Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Tuesday, 24th July 2018

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 Anna Lynch, Cllr Deniz Oguzkanli and Cllr Emma Plouviez**
Apologies:	**Cllr Patrick Spence**
Officers In Attendance	**Dr Penny Bevan CBE (Director of Public Health, LBH/CoL), Anne Canning (Group Director, Children, Adults and Community Health) and Jayne Taylor (Workstream Director - Prevention)**
Other People in Attendance	**Tara Barker (Chair, Healthwatch Hackney), Dr Stephanie Coughlin (GP Confederation), Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), Amanda Elliott (Healthwatch Hackney), Nina Griffith (Workstream Director Unplanned Care), Dr Coral Jones (BMA Rep), David Maher (Managing Director NHS City & Hackney Clinical Commissioning Group), Shirley Murgraff (Older People's Reference Group) and Jon Williams (Director, Healthwatch Hackney)**
Members of the Public	**3**
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Cllr Spence, Dean Henderson and Laura Sharpe.

2 Urgent Items / Order of Business

2.1 The Chair stated that there would be a request under AOB relating to the changes to pathology lab at HUHFT.

3 Declarations of Interest

3.1 Cllr Snell stated the he was Chair of the Board of Trustees of the disability charity DAB UK.

3.2 Cllr Lynch stated that she worked for NHS Improvement.

4 Minutes of the Previous Meeting

4.1 Members gave consideration to the draft minutes of the meeting of the Commission held on 12 June 2018.

4.2 In relation to NHSEL's response to Cllr Munn's letter (p.17-18) regarding the decision to decommission Pharmacy Enhanced Services, Members asked that the Commission be kept up to date on the outcome of the discussions which appear to be taking place between NHSEL and the CCG on what will replace it. Members agreed that the principle, as outlined in Cllr Munn's letter, should be upheld by the partners here, namely, that funding for Pharmacy Enhanced Services needed to be devolved to City and Hackney CCG and that it be ring fenced.

ACTION:	**Managing Director of CCG to update the Commission on the outcome of the negotiations with NHSEL about the future provision of Pharmacy Enhanced Services i.e. Minor Ailments Service and Medicines Optimisation Service**

4.3 The Chair stated that no response had been received from NHSEL to the Commission's letter of 3 July regarding the reduction in breast screening services and they would be pursued on this.

4.4 In relation to action at 8.4 regarding Housing First, it was noted that the response included in the papers was the incorrect one and related to another matter, Shared Lives, which had also been requested by the Chair. In relation to Housing First it was noted that, once this pilot was assessed an update could be provided by the CCG lead for it - the Workstream Director for Planned Care.

ACTION:	**Workstream Director for Planned Care to provide an update on the Housing First once the scheme had been assessed.**

4.5 The Chair thanked the Speaker for hosting a reception at the Town Hall to celebrate the 70th birthday of the NHS and for arranging the card from the Council to the Homerton.

4.6 In relation to item 7.11 the Chair added that he would meet with the Chief Executive of HUHFT to plan for the 'Estates Strategy' update item now scheduled for the next meeting.

RESOLVED:	**(i) That the minutes of the meeting of the Commission held on 12 June 2018 be agreed as a correct record subject to the following amendment at 8.4: delete 3rd**

	sentence and replace with "PB added that this programme should link with the approach of the Council's Multiple Needs Team". **(ii) That the matters arising be noted.**

5 Neighbourhood Model for health and social care

5.1 Members gave consideration to a briefing paper on a key aspect of Integrated Commissioning - the development of a new model for the delivery of more joined up health and social care services at a neighbourhood level.

5.2 The Chair welcomed for this item: Dr Stephanie Coughlin (SC), local GP and Clinical Lead for Neighbourhoods at the GP Confederation and Nina Griffith (NG), Integrated Commissioning Workstream Director for Unplanned Care at CCG/LBH/CoL. SC emphasised that the focus here was not on creating hubs but rather on building on existing relationships and on transformation. The focus is on how they can further develop the reach of services.

