Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Thursday, 12th September, 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), Cllr Deniz Oguzkanli and Cllr Patrick Spence**
Apologies:	**Cllr Emma Plouviez and Cllr Tom Rahilly**
Officers In Attendance	**John Binding (Head of Safeguarding Adults), Anne Canning (Group Director, Children, Adults and Community Health), Simon Galczynski (Director - Adult Services) and Joe Okelue (Legal Services)**
Other People in Attendance	**Nick Bailey (Hackney KONP), Councillor Feryal Clark (Deputy Mayor and Cabinet Member for Health, Social Care, Leisure and Parks), Amanda Elliot (Healthwatch Hackney), Nina Griffith (Workstream Director Unplanned Care, CCG-CoL-LBH), David Maher (MD, City & Hackney CCG), Dr Nick Mann (Local GP and Member Keep Our NHS Public), Dr Mark Rickets (Chair, City and Hackney CCG), Laura Sharpe (Chief Executive, City & Hackney GP Confederation), Michael Vidal (Public Rep on Planned Care Workstream, CCG-CoL-LBH) and Jon Williams (Director, Healthwatch Hackney)**
Members of the Public	**4**
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Cllrs Plouviez and Rahilly.

1.2 Cllr Snell, Dr Mark Rickets and David Maher also stated they would have to leave early for other meetings.

1.3 Apologies were received from: Dr Sue Milner, Kirit Shah, Carol Ackroyd and Richard Bull.

2 Urgent Items / Order of Business

2.1 The Chair stated that item 9 would be taken after item 6.

3 Declarations of Interest

3.1 Cllr Maxwell stated that she was a member of the Council of Governors of HUHFT.

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

4 Minutes of the Previous Meeting

4.1 Members gave consideration to the minutes of the meeting held on 10 July 2019.

4.2 The matters arising were noted.

RESOLVED:	**(a) That the minutes of the meeting held on 10 July be agreed as a correct record.** **(b) That the matters arising be noted.**

5 City & Hackney system's summary response to NHS Long Term Plan

5.1 Members gave consideration to a report on the draft City and Hackney response to the NHS Long Term Plan.

5.2 The Chair welcomed for this item:

David Maher (DM), Managing Director, City and Hackney CCG
Dr Mark Rickets (MR), Chair, City and Hackney CCG
Nina Griffiths (NG), Workstream Director – Unplanned Care, LBH-CoL-CCG

5.3 Introducing the report, DM stated that the content of the response had been through a number of forums. The Long Term Plan was the plan for the next 10 years for the NHS and followed on from the Five Year Forward View. One of the key challenges in north east London was the increase in population and the plan helped tackle that. It will lead to £2.3bn more in investment in primary and community health services in NEL. City and Hackney was in a good place and had achieved a number of successes since the last plan including reductions in obesity in the working age population. The opportunities presented by the LTP were significant. Going back 5 years, he said, mortality rates in mental health in NEL were the worst in the country and as of this year that mortality curve had been inverted for those living with severe mental illness. The challenge now was how to use the LTP going forward and one of the key aspects would be the Primary Care Networks which were being delivered in C&H via the Neighbourhoods Programme. There was also now a well-established Integrated Commissioning Board and it put Marmot principles on wider

determinants of ill-health at the forefront of its thinking. Significant inroads were being made in the CYP&M Workstream, an example being the fact the recent measles outbreak had now been contained and over 1000 vaccinations had been delivered. The ICB had been in place for 2 years and administered £50-£60m in contracts and the ambition was to go much further with this. The presence of elected members on the ICB gave it significant levels of accountability. Work was ongoing on having Providers join the ICB and a planning forum was being run to look at the whole architecture of the workstreams. There was also a need to include the VCS even more in the workstreams. A key focus was to reduce the pressure on acute beds and going forward on improving digital access to primary care.

5.4 Members asked about recent media coverage that London had the lowest vaccination rates in the country. DM replied that this was still correct, for all the reasons covered at the Commission's meeting on this, but nevertheless, solid progress was being made locally and a serious outbreak had now been successfully contained and they would be able to build on this.

