London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2020/21
Date of Meeting: Thursday 8 July 2021 at 7.00pm

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

Chair	**Councillor Ben Hayhurst**
Councillors in attendance	**Cllr Kam Adams, Cllr Kofo David and Cllr Deniz Oguzkanli**
Councillors joining remotely	**Cllr Peter Snell (Vice-Chair) and Cllr Emma Plouviez.**
Council officers in attendance	**Dr Sandra Husbands (Director of Public Health for City and Hackney)**
Other people in attendance	**Catherine Pelley (Chief Nurse and Director of Governance, HUHFT)** **Dr Mark Rickets (CCG Clinical Chair for City and Hackney)** **Siobhan Harper (Director of CCG Transition for City and Hackney)** **Malcolm Alexander (Chair, Healthwatch Hackney)** **Jon Williams (Executive Director, Healthwatch Hackney)**
Members of the public YouTube link	31 views **The meeting can be viewed at** https://youtu.be/Z4cenv9CqwI
Officer Contact:	**Jarlath O'Connell** ☎ 020 8356 3309 ✉ jarlath.oconnell@hackney.gov.uk

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

1.1 Apologies from Cllr Gregory and Helen Woodland.

2 Urgent items/order of business

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

3 Declarations of interest

3.1 There were none.

4 Covid-19 update from Public Health and CCG

4.1 The Chair welcomed for this item

Dr Sandra Husbands (Dr H), Director of Public Health, Hackney and City
Siobhan Harper (SH), Director of CCG Transition/SRO for Vaccinations Steering Group

4.2 Members gave consideration to a tabled briefing '*City and Hackney Covid-19 Vaccination Programme*". This was tabled so that more timely data could be presented.

4.3 Dr Husbands took Members through the report in detail. It covered: update on the roll-out; vaccinations snapshot by cohort; capacity issues; data on care home residents and staff; work to improve uptake in care homes; weekly trend of Covid cases; cases by age and sex; update on variants of concern and variants of interest; targeted local outreach; key communications actions in next two weeks.

4.4 SH gave an update on the specific work of the Vaccinations Steering Group and the challenges to increase capacity and to ensure all slots being offered are being filled. She described the work to ramp up the various outreach programmes and the need to engage better with young people in different settings. The booster programme was being planned to run from 5 Sept to 16 Dec, focusing the more vulnerable cohorts, and would run alongside the flu vaccine programme.

4.3 Members asked questions and in the response the following was noted:

(a) In response to a question about how long the effectiveness of the vaccines last, SH stated that it was 6 months to a year.

(b) In response to a question about a media story re 'unlicensed' plant in India producing AZ vaccine Dr Husbands clarified that the issue was that it was not approved yet by the EMA for European Economic Area countries and they haven't, as yet, approved any vaccines manufactured outside the EU.

(c) A Member asked, further, if these contentious batches had been distributed to Hackney residents. He also asked about the latest of vaccination uptake by care workers. Dr H replied that it would be difficult to know. You'd have to link the batch number back to manufacturer. EU states currently allowing UK residents to travel there. This is currently quite limited in numbers and they might treat such cohorts as if they are not vaccinated but this is not yet clear. They also require PCR tests in any case.

(d) Chair asked if there could be weekly data on uptake by domiciliary care workers as well as care workers. Dr H replied that uptake has improved thanks for the outreach work. The targets set for them have been met and they understand the barriers and have put in bespoke action plans to address these however a lot had yet to be done on Homecare. HUHFT staff vaccination rates were nearly 90%. With

home care it depended on which agency is involved. Some were doing much better than others. Catherine Pelley (HUH) added that tracking vaccination status of domiciliary care workers with different employers was a real challenge and was time consuming. Dr H added that Public Health continued to reach out to care home staff and was reaching out in person to domiciliary care staff as many will not have access to their computers during the working day. They were challenging a number of the myths which persist such as the one about the impact of the vaccine on fertility.

