Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Wednesday, 26th September 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, Cllr Emma Plouviez and Cllr Patrick Spence**
Officers In Attendance	**Dr Penny Bevan (Director of Public Health), John Binding (Head of Safeguarding Adults), Peter Burt (Asset Management Advisor), Anne Canning (Group Director, CACH), Tessa Cole (Head of Strategic Programmes and Governance, CACH), Simon Galczynski (Director - Adult Services) and Ian Williams (Group Director of Finance and Resources)**
Other People in Attendance	**Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), Amanda Elliott (Healthwatch Hackney), Tracey Fletcher (Chief Executive, Homerton University Hospital NHS Foundation Trust), David Maher (Managing Director NHS City & Hackney CCG), Dr Mark Rickets (Chair, City and Hackney CCG), David Boyd (ELHCP - NEL Strategic Estates Advisor), Councillor Gilbert Smyth, Paul Calaminus (COO and Deputy CEO, East London Foundation Trust) and Amaka Nandi (Finance Officer, Integrated Commissioning, City and Hackney CCG)**
Members of the Public	**12**
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Henry Black (ELHCP), Dr Navina Evans (ELFT), Dean Henderson (ELFT) and Sunil Thakker (C&H CCG).

1.2 An apology for lateness was received from Paul Calaminus (ELFT).

2 Urgent Items / Order of Business

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

3 Declarations of Interest

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

3.2 Cllr Lynch stated that she was employed by NHS Improvement.

4 Minutes of the Previous Meeting

4.1 Members gave consideration to the draft minutes of the meeting held on 24 July 2018 and noted a number of matters arising.

4.2 In relation the that Action at 4.2 of the previous minutes, David Maher (Managing Director, City & Hackney CCG) stated that NHSEL had indicated that they would be decommissioning the Pharmacy Enhanced Services from March 2019. Discussion were ongoing on options to co commission an alternative with both NHS 111 and the DMIRS service.

4.3 In relation to the Action at 4.3 the Chair stated that the performance on City and Hackney breast screening services as outlined on p.4 of the agenda were startling. With 255 cancellations or up to 500 women not being able to attend at their first preference site. He also added that there was a significant shortage of mammographers across the country. He stated that the Commission would write back to NHSEL asking if they could send a representative to the next meeting to discuss the issue.

ACTION:	**O&S Officer to follow up the Director of Public Health Commissioning at NHSEL's offer to meet to discuss the performance further.**

RESOLVED:	**That the minutes of the meeting held on 24 July 2018 be agreed as a correct record and that the matters arising be noted.**

5 North East London Estates Strategy update

5.1 Members gave consideration to a report on the Estates Strategy for the East London Health and Care Partnership area and the Chair welcomed to the meeting:

David Boyd, NEL Strategic Estates Advisor for ELHCP (**DB**)
Dr Mark Rickets, Chair, City and Hackney CCG (**MR**)
David Maher, Managing Director, City and Hackney CCG (**DM**)
Amaka Nandi, Finance Officer Integrated Commissioning, City & Hackney CCG (**AN**)

Tracey Fletcher, Chief Executive, HUHFT (**TF**)
Paul Calaminus, COO and Deputy CEO for London, ELFT (**PC**)
Ian Williams, Group Director Finance and Resources, LBH (**IW**)
Peter Burt, Asset Management Advisor, LBH (**PB**)
Anne Canning, Group Director CACH, LBH (**AC**)

5.6 DM and DB introduced the report stating that such a strategy had been requested in 2011 driven by population need and increasing demand and conversations were ongoing at the London Estates Board. There had been significant population increase in the NEL patch and another 600 bed acute hospital would be needed to meet that demand if nothing was done. Financially this was not a possibility and therefore there was a need for a more systems thinking approach and to establish an estates board to deliver change locally.

