL	Briefings	City & Hackney CCG	Managing Director	David Maher	
			City & Hackney CCG	Chair	Dr Mark Ricketts	
			HUHFT	Chief Executive	Tracey Fletcher	
	Planned Care Workstream	Annual update	CCG-LBH-CoL	Workstream Director Planned Care	Siobhan Harper	
	Healthwatch Hackney Annual Report 2019/20	Annual report	Healthwatch Hackney	Executive Director	Jon Williams	
14 Oct 2020	City & Hackney Safeguarding Adults Board Annual Reprot 2019/20	Annual report	CHSAB	Independent Chair	Dr Adi Cooper OBE	
deadline 5 Oct			CHSAB/LBH	Head of Service Safeguarding Adults	John Binding	
	Children, Young People, Maternity and Families Workstream - Joint item with CYP Scrutiny Commission	Annual update	CCG-LBH-CoL	Workstream Director CYPMF Workstream	Amy Wilkinson	
	HUHFT Quality Account 2019-20	Annual report	HUHFT	Chief Nurse and Director of Governance	Catherine Pelley	
	Covid-19 update on Test, Trace and Isolate	Monthly briefings	Public Health	Director of Public Health	Dr Sandra Husbands	
18 Nov 2020	Covid-19 and Care Homes	Discussion Panel	Adult Services	Interim Strategic Director of Adult Social Services, Health and Integration	Denise D'Souza	
deadline 9 Nov			Acorn Lodge Care Home	Manager	Diane Jureidin	
			LSE	Assistant Professorial Research Fellow in the Care Policy and Evaluation Centre	Adelina Comas-Herrera	
			The King's Fund	Senior Fellow - Social Care	Simon Bottery	
			HUHFT	Chief Executive	Tracey Fletcher	
			CCG-LBH-CoL	Workstream Director Unplanned Care	Nina Griffith	
			LBH	Cabinet Member for Health Social Care and Leisure	Cllr Chris Kenndey	
	Unplanned Care Workstream	Annual update	CCG-LBH-CoL	Workstream Director Unplanned Care	Nina Griffith	
	Covid-19 update on Test, Trace and Isolate	Monthly briefings	Public Health	Dep Dir of Public Health	Chris Lovitt	
	Senior management restructure in Adult Services	Briefing	Adult Services	Interim Strategic Director of Adult Social Services, Health and Integration	Denise D'Souza	
6 Jan 2021	Covid 19 update on Vaccinations roll-out	Briefing	GP Confederation	Chief Exec	Laura Sharpe	
deadline 18 Dec	Covid-19 update on Test, Trace and Isolate	Monthly briefings	Public Health	Director of Public Health	Dr Sandra Husbands	
	NEL system response to national consultation on ICSS	Briefing	CCG	Managing Director	David Maher	
				Chair	Dr Mark Ricketts	

23 Feb 2021	Covid 19 update on Vaccinations roll-out	Briefing	GP Confederation	Chief Exec	Laura Sharpe	
deadline 12 Feb			GP Confederation	Chair	Dr Caroline Millar	
			CCG	SRO for steering group	Siobhan Harper	
	Covid 19 - briefing on project on tackling vaccine hesitancy	Briefing	SWIM Enterprises	CEO	Peter Merrifield	
			HCVS	CEO	Jake Ferguson	
	Covid-19 update from Director of Public Health	Monthly briefings	Public Health	Director of Public Health	Dr Sandra Husbands	
	Cabinet Question Time with Cllr Kennedy	Annual	Cabinet	Cabinet Member for Health Social Care and Leisure	Cllr Chris Kennedy	
31 March 2021	New governance structure for the C&H Integrated Commissioning Partnership and the NEL Integrated Care System	Briefing	NEL ICS	Managing Director C&H	David Maher	
deadline 19 March			NEL ICS	Chair C&H	Dr Mark Rickets	
	Neighbourhood Health and Care Services Board	Briefing	NEL ICS	System Leader for City and Hackney NHCSB	Tracey Fletcher	
	Digital and remote NHS Services' - CCG analysis	Discussion on a CCG analysis	City & Hackney CCG	Head of Quality	Jenny Singleton	
	New 'Health Inequalities Steering Group' and 'Population Health Hub	Briefing on new structures	Public Health	Director of Public Health	Dr Sandra Husbands	
	Work programme discussion for 2021/22					

Note: There are no meetings scheduled for Dec or April. Separately, the Mayor of London and London Assembly elections will take place on 6 May 2021. Purdah begins c. 1 April.