(e) Members asked about media reports that Hackney had the lowest pay outs for the £500 self-isolation payments. Dr H explained that the issue here was that it was proving very difficult to distribute self-isolation payments in practice because very few people actually meet the very strict national eligibility criteria and they were hamstrung by that. She added that there may also have been an issue too about ability to verify people's eligibility because of the impact of the cyber-attack.

(f) In response to a question from the Chair on the plans for vaccinating children, Dr H stated that currently it was licensed from age 16 so they could currently vaccinate 16-18 yr olds. It was not licensed on children as it hadn't been tested on them.

(g) Malcolm Alexander (Healthwatch Chair) asked about the policy for people who are immunosuppressed. Dr H replied that if they have congenital or acquired conditions which impacts on their immune system they still need to be vaccinated and these cohorts are. There was a continuing need to take precautions around these groups of people who were more vulnerable, despite being vaccinated.

(h) Chair asked what local messaging there would be for post-19 July. Dr H replied that they were working on this 'comms' plan. She added that just because the restrictions had ended this did not mean that we should stop taking precautions as the virus had not ended. So long as there is virus circulating in the rest of the world it is still not the end of the pandemic.

(i) Chair stated that given that Hackney had inbuilt structural challenges and age demographics that go against it for Covid, what the messaging would be about this and about the borough's continuing vulnerability. Dr H replied stated that the council and health partners were making very clear what our vulnerabilities were and she had done this at the London Health Committee where she had stressed that we still were vulnerable to local epidemics until vaccination rates have improved.

(j) Members asked about reopening of council offices and staff returning to the office post 19 July. Dr H replied that the position was unchanged and that they were unlikely to bring people back to council buildings on a big scale before September and there added that there would be a full review before that happened. She added that the various adaptations to make the building Covid-secure remained and would be reviewed on an ongoing basis.

4.4 The Chair thanked the officers for their report and attendance and suggested that perhaps looking more closely at internal policies could be picked up at a future meeting.

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

5 Homerton University Hospital NHS Foundation Trust Quality Account 2020/21

5.1 The Chair introduced the item reminding members that each year the Commission is asked to formally comment on a Homerton's draft Quality Account. A letter was sent and included in the report which HUHFT had then submitted to NHSE/NHSI on 30 June. The purpose of this item to was to reflect on the report and the experience of HUHFT over the past year.

5.2 Members' gave consideration to the Commission's own letter of 28 June and the final draft of the *HUHFT Quality Account 2020/21*. The Chair welcomed for this item:

Catherine Pelley (CP), Chief Nurse and Director of Governance, HUHFT

And he congratulated her on her recent MBE and HUHFT on its recent HSJ and Royal College of Nursing awards.

5.3 CP explained what the Quality Account is and the reporting requirements and that it had to be completed according to an NHS mandated template. A shorter summary version would be available for the Trust's AGM and she would respond to the Commission's letter also.

5.4 Members asked detailed questions and in the responses the following was noted:

(a) The Chair asked where HUHFT currently stood on Covid-19 patient numbers and the trends. CP stated that since Wave 2 they only had a handful of patients with Covid in the hospital. Only 1 patient in ITU currently. What they've just seen was an increasing number of patients from averages of 6-7 a day to 15-16 a day however the Community Services would be treating patients who would have Covid. She expressed concern about the possible impact of respiratory viruses on children over the coming winter.

(b) The Chair asked whether the Trust was seeing more admissions of children because the Delta variant was more transmissible by them. CP replied that an increase in number of children with respiratory illnesses was seen, mainly because they'd not been exposed to viruses over the past 18 months. They were trying to learn from the experience in Australia who are ahead of the UK with the trends.

(c) Members asked about building back elective care and the timeline for it. CP described the work at NEL level to create as much capacity as possible for elective care in order to cope.

(d) Members asked about Long Covid numbers and any change in those. CP said they were not admitting people with Long Covid. The issue was that it was something where they had relatively minor symptoms and then had longer term effects so were working with the Community Service on it. They were expecting those numbers to expand. 20-23% of people with Covid are likely to have Long Covid and it would become the new Long Term Condition to manage, she added.