5.5 Members asked if there was a more detailed data document underlying the response paper and DM replied that there was.

5.6 Members commented that, often with these changes, Secondary Care absorbed the bulk of the money and how is it possible in this context to safeguard primary and community care funding. DM replied that primary care funding was locked into contracts for Primary Care Networks and likewise for example in mental health and so it was protected to that extent. Hackney and Newham would benefit from new money flowing into the system under the LTP.

5.6 Members commented that the LTP contains a vision for thriving hospitals but asked if the reduction in the scale of the Path Lab at HUHFT a contradiction of this. MR replied that histology tests (i.e tissue) already went to Barts and HUHFT would always retain capacity for blood testing and that none of this would impact on, for example, the early diagnosis of cancer. A business case on the future of pathology services at HUHFT was being developed but he had not yet had sight of it. The Chair stated it would not be helpful to continue this issue without the presence of a senior representative from HUHFT and the CE had come to the Commission to discuss this on a number of occasions already.

5.7 Healthwatch representative enquired about what Equality Impact Assessment if any had been done by the ELHCP. DM replied that he was not aware of the detail on this and he would take the issue back for a response.

5.8 NG commented that the LTP response reflected C&Hs strategic priorities such as the Neighbourhoods Programme, the Make Every Contact Count programme and all of these were developed within an integrated system. The Plan preserved innovation in integration such as the 'Prevention Investment Standard'. She also described how resident input was always sought by the workstreams in all its service development.

5.9 Members asked about next steps and whether the C&H plan was going to be merged into a single document covering the three ICS areas. DM replied that it would go to Cabinet and CCG Governing Body. By the end of the Sept the ELHCP would have to submit activity plans on finances and on workforce to

NHSE. The narrative document would then go to NHSE in Oct and a final version would be resubmitted in mid November following any changes. DM clarified that the response comprised a standalone C&H Plan and a separate document where it is weaved into the overall plan for NEL. The amended draft Response would come back to Cabinet also on 16 Oct and it was of course also being discussed at INEL JHOSC on 19 September.

RESOLVED:	**That the draft Response to the NHS Long Term Plan be noted.**

6 Future of North East London CCGs

6.1 Members gave consideration to a report from Hackney Keep Our NHS Public and the chair welcomed for this item:

Dr Nick Mann (NM), Local GP and Member of KONP
Nick Bailey (NB), Member of KONP

Dr Mark Rickets (MR), Chair, CHCCG
David Maher (DM), Managing Director, CHCCG
Nina Griffith (NG), Workstream Director, CHCCG-CoL-LBH
Michael Vidal (MV), Public Representative on Planned Care Workstream, CHCCG-CoL-LBH

6.2 The Chair asked DM to respond to the concern about possible 'merging' of CCGs. DM replied that the national expectation was that ICSs cover a population area of 2 million people. At the other end of the spectrum Primary Care Networks, which are delivered locally as part of the Neighbourhoods Programme, work to a population of 30-50k. The idea with the Long Term Plan was to modernise community care and to modernise the whole commissioning architecture. The expectation in the Plan was that the restructures should aim to deliver a necessary cost saving of 20% to the system. Commissioners such as CCGs are not providers and he drew Members' attention to the system diagram on p.29. City and Hackney already operated as an integrated system with increased possibility for accountability. Further transparency would be added with Providers joining the ICB and they will sit with commissioners in planning local services. The NHS is looking to CCGs working in this integrated model by 2021 so by April 2020 a new structure needed to be worked up. As part of this the local system will be able to set out 'Asks' for what it wants to commission locally. 15% of CCG activities are already commissioned already at ELHCP (i.e. STP) level. Certain areas such as mental health bed planning or cancer pathways need to be delivered at sub regional level to be effective. The aim was to reduce costs in the system.

