
London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Monday, 4th February, 2019

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

Chair	Councillor Ben Hayhurst
Councillors in Attendance	Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair) and Cllr Patrick Spence
Apologies:	Cllr Deniz Oguzkanli and Cllr Emma Plouviez
Officers In Attendance	Anne Canning (Group Director, Children, Adults and Community Health), Tim Shields (Chief Executive), Jayne Taylor (Public Health Consultant) and Adrian McDowell (Policy and Research Officer)
Other People in Attendance	Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), Dr Jackie Applebee (Chair of Tower Hamlets LMC), Amanda Elliott (Healthwatch Hackney), Nina Griffith (Integrated Commissioning Workstream Director for Unplanned Care), Jane Lindo (Primary Care Lead Transformation Lead, East London Health and Care Partnership), Dr Mark Rickets (Chair, City & Hackney CCG), Dr Fiona Sanders (Chair, City & Hackney LMC), Jon Williams (Director, Healthwatch Hackney), Niall Canavan (IT Enabler Group of Integrated Commissioning), Dr Gopal Mehta (GP Partners, Richmond Rd Medical Practice) and Michael Vidal (Public Representative, Integrated Commissioning Workstreams)
Members of the Public	4
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies have been received for Cllr Deniz Oguzkanli, Cllr Emma Plouviez, Jarlath O'Connell, Tracey Fletcher, Kirit Shah, Dean Henderson, David Maher, Ilona Sarulakis and Jenny Cooke.

2 Urgent Items / Order of Business

2.1 There were none.

3 Declarations of Interest

3.1 Cllr Maxwell said that she is a Member of Council of Governors of Homerton University Hospital NHS Foundation Trust.

3.2 Cllr Snell said that he is Chair of Trustees at DABD UK.

3.3 Dr Mark Rickets said that he is Chair of the City and Hackney Clinical Commissioning Group.

4 Minutes of the Previous Meeting

4.1 Dr Mark Rickets corrected the figure in the second paragraph of page 9 (6.6) of the minutes from 4,000 to 30,000.

4.2 Members gave consideration to the minutes on Monday 7 January and agreed, following minor amends, that they are a correct record.

RESOLVED:	That the minutes of the meeting held on 7 January be agreed as a correct record.
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5 CQC report on Housing with Care Service

5.1 Cllr Hayhurst said that he had spoken to members about this item and that due to the seriousness of the issue the item could not wait until the March meeting before being addressed. The Commission recognised, however, the limited time the Council had had to develop a full response. As a result, Cllr Hayhurst explained that the Commission had invited Anne Canning to offer the Council's immediate response to the report and would expect a full action plan to be presented at the next meeting in March 2019.

5.2 Anne Canning thanked the Commission for the opportunity to respond publicly to the report. She referred to both the Care Quality Commission report and the response provided by the Council on the Adult Social Care webpage for service users and their families, which were noted. She said that this response will be updated as the Service develops its plans. She said that Housing with Care operates at fourteen locations across the borough and provides care services to 230 people. The Council provides the care services and the housing is provided through a different contract with the registered landlord. The Service was last inspected in 2016 and received a 'Good' rating from the CQC. It was inspected just before Christmas 2018 and found to be 'Inadequate'. The Inspection has a number of different domains and the Service was found to 'Require Improvement' in two of these - (1) the service is caring (2) the service is responsive. The Service was found to be 'Inadequate' in all other domains.

5.3 She explained that certain actions set out by the CQC need to be completed by 8 March 2019 and other actions will take place over a longer period. In the 6-18 months period following January 2019 the CQC will re-inspect the Service. She said that the Council treats with the utmost seriousness the findings of the report, regrets the impact that inadequate services have had on service users and would like to apologise publicly for this failure. She said that there is a tight action plan to respond to the report and that a group of staff from Adult Services meet weekly to oversee this work. The Service has placed itself on a number of regimes as part of its response. For example, the Service is putting itself through the Provider Concern process used by Adult Commissioning, has brought in external scrutiny and is working closely with the CQC to test what the Service is doing. Senior staff from Adult Services are meeting with Service Users and their friends and families to provide reassurance and inform how the Service responds. There is an event planned for Thursday 7 February with Hackney Healthwatch to have an open discussion with service users and their families about how they would like the Service to respond. She said that working with Hackney Healthwatch provides another layer of Scrutiny that the Service is adequately responding to the report.