5.3 NG stated that services will continue to be provided at Practice level and will remain Practice specific. Further on there might be services which are provided at Neighbourhood level but only if the Practices agree. The aim was not to merge Practices but rather enhance choice for residents.

5.4 Members expressed some concern that it was an overly medical model built around GPs and asked how the wider determinants of ill-health would be dealt with. SC replied that how housing, leisure services, shops etc can be better utilised to make the neighbourhoods healthier was key to the approach. There had been criticism of "meetings overload" in previous attempts to tackle this. Members suggested that this model was no further along on the ongoing issue of how GPs are better able to identify how housing conditions contribute to ill health. NG agreed that Neighbourhood Model was bigger than considering how you link up Primary Care and Multi Disciplinary Teams and undertook to take back the point on how GPs could better proactively identify problems.

5.5 On the issue of improving the links between housing issues and ill health PB commented that there were two aspects a) improving Environmental Health enforcement and b) finding ways in which health providers can work with housing providers across all tenures to identify people who might be vulnerable or at risk. The biggest part of this challenge was in the Private Rented Sector, which was also expanding, and an officer from Public Health had been seconded to work with the Private Rented Sector Team in Housing on these issues. Cllr Demirci (the Cabinet Member with responsibility for health) interjected that the new landlord licensing schemes would assist here and more was being done with private landlords. Cllr Snell stated that he was personally not reassured that enough progress was being made on this issue.

5.6 Members stated that the objectives of the programme were not entirely clear and this was taking place at a time when there were reductions in housing officers at neighbourhood level. NG replied that the aim was to galvanise the wider social capital across the borough to improve health outcomes for

residents. AC added that the Councils input here was fundamental and adult services and children's services were fully engaged. The 6 Children Centre Hubs were fully involved with this. DM added that the compelling objective here was to improve health outcomes and galvanise the social capital which exists in order to make current providers more effective at what they do. Only 11% of people's health outcomes were determined by health service interventions with 89% being down to the wider determinants.

5.7 Members stressed the need to set measurable targets rather than just a vision for this work and asked how, apart from the Patient Panel, the initiative would engage with harder to reach groups and communities. NG described the work of the Patient Panel in holding the project team to account and the recent Mental Health Workshop to launch the Neighbourhoods Model which had 100 participants. The model may currently be overly medical she added but it has to be a service delivery model and a neighbourhood focus is the way to gain momentum with this transformation work. SC added that they were benchmarking what works best in the rest of the country and they were looking at the progress being made, for example by Connect Hackney locally.

5.8 Dr Coral Jones commented that she had been in GP in the borough for many years, that UK GPs were very well trained and fully understood the wider determinants of ill health but questioned whether going through GPs was the correct approach here, as these issues were primarily social issues not medical ones. Jon Williams commented that the GP Confederation was funding Patient and Public Involvement Groups on this model and would be using a strong co-production approach. Mr Sills, a resident, commented that the borders being used did not make sense. Shirley Murgraff commented that she was on the Patient Panel and was supportive of the initiative. This had led on from the 'One Hackney' initiative which had been very well run and it would build on that work. She added that the new model needed both targets and an overarching vision.

5.9 NG replied that starting with the GP registered population was the best place as it gave the best understanding of the health of the population. There was evidence from Primary Care Home on the optimum population size to use to deliver services and this was useful but they would continue to keep an open mind and to keep testing the model. On the boundaries chosen, the Council had been closely involved with the CCG and the Confederation in ensuring that the model was a suitable fit. SG added that the slogan was '8 Neighbourhoods, 1 City & Hackney'.

5.10 The Chair thanked the officers for their reported and concluded by saying that the Commission would like to see that the £800k spent so far had been well spent and he would like an update after a year.

ACTION:	**Workstream Director and Neighbourhoods GP Lead to report back in one year on the progress being made with:** a) **Outline of targets and outcomes for the project** b) **Examples of how the model is reaching hard to reach groups in the borough.**

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

6 Integrated Commissioning PREVENTION Workstream - update

6.1 Members gave consideration to a report 'Integrated Commissioning: Prevention Workstream Update' introduced by Jayne Taylor (JT) (Consultant in Public Health and Workstream Director for Prevention) and Anne Canning (Senior Responsible Officer for Prevention Workstream and Group Director CACH at LBH.