6.3 The Chair invited Hackney Keep Our NHS Public (KONP) to respond. Dr Nick Mann (NM) replied that it was becoming clear that City and Hackney would not survive as a small entity and with all the transfer of funding being tied into a requirement of expected behaviours this would prove troubling. He cited the example of the Path Lab at the Homerton, stating that pathologists there did not support the changes. In his view HUHFT would lose it all. There were a lot of issues and they wouldn't be debated if the decision making was escalated higher. He stated that it was his understanding that the mergers would mean

that patients with schizophrenia would have to travel long distances for treatment, that mental health beds would move to Mile End Hospital and specialist care for Older People would move to King George's and the result would be less accountability overall. The ICS would be making all the decisions and you can't have local decision making within a sub-regional model, he stated. He stated that these trends were worrying and recently Virgin Health had been contracted in Waltham Forest and warned the same could occur in Hackney. He asked where was the document which explained the process of the merger and the legal basis for it. If the merger went agenda C&HCCG would be folded and Hackney would lose accountability and control. The Chair stated that for this item he would steer Members from discussions of the Path Lab or Estates as both had been discussed at length.

6.4 MV opened the response on behalf of the CCG by stating that the Communications and Engagement team at the CCG had met with all the public and patient reps and they had set up a working group to plan a programme of engagement around this issue. His understanding was that, thus far, the CCG was not minded to opt for formal consultation but instead would roll out an engagement programme. DM added that this work would commence in October.

6.5 The Chair asked when for clarity on when a formal decision would be made. DM replied that a Case for Change was being developed and should be shared in October and then each CCG would have to consult with its constituent members – its GPs. There was still 18 months to the 2021 date and any proposals would also have to be agreed by each CCG Governing Body. The Chair stated that the extent of any objection by councillors and the public would depend on the detail of where the decision making on commissioning will lie in future. DM replied that it was important to wait for the Case for Change in the first instance.

6.6 MR stated that north east London had secured additional time to April 2021 to consider this proposal and this had been secured by Chief Accountable Officer of the ELHCP.

6.7 The Chair took issue with the plans stating that Scrutiny had been in a similar position before regarding engagement vs consultation over the Transforming Services Together (TST) programme, where they had been "informal engagement" at INEL JHOSC over a few years only then to be told that that had constituted a public consultation and the NHS was proceeding with the plan, therefore, Members had reasons to be sceptical. He stated that the suggestion that this didn't warrant a full public consultation was preposterous considering that the plans envisioned that the balance of 85% of commissioning budgets would now be moved upwards. He asked whether there would be separate engagement and consultation exercises.

6.8 MR replied that this would partly be driven by the outcome of any Judicial Reviews as per the Lewisham document. DM added that there was a chance here for City and Hackney to collectively drive through the change it wanted to see and this should be embraced. MR added that it was important for City and Hackney to keep getting on with the excellent work which was being done locally and this would demonstrate the local system's ability to build and develop excellent services.

6.9 Members asked what the risks were with the move and what would the benefits be. DM replied that there was an opportunity to build more accountability with the addition of the Provider partners. The ICB as it currently stands was highly accountable with elected members sitting on it and the CCG Governing Body comprised clinical reps, patient reps and elected GPs on it. The Governing Body would need to carefully examine the proposals coming out of ELHCP.

6.10 Members commented that these decisions were just being taken by GPs and it appeared like they were being taken behind closed doors and this was profoundly undemocratic.

6.11 MR replied that NHSE makes the final decision and if it was unhappy with what C&HCCG did it could put it "under directions". The Governing Body was governed by statute. It was constituted in a different way to local authorities. It comprised: 4 GPs, 3 lay members, 1 independent nurse, 1 independent consultant, the Chief Accountable Officer and the Chief Financial Officer. It met in public and local GPs voted on and appointed the CCG Chair.

6.12 Members stated that it was important that a proper public consultation take place on these changes rather than merely engagement. The public needed to have their say and there needed to be a proper fully publicised timetable for this activity.

6.13 MV replied that he agreed and the consultation and engagement working group would come up with a concrete plan for this. He added that his preference was for engagement rather than consultation. Engagement involved 2 way discussions and jointly working up proposals whereas formal consultation involved mostly just answering questions on a formal questionnaire and the response might be low or might not very representative. DM added that this was not about particular service changes and MR added that they had already had 1200 contacts since early spring on the Long Term Plan which was a lot.

6.14 The Chair re-iterated that this had to depend on the detail. If 85% of the budget was moving elsewhere it was not credible to say that this process wasn't about "service re-configuration". He also took issue with the point that this was more accountable because there were 3 elected members on the ICB or that Provider organisations were now participating. He added that making savings on administration did not trump the loss of local accountability which these changes would incur. City and Hackney had done very well in how it had adapted to the Lansley changes (in the 2012 Act) and had to be commended for that but this now represented a new and significant change.

6.15 The Deputy Mayor added that the ICB was both transparent and accountable, for example, through the elected members who sit on it. She stated that, nevertheless, councillors have concerns about the future of NEL CCGs and she and the Mayor had arranged to meet the Chief Accountable Officer of ELHCP to discuss these.

6.16 The Chair thanked the officers for their input and noted that they would be returning to this issue.

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

7 Briefing on Intermediate Care beds

7.1 Members gave consideration to a report on Intermediate Care Beds which they had requested.

7.2 The Chair welcomed for this item

Simon Galczynski (SG), Director, Adult Services
Nina Griffith (NG), Workstream Director – Unplanned Care, CCG-CoL-LBH

7.3 NG took Members through the report in detail. It was noted that as the demand for intermediate care beds had been reduced because of the establishment of a successful Integrated Independence Team (IIT), there was now a requirement for only 2 to 4 step-up or step-down beds and this volume would not justify establishing a separate new residential unit within the borough. They had spent the underspend on intermediate care beds on the Discharge to Assess work and they were working closely with the IIT in the lead up to that contract having to be renewed in November 2020. They were linked in to Community Care and they continued to spot purchase beds, as required, in St Pancras or Bridges wards which are in Camden and Islington respectively.

7.4 The Chair asked for clarification on the bed numbers in 4.1 ('GFD' section) and the table at 4.2 which seemed to be contradictory. NG explained the difference between "number of bed days" and "number of beds" and that the length of stay was generally quite short.

7.5 Shirley Murgraff, a resident, stated that she did not agree with the assessment this it was a good service because in her view there was an absence of patient choice. She stated that she had personally been a service user of the intermediate care beds at the St Pancras facility, out of borough. She stated that City and Hackney could not say that it had unfettered access to these beds because St Pancras could refuse for three reasons: the facility was full; priority was given to Camden and Islington residents or they did not agree with the assessment of the patient. They could therefore veto a request for a bed. She also stated that she did not consider these to be proper intermediate care beds but rather this was a 'sub-acute' ward which had patients in it who had complex conditions and so could not get out of bed. She stated that the possibilities for a more permanent solution using the previous Median Rd site had not been properly explored before it had been closed and that that site could have had income generation possibilities.

7.6 SG replied that the St Pancras facility was fully registered for Intermediate Care and they provided intensive multi-disciplinary care and this was different from respite. As with every facility it had a 'pipeline' for admissions and there may, on occasion, be a capacity issue but no cases had been escalated to him as Director regarding patients who could not be found a bed when they needed it. He did not agree with the assertion that there were quality issues at St Pancras. He stated that they did have access to step-down beds there but not to 'step-up' beds. They currently did not have bed based provision for 'step-up' and this was resolved by use of more intensive home based support for 'step-up', than people would have received in the past. He added IIT also provided 2 hr rapid response into A&E if required. This was a much faster response than

previously and the focus was on getting the right support at the right time. He added that while the St Pancras facility was bed based the setting was very homely and non-institutional. NG added that they also provided 'Same Day Emergency Care' where patients could be discharged home afterwards. The Ambulatory Care Unit at HUHFT was also assisting them with providing a 'whole-system' hospital response with community services coming into A&E to plan both care and discharge. UCLH NHS Trust was running a similar model she added.