5.4 She explained that one area of criticism in the report is the training of staff. She said that an extensive programme has been put in place to respond to this. This programme includes, review of risk assessments, recording of service user's desires and wishes, and clarification about management of medicine. She said that her priority is securing the confidence of service users throughout this process and making sure that they feel safe, respected and well cared for.

5.5 Cllr Hayhurst invited two questions from members on account of this item returning in March.

5.6 Cllr Maxwell said that the response refers to personalised care plans and the need to have conversations with service users. She was concerned that this response showed a Service that was extremely behind the times in terms of creating a culture of personalised care and would like more detail on how the Service plans to achieve this culture change.

5.7 Cllr Snell said that he would like greater understanding of the management structure and who is responsible for introducing best practice into the Service and who is checking that this happens. He would also like timeframes and named individuals in the action plan.

5.8 Cllr Hayhurst noted that the report had found the Service to have failed in its Governance and Regulations. AC replied that there are detailed plans and guidance, drawing on best practice, about how care should be personalised. She acknowledged that there were systems in place that were not acted on which meant that the Service was not inspection ready. She referred to the role of the Strategy and Governance group in Adult Services in this process and how the full response would address this.

RESOLVED: That the discussion be noted.
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6 Obesity Strategic Partnership - briefing

6.1 Members gave consideration to a briefing on the Obesity Strategic Partnership.

6.2 Tim Shields, introduced the paper, stating that the Obesity Strategic Partnership takes a whole systems approach to try and achieve impact on this issue. He explained that he has been Chair of the Obesity Strategic Partnership since it was established three years previously. He said that the most recent results from the Child Measurement Programme found Hackney above both the London and National average for childhood obesity. He explained that children who are overweight or obese tend to remain overweight or obese in adulthood which can lead to cardiovascular disease, certain types of cancer, and mental health problems. He also referred to substantial social inequalities in relation to obesity with people from more deprived backgrounds more likely to be obese. He said that the causes of obesity are many and complex. For example, the physical environment, the social environment, physiology and individual behaviour. He said that a whole system approach tries to address these factors and how they interact. He said that the Partnership was started in 2016 and brings together a number of partners from across the health and care, housing, businesses, VCS organisations and young people. He said that a workshop is planned for Thursday 7 March for the Partnership to develop a ten year strategy. This process replicates what other local authorities have done and cities in Europe. He said that one of the challenges of taking a whole systems approach is about how you measure impact. He referred to Figure 7 as the system map for obesity, the need to concentrate on what would have the most impact, and being open to failure. He said that Appendix 1 provides an overview of the work of the Partnership and how it has taken action at different levels of influence - for example at a policy level, an organisational level and an individual level. He referred to certain successes - for example, the reduction in high sugar food and drinks in vending machines in leisure centres, community cooking courses and the daily mile for Primary School children.

6.3 He handed over to Jayne Taylor to provide more detail on the activity of the Partnership. She referred to a Scrutiny Review carried out by the Children and Young People's Scrutiny Commission in 2013 and said that all of the recommendations from that report have been taken forward. She said that she would welcome Members' influencing the Partnership as it sets out its new strategy and how the Partnership can engage residents.

6.4 Cllr Demirci (Cabinet Member) said that she was confident that a whole systems approach was the right approach to addressing obesity in Hackney. She said that work is ongoing to ensure that health and wellbeing is part of the built environment and enables an activity lifestyle. For example, she said that Public Health are working closely with the Regeneration Service and Transport Service to make progress in this area. She acknowledged that it has been difficult to reduce obesity but that she believed there were things the Partnership could do to make improvements. For example, she said that she thought there was a need for greater understanding of different communities and closer working with schools. She also referred to the reduction in the number of take-aways near schools. However, she said that this raised more issues relating to children and young people leaving school hungry and what behaviours should be encouraged.

6.5 Cllr Maxwell asked how the Partnership was responding to mental health conditions that affect eating - including overeating as well as conditions like anorexia.

6.6 JT said that commissioned services do provide services for these conditions and that the recommissioning of the Obesity pathway will also respond to these more complex needs. JT also referred to Primary Care support for mental health conditions supporting physical activity. Cllr Maxwell suggested mental health charities like MIND could provide support in this area and referred to how psychiatric medication can lead to weight gain.

