

Health in Hackney Scrutiny Commission

Meeting on Thu 13 June 2019

Item 11 Work Programme

The Chair wrote to all the key stakeholders asking for suggestions for the work programme for 2019/20 here are the responses received as at 12 June are below:

Note: Kim Wright asked each of her directors to reply separately. 2 below.

| Respondent | Suggestion |
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| Anne Canning Group Director CACH | <p>Suggestions from Adults Services are as follows :</p> <ol style="list-style-type: none">1) Assistive Technology - service is keen to gather views of residents and potential demand in the borough. The service is planning to undertake a number of small pilots in this area and to recommission the telecare service.2) The implementation of the '3 Conversations' model and moving towards a Neighbourhood, asset-based approach. The service is going to reconfigure the day care offer which will need to reflect this new model of working. <p>Public Health, as you know from an email from Sue, have observed that the HiH topics have been very NHS focused and it would be good to look at some of the wider determinants of health and whole system approaches to key problems such as 'best start in life'.</p> |
| Dr Sue Milner Interim Director of Public Health | <p>Looking at previous work programme for this Health Scrutiny Commission its very NHS focussed with less on population health per se and what makes a population healthy (or not). It estimated that approximately 10% of population health is impacted by the NHS. We could usefully be looking at some of the wider determinants of health, such as poverty, housing, education and skills and/or whole system approaches to specific problems e.g. best start in life, obesity - thinking about how we draw on all our assets to tackle the problem and surfacing the overlaps with other areas of scrutiny etc. Also moving forward, this commission has the responsibility for scrutinising the HWB and they could be involved on work to bring that back to life.</p> |
| Dr Fiona Sanders C&H LMC | <ol style="list-style-type: none">1) Impact of recent changes in the commissioning sexual health on provision of services, access and care.2) Impact of the ongoing downgrading of the Homerton Pathology services3) Recommissioning of the community district nursing |

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| | <p>services and other community services</p> |
| <p>Dr Nick Mann Local Medical Committee member</p> | <p>Thank you for writing to Dr Fiona Sanders, CHLMC Chair, requesting input to the JHOSC work programme 2019-20. As LMC representative, I am replying on the Committee's behalf after discussion at LMC meeting 5th June 2019.</p> <p>Firstly, I would like to thank you for your engagement in the workstream of local issues including NHS Long Term Plan, NEL Estates Strategy, Digital-First Primary Care, Homerton Pathology Lab, and Overseas Visitor Charging at HUHFT. It is important to have JHOSC's oversight on these issues. It would be helpful to have updates on these issues, which remain current.</p> <p>Regarding the Pathology Lab, LMC understands that "No decision has been made" with regard to the proposed downgrading of on-site Pathology services. However, there has been some indication that HUHFT's future will be the Barts 'Hub and Spoke' model, in preference to rebuilding facilities or outsourcing services. NHSI has indicated that this is what is being planned (see London 3 in attached document), forecasting £6m saving (~10%) of service costs. Homerton Pathology lab staff have indicated that staff who have left have not been replaced.</p> <p>LMC welcomes JHOSC's engagement with NHS England's national introduction of eligibility restrictions to NHS care, and the relevance of NHSE's '17 Evidence-based Interventions' list to NEL STP's locally developed expansion of POLCV/E restrictions under the new 'Aligning Commissioning Policies' list.</p> <p>There are significant concerns regarding the purpose and effect of this method of rationing including; the removal of professional judgement in providing or referring patients for treatment; conflation within the lists of already obsolescent treatments with treatments that have a mixed evidence base; creating a structure within which mutable eligibility criteria are used to restrict entitlement to standard NHS treatments that are well established as being effective, cost-effective, and necessary for patients' health.</p> <p>LMC also raised concerns regarding a proposed new GP Sexual Health Services contract by LBH for non-GMS services. In context of C+H's highly transient and diverse population, the expectations of the contract appear unrealistic. There is a feeling that the contract is underfunded for the large amount of work required; that KPIs are set too high: 75% of all new registrants must accept an HIV test; 95% of all women 16-49yrs must be offered Long Acting Reversible Contraception (eg coils), and these must be fitted within five days of a request; that 95% of all women must be offered STI testing and that 90% of positive STI test results must be notified to patients within 10 days of the test date; that moves to online requesting for self-tests may prejudice opportunities for individual counselling of patients potentially at risk (eg sexual assault, safeguarding and relationship issues); that responsibility for contact tracing is delegated to GPs via an app; that the time required for effective Sexual Health consultations is not available in General Practice. Typically in secondary care and community clinics, patients</p> |