(e) Jon Williams (Healthwatch) asked about staff burn-out and staff morale. CP replied that health and social care workforce was tired and exhausted. They'd done a lot of work in Trust on their wellbeing offer for staff and recognising the psychological support people needed and were doing specific interventions. Generally, people were very anxious about the third wave if vaccinations were not taken up and the virus spread widely again. They had set up a new set of awards for nursing and midwifery staff and trying to recognise good work and make sure staff feel appreciated.

(f) The Chair asked about staff feedback questionnaire and staff appraisals. CP replied that staff are still expressing concerns and there are some parts where there has definitely been improvements. They've been able to show that the culture they'd created around patient safety and quality was one of the best in London. They had struggled to get completed appraisal rates to the 80% level. They now had to implement a new quarterly 'temperature check' process rather than the old Friends and Family test and hoped with would generate more real time information.

The Chair asked why the Trust was changing its name to Homerton Healthcare. CP replied that it was a long time coming. Homerton services were not just about the hospital as it provided services across the community and into people's homes. It would also make it more of an anchor organisation within the borough.

5.5 MA reported that Stuart Maxwell (long time Governor at the Homerton) had recently passed away. The Chair expressed his sincere condolences on behalf of the Commission and stated that Mr Maxwell had been a dedicated supporter of health services locally and had long contributed to health scrutiny.

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

6 Future plans for St Leonard's Site

6.1 The Chair introduced the item stating that plans for the re-development of the St Leonard's Hospital site had been a burning local issue for the healthcare economy for some time. The building was not in a good state of repair, yet it provided residents with a range of services. Prior to the pandemic, discussions had been taking place between the CCG, the Council and NHS Property Services on possible options and funding had been secured to carry out a feasibility study and the site was also part of the wider NEL CCG Estates Strategy but Members had heard nothing about the project for some time. He welcomed to the meeting:

Claire Hogg (CH), Director of Strategic Implementation and Partnership, HUHFT

6.2 CH gave an update on St Leonard's Project Group which has been running for some time. It oversees the work that Attain was commissioned to do. The CCG had secured funding to get Attain to carry out a healthcare and demand analysis on St Leonard's. Because of Covid the process had been delayed. St

Leonard's was old and required significant investment to make it fit for purpose. The demand analysis work found that they would soon run out of space unless they took a different approach. Attain's had done some minor public engagement work and so she'd been working with Healthwatch to think about how that aspect can be expanded. The challenges was about how to create a vision for St Leonard's which the public could buy into and how to ensure that St Leonards becomes an anchor institution within City and Hackney to address both population health need and the wider social determinants of health locally. She talked about the potential for education, employment and housing uses also on the site which could form part of a plan for the site to help build a compelling business case for the re-development.

6.3 Members asked questions and the following points were noted:

(a) The Chair asked what the next steps were to unlock further funding or agreement from NHS Property Services to agree to move forward with a greater release of funding to build up a full business case. CH replied that this is the next task for the coming 6-12 months. The timescales overall would see a redevelopment by 2026 and local NHS was keen that stakeholders are all clear about this being a long-term programme of work and about the need to fully engage the public. The Chair asked if the previous funding was still on the table. CH explained that it was but in going back to One Public Estate to progress the next stage the local NHS partners would need to present a very strong and clear vision for the site and have worked up a strategy for how it would also fit with the wider system vision for NEL.

(b) Cllr Adams, in whose ward the site located, asked about non-digital promotion of the Healthwatch event and plans for consultation with local residents. CH replied they were creating an engagement plan and part of this would be to stress that this was a long-term piece of work and also to tie it in with the Neighbourhoods Programme. She undertook to meet with the Ward Cllrs to update them.

ACTION:	**CH to liaise with Cllr Adams on engagement with residents in the Ward.**

(c) Malcolm Alexander (Healthwatch Chair) asked about their People's Plan for St Leonard's and the Healthwatch event on 13 July and how they would prefer it be called St Leonard's Community Hospital. They were also going to discuss it at their AGM on 28 July and had invited Diane Abbott MP to speak at that.