ITEMS AGREED BUT NOT YET SCHEDULED

Possible date						
TBC	REVIEW on 'Digital first primary care and the implications for GP Practices'	Executive Response to report agreed 12 Sept 2019	LBH	Cabinet Member for Health Social Care and Leisure	Cllr Chris Kenndey	
TBC	Work towards developing a Protocol for Primary Care digital consultations	Briefing requested Sept 2020	GP Confederation	Chief Executive	Laura Sharpe	
			Healthwatch Hackney	Executive Director	Jon Williams	
July 2021	Relocation of inpatient dementia assessment services to East Ham Care Centre	Update requested from July 2020	ELFT	Consultant Psychiatrist and Clinical Lead for Older Adult Mental Health	Dr Waleed Fawzi	
			CCG or NEL ICS	Programme Director Mental Health	Dan Burningham	
			Healthwatch Hackney	Executive Director	Jon Williams	

TBC	Extension of ISS contract for soft services at HUHFT	Update requested from July 2020	HUHFT UNISON	Chief Executive	Tracey Fletcher	
TBC	Pathology Partnership between HUHFT and Lewisham & Greenwich NHS Trust	Update requested from Jan 2020	HUHFT	Chief Executive	Tracey Fletcher	
TBC	Covid-19 disproportionate impact on minority ethnic communities	Either separate of focus of a monthly briefing	HUHFT, ELFT, Adult Services, Primary Care			
TBC	Integrated Learning Disabilities Service	Update on new model	Adult Services	Head of LD Services	Ann McGale	
TBC	Implementation of Ageing Well Strategy	Update requested Dec 2019	SPED	Head of Policy and Strategic Delivery	Sonia Khan	
TBC	City and Hackney Wellbeing Network	Update on new model	Public Health	Consultant in Public Health	Dr Nicole Klynman	
Postponed from March	Air Quality - health impacts	Full meeting	King's College London Public Health	Academic Public Health Consultant	Dr Ian Mudway Damani Goldstein	
			Environment Services Strategy Team	Head Environment Services Strategy Team	Sam Kirk	
Postponed from March	King's Park 'Moving Together' project	Briefing	King's Park Moving Together Project Team Public Realm	Project Manager for 'Moving Together' project Head of Public Realm	Lola Akindoyin Aled Richards	
Postponed from 1 May	Tackling Health Inequalities: the Marmot Review 10 Years On	SCRUTINY IN A DAY	Public Health	Director of Public Health	Dr Sandra Husbands	
	Sub Focus on Objective 5: Create and develop healthy and sustainable communities		NEL ICS	MD City and Hackney		
			Planning	Head of Planning and Building Control	Natalie Broughton	
			Neighbourhoods and Housing	Head of Area Regeneration Team	Suzanne Johnson	
			Benchmarking other London Borough			
Postponed from July	Neighbourhoods Development Programme	Annual Update	GP Confederation	Chief Executive	Laura Sharpe	
			GP Confederation	Neighbourhoods Programme Lead	Mark Golledge	
TBC	Future use of St Leonard's Site and NEL Estates Strategy	Discussion Panel	LBH Chief Exec Adult Services NEL ICS HUHFT ELFT GP Confederation		tbc Helen Woodland Dr Mark Rickets Tracey Fletcher Paul Calaminus Laura Sharpe	