6.2 JT took Members through the report and stated that the update attempted to acknowledge the ambition of the whole system. She reiterated that only a very small proportion of health outcomes were actually determined by health service interventions and this guided the approach. She highlighted the *Making Every Contact Count* (MECC) initiative which was being used to test out new ideas and embed a new approach. It was an important enabler in the system and would be key to shifting behaviours. It was about a holistic approach where issues such as debt or lack of exercise or poor housing conditions etc. might be picked up earlier. The ambition is to inform staff from the Council, health providers and VCS to raise issues in a sensitive and appropriate way and then to be able to signpost people accordingly. Officers had noted that although MECC was more familiar to NHS staff once the initiative got going social care staff in particular had embraced it fully.

6.3 In response to a question on mental health and workplace health JT stated that improving mental wellbeing in the work place and training for managers is vital. Much progress had been made and, for example, the Council the CCG and other key stakeholders were now fully accredited under the London Healthy Workplace Charter. The unions were also closely involved in this.

6.4 In response to a question on the challenges faced by the Health and Wellbeing Network JT stated that the approach being taken was to ensure that it was more of a Prevention and Recovery service. A system approach was needed as there was unmet need, therefore in the recommissioning the focus would be on whether balance of spend was right for where the need lay. Adult Services managed the contract and they were having an independent evaluation done of the Network and in the interim the existing provider would be extended. In the redesign they would look at how to improve the pathways for 'moving on' and also how to ensure more males engaged with services. The Chair requested that when the additional 'Asks' were added to the specification for a revised service Members could be kept informed.

ACTION:	**Head of Commissioning in Adult Services to update the Commission on any planned changes to the Health and Wellbeing Network once the independent assessment has been completed and the new specification agreed.**

6.5 In response to a question on improving the profile of services, JT stated that this was a priority for the Workstream and the following week she would be taking part in a workshop on how to improve Navigation Models. This would be in partnership with those working on the Neighbourhoods project and it would look to how services can be effectively mapped as there was an acknowledgement that they were currently too disjointed.

6.6 In response to a question about the need to raise the profile of the Obesity Strategic Partnership and its work, JT stated that this important initiative was being led by the Council's Chief Executive. The challenge here was that it would take time before the effects could be seen. With childhood obesity there was a base line to work from in the Child Measurement Programme in schools but with adults there wasn't one. There were a number of very promising initiatives coming out of this however including the 'Daily Mile', where 25 primary schools were having children walk at least a mile a day. There was also a project with Chicken Shop Takeaways to encourage them to provide a slightly healthier offer to customers.

ACTION:	**Chief Executive and Workstream Director for Prevention to be invited to a future meeting of the Commission for a briefing on the Obesity Strategic Partnership.**

6.7 SM questioned the public health approach re Long Term Conditions which are incurable arguing that this was driven by a desire to reduce access to the NHS. JT strongly disagreed stating that ethically they have to support people with risks of developing long term conditions and address their needs, the aim was not reducing access to the NHS but rather freeing up space within it by helping people earlier.

6.8 On Alcohol and Substance Misuse, JT replied that the aim was to reduce harm and part of the work was prevention but across the whole system.

6.9 Members expressed a concern about how the detection rates for chlamydia for 16-24 year olds was twice the London average. PB replied that there was a high rate of diagnosis (the highest in England) but there was also the highest rate of testing. This was actually a positive thing because it indicated that the system was treating these people and therefore the long term health effects such as reduced infertility were being reduced. In Hackney they were testing, finding and treating it to a high level, she added. It was noted that there were now home testing kits available and you could also be tested at pharmacies and within CYP services. If you were 16 plus and asymptomatic you could request a test but if you are symptomatic you had to attend a clinic. Members commended this work and commented that it was important for Hackney to lean to replicate what it does well into other areas. PB agreed, adding that huge strides had been made also in reducing what had been very high rates of teenage pregnancy with the result that Hackney now had one of the lowest rates in the country.