(d) The Chair asked about finances of the deal and on the risks of setting unrealistic expectations locally. He asked how much of it will need to involve private sale or development on in order to fund the project. MA replied that it was essential that residents be made aware that we need to open up people's vision about what can potentially be created and what can be achieved on the site.

(e) The Chair asked about raising with the local population the need for some financial trade offs as it would have to be agreed at HM Treasury level. CH replied that they would have to do all this. The engagement event on 11th would be the start of this process. There were opportunities around housing, nurseries etc and ask the

community what they would want and this would feed into the negotiations on the financial side.

(f) The Chair asked about the structural condition of the site and whether the model used at Whipps Cross might be a template. CH replied that there were a couple of examples wider NEL (e.g. St George's in Hornchurch) that they could use when thinking about possible financial models. The site was owned by NHS Property Services and the City & Hackney system was exploring whether the asset could be transferred to a local party e.g. HUHFT, but there was a long process to go through to achieve this. It would take some time and they would have to run both processes (the engagement work and the financial modelling) in parallel for it to work out

(g) The Chair asked about the need for key worker housing for hospital staff and that that this was a real opportunity and a real selling point if it could be built in to the plan because this demographic was being priced out of the borough. Jon Williams added that the City & Hackney Coproduction Charter drives the co-production process which they were using and this would be a long term process. It was essential to have the conversation with the public and to help them understand how this process would operate. It's a potentially very exciting project he added and there was a need to focus on that rather than saying it would all be too challenging. It's a way of making people feel optimistic about things, which was needed at present, and an opportunity to show how co-production can work in the borough

6.4 The Chair thanked CH for her update. He added that when the local NHS has worked up a firm proposal it should come back to the Commission so they could discuss it with them and explore next steps.

ACTION:	**Update on St Leonard's redevelopment to be added to work programme.**

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

7 Healthwatch Hackney Annual Report 2020/21

7.1 The Chair stated that each year the Commission considered the annual report of Healthwatch Hackney before it was submitted to Healthwatch England. Members gave consideration to the report and a briefing presentation and the Chair welcomed to the meeting:

Malcolm Alexander (MA), Chair, Healthwatch Hackney
Jon Williams (JW), Executive Director, Healthwatch Hackney

7.2 In introducing the report MA reflected on past year and the struggles they had. Hearing the public particularly at this time was vital he added. He stated that they had changed the format of their Board meetings and make them more accessible, and the public can now attend and participate. They had also replaced their Enter and View visits which could not run at present with 'Information Exchanges', where they have detailed discussions e.g. on topics such as registering with GPs. They also wanted to be much more public

facing however their office was quite inaccessible and so their ambition was to secure better space where they could be seen and the public could contact them more easily. JW then took Members through a presentation containing the highlights of the report.

7.4 A Member asked what levers Healthwatch might have, with for example the GP Confederation, on the need for mystery shopping exercised when a service is inadequate. JW replied that they did do mystery shopping on dental services and on GP registrations recently. City and Hackney primary care was very strong compared to its neighbours but he would pursue the issue with the CE of the GP Confederation.

7.5 The Chair asked about the need for the Healthwatch organisations across the 8 NEL boroughs to mark the ICS across the whole NEL footprint asked what scope, plans, or financing was there to provide a Healthwatch function over the NEL ICS footprint. JW replied that they were working with NEL CCG on this and part of the solution was the Community Insight Database which had gathered data for example from 600 questionnaires from disabled people across NEL. The plan was to enhance this further and develop the next stage, known as the Platinum Model so that data can be held across the system. They were also aiming to include data from hospitals in NEL in order to establish a baseline. NEL CCG was also asking them attend very many meetings in their new structure and they had to pushback because of capacity and so they were talking to them about ways of funding such input. Healthwatches also did meet with Marie Gabriel on quarterly basis and relationships were currently very positive. They were stressing to NEL CCG that public involvement wasn't just a nice thing to have but rather it is a vital component to system transformation.