			Healthwatch Hackney		Malcolm Alexander	
			HCVS		Jake Ferguson	
			Hackney Keep Our NHS Public			
	How health and care transformation plans consider transport impacts	Suggestion from Cllr Snell				
	Implications for families of genetic testing	Suggestion from Cllr Snell				
	Accessible Transport issues for elderly residents	Suggestion from Cllr Snell				
	What does governance look like at Neighbourhood level	Suggestion from Jonathan McShane				

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INEL JHOSC Rolling Work Programme for 2020-21 as at 15 Feb 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
27 January 2020	New Early Diagnosis Centre for Cancer in NEL	Briefing	Barts Health NHS Trust	Clinical Lead	Dr Angela Wong	
			NCEL Cancer Alliance	Interim Project Manager	Karen Conway	
	Overseas Patients and Charging	Item deferred				
11 February 2020	NHS Long Term Plan and NEL response	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			Barking & Dagenham CCG	Chair	Dr Jagan John	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Chief Finance Officer	Henry Black	
	New Joint Pathology Network (Barts/HUHFT/Lewisham & Greenwich)	Briefing	Barts Health NHS Trust	Director of Strategy	Ralph Coulbeck	
			Homerton University Hospital NHS FT	Chief Executive	Tracey Fletcher	
Municipal Year 2020/21						
24 June 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			East London NHS Foundation Trust	COO and Dep Chief Exec	Paul Calaminus	
			Newham CCG	Chair	Dr Muhammad Naqvi	
			Waltham Forest CCG	Chair	Dr Ken Aswani	
			Tower Hamlets CCG	Chair	Dr Sir Sam Everington	
			WEL CCGs	Managing Director	Selina Douglas	
	City & Hackney CCG	Managing Director	David Maher			
	How local NEL borough Scrutiny Cttees are scrutinising Covid issues	Summary briefing FOR NOTING ONLY	O&S Officers for INEL			
30 September 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Director of Finance	Henry Black	
			Barts Health NHS Trust	Group Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			ELFT	COO and Deputy Chief Executive	Paul Calaminus	
			WEL CCGs	Managing Director	Selina Douglas	

			City and Hackney CCG	Managing Director	David Maher	
	Covid-19 discussion panel with the local Directors of Public Health	Discussion Panel	City and Hackney	DPH	Dr Sandra Husbands	
			Tower Hamlets	DPH	Dr Somen Bannerjee	
			Newham	DPH	Dr Jason Strelitz	
			Waltham Forest	DPH	Dr Joe McDonnell	
	Overseas Patient Charging - briefings from Barts Health and HUHFT	Briefing	Barts Health NHS Trust	Group Chief Medical Officer	Dr Alistair Chesser	
25 Nov 2020	Covid 19 update and Winter Preparedness	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
	Whipps Cross Redevelopment Programme	Briefing	Barts Health NHS Trust	Whipps Cross Redevelopment Director	Alastair Finney	
			Barts Health NHS Trust	Medical Director, Whipps Cross	Dr Heather Noble	
10 Feb 2021	Covid-19 impacts in Secondary Care in INEL boroughs	Briefing	Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
	Covid-19 Strategy for roll out of vaccinations in INEL boroughs	Briefing	East London HCP	SRO	Jane Milligan	
			City and Hackney CCG	Chair	Dr Mark Ricketts	
			City and Hackney CCG	MD	David Maher	
	North East London System response to NHSE consultation on ICSs	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
	Update on recruitment process for new Accountable Officer for NELCA/SRO for ELHCP	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
Municipal Year 2021/22						
23 Jun 2021	Covid-19 vaccinations programme in NEL				tbc	
	ICS White Paper/implementation of NEL ICS				Henry Black	
	TBC					
13 Sept 2021						
14 Dec 2021						

15 Mar 2022						
Items to be scheduled/ returned to:						
NEL Estates Strategy						
Whipps Cross Redevelopment						
Cancer Diagnostic Hub						
Review of Non Emergency Patient Transport						
Digital First delivery in NHS						
Mental Health						
Homelessness Strategy						

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London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2020/21
Date of Meeting: Tuesday 23 February 2021

Minutes of the proceedings of
the Health in Hackney Scrutiny
Commission held virtually from
Hackney Town Hall, Mare
Street, London E8 1EA

Chair	Councillor Ben Hayhurst
Councillors in Attendance	Cllr Peter Snell (Vice-Chair), Cllr Kam Adams, Cllr Kofo David, Cllr Michelle Gregory, Cllr Deniz Oguzkanli, Cllr Emma Plouviez and Cllr Patrick Spence
Officers in Attendance	Denise D'Souza (Interim Director Adults, Health and Integration), Dr Sandra Husbands (Director of Public Health, Hackney and City of London) and Alice Beard (LBH-CCG Communications Officer)
Other People in Attendance	Siobhan Harper (Workstream Director Planned Care, CCG-LBH-CoL), Cllr Christopher Kennedy (Cabinet Member for Health, Social Care and Leisure), David Maher (MD, NHS City & Hackney CCG), Cllr Yvonne Maxwell (Mayoral Advisor for Older People), Peter Merrifield (CEO, SWIM Enterprises), Caroline Millar (Chair, C&H GP Confederation), Dr Mark Ricketts (Chair, City and Hackney CCG), Laura Sharpe (Chief Executive, City & Hackney GP Confederation), Cllr Carole Williams (Cabinet Member for Employment, Skills and Human Resources), Jon Williams (Executive Director, Healthwatch Hackney),
Members of the Public	61 views
YouTube link	The meeting in full can be viewed at https://youtu.be/teGyKDf-7y8
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 There were none.
- 2 Urgent Items / Order of Business**

- 2.1 There was no urgent business.
- 2.2 The Chair stated that both David Maher and Denise D'Souza would be leaving the CCG and the Council at the end of the month and on behalf of the Committee he thanked them both for their contributions to the borough. He added that David had overseen one of the most high-performing CCGs in the country and would be a great loss to the borough and wished him well in his new role with the NHS in Northamptonshire. DM thanked the Members for their kind words and stated that Tracey Fletcher would take on a system leadership role as ICP Lead for City and Hackney within NEL and that a succession plan within the CCG was also in train and would be announced shortly.

3 Declarations of Interest

- 3.1 There were none.

4 Covid-19 - update on vaccinations programme for GP Confed and CCG

- 4.1 The Chair stated that the purpose of this item was to get an overview on the roll out of the Vaccination Programme which was at an early and crucial stage. He welcomed to the meeting:

Laura Sharpe (LS), Chief Executive, City and Hackney GP Confederation
Caroline Millar (CM), Chair, City and Hackney GP Confederation
Dr Mark Ricketts (MR), Chair, City and Hackney CCG
David Maher (DM), MD, City and Hackney CCG
Siobhan Harper (SH), Workstream Director Planned Care, CCG-LBH-CoL

- 4.2 Members' gave consideration to two tabled documents from the GP Confederation containing feedback from residents who had been vaccinated, the vast majority of which were very positive. CM summarised the findings for Members. LS gave a detailed update on the roll-out as of that day. She explained how opening hours had to vary depending on the flow of supplies but as soon as supplies were confirmed opening hrs were immediately extended so that as many could be processed as possible. She described two dedicated vaccinations sessions they had run for the Charedi community one of which ran from 8.30pm to 1.00am on a Saturday night, following their Sabbath and she described the successful visit of the Vaccines Minister Nadim Zahawi to the centre on the previous Saturday. They had now moved on to 'cohort 6' which would be a very large group but also picking up any not yet done in cohorts 1-4. They did not code anyone as a 'decline' until three attempts have been made to get them to come in. They had seen many requests for deferrals which GPs were addressing. She described the new additions to the Clinically Extremely Vulnerable cohort who had just now been added to the shielding list would have to be given priority. On staffing, she stated that GPs were doing the vaccinations but they were trialling using medical students and the results of that had been very positive. She praised the excellent work of the volunteers who were key to the success of the sessions.

- 4.3 Members asked questions and in the responses the following was noted:

(a) The Chair asked about the success rate from first point of refusal to finally winning people over and LS stated that conversations with the GPs were what made the difference as it was about that relationship of trust. She added that the Confederation at the same time had to support the GP Practices to get people to attend the Centres and they were also using the Council's call centre to nudge people to attend. When too many deferred this blocked the appointments book and slowed down the roll-out for everyone.

(b) Members asked about tackling myths on social media and the need perhaps for updated information sheets for the volunteers working in the centres. LS gave some examples of the myths and misinformation being shared on social media and stated that a local Comms campaign was needed to complement the national attempts to debunk these myths.

(c) Members asked about how data catch-up issues meant that some people receive a second invitation by mistake. LS replied that it can take 3 days for data from the Pinnacle system to be added to GP records and while this isn't satisfactory the situation with this was already improving.

(d) Members asked about the reasons why some residents were experiencing booking problems. LS replied that such problems were being worked through. For now the view was to stick with two large vaccination centres while preparations were made to community pharmacies into the system. John Scott Centre did have reduced hours the previous week but this was because of supply problems not capacity.

(e) Members asked about the reasons for vaccine supply problems. LS replied that it was very challenging from the Vaccination Team to plan appointments when they themselves would not know until very late what quantities of which vaccines were on the way to them. It was an ongoing problem, and they were providing challenge back on it. Other delays were caused by waiting for permission to move onto the next cohort, something which had to be modelled nationally.

(f) JW (Healthwatch Hackney) commented that there was a vital need for all involved to be careful with the language used in describing those who were refusing as there already were fears of a possible backlash against these groups, which would exacerbate the situation. A Member described a recent community meeting with the Black and Asian residents which revealed a lot of anxiety about vaccines and stated that the matter had to be treated with great sensitivity.

4.4 The Chair agreed about the need for sensitivity in use of language with this and thanked LS and CM for their excellent work on the roll-out.

RESOLVED: That the reports and discussion be noted.
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5. Covid-19 - briefing on a project on tackling engagement and vaccine hesitancy in ethnic minority communities in Hackney

5.1 The Chair stated that responding to concerns about taking the vaccine, particularly in ethnic minority communities, was now the key issue with Covid-

19. He stated that he'd invited Peter Merrifield of Support Where It Matters Enterprises to the meeting to discuss his work with ethnic minority communities on dealing with vaccine concern and engagement with services. The Chair welcomed to the meeting:

Peter Merrifield (PM), CEO of SWIM Enterprises

Siobhan Harper (SH), Workstream Director and lead for the Vaccine Steering Group, CCG-LBH-CoL

Alice Beard (AB), Communications Team, CCG-LBH-CoL

Jon Williams (JW), Exec Director of Healthwatch Hackney

Dr Sandra Husbands (SH), Director of Public Health

Dr Mark Rickets (MR), Chair of CCGG

5.2 PM gave a verbal report. He stated that people had a right to refuse the vaccine and he was concerned at a possible backlash against those from ethnic minority communities who do e.g. in response to sensationalist coverage in the Daily Mail which might describe them as not living well or not looking after themselves. He stated there was a need to explode the myth that these communities were 'hard to reach'. He added that there was an ongoing battle against misinformation on social media and there was a need to work with gate keepers within these communities to challenge any biased views. There was a need for example to consider those with particular conditions such as Sickle Cell and how they were treated by vaccination programmes and also issues particular to the Francophone African communities who have had a history of mistrust of vaccination programmes. SH added that there was an urgent need to work with those who know these communities well so that they get the messaging right from the outset.

5.3 Members asked questions and in the responses the following was noted.

(a) The Chair asked who was holding the ring locally on the vaccine hesitancy problem. SH replied that it was the Vaccination Steering Group but that the programme is of course run to national guidelines. MR went on to outline the pace of the programme and the work on, for example, making it easier to quickly set up fully approved pop-up vaccination clinics. PM commented that there was a need to become more agile with the programme and to use a more granular approach locally. MR described the challenge of delivering the programme at scale as we moved on to the next and really large cohorts.

(b) Members asked about possibly using councillors to assist with outreach in certain communities as ward members have key contacts with local influencers e.g from faith communities. SH agreed that ward councillors were a rich source of intelligence but there would be a need to think about how this task was co-ordinated.

(c) A Member stated that Black communities are not homogenous and asked about the different approaches needed in Black Francophone vs Black Anglophone communities, as the former had bad experiences with French health programmes in Africa and were heavily influenced by the high degrees of anti-vax sentiment in French social media.

(d) A Member stated that economic concerns were also a driver of both testing and vaccine hesitancy giving the example of carers who were too busy or tired to engage or afraid that test results would mandate self-isolating which they could not afford to do (not having other options for caring for example). AB replied that this was just one area which would be tackled by the new sub-committee of Vaccination Steering Group on Communications and Engagement, the membership of which comprised the comms and engagement staff from across all the local health partners.

(e) The Chair asked how the Steering Group would take forward its work. SH replied that insight was being gathered from a wide range of groups and this data was then being cross matched to the areas of low uptake to discern any patterns and to help plan greater outreach initiatives. The Chair asked if the Commission could be updated on this at the next meeting.

ACTION:	Vaccination Steering Group to provide an update to the Commission at the 31 March meeting on the communications and engagement work being done locally on vaccine hesitancy.
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5.4 The Chair thanked Mr Merrifield and the officers for their attendance for this item.

RESOLVED:	That the report and discussion be noted.
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6. Covid-19 – monthly update from Director of Public Health for Hackney & City

6.1 Members gave consideration to a tabled presentation ‘Covid-19 Update’, from Dr Sandra Husbands (SH), Director of Public Health, continuing her monthly updates to the Commission.

6.2 SH took Members through the report which detailed how incidence rates and positivity rates had been declining since January. She stated that while rates were decreasing overall, they remained high among certain age groups. Populations aged 18 to 24 and 60 to 79 were currently recording the highest incidence rates. There also continued to be variations in incidence rates by ward, however, this variation did not follow any obvious geographical pattern. The rate of decline had not been consistent between ethnicities either. ‘Other ethnicities’ recorded the greatest decrease in incidence rates, and Bangladeshi populations recorded the smallest. In line with decreases in COVID-19 cases, COVID-19 bed occupancy and staff absences had been decreasing since mid-January.

6.3 Members asked questions and in the responses the following was noted:

(a) The Chair asked about the national rate of decline plateauing vs the local rate declining and the reasons for this. SH explained that this was because of the difference between the two datasets used which don’t tell you the same thing.

(b) A Member asked about interpreting incidence across the different communities. SH described the differences between ethnic groups with regard to this data. She explained that during the peak of the pandemic, generally, it was found that black people and people of South Asian origin were more likely to become more seriously ill and die, but there also had been a significant decline in Black people being affected during the second peak. The picture locally looked rather different too, and the issue was about the different ways in which these groups are engaged with. She referenced to PHE's blog on the 'ethnicity impacts' and how it turned out to have affirmed the approach taken by PHE nationally.

(c) JW (Healthwatch Hackney) asked about how Public Health team would cope with schools reopening on 8 March. SH replied that all pupils and staff would be given test kits to test twice a week either in school or at testing centres and this plan had been worked up since before Christmas.

(d) A Member asked at what point does prevalence fall low enough to utilise the test, trace and isolate system to the full. SH replied that much work had been put into capacity building of the local test and trace system exactly so that it can be flexed in this way. They worked very closely with the national system and locally they can handle tens of cases a day. The challenge was to develop plans to support people with major barriers to self-isolating e.g. those in HMOs, and they are working on possible provision of isolation facilities.

6.4 The Chair thanked SH again for another detailed report and suggested that the lessons learnt from the data analyses in Public Health need to be now used to help inform the Vaccine Steering Group work.

RESOLVED: That the report and discussion be noted.