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

7 Healthwatch Hackney Annual Report

7.1 Members gave consideration to the Annual Report of Healthwatch Hackney, something they did each year. Present for this item were the new Chair, Tara Barker, the Director, Jon Williams and the Intelligence and Signposting Manager, Amanda Elliot.

7.2 JW took Members through the report noting some key points such as that there was a need for the Healthwatch reps who sit on various boards and committees to be well briefed and supported. He detailed the 7 Enter and View reports they had carried out and commented that he had been surprised how many of the public were still unaware how to initiate a complaint about health or care services. They were addressing this with their Complaints Charter. Some of the big items raised by residents included problems with phone bookings at GP Practices, plans for NHS properties, signposting problems. He explained that they also did a number of special reports during the year including one on homelessness and mental health, focused on those who are in temporary accommodation, and they would be taking this to Living in Hackney Scrutiny Commission in September. He described the success of the NHS Community Voices events which they had organised during the year and how they were working closely within the Integrated Commissioning structures. One of the future challenges relates to the increasing trend for NHS decisions to be taken at a sub-regional North East London level and the need to have more transparency on this.

7.3 Members commended Healthwatch on the quality and clarity of the document. The Chair added that Healthwatch had to tread a very fine line at times and it had used sound judgement in a number of areas such as calling for more transparency on the Estates Strategy issue.

7.4 Members asked about conflicts of interest in challenging those who are funding you and on the impact of taking on the City Healthwatch contract and on cross funding City vis-à-vis Hackney. JW replied that Healthwatches around the country were experiencing constant rounds of cuts and generally in the sector funding was not secure. They had been considering an office move but had called it off for that reason. Funding sources do not hold them back from providing a critical friend challenge however. Their perspective always was to take the side of the public and in issues such as mental health and housing this has been challenging. On the City contract they were developing the relationships with commissioners. The two ICBs now meet in common but the two Healthwatches sit on them separately.

7.5 Members asked how they chose the targets for Enter and View inspections and in relation to GP Practices whether this was informed by the GP Confederation. AE replied that they liaised with the Primary Care Quality Board at the CCG who shared the GP performance dashboards with them and the CCG appreciates their input. The main challenge with Enter and Views was to resource the follow-up inspections which checked whether an Action Plan had been implemented. All of these had to be done by trained volunteers.

7.6 AE explained that Healthwatch Hackney's burden was easier than that of Healthwatches on the south coast, for example, because Hackney had far fewer Care Homes to inspect. A key challenge for Hackney however related to the large number of vulnerable clients receiving care in their own homes, who therefore could not be assessed via the Enter and View process. They have been negotiating with Adult Services about setting up ways of getting consent for this, she added. It was noted that Healthwatch was always conscious to be responsive to events and would get involved if a major incident or inspection failing occurred. Healthwatch was reliant on NHS and social care bodies being responsive and for example the Community Voices events had produced many

recommendations. The CCG would use these findings as a lever to encourage providers to improve.

7.7 The Chair thanked Healthwatch for its report and for it continued positive engagement with the Commission's work.

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

8 For noting only: Responses to Quality Accounts - St Joseph's and Arriva Transport Solutions

8.1 The Chair stated that NHS bodies are required to submit annual Quality Accounts to NHSI and as part of that process to seek comments from their local Overview and Scrutiny Committee on a draft of the report before it is submitted.

8.2 Members gave consideration to the Commission's response (sent under Chair's Action) to St Joseph's request as well as the reply to the points the Commission had raised.

8.3 The Chair drew Members' attention to the response from St Joseph's Hospice to question (h) on p.99 which implies that they were not aware of the work being done in the Council on the new Carer's Model and expressed concern about this. AC undertook to provide a written response on this to the Commission.