5.7 Members asked for clarification on the impact in Hackney for example on St Leonard's and on primary care sites.

5.8 DM explained that the local health providers applied for the various waves of funding. Among current changes a GP Practice would be disposed of in Hackney Wick by NHS Property Services and the future for the St Leonards, owned by NHS Property Services, was being considered as it would be a key part of the Neighbourhoods Strategy. One proposal was to reconfigure it as a hub.

5.8 TF explained that with the Homerton Hospital there had been changes to their Emergency capacity and as a consequence their amount of elective surgery had reduced and there was a need to build this up. The Estates Strategy provided an opportunity for HUHFT because being part of the ELHCP was vital for HUHFT in terms of developing its elective offer to expand the scope of what they do across a range of specialities.

5.9 PC stated that from the perspective of ELFT the Estates Strategy provided opportunities for bringing services together in a consolidated way which would allow for greater specialisation and more efficient use for example of psychiatry rotas. In Hackney the changes would include some continuation of the Crisis Service capacity. On elective work there were also opportunities by working on a sub-regional basis on areas such as treatment of chronic depression and eating disorders. The more you stay at a locality basis the more problems you will have in the longer term and specialisation and scaling up are what is required, he added. The challenge was on how to meet individual patients' needs and also ensure that there was sufficient training capacity in the system.

5.10 Members asked detailed questions and in the responses the following points were noted:

(a) There will always be a tension: locally, sub-regionally or nationally, about who should benefit from an NHS property and therefore where the capital receipts from the sale of a local asset should go and this was far from being resolved. At a local level residents did feel a connection to the St Leonard's site, for example, but there were also strong calls for the funds from the sales of high value London assets to be used to support poorer NHS areas in the midlands and north. The local NHS leaders with the Chief Executive of the Council are jointly engaged in ongoing discussions at the highest

levels with NHS Property Services to make a strong the case for the supporting the local health economy.

(b) The CCG does not hold any property assets itself as these are held by NHS PropCo (which is a part of NHS England) and Community Health Partnerships. These two organisation look at the condition of and utilisation of all their assets and may declare some as surplus to requirements.

(c) With regard to GP Practices only 6 of the 43 in Hackney are owned by NHS PropCo the rest are privately owned by GPs or GP groups. Wick Practice had been owned by NHS PropCo. In another example two Practices had bid to go into the vacant site at Kenworthy Rd which had been underused for many years. One had now been selected after a consultation carried out by NHSEL and the CCG.

(d) The CCG has to pay for the maintenance and upkeep of NHS assets in their area which are not being used, hence the urgency to resolve property issues.

(e) Members expressed concern that it appeared to be almost insurmountable to get the many bodies involved working together efficiently. There was a need for mapping and clarity and an agreement about direction of travel. DM offered to provide Members with more detail on the output from the Estate Enabler Working Group sub group of the Integrated Commissioning Workstreams.

(f) IW outlined some of the key property sites which were part of business cases which were being developed. The void space in St Leonard's for example was costing the CCG and therefore the local health economy £720k per annum and there was another liability of £200k per annum relating to Hackney Ark and this needed to be resolved by the Council and the NHS. The Council had just resolved the plans for a Health Centre at Woodberry Down after 5 evaluations. The Council was able to control assets but the CCG was just a custodian of assets and it cannot own them.

(g) The Estates plans came out of the Hackney Devolution Pilot. The Chief Executive of the Council was joining with senior local NHS executives in negotiations with HM Treasury and also pursuing the London Estates Board for action on the Hackney estates issues.

5.11 The Chair invited residents present to ask a question. A member of Keep Our NHS Public stated that there was a strong statutory duty (e.g. S. 139 of the NHS Act or S. 147 of the NHS Act 2000) on the NHS to consult on these issues and they were not being held to it. The Estates Strategy had lots of aspirations in it but no strategy, in her view. The NHS often states that it is selling off property X or will be moving property Y she added but unless the public can see the specific proposals it is in no position to provide adequate challenge. She asked how the NHS could make any decisions on what was surplus to requirements unless there was an overarching strategy about what was needed. This also needed to be clearly communicated first. The Chair asked whether there would be meaningful consultation on the plans for St Leonards or whether it would be presented as a fait accompli.