7.6 The Chair stated he would welcome Healthwatch's objective eye on planned changes in governance at the ICS e.g. the proposal that there be one Local Authority rep on the new ICB to cover 8 local authorities and the accountability gap there overall and how this could have significant ramifications depending on the situation and the demographics of the local authority where that one representative comes from. He added that Cllrs would welcome a joined up Healthwatch 'explainer' on these changes as they were going along to aid councillors understanding and ability to challenge the NHS. MA replied that there was a major funding problem for Healthwatches to work at NEL level. He stated that there was a gap between the amount of money allocated by central government to councils for Healthwatch and what was then passed on to them. The Chair replied that he was aware of this and although the Cabinet Member was not present at the meeting he would raise the issue with him.

7.7 The Chair thanked MA and JW for their hard work over this past year which had been a particularly difficult one and stated that their input was incredibly valuable to the Commission on a number of levels.

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

8 Secondary use of GP patient identifiable data

8.1 The Chair stated that the kernel of the issue here was the public giving permission to their GPs for their medical records to be passported on to the central NHS Digital database as part of a new scheme called General Practice Data for Planning and Research (GPDPR). In Tower Hamlets a number of GPs there had stated that they were refusing to pass on this data and he had asked the CCG for a verbal update.

8.2 Members noted two articles '*GPs urged to refuse to hand over patient details to NHS digita*l' from the Guardian and '*What is the NHS data grab?*' from an industry journal. He welcomed for this item:

Dr Mark Rickets (MR), Clinical Chair for City and Hackney, NEL CCG
Siobhan Harper (SH), Director of CCG Transition for City and Hackney, NEL CCG

8.3 MR explained what *General Practice Data for Planning and Research* was, how it worked and that the consultation on the change had been extended to run until 28 Aug. He explained that Dr Osman Bhatti a GP in Tower Hamlets and Clinical Lead for Digital for NEL CCG had been at the forefront of challenging the poor planning on this by NHSE.

8.5 MR stated that data was already extracted from the primary care system for all sorts of reasons and GP Practices on their websites needed to make this clear. Data was extracted on a pseudonymised basis by age, sex, medical condition etc. The government's plan was to replace that with the GDRPR which would require a new extraction arrangement. The Practices had a responsibility to explain to their patients what the data would be used for and the implications of it. They were waiting for the government to publish the data protection implications so Practices could properly counsel their patients. Practices have to switch on the data extraction process at their site and Dr Bhatti and colleagues had told their local GPs that as data controllers they each have a responsibility to inform patients how the data would be used and because that was currently unclear, they shouldn't therefore enable this data extraction. Nobody across NEL had so far turned-on data extraction because nationally there had been a huge pushback and the government then extended the deadline to 28 Aug. GPs were in a difficult position as the government had made this a contractual requirement. There weren't specific penalties, but a Practice would be breach of its contract which might have consequences. So, the data controllers could be in breach of this new GPDPR requirements and of their own GP contract. They were waiting for further information on how this data was going to be used and how it was going to be protected.

8.6 MR added that if this was done right it would be a very positive and beneficial step and it shouldn't be possible to identify any individual within it. Patients can currently complete a form and send it to their GP indicating that they wish to opt out. If thousands did this however it would create a huge volume of admin for GP Practices for which they have no additional resource. At a time

when GPs were extraordinarily busy this would add to their burden. He added that the government was promising to do more and better communications to the public, but this was awaited.

8.4 The Chair asked when this government guidance was expected and whether it would be clear about what the data might be used for? MR replied this was not clear and so it was very difficult for NEL CCG to advise GPs not to switch on the data extraction as that would constitute a breach of contract. However, the LMC itself wasn't bound by such considerations and so was campaigning against it.

8.4 The Chair asked if GPDPR was national. MR replied it was and that Dr Bhatti was well placed to advise as he'd been writing blogs and articles etc on the issue which then had been picked up by the national press who therefore had focused on the views of GPs in Tower Hamlets and east London.

8.5 A Member commented that vaccination passports were a huge driver to get people to download the NHS App and to use it more that he was worried that if people were refusing to share their data they'd lose out on that too and all the other benefits they get from the NHS App. He stