

Notes of a Virtual Meeting of Health in Hackney Scrutiny Commission on Monday 30 March 2020 at 19.00-20.00 hrs.

As this had to be an informal meeting, because a physical meeting could not take place, the Commission could not agree minutes or make decisions at this time. The purpose of the meeting was to receive verbal briefings from the Council and NHS partners on the evolving situation regarding the local response to the Covid-19 pandemic.

Participants:

Members of the Commission	Cllr Ben Hayhurst (Chair), Cllr Kofo David Cllr Deniz Oguzkanli Cllr Peter Snell Cllr Patrick Spence
Invited speakers from the council and partners	Catherine Pelley (Chief Nurse and Director of Governance, HUHFT) Dr Mark Ricketts (Chair, City and Hackney CCG) David Maher (MD, City and Hackney CCG) Laura Sharpe (Chief Executive, C&H GP Confederation) Anne Canning (Group Director, CACH, LBH) Dr Sandra Husbands (Director of Public Health for City&H, LBH)
Other elected Members	Mayor Philip Glanville Deputy Mayor Anntoinnette Bramble (Cabinet Member) Cllr Christopher Kennedy (Cabinet Member) Cllr Caroline Selman (Cabinet Member) Cllr Carole Williams (Cabinet Member) Cllr Kam Adams (Speaker) Cllr M Can Ozsen Cllr Sophie Conway Cllr Margaret Gordon Cllr Caroline Woodley Cllr Richard Lufkin Cllr Jessica Webb Cllr Clare Potter Cllr Nick Sharman Cllr Penny Wrout Cllr Yvonne Maxwell Cllr Sade Etti
Other participants	Jon Williams (Healthwatch Hackney) Amanda Elliot (Healthwatch Hackney) Carol Ackroyd (Hackney Keep Our NHS Public) George Binette, (Union link Hackney North CLP) Maia Kirby (Hackney North CLP) Michael Vidal (Public Rep on Planned Care Workstream of Integrated Commissioning) Ed Sheridan (Reporter, Hackney Citizen) Ben Bradley (Head of Mayor's Office, LBH) Tracey Anderson (Head of Scrutiny and Ward Forums, LBH) Jarlath O'Connell (O&S Officer for HiH, LBH)

1. Apologies

- 1.1 There was an apology from Cllr Plouviez. The Chair thanked the senior NHS and Council officers who are at the frontline of managing the crisis for giving their time to check in to this virtual meeting.

2. Briefing from Homerton University Hospital NHS FT (Catherine Pelley)

- 2.1 Catherine Pelley (Chief Nurse and Director of Governance of HUHFT) gave a briefing and answered questions. The following these key points were noted:

- a) Situation changing rapidly from day to day, whole focus of Trust mgt currently on Covid. 7-day Command Centre in place.
- b) All Planned Care and outpatients' appointments now stopped only doing urgent work and attending to urgent cancer pathway patients.
- c) Staff are being redeployed to Covid support. Key skills being identified and mapped to the highest demand. Returning medical students and student nurses being engaged.
- d) ICU capacity extended from normal 8-10 beds to 27-28 beds. Also have Covid dedicated wards where there are non-intrusive treatments as well as intubation.
- e) Plans being developed within the system for transfer as appropriate to NHS Nightingale at Excel once that opens in a few days.
- f) Currently 12% of workforce not at work because they are either symptomatic or living with someone who is. Some staff may also need to be shielding and social distancing.
- g) There are currently enough PPE supplies to cope, but they are waiting for more. PPE being provided to all frontline staff from cleaners to senior medics irrespective of employment type (internal, external, contractor) and across all settings. CP commented that public are walking the streets using masks etc which are not necessary and are draining supplies.
- h) Also looking at future need for more equipment and they are looking at new staffing models.
- i) At the ELHCP (STP) level there is a focus on staff testing and testing those living with staff.
- j) All Covid costs are being tracked but funding is not stopping any activity that is needed.
- k) Staff are working to support the implementation of NHS Nightingale
- l) Additional staff are being sourced from all possible sources daily.
- m) A significant increase in mortuary capacity will be needed by Easter and there will need to be a 6- or 7-fold increase.
- n) There are issues on the need for additional waste capacity.
- o) The demand for non Covid beds has dropped significantly as people are staying away.
- p) On ventilators more will be needed and there is a national drive to secure more.
- q) Lockdown is now in place at HUH as well as Barts Health hospitals and strict rules on entry, with few exceptions, are in place. This will benefit patients recovery.

3. Briefing from Children, Adults and Community Health (Anne Canning)

3.1 Anne Canning (Group Director, CACH, LBH) gave a briefing and answered questions and the following key points were noted:

- a) Key issue for adult services was the urgent requirement to do swift discharge from the Homerton. On Friday they had been set the challenge of a 3-hr discharge for patients. 1 hr to get medication sorted and 2 hrs to get them to their destination. They would be discharged with an initial 7-day care package
- b) They are working with local hotel chains such as Travelodge to provide capacity.
- c) They were looking at voids in Housing with Care service and very rapidly over the weekend getting them cleaned up and ready to receive discharged patients.
- d) Same issue with staffing as NHS, many staff themselves shielding or socially isolating and having symptoms or living with those who do, and this is impacting capability.
- e) They trying to avail of every available property rather than saying they would need 10 beds today and 15 tomorrow, because they don't have the evidence to direct that yet. This is a considerable change and does mean for the service users that they don't have a choice in their discharge destination and in the past, they had, but that's how it is. The service users are sent off with a package depending on the pathway, then there's four weeks and a review. Normally in the past they reviewed early, but there isn't the time to do currently