7.7 Members asked who the budget holder was. NG replied that the IIT was jointly commissioned as part of the Integrated Commissioning system and the budget came from the Better Care Fund. Within their allocation IIT were given funding to spot-purchase beds at St Pancras if required and this was held by the IIT as part of the integrated care service. The CCG held the budget for any other beds outside of this arrangement.

7.8 The Deputy Mayor stated that she and the Mayor took a keen interest in exploring the development of Intermediate Care and a business case was being developed to look at long term options within the borough.

7.9 Shirley Murgraff, a resident, asked what had happened to the options appraisal on the future of the Median Rd site and re-iterated that in her view its closure had removed the element of patient choice. She added that that commissioners must be more up front with patients. She questioned that spot purchasing must be more expensive in the long term. She added that while she was grateful to receive intermediate care at St Pancras, options such as physiotherapy were not available there.

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

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

8 Annual Report of City & Hackney Safeguarding Adults Board

8.1 Members gave consideration to the 2018/19 Annual Report of the City and Hackney Safeguarding Adults Board and a covering report. The Chair stated that the Commission considered this each year and he added that this time the Chair, Dr Adi Cooper, had had to give her apologies. He welcomed to the meeting:

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

8.2 SG took Members through the report. It was noted that 34% of concerns went on to become safety investigations and this had been in line with national averages. Officers would like to hear more from people about the outcome of safeguarding investigations he added. He stated that the research had shown that most of the patient outcomes were 'positively met'. He stated that there had been two Safeguarding Adults Reviews (SARs) in 2018/19 relating to Ms Q

and Ms F. He explained that 14 more 'Safeguarding Champions' had been trained up over the year.

8.2 JB took Members through the 'areas for development' section of the report and explained how they were working on how to get more feedback from those who had used the service and to this end they were developing a Service Users' Engagement Network. He also explained the campaigning they were doing on tackling modern slavery with a campaign being launched on 18 October and the work they were doing on chronic rough sleeping. He explained that at last year's Annual Report item they had been encouraged to have greater service user involvement in the training of the Safeguarding Champions and this was now taking place.

8.3 AC stated that the CHSAB had made a significant contribution too to the work of the Integrated Commissioning Board particularly in its work with the CHSCB (safeguarding childrens' board) on transitional safeguarding which was aimed at ensuring that vulnerable adolescents are properly supported and do not lose out during the transition to adult services.

8.4 Members asked why there wasn't an SAR relating to the case of the homeless man who had recently died in Stoke Newington, which had received much media coverage. JB replied that it was after the cut off point for the report and a decision on whether there would be an SAR couldn't be taken until after consideration of the Coroner's Report, which was still awaited. SG added that he would expect there to be an SAR in that case as there were definite lessons to be learned around managing mental capacity issues affecting those who are street homeless. Members commented that many members of the public were upset and angry about that case that there was generally a public lack of awareness about safeguarding issues.

8.5 A Healthwatch representative asked why the case of the 32 year old who had died of scabies infection wasn't included. JB replied that it happened after the 2018/19 cut off and would be included in next year's report.

8.6 Christopher Sills, a resident, stated that more needed to be done to provide support earlier to street homeless as their mental health declines rapidly as does their ability to help themselves.

8.7 Members asked about the SAR regarding 'Ms Q' and asked whether the service could be faster in publishing preliminary findings from SARs and cascading these down more promptly so that key issues can be attended to urgently. SG stated that SARs didn't happen in chronological sequence because it depended on the complexity of the events involved. AC replied that there definitely was a mechanism in place to internally expedite learning when issues needed to be addressed quickly and gave an example of a recent issue relating to housing. She stated that officers did not wait for the conclusion of the whole process before acting on key issues which could be tackled quickly.

8.8 Members stated that the full report had had a number of technical terms such as DoLS which needed to be explained more clearly to a lay reader. Officers undertook to take this on board for next year's report and welcomed the feedback.

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

9 REVIEW on 'Digital first primary care and implications for GP Practices' - draft report

9.1 Members gave consideration to the draft report of its review on 'Digital first primary care and the implications for GP Practices'. The Chair stated that this was being presented for comment before it would be presented for formal agreement at the next meeting.

9.2 Dr Mark Rickets (MR), Chair of City and Hackney CCG, stated that they had already fed back on the draft recommendations. It was important to note that the CCG did not employ GPs and so could not direct them, which he felt was the inference in Recommendations 1 and 2. The Chair responded that this merely illustrated the point that nobody appeared to be holding the ring on this issue in the STP area.

9.3 MR stated that if you drove up access there would be resource implications. He added that NHSE was also currently consulting on the patient registration funding and contracting rules.

9.4 A Member took issue with why this was being discussed. It was up to the Commission to make its own recommendations and the NHS would then would have an opportunity to respond afterwards he said.

9.5 Laura Sharpe, Chief Executive, City and Hackney GP Confederation, stated that she had pointed out that directing Recs 1 and 2 to them was inappropriate as they were just the provider. If someone wanted to commission them to expand this work they would do their best to do so but the Confederation only had 4 staff. The system in NEL did not dictate to GP Practices on digital transformation. She acknowledged that there needed to be a serious response to GP at Hand but Practices can respond how they see fit. MR added that part of the reason why they had not been responding sufficiently on this drive for digital first was that they were so busy doing the day job.

9.6 Members commented that perhaps the findings of the review would assist the CCG and the Confederation in making the case for a system response on digital first primary care. Private operators were moving into digital primary care and the situation must be responded to, they added. MR asked what response they should make. Members replied that there was no single solution but there was a need to ensure that the local system responds adequately in a way which ensures that GP Practices survive and thrive.

9.7 Dr Nick Mann (NM) commented that there was, in his view, extreme pressure coming from NHSE on digital and larger forces were at work here, giving the example of the push for a London wide electronic patient record.

9.8 The Chair stated that Members would consider whether any amendment to the wording of the two Recommendations was required and to bring it back for agreement.

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

10 Health in Hackney Scrutiny Commission- 2019/20 Work Programme

10.1 Members gave consideration to the updated work programme.

RESOLVED:	**That the updated Work Programme for the Commission be noted.**

11 Any Other Business

11.1 Christopher Sills, a resident, raised the issue of a young woman who had been terminally ill but had recovered and who whose subsequent treatment by the health service had been lacking, in his view. The Chair cautioned that this was case work and the Commission could not get involved with individual cases. He asked Mr Sills that if there were systemic issues which merited the Commission's attention they would give them consideration and requested that he email him with these.

11.2 Shirley Murgraff, a resident, asked about the status of the feasibility study on the future of the former Median Road Resource Centre. The Chair agreed to request a note on this from the Deputy Mayor/Cabinet Member.

ACTION:	**The Deputy Mayor is requested to provide a brief update on the current status of the feasibility study on the future options for the Median Rd Resource Centre site.**

11.3 Shirley Murgraff, a resident, stated that she had written to the Commission asking for its assistance regarding the issue of the poor take-up of pension credits in Hackney. Recent reports from Independent Age and Age UK had highlighted that there was c. £26m in unclaimed pension credit in the borough and she asked what the Council was doing to ensure that every single pensioner and pension age couple in the borough knows about their entitlement and are encouraged to apply for it. The Chair replied that he would ask the Cabinet Member for Finance and Housing Needs to respond.

ACTION:	**The Cabinet Member for Finance and Housing Needs to respond to Mrs Murgraff's request about ensuring that entitlement for pension credit is more fully publicised by the Council so that the estimated pot of £26m in unclaimed pension credit is claimed.**

Duration of the meeting: 7.00 - 9.00 pm