5.12 DM replied that nothing had moved to the level of business case as yet and as part of the Neighbourhoods Strategy they were refreshing their ideas and this would feed in to the estates strategy. They would ensure that they would involve all key stakeholders in the development of the plans. A resident, put in a plea that patients and public must be given due prominence among these key stakeholders.

5.13 The Chair stated that this was a complex area which the Commission would be returning to and he thanked all the senior representatives for their report and for their attendance.

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

6 Changes to Pathology Services at HUHFT - verbal update

6.1 The Chair stated that at the previous meeting a local GP had asked the Commission to raise the issue of the plans for the future of the Pathology Lab at HUHFT. The Commission had invited the Chief Executive of HUHFT to give a verbal update on the proposals. It was noted that there had been a number of items on this over the past 2 years.

6.2 Members noted two documents from NHS Improvement which also provided the national context to this issue:

a) Template structure for essential services laboratory – Blood sciences provision
b) Improving services for patients through pathology networks

6.3 Tracey Fletcher (Chief Executive, HUHFT) stated that no decisions had yet been made on the pathology service. The drivers for change here included the fact that the current lab was old and would become too small for its purpose and this was posing an increasing challenge. They were working with providers on developing options and Barts Health NHS Trust was now the favoured partner.

6.4 The Chair asked if there would be a formal public consultation. TF replied that where a formal consultation was required under the relevant NHS Acts they would do so but part of the process was to have conversations with the relevant stakeholders.

6.5 Members asked if there were plans to reduce the size of the service. TF replied there were not but that it was hoped that portacabins could be replaced. There would always be a need for a Path Lab onsite to support a significant amount of work. The intention with the ‘hub and spoke’ arrangement was that some testing would go off site and be consolidated and there was sense in doing that. This arrangement already existed as some work always went off site, she added.

6.6 The Chair asked that once proposals had been worked up if they could come back to the Commission as part of their wider engagement.

ACTION:	**Chief Exec of HUHFT to bring proposals for the future of the**

	Path Lab to a future Commission meeting as part of the engagement plan on it.

7 Integrated Commissioning - pooled vs aligned budgets briefing

7.1 The Chair stated that he had asked the Group Director of Finance and Resources and the Chief Financial Officer of the CCG to provide a report to Members which would help clarify the issue of pooled vs aligned budgets in Integrated Commissioning and the impact this has on cost savings programmes within the Council. Members gave consideration to the report.

7.2 The Chair welcomed to the meeting for this item:

Ian Williams, Group Director Finance and Resources, LBH (**IW**)
Anne Canning, Group Director CACH, LBH (**AC**)
Simon Galczynski, Director of Adult Services, LBH (**SG**)
Dr Mark Rickets, Chair, City and Hackney CCG (**MR**)
David Maher, Managing Director, City and Hackney CCG (**DM**)
Amaka Nandi, Finance Officer Integrated Commissioning, City & Hackney CCG (**AN**)

IW added that Sunil Thakker, the CFO of the CCG unfortunately had to send late apologies because of a family illness.

7.3 IW took Members through the report in detail. He added that the Leadership Group between the Council and the CCG worked to identify and re-patriate savings.

7.4 Members asked questions of the officers and partner representatives present and in the responses the following was noted:

(a) Members asked about the rationale for choosing the topic areas for the Budget Scrutiny Task Groups. IW explained that it was determined by the key budget pressure points and ensuring that there was sufficient engagement on the key areas. The Groups would be asked to come up with a higher level of savings than what is immediately required so that options can be considered. The Group in the health area is tasked with looking at Integrated Commissioning which is the key driver of change and of potential savings. The aim with the Task Groups was to have an open and transparent process. DM added that while the CCG had had to make savings each year it achieved these, thus far, by better ways of working rather than having to make cuts to services commissioned.