7. Cabinet Member Question Time – Cllr Kennedy

7.1 The Chair welcomed Cllr Christopher Kennedy (CK), Cabinet Member for Health, Social Care and Leisure to his first Cabinet Member Question Time Session with the Commission. He stated that it was customary for each Cabinet Member to attend one such session with the relevant Scrutiny Commission each year. The purpose was to allow Members to ask question on areas separate from reviews or other items being considered during that year. To make the sessions manageable questions were confined to three agreed topic areas and for this session they had been agreed as follows:

- 1) *What are your reflections over the past year?*
- 2) *What are your 3 personal ambitions for your portfolio over the year ahead and where would you like to make a personal difference?*
- 3) *What do you see as the biggest challenge over the next year and why?*

7.2 CK stated that his comments would focus on the challenges in the relationship between local authorities and central government in executing pandemic response as well as a personal reflection on the impact of pandemic on everyone's mental health. He raised the excellent work done by front line workers, the various mutual aid groups, the 450 volunteers helping with the

vaccine rollout and the 150 local community champions and stated that the statutory sector would have not been able to achieve what it had without them. He described how with the government's food parcels programme for those shielding resulted in them being sent large plastic bottles of orange concentrate too heavy for frail people to lift and it illustrate the lack of thought given to what was being distributed. He talked about managing the issue of the opening of a test centre at Stamford Court and again central government not understanding the local situation and the need to take on board the residents' concerns. He described the frustration of having to watch with officers the daily 5.00 pm tv briefings from Downing St to find out what was going on or what might be coming downstream the next day. He went on to talk about the cumulative impact on everyone's mental health of both managing and living with the pandemic and gave many examples of the challenges faced by residents, officers and councillors on the front line. The wider societal impact was seen in how for example calls to CAMHS were up 30%.

7.3 CK stated that the 3 ambitions for his Portfolio during coming year would be: to get out more into the community post the pandemic; a number of 'nuts and bolts' issues around staffing, structures and in-sourcing; and on ensuring that the changes to the wider health system which have been introduced in NEL will works for Hackney. He stated that a new Director of Adult Social Work and Operations had just been appointed but not yet announced adding to the already announced new Group Director for Adults Health and Integration. The coming year would see the re-commissioning of three key services: Housing with Care, Home Care and Telecare and there were hopes that the latter might be insourced. Another challenge for the borough was the borough just have 4 care homes and there was an ambition that the Median Rd building might be brought into the mix. The challenge with the ICS would be to ensure that the commitments made about 'Place' were stuck to by the NHS. He added that the hospital discharge system worked well in the crisis and proved that integration works. There would be a need to put an integrated Better Care Fund on a more solid footing. He added that there were big challenges ahead on overcoming health inequalities and the 'Neighbourhoods' system was where this would be achieved. He stated that he was particularly struck by Peter Merrifield's call "Don't let the people disproportionately affected by Covid become the people disproportionately un-vaccinated." The pandemic had magnified all the health inequalities and reducing these was the key challenge now. To address this the Health and Wellbeing Board had adopted the King's Fund's 'Population Health Model' and created a 'Health Inequalities Steering Group' as a sub-committee of the Board to drive this work forward.

7.4 The Chair thanked Cllr Kennedy for his reflections and for outlining the priorities. Because of time there were no further questions.

RESOLVED: That the verbal update be noted.

8. Minutes of the previous meeting and matters arising

8.1 Members' gave consideration to the draft minutes of the meeting held on 8 January 2021.

8.2 With reference to the action from the November meeting, Members noted that the Interim Group Director for Adults, Health and Integration had now delivered the requested 'Quality Assurance Framework on Care Homes' document and it had been circulated to Members.

RESOLVED:	That the minutes of the meeting held on 8 January 2021 be agreed as a correct record and that the matters arising be noted.
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9. Work Programme 2020/21

9.1 Members gave consideration to the updated work programme. The Chair stated that an update on the vaccination programme with a focus on vaccine hesitancy work would be added to the items for the next meeting on 31 March.

RESOLVED:	That the updated work programme be noted.
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10. Any Other Business

10.1 There was note.