6.7 Cllr Snell asked how the Partnership works with voluntary and community groups, for example sports clubs, in the borough. He also asked if there was a borough sports strategy.

6.8 JT said that she agreed and the Public Health have met with the Leisure Team to start thinking about a Sport and Physical activity strategy for the borough. She noted that not everyone will want to take part in sports and the services on offer needs to reflect this. She referred to the Sport England pilot in King's Park that focuses on increasing physical activity amongst residents who currently do no physical exercise and how this creates an opportunity to test and learn from different approaches.

6.9 Cllr Spence asked about how the strategy could address the power of large corporations to market high sugar food and drink to children and families. He noted that sugar is marketed as aspirational for families from lower socio-economic backgrounds. He asked if the Partnership had thought about speaking to the larger supermarkets in the borough and if there was a role for environmental health. He also asked for clarification about the sugar content of drinks in leisure centres. The plan refers to the reduction in sugar but not the relative change and the current sugar content.

6.10 Cllr Demirci said that all high sugar drinks had been replaced with water or much healthier options and could seek clarification on this point. JT said that it was regrettable that the sugar levy was currently voluntary and that this was being monitored by Government. She referred to work the Partnership does with take-aways in the borough through healthy catering and said that it has explored the idea of healthy retail. She said that resources have not been made available for this work yet at a borough level because it may be led by Public Health London which would be beneficial in terms of impact. She said that the advertising policy at the council prevents the marketing of high sugar food and drinks at events targeted at children. She noted that wider change in this area has been challenging. TS said that the Mayor of London has recently agreed to prevent advertising of high sugar food and drink on bus shelters. TS also referred to conversations with local independent retailers about product placement and local restaurants and caterers about portion size. Cllr Demirci said that the Government's decision to not introduce a compulsory sugar levy was extremely disappointing and contrary to the evidence.

6.11 Cllr Hayhurst said that from his awareness of the messaging on healthy eating for children and his own experience were sometimes contradictory. For example, he said that he has to opt out of his children having high sugar cereals at a local children's centre.

6.12 JT said that this was disappointing to hear that this has been his experience as a local parent and that the partnership works with children centres on these issues.

She said she would welcome being told which centre he was referring to in order to take targeted action.

6.13 Jon Williams asked to what extent schools are involved in the Partnership. He asked about the evaluation of interventions listed in Table 4 on page 58 of the agenda.

6.14 JT said that working with schools is a priority for the programme but that this can be difficult. She said that Head Teachers have been invited to the Strategy planning day and that the Partnership is also engaging with Governors on this issue. She noted that a lot of good work takes place in Primary Schools on this issue but that this is not the case at Secondary School. She said that in Scotland the daily mile is part of the national curriculum at both Primary and Secondary school and supported action at the national level. She said that the interventions listed are evidence based using NICE care pathways and other guidance, however, she acknowledged that there is limited long-term evidence for these interventions.

6.15 Amanda Elliot supported the messaging used by the CYP Commission on engaging families and said that the word 'obesity' can be very off-putting for people who struggle with their weight. She also said that interventions like children having their lunches checked at school was the wrong one and needed to be far more positive in a similar way to the messaging for the daily mile. She referred to the work of weight loss groups in the borough and asked if the partnership had considered GP subscribing vouchers for this kind of support. She acknowledged such groups would not suit everyone but that it was a good model for weight loss, reduces social isolation and builds social cohesion by bringing together people from different backgrounds.

6.16 JT said that the partnership works closely with CYP on these issues and agreed that their approach to engagement was the right one. She said that the focus was on creating healthy environments and not on telling people what to do and that no commissioned services mention obesity. She said that weight loss groups are supported by the healthy weight management service and that using these networks and identifying case studies from them would be helpful for the Partnership.

6.17 Cllr Hayhurst, thanked the contributors, noted the overlap with CYP and that he would consider the opportunity for joint updates in this area.

RESOLVED: That the report and discussion be noted.