- f) They're working with LSE? on London wide data sharing on care worker capacity and on modelling demand. Rate of change not proportionate to growing demand.
- g) Issues with the single number dial-in for residents. This is expected to be fully operational within 2 days.
- h) Council working on getting food parcels to those who are house bound because of shielding.
- i) Councils in London were also working with hotel chains to house street homeless who are not displaying symptoms. Work was being done on modelling capacity and hotels were being block booked. Everything was being repurposed and reprioritised.

4. Briefing from Director of Public Health (Dr Sandra Husbands)

4.1 Dr Sandra Husbands (Director of Public Health) gave a briefing and answered questions and the following points were noted:

- a) Public Health was focused on supporting colleagues across the system in co-ordinating the response and helping them to understand and interpret the PHE guidance.
- b) Lots of confusion re PPE and PH is trying to help colleagues on the system planning. Also looking closely at the number of cases and deaths.
- c) In response to question on resources she replied that PH in City and Hackney was well resourced compared to others and was working well.
- d) AC noted word of caution that there is no one day when the borough is expected to reach its peak. SH added that models won't give us that detail. They are just sophisticated estimates based on today's data and not able to fully factor in at any one time the mitigation measures being taken today. The current strategy everywhere is to flatten the peak, but this will also have the effect of prolonging the episode. Cases are doubling every 2 to 3 days. They were not expecting a peak in two or three weeks if this worked, but a plateau over a more prolonged period. It's going to be a bit of a long haul, and there is going to be an increase in cases, she added.
- e) In response to question on training in use of PPE for non-medical professions SH stated that a tranche of training was directed at those outside of the medical professions. AC added that council staff got a large distribution of PPE the previous Friday and they now have a clear line into the CCG on this. Currently satisfied that those who need it have it although there is an issue around staff anxiety about the need for protective eye wear.

5. Briefing from City and Hackney CCG (Dr Mark Ricketts and David Maher)

5.1 Dr Mark Ricketts (Chair) and David Maher (MD) answered questions and the following points were noted:

- a) In response to a question about patients waiting three times the normal time for prescriptions, MR stated that there was no shortage of medicines and the delays were caused by anxiety and stockpiling. GPs prescription protocols haven't been changed and they will not be prescribing larger quantities. The rush appears to be a now calming. Some medicines were temporarily in short supply such as some EOLC meds and some antibiotics and this had been escalated to NHSEL and they are pressing them on it. There is a shortage to over the counter paracetamol and there would be changes to how it is prescribed.
- b) DM described the Operational Command Group which the local system (ELHCP) has put in place and which is led by Tracey Fletcher (CE of HUHFT). It is critical that there is a fully coordinated approach to patient discharges from acute hospitals.
- c) At NHS Nightingale there will, of necessity, be a lower staff to patient ratio than in regular hospitals.

- d) It is hoped that the lockdown and strict social distancing will ultimately lead to a reduction in the demand for beds.

6. Briefing from City and Hackney GP Confederation (Laura Sharpe)

6.1 Laura Sharpe (CE of GP Confed) answered questions and the following points were noted:

- a) The Confederation phones each of the 39 GP Practice each morning to assess the situation and 4 Confed staff are providing full support. The Practices are coping at various levels. A few almost had to close because of staffing levels but recovered.
- b) All GPs now on telephone and video consultations and bringing very few patients in.
- c) A new set of clinical guidelines is being written.
- d) Key development is the move to 3 Hot Hub Sites. These will separate out the suspected Covid patients from the regular patient cohort who would be seen in adjacent 'cold sites. A wall is currently being built down the middle of Lawson Practice.
- e) The 3 Hot Hubs will be: Lawson Practice, John Scott Health Centre and Well St Surgery. They could see 960 patients at the height of the surge.
- f) National guidance is for one Hot Hub per PCN (8 in Hackney) but locally they are starting with 3 to begin with.
- g) MR added that many practices will want to continue to see their own patients if they can.
- h) Bank holiday arrangements have been suspended.

7. General Questions

- a) Members expressed concern that the level of testing is unacceptably low. MR explained the difference between antibody tests and antigen tests and explained that the former would be the most helpful once it could be rolled out.
- b) The Chair asked about Contract Tracing. SH replied that this was not part of the immediate NHSE plan and there was a different epidemiological approach to stemming the tide here. One key issue with rolling out tests as a possible shortage of the reagents which form part of the test. The current strategy with testing was to test the sickest so that this can inform the urgent treatment. The next priority is to ensure all health and social care staff are fully tested.
- c) Cllr Snell stressed that it was important to have a volunteer hub that was functioning properly, and he would be pursuing some problems there had been with these with the relevant Council officers. LS clarified that the volunteers she was referring to were not community volunteers delivering food parcels and medication but rather GPs who were offering additional shifts as doctors to support the effort over and above their regular GP shifts.
- d) Cllr David asked about support to mental health patients. CP stated that this would need to be responded to by ELFT.

Ends