(b) Members asked whether the workstreams' activity was aligned to national strategies, officers replied that they were. Members asked whether the workstreams had full clinical input. MR replied they did and for example, on decisions about the number of clinicans by session required in a service, everything wasscrutinised against the best clinical practice.

(c) Members asked whether the system had now reached the limits of its pooling because of NHSE limitations put on it. DM stated that NHSE was fully aware of City & Hackney's ambitions and that locally they were going

through a risk analysis. NHSE was in agreement that where a local system can demonstrate better outcomes then further pooling can proceed. He added that technically they did not need NHSE's permission to extend pooling but NHSE was their partner so they worked with them.

(d) On governance and accountability DM explained that it was important that integrated commissioning does not to create additional decision pathways. Elected Members sat on the ICB and so were integral to the process.

(e) A Member of the public expressed a concern that services were increasingly shifting from health into social care where patients also had to pay and cautioned that local authorities needed to be more wary of this as councils were more financially strapped and so needed to take a stand on this. Michael Vidal, a resident, replied that he was a public representative on the Planned Care Workstream and he gave assurances that public representatives would never agree with such a transfer of the funding burden.

(f) SG intervened to say that the public did not divide their own need between health and social care. At the organisational level Section 75 agreements were clear and there was a legal distinction between what was the responsibility of Social Care to provide and what was the responsibility of the NHS. Members asked for a note on this.

ACTION:	**Director of Adult Services to provide a note on the legislative distinction between what is provided by the NHS and by Adult Social Care.**

(g) DM commented that the value which social care contributes to joint commissioning can't be underestimated. The collective voice backed by the involvement of elected members is therefore much stronger.

7.5 The Chair thanked officers for their report and for their attendance.

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

8 City and Hackney Safeguarding Adults Board Annual Report

8.1 The Chair stated that the Commission received the Annual Report of the City and Hackney Safeguarding Adults Board each year. Members gave consideration to the report for 2017/18 and a cover report.

8.2 The Chair welcomed for this item:

Anne Canning, Group Director CACH (**AC**)
Simon Galczynski, Director of Adult Services (**SG**)
John Binding, Head of Service - Safeguarding Adults (**JB**)

8.3 SG took Members through the report and stated that he was there to represent Dr Adi Cooper the Chair of the Board who had to give her apologies. Members commended the quality of the report and commented that it had improved each year.

8.4 JB added that the figures this year had not altered significantly since the previous one. There had been no new Safeguarding Adult Reviews (SARs) so the focus in the past year had been on embedding the learning from the 4 SARs the previous year. Much of the focus was on ensuring compliance with the Mental Capacity Act and on how to work with people to support their choices. A Peer Review had taken place recently and this would be reported on in next year's Annual Report.

8.5 Members asked questions of the officers and the following points were noted:

a. On this issue of increasing outreach to harder to reach BME groups, JB replied that one challenge was that BME status and religion was often not recorded accurately and would not be available at the beginning of a case but might be at the end. Safeguarding training was carried out with community groups and Safeguarding Champions were also utilised within different communities. The training had to be geared to the roles of the recipients otherwise the take up would be low.

b. Members expressed concern at some of the low attendance at the quarterly CHSAB meetings with only 40% attendance from HUHFT for example. Members asked that the Chief Exec of HUHFT be made aware of this. JB added that this Annual Report would go to the Board of HUHFT and the issue would be raised there. SG clarified that this indicator (attendance at the Board meetings) did not correlate to level of safeguarding activity. Members commented that perhaps the issue which needed to be addressed was why in particular some of these partners were not prioritising attending and for these reasons to be addressed. AC added that there had been an issue in the past about the poor rates of attendance by housing providers and the CHSAB Chair had acted on this. She undertook to take these comments back.