7 Review on 'Digital first primary care..' Briefings from ELHCP, LMCs, IT Enabler Group, ELHCP

7.1 Cllr Hayhurst introduced the item and said that he would invite presentations from guests before taking questions.

7.2 Jane Lindo (JL) said that the East London Health and Care Partnership is developing a Primary Care app that covers the seven boroughs within the STP. She said that digital is both an enabler and transformative technology for the overall STP strategy. She noted that the review of Primary Care across East London is still ongoing, the publication of the NHS long-term plan and the new GP contract and that all of these pieces of work have a strong digital element. She said that there is a

focus on learning from best practice in digital technology and acknowledged that Tower Hamlets is leading on this way of working through e-consult services and targeting of the younger population. She noted that Tower Hamlets have learnt that their young population are generally healthy but that when they are ill they often go to A&E and may not be registered with a GP. This shows that a different offer is required for this group. She said that she will be working closely with Tower Hamlets to learn from their work in this area and the effectiveness of digital services. She said that NHS England and the London programme have made available up to £500,000 for each STP to be a Digital Accelerator. She said that she is working with a CCG to use this money for digital primary care services. She also referred to the development of a NHS app to integrate with digital primary care services. She said she wanted to stress how the seven boroughs are working together on this agenda rather than going into detail about the content of the plans.

7.3 Cllr Hayhurst welcomed Dr Fiona Sanders and Dr Jackie Applebee from City & Hackney and Tower Hamlets Local Medical Committees to the meeting and invited them to give evidence.

7.4 Dr Fiona Sanders (FS) said that Doctors were generally positive about Artificial Intelligence and digital services. However, she said that digital service needs to be universal and fully integrated and cannot be a bolt-on to the existing system. She said that bolt-on services like GP-at-hand can be very destabilising. She said that digital services need to be instead of other types of services and not as well as. She said that the number of GPs has decreased despite the commitment to an increase of 5000 and workload pressures need to be reduced by digital services. She said that she thought more thought needed to be given about how the public understand different services and how they would like to use digital services. She referred to a recent survey from Which? reporting that 95% of people do not want digital services and that the introduction of digital services needs to have patient support. She noted the loss of funding for Pharmacy First which she thought was a bad decision and ran against the digital agenda set by NHS England. She said that any service would need to maintain more traditional methods in order not to create inequalities between those people who are comfortable using digital services and those who are not.

7.5 Dr Jacky Applebee (JA) began by saying that the demographic that uses digital services like GP-at-Hand the most, people aged 20-40 years old, tend to need GP services the least. She said that it was important that services maintain traditional ways for people to access services. She said that it is important that digital services are proven to improve productivity and not increase the workload of GPs. She also noted that she learns a lot from observation of patients coming into the surgery and should digital should not become a default substitute for conventional general practice. She said that she accepted that digital technology was here to stay but that digital services need to be evidence based. She said the NHS Long-Term Plan included a lot on digital services and timetables for implementation but that this would require adequate resources and that £500,000 for digital acceleration would not be sufficient. She said that Tower Hamlets have done a lot of work in this area in order to respond to people moving to GP-at-Hand. She said that Hackney and City and Tower Hamlets are both used to a high rate of turnover with a rate of around 40%. She said that 3,500 people registered in Tower Hamlets and 2,210 in Hackney and City have moved to GP-at-Hand. She acknowledged that these were not huge numbers but that GP practices could still do without losing this group of people. She said that she thought GP-at-Hand is dreadful and threatens health and care professionals applying a community response. For example, if a person is registered in Hammersmith and

Fulham but needs physiotherapy in East London there are serious problems about coordinating care. She said that Hammersmith and Fulham CCG have requested £18 million from other London CCGs to respond to the increase in patients. She said that she thought that Tower Hamlets CCG has refused this request.

7.6 Cllr Hayhurst asked if she had received a response to her letter dated 29 March 2018. She said that she does not think they have received a response.

7.7 Cllr Hayhurst asked Dr Gopal Mehta (GM) if he had anything he would like to add about how Richmond Road practice operates.

7.8 GM said that the practice was in decline 18 months ago but now it has between 70-75% patients registered online - the most in East London. He said that this has had considerable benefit for the practice. He said that there is a digital service for patients to book a GP call-back online and that patients are told exactly when the GP will phone. He said that other administration and prescriptions services are online. He said that patient satisfaction has improved, the practice has a high rating on NHS choices and it won GP practice of the year last year for England. He said that digital services have improved patient satisfaction amongst young patients but also amongst older patients. He said that there are systems in place for people to contact the practice or come into the practice in order to book an appointment. He said that people registered online are promised same day access to a GP.