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| | <p>have 20-30 minute appointments for consultation, testing, and counselling patients. It is also unclear how the GP SH service contract is planned to fit in the wider provision of SH services across the Borough. The degree of shift of SH from secondary care and community services onto GPs is unclear. We do not know if this SH contract is intended to permit closure or downgrading of existing SH services and clinics provided elsewhere. LMC would welcome some enquiry as to the overview of SH service provision envisaged, and whether the budget allocations, contract demands and KPI requirements are appropriate for the demands of the contract on GPs.</p> <p>JHOSC will be aware of the very hasty development of Primary Care Networks (PCNs) across England. While some see this as an opportunity to strengthen GPs' position as leaders of integrated primary care systems, there is also concern regarding the secession of GP contracts to the PCN. GP numbers are falling while smaller Practices wither on the vine. There are concerns that, in time, PCN contracts will be subsumed by ICS/ICP/ICT contracts, and that GP GMS contracts will no longer exist. In practical terms, this may equate to GPs losing professional autonomy, national networks, and the ability to lead development of GP services for patients. There are concerns that two of the most effective components (in terms of cost-minimisation and health benefits) of GP care - continuity of care and gatekeeping usage of expensive secondary care services - may be rendered ineffectual in the larger, impersonal systems. Future funding for PCNs is likely to become leveraged by (as yet unknown) 'quality outcomes metrics'. Although currently there is partial funding specifically ringfenced for this new work, it is very unclear if it will actually enable the staff and service expansion and reorganisation that is demanded. There is not adequate funding uplift to support existing GP provision and it is doubtful that additional ancillary staff in PCNs will compensate for this lack of provision of medical care. The infrastructure to support PCN MDTs is not there: District Nurses, GPs, Health Visitors, Midwives, clinical space...It is as yet unclear what this multi-disciplinary co-working will actually look like, and what this will mean for patients accessing and receiving services.</p> <p>It would be very helpful to have some oversight of PCNs as they are developed - to explore costs, workforce and contractual implications; and evaluation of implementation and impact on patients and on General Practice.</p> <p>I hope these suggestions may be in line with SC workstream. Please let me know if there is anything additional you may need.</p> |
| <p>Dean Henderson Borough Director City and Hackney, ELFT</p> | <p>As you may be aware there are two significant service developments , one in Adult Mental Health and the other in Older Persons Mental Health Services , which come into operation later this summer :</p> <ul style="list-style-type: none"> • The new Health Based Place of Safety at Homerton Hospital (August 2019) • The redesign of the City & Hackney Diagnostic |

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| | <p style="text-align: center;">Memory Clinic and Dementia Service Pathway (September 2019)</p> <p>My suggestion would be that it might be of interest to the HiH Scrutiny Commission for ELFT provide initial feedback on how well these two services are operating and what they are delivering, after each has been operating for 6 months.</p> |
| <p>James Goddard N&E (Strategic Housing Policy)</p> | <p>Briefly: there are currently five broad areas across Regeneration which are directly health related and which, on the face of it, would fit in with any Health Scrutiny proposals. These are:</p> <ul style="list-style-type: none"> • Smoking Cessation • Healthy Weight • Older People's Housing • Suicide Prevention • Long term health outcomes of the regeneration programmes <p>The last is an ongoing item and is covered through formal Health Impact Assessments, design and Planning etc as well as a whole range of other tools and measures (including some new health and wellbeing measures in the Inclusive Economy Strategy).</p> <p>We also have a number of items such as the Housing Health and Safety Rating System which are health focused but which have already undergone scrutiny by Living In Hackney. And no doubt will undergo more in the future.</p> <p>We are therefore focused on the first four bullet areas during this year.</p> <p>The key point however is that Housing/Regen are delivering these elements through both the Public Health and the Adult Commissioning functions i.e we do not lead on them. I have spoken with both the lead officers - Matt Clack and Gareth Wall - who confirm that any lead scrutiny on these areas would be via their functions but with contribution from Regeneration. They are in liaison with Scrutiny officers and chairs to establish any scope for these items.</p> <p>On that basis I would advise Councillor Hayhurst of the areas of focus during 2019/20 but that they are</p> |

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| | <p>part of a broader and more integrated approach. I am however very happy to speak with him should he wish to consider a particular housing/regen scrutiny on any of these topics.</p> |
| <p>Aled Richards Director of Public Realm N&E</p> | <p>I would suggest that one item on the Health in Hackney Scrutiny Commission work programme might be Sports development and Health. We could prepare a paper covering the Sport England project, new age games and other initiatives to promote exercise amongst our residents as well as highlighting the improvements to the Council's leisure and parks facilities as well as linking in to the Public Health pilots of addressing poor health in specific areas of the borough.</p> |
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