ACTION:	**O&S Officer to draw the attention of HUHFT Chief Executive to Members' concern about the 40% attendance rate by HUHFT reps at CHSAB quarterly meetings during 2017/18.**

c. A resident asked about training in safeguarding for staff and putting this requirement in contracts with private providers. SG replied that embedding safeguarding training in staff training was of key importance and both the Hackney Adult Services Training Academy and the Making it Real Board were leading on a co-production approach to training programmes.

d. A resident asked what was being done about the shortage of social workers and the implications of this shortage on safeguarding issues. SG replied that there was a whole range of work going on as it was a national issue. The CQC has a range of requirements on social care providers which have to be attended to. The Chair stated that this is an issue which the Commission could return to.

e. A member of the City and Hackney Older People's Reference Group pointed out that 'City and Hackney' was missing from their title on the list on p.115.

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

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

9 Integrated Learning Disabilities Service update

9.1 The Chair stated that he had asked the Director of Adult Services to provide regular updates on the Integrated Learning Disabilities Service which had recently undergone a redesign. Members gave consideration to the report.

9.2 The Chair welcomed for this item:

Simon Galczynski, Director of Adult Services (**SG)**
Tessa Cole, Head of Strategic Programmes and Governance, CACH (**TC**)

9.3 SG stated that there were significant cost pressures in this area. The previous update March was when the new system was being designed and they would be happy to return to the January meeting when they would be in a position to report more on roll out of the new system.

9.4 TC stated that ILDS was a good example of partnership working as it was overseen by an integrated multi agency team. The review and redesign of the system was driven by the increasing complexity of the service users' needs. A new Learning Disabilities Partnership Forum had been created and a Learning Disabilities Charter was being developed to be a vehicle for the co-production of the revised service. There would be co-production subgroups and a Carers Coproduction Forum.

9.5 Member asked questions and the following points were noted:

a.) Concern was expressed about how the required cost savings could be realised without staff numbers being reduced (as per 3.3 of the report). TC explained how redesign could contribute to savings. She explained that they work with the service user and their family to establish what they want to achieve and that could involve a supported living scheme, support at home or a move into a more institutional setting. Supporting people in independent settings was far less costly than in an institutional setting but some of the more complex cohort will require the latter. There is a Care Caluclator to ensure the council gets a fair price for the services it is purchasing.

b.) Members asked about the move to the new provider (ELFT rather than HUHFT) and when this would be communicated to service users. TC explained that part of the implementation plan would be the communication of any changes in the proper way. The timing of this announcement was important because although the service being provided won't change the person working with the service user would. This needs to be communicated early enough so that the service user understands but not too early so there is too long of a lead-in time.

c.) A Member asked for Healthwatch to comment on the changes. Amanda Elliott of Healthwatch stated that she attended the forums and they are were to be commended for being so person centred in their approach. She stated that 140 clients were currently placed out of borough and asked whether it was

envisaged, as part of the redesign, to bring them back. SG replied that where it was possible and appropriate the plan would be to bring more back to Hackney. He referred to the 'Circles of Detection' model whereby advocacy organisations which are part of local voluntary sector can add to the knowledge about a client and this works best when support is received in the home borough.

d.) In response to a question about how an increased life expectancy for those with learning disabilities would impact on service provision SG stated that a changing profile (older and with increased physical abilities) would certainly impact in how services need to be redesigned and how service user involvement, especially around the needs of ageing carers, can be enhanced.

e.) On the issue of the financial sustainability of the service AC commended the excellent support Adults Services colleagues had received from finance colleagues in financial modelling of future services. There was an ongoing debate on the funding particularly for older adults. In relation to the lower life expectancy the issue was how much of that is preventable and how can clients be better supported.

9.6 The Chair thanked officers for their report and asked that the next update in January include stats on the number of out of borough clients who are being supported.

ACTION:	**That the next update on ILDS coming to the January meeting includes reference to the number of clients being supported out of borough.**

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

10 Review on 'Supporting Adult Carers' Cabinet Response - for noting

10.1 Members noted the Cabinet Response to the Commission's own report on 'Supporting Adult Carers' which had been agreed by Cabinet on 17 September. The Chair stated that they would revisit the issue when they go back to officers for the update on implementation of the recommendations and this was scheduled for the 12 March 2019 meeting.

RESOLVED:	**That the Cabinet Response to the review on 'Supporting Adult Carers' be noted.**

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

11.1 Members gave consideration to the updated work programme for the Commission for the year.

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

12 Any Other Business

12.1 Cllr Oguzkanli raised the issue of the legality of the use of Pre Attendance forms by HUHFT for patients attending Homerton Hospital to ascertain their eligibility for free access to NHS services. He stated that in his view there was no legal requirement for this and suggested that HUHFT should refuse to co-operate with this direction. The Chair replied that this issue had already been raised with him by Cllr Smyth and he had written to HUHFT. He had received a response from the Chief Nurse who had indicated among other things that the forms which had been objected to were being withdrawn. His understanding was that while there was a requirement to obtain this information the process had not been set down and he would ask the Chief Executive of HUHFT to clarify the situation in writing and this could be an additional item at the next meeting if necessary. Cllr Smyth, who was present, added that the Equality and Human Right Commission had ruled in June 2018 that the protocol whereby NHS Digital had to share patient information with the Home Office had been ruled as contrary to human rights legislation and so the practice had been suspended. He stated that HUHFT do not have to share information with the Home Office.

ACTION:	**Chief Executive of HUHFT to respond to the Commission's concern regarding the use of the Pre Attendance Forms for patients attending Homerton Hospital.**

12.2 The Chair stated that he was concerned about the impact on accountability should the ELHCP/NELCA proceed with its plan to create a single Chief Finance Officer across the 7 NEL CCG areas. David Maher (Managing Director, City and Hackney CCG) responded that the proposal was that the 'Executive Director of Finance' for the ELHCP would be an additional executive member of each of the constituent CCG Governing Bodies. City and Hackney CCG had put significant effort into ensuring that this new role reflected what the Governing Body wanted and the Hackney lay representative on the ELHCP's Joint Commissioning Committee, Sue Evans, had been involved in shaping the scheme of delegation for this new role. The single Executive Director of Finance would operate at an NEL level. The Chair stated that he would raise this issue at the next meeting of the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) and asked that in future if Scrutiny Committees were given sufficient waring of changes such as these.

12.3 A resident asked whether the North East London CCGs could provide a response on whether the drug Avastin would now be used in this region to treat Wet Age Related Macular Degeneration. This follows from Clinical Commissioning Groups (CCGs) in the north east winning a legal action taken by the drug company over their decision to start offering this drug, normally used for treatment of breast cancer, for treatment of Wet AMD also in their area. The drug, Bevacizumab (marketed as Avastin by Roche), is licensed for the treatment of cancer in the UK, but it does not have a marketing license for the treatment of Wet AMD. The CCGs noted that international clinical trials have demonstrated that Avastin was safe and clinically effective, and was used across Europe and the US for Wet AMD patients. It was estimated that the use of Avastin would save that region's NHS up to £13.5 million a year within the next five years.

ACTION:	**O&S Officer to establish from CCG whether Avastin would now be used for treatment of Wet AMD.**

12.4 With reference to the Estates Strategy report a resident took issue with the reference on p.21 that “life expectancy in the UK was improving” when latest data showed that was no longer the case.

12.5 A resident recommended that Members watch the BBC tv series based on the best seller ‘This Is Going to Hurt: Secret Diaries of a Junior Doctor” by Adam Kay.

Duration of the meeting: 7.00 - 9.10 pm