7.9 Cllr Hayhurst invited Niall Canavan (NC) to give evidence to the session.

7.10 NC said that the Digital Enabler Group had been operating within Integrated Commissioning in City and Hackney for just over three years. He said that the first stage of the work concentrated on all partners maintaining consistent digital records and that the second stage on sharing these records. For example, the sharing of records between a GP and secondary care providers. He said that he was confident that City and Hackney has a good system in place. He said that services like GP-at-Hand would take patients out of this system of support and he didn't think people understand this. He said that the next stage in the Digital Enabler work will focus on going beyond sharing to things like alerting and patients having access to their records. He said that the way data is stored means that avoiding multiple portals for things like booking appointments is difficult. He said that the aim is to have a single digital identify for people across health and social care and tie services to this. For example, this has been partially achieved with the Co-ordinate My Care Plans for people aged 75 and over.

7.11 Cllr Snell said that the review needs to make strong recommendations and invited guests to be clear about what they thought these should be. He said that he thought there needed to be funding for the move to digital registration across the health and care sector. He also said that he saw clear dangers about services like GP-at-Hand and wondered if people should be warned about the consequences.

7.12 JA said that there are leaflets in surgeries warning people about the dangers of registering with digital primary care services. She said she could share examples of the leaflet with the Commission.

ACTION:	Dr Jackie Applebee to share Tower Hamlets CCGs public leaflets about GP-at-Hand with the Commission.
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7.13 Dr Gopal Mehta said that up to this point GP-at-Hand has not had too much impact in Hackney but that it will if it opens a site in the borough for face-to-face consultation. He said that he knows that GP-at-Hand is looking for a site in the borough and with its financial backing it will be able to secure a good location. He said that he can understand how appealing this service would be. He said that he is currently working from 6:30am-8pm to provide the quality of service at Richmond Road. He said that he thinks the GP-at-Hand service is unsafe and will lead to overprescription of medicine.

7.14 Cllr Hayhurst asked how sustainable a service like the one at Richmond Road is and if it could be replicated.

7.15 GM said the model has been replicated across 5 practices in the borough serving 50,000 people. He said this is happening because services are realising that they need to respond to the digital challenge. He said that there are dangers that if a Doctor is unavailable that a young person might go and register with GP-and-Hand.

7.16 Cllr Hayhurst asked if Dr Mehta knew of the impact his service offer has had on preventing people registering with GP-at-Hand.

7.17 GM said that the service offer has certainly prevented people leaving the practice. He said that growth in the service is evidence of this but that this is only happening because of the amount of work happening and that this is not sustainable and not every GP practice can and will do this.

7.18 Cllr Maxwell asked how GM is avoiding the risk of digital services in his own practice that he said were present with GP-at-Hand.

7.19 GM said that one way of avoiding risk is continuity of care with the same GP seeing the same person to monitor conditions.

7.20 JA said that CQC has found 4 in 10 digital-based providers inadequate and have reported an over use of painkillers and antibiotics amongst these services. She also said that there is strong evidence that continuity of care improves outcomes.

7.21 Michael Vidal noted that all practices need to offer online consultation from April 2020 and asked if there is any evidence that these services are better.

7.22 FS said that there is evidence that video consultations take longer but that people do want them. However, she also said that a recent survey has questioned if people actually wanted a digital service. She said she thought people wanted a partial digital offer but not a total digital offer like that used by GP-at-Hand. JA said that the move to digital is not evidence based.

7.23 Dr Mark Ricketts said that it is April 2021 that services need to provide online and video consultation. He said that recent data for GP-at-Hand shows that 41,690 people are registered with the service. Of this total 2,210 were from City and Hackney with 2,000 from Hackney. He said that 42% of the Hackney total were aged 20-39 years old compared to 28% of the population. He said that over 80% of people registered with GP-at-Hand were in this age group. He said that the key was managing the effects on the wider system. He said that warning people about the risks of registering with such services would contradict patient choice. He said that a

partner at his practice wrote an online letter warning people about the risks of registering with digital services and that this received an immediate response from GP-at Hand calling for the letter to be moderated.

7.24 Cllr Hayhurst said that it should be possible to promote the positives of the Hackney model instead of publicly criticising GP-at-Hand.

7.25 MR said that findings from the IPSOS MORI review of Hammersmith and Fulham could provide findings that could be reported publicly.

7.26 Cllr Hayhurst asked what the national package is for developing digital solutions and if this in any way could match the private investment in services like Babylon and GP-at-Hand.

7.27 Jane Lindo said that the end result is the NHS app to centralise services across health and care. She said that the Digital Accelerator funding aims to make local services compatible with the NHS app.

7.28 Niall Canavan said that the NHS app will centralise digital registration and take that away from local services. He said it has the potential to be much better than GP-at-Hand because it operates across the health and care system.

7.29 Cllr Hayhurst asked if it is possible for practices like Richmond Road to buy into the NHS app model and use it to provide online consultations.

7.30 NC said that this is certainly the expectation of NHS Digital. He said that if Hackney wanted to take this seriously it could ask to lead on adoption of the NHS app. He said that he would advise going second in this process to avoid implementation issues.

7.31 JL said that this requires GP practices getting used to using compatible digital services and getting their patients used to using these types of services.

7.32 Cllr Hayhurst asked if the Digital Accelerator funding would go to one borough.

7.33 JL said that it would and Waltham Forest and Newham were the boroughs under consideration. She also said some funding could support boroughs who have been slower in developing their digital services.

7.34 Cllr Hayhurst asked how Tower Hamlets could be both the most advanced in terms of its digital service and also the borough that has been most hit. He said that he thought Hammersmith and Fulham must have been the borough most affected.

7.35 JA said that Tower Hamlets have developed a much broader offer than GP-at-Hand. She said that GP-at-Hand have cornered a niche market and you can only register through an app which is only good if you are young and have a simple condition. She acknowledged that GP-at-Hand have been clearer on the fact that you deregister with your current practice when you register with the service. She said that Tower Hamlets have lost 3,000 patients from their GP practices and that loosely GPs are paid for the number of patients registered with them. She said that there are slight variations for this younger cohort and that Tower Hamlets have a larger younger population and rely on it to be financially viable. She said that Hammersmith and Fulham have said that they now have more people registered with them and need to

pay for their secondary care. She said that this is true but that eventually the money will follow the patient. For example, she said that if a new housing development opens in a borough with an influx of people then the local health service is expected to cope.

7.36 Cllr Snell asked if digital accessibility and standards are adequately promoted in the borough.

7.37 Cllr Spence said that he thought there was a conflict between universality and patient choice. He said that he thought the review must focus on the principles of universality, equality and risk sharing and that consumer principles are secondary to these.

7.38 AE said that Healthwatch have done a little bit of work in this area. She said that people need to be assured of the standards to expect and how to measure it. She said that Healthwatch can carry out Enter-and-View visits and that it will include a standard question on digital services in its questionnaires. She said she heard a lot of concerns about Digital First meaning that patients would have to try and use digital services before being offered alternative routes. She said that for her the focus should be on setting local standards for digital services.

7.39 FS noted that Duty Doctors have standards of care and MR added that the GP contract is set nationally and that this does include significant local flexibility. He said that he thought that it would be difficult to set standards as practices were testing different approaches.

7.40 Cllr Hayhurst asked MR which GP practices have lost the most patients to GP-at-Hand and what their digital service offer is.

7.41 MR said that it is difficult to know what a patient has done when they deregister with a practice. GM said that some patients do phone all of their patients who deregister. GM said that GP-at-Hand opening a site in Hackney would be a disaster for the area and could lead to the closure of practices.

ACTION:	The Commission to request an update on GP-at-Hand take up in City & Hackney from Public Health.
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RESOLVED:	That the reports and discussion be noted.
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8 Integrated Commissioning UNPLANNED CARE Workstream Update

8.1 Cllr Hayhurst invited Nina Griffith (NG) (Workstream Director, Unplanned Care) to update the Commission on the Unplanned Care Workstream of Integrated Commissioning and Members gave consideration to the report. He asked her specifically to update the Commission on the delivery of the NHS 111 telephone service in the borough.