ACTION:	**Group Director CACH to provide a response to the Commission on the issue of St Joseph's involvement in the work in the Council to redesign the service to Carers in the borough.**

8.4 Members also noted the response sent to Arriva Transport Solutions further to their request.

RESOLVED:	**(a) That the Quality Account responses to St Joseph's Hospice and Arriva Transport Solutions be noted** **(b) That the response back from St Joseph's Hospice be noted.**

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

9.1 The Commission noted the amended Work Programme for the Commission for 2018-19. It was noted that this was constantly updated.

9.2 The Chair stated that the Commission would proceed later in the year with a review on digital primary care and an initial scoping document had been drafted and circulated at this stage only within the Commission. He commented that one issue drawn to his attention was that as more people went online to book GP appointments fewer slots would be available to those trying to get through on the phone and how would this be managed.

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

10 Any Other Business

10.1 The Chair stated that Dr Coral Jones, a resident and retired local GP, had asked him to raise one issue under AOB.

CHANGES TO PATHOLOGY SERVICES AT HUHFT

10.2 Dr Coral Jones stated that at a recent meeting of the Council of Governors of HUHFT, of which she was a member, it had become apparent that there was now a definite plan to downgrade, in her view, the Homerton's Pathology Service. This had been the subject of a number of items at the Commission over the past two years and she asked what action the Commission would now take on this.

10.3 CJ stated that the Council of Governors had seen an Estates Plan and this had labelled the current portacabins serving the Path Lab as not for upgrading, and the original pathology site designated for a rebuild and for it to have a different use. She added that the Single Accountable Officer for the ELHCP had told the Homerton Board meeting that there would be 2 hubs for Pathology in NE London, and the Homerton would not be one of them, as per the ELHCP estates plan. She added that she found this out by accident and neither the Homerton nor the ELHCP had made any announcements. Her concern was that the Path lab at the Homerton would be reduced to a spoke and specialist services would be lost. The Chair replied that nobody from HUHFT was present and so there could be no discussion at this meeting but the HUHFT Chief Executive would be coming to the next meeting and this issue would be raised with her then. He added that the HUHFT Chief Executive had indicated at a previous meeting of the Commission that a change was coming but the detail had not yet been agreed.

10.4 SM expressed concern that this was a substantial change to local health services and the Commission must raise the issue of the lack of proper consultation here. Too much of ELHCP activity was being done in secret and they had forced the issue of the Single Accountable Officer over the objections of all the local authorities, she added. She went on that it was time for the work on this to be put in the public domain.

10.5 On a separate issue, CJ stated that the previous week she had attended the NEL Joint Commissioning Committee (meeting of ELHCP/NELCA) and she had queried the involvement of most of the JCC members with private health care companies, and asked how the public could be reassured that decisions will not be influenced by these declared and multiple conflicts of interest. She added that the JCC Chair had replied to her that the JCC was not a decision making body, and was only advisory. She stated she was aghast at this as this body appeared to have it both ways, stating it was statutory only when it suited them. She asked how the public could influence what the ELHCP is doing and how this might be done? The Chair replied that this issue would best be raised at the next meeting of the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) which would be meeting shortly and he would do this. He added that the issue of the appointment of a Single Financial Officer for the ELHCP/NELCA would also be on the next INEL agenda. David

Maher interjected that the issue of the Single Financial Officer would be debated first at the Governing Bodies of the 7 NEL CCGs and no decision had been made.

10.6 The Chair stated that he wanted a briefing on the Estates Strategy issue at the next meeting on 26 September and would raise this also with the Chief Executive of HUHFT.

ACTION:	**The Chair to request that the issues of the Single Financial Officer for ELHCP and the potential conflicts of interests of the JCC members be added to the agenda for the next meeting of INEL JHOSC.**

ACTION:	**The Chief Executive of HUHFT be asked to provide an update on the future of the pathology service at HUHFT at the next meeting.**

ACTION:	**That the issue of the draft Estates Strategy for NEL be added to the agenda of the next meeting.**

Duration of the meeting: 7.00 - 9.00 pm