8.2 NG explained that her update sets out the workstream structure, vision and strategic principles and the three main areas of work. These three main areas are (i) the neighbourhoods programme (ii) integrated urgent care programme and (iii) discharge programme. She said that there is system wide support and buy-in for the neighbourhoods programme. She said that an approved Neighbourhoods Strategic Document Number: 21904053
Document Name: draft mins 4 Feb 2019 HiH

Framework has been agreed by commissioners and providers. In the medium-term the workstream hopes to influence a new End-of-Life service and dementia service in the borough in 2019.

8.3 She said that the NHS 111 service has been live since August 2018. She said there were teething problems at the beginning and that this meant the service did not meet its specifications. For example, some people did not receive a clinician consultation. She said that this had now improved and that more people are receiving a clinician consultation. However, she said that the service is not currently meeting the access standards within the contract that include; the time to answer the call, call abandonment rate and the time for a call back from a clinician. She said that there has been improvement but the standards are not being met. She said that this issue was escalated in September 2018 with fortnightly meetings with the Chief Executive of London Ambulance Service (the provider). Since these meetings LAS have put in place key clinical and operational senior support for the service. There is also better clinical Governance to look into incidents and complaints. These arrangements have been in place since January 2019. LAS are also looking at the operational functions of Clinical Assessment Service (CAS) to provide better support and meet surges of demand. She said that there has not yet been a significant change in the numbers but that these changes were only introduced in January 2019. She said there has been no discernable increase in A&E attendance at Homerton Hospital due to these issues and in fact they reduced after August 2018 although this would not be because of the service.

8.4 Cllr Hayhurst asked how that matched with the report that A&E attendance has increased at Homerton Hospital.

8.5 NG said that these figures pre-date August 2018 and that she has figures showing a decline since August 2018. She said this could not be attributed to the 111 service.

8.6 Cllr Snell asked how satisfaction with 111 is measured and assessed.

8.7 Michael Vidal asked how the neighbourhoods programme interacts with existing GP networks.

8.8 Christopher Sills asked if the closure of Median Road had contributed to the lack of beds for Intermediate Care.

8.9 NG said that there is a NEL 111 Service-User Group. She said that they have struggled to get service user representatives to join the group and that City and Hackney may need to do something at a local level. She said they are talking to their two service user representatives about how they do this and will consult Healthwatch about how they do this. They are also asking their non-clinical coordinators to ask people attending A&E about their experience of 111.

8.10 Cllr Hayhurst asked if it is possible to track City and Hackney residents calling 111 and the drop off rate and if this can be compared to the previous GP Out of Hour Service (CHUHSE).

8.11 NG said that in September 2018 the service was where it wanted to be, that it increased in November and also experienced some peaks in January but is generally where they expected calls to be. This is comparable to CHUHSE.

8.12 NG said that the new GP contract publication mandated Primary Care networks that are in line with the Neighbourhood Model. She said that she hoped this could lead to more resource to support this way of working. She noted that the Neighbourhood Model operates at a broader level. She said that it is good to have support from national policy but that there are risks of constraints and that she would look carefully at the service specifications when they are published in March 2019.

8.13 She said that there is some need for Intermediate Care to support people leave hospital or avoid hospital re-admission. She said these people need active rehabilitation, a period of around 6 weeks, and that sometimes this can happen at home but sometimes this requires inpatient care. She said that this provision does not currently exist and that there has been a historic review of need which showed that there is a need for 8-12 beds. She said that a more recent review has brought this figure down to 2-4 beds which pays testament to the work of the rehabilitation teams. She said that there is a need for nursing care beds in the borough and Interim Care Home beds. She said that they are scoping for more nursing care beds and some Interim Care beds in the borough.

8.14 Amanda Elliot said that part of the rationale for closing Median Road was the use of housing with care services and asked if these services are being used.

8.15 Dr Mark Rickets said that the new GP contract articulates the need for Primary Care Network to work with the wider health and care network. NG said that she doesn't think housing with care services are being used in place of Interim Care. AE said that this was the immediate plan after the closure of Median Road. NG said that there is now wider more comprehensive home care which can include 24 hour care.

8.16 Cllr Hayhurst asked NG to update the Commission on the plans for the scoping exercise. He said this could be a one page written update.

RESOLVED: That the report and discussion be noted.

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

9.1 Members gave consideration to the updated Work Programme.

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

10.1 Cllr Hayhurst stated that he had not received any items for AOB.

Duration of the meeting: 7.00 - 9.00 pm

Monday, 4th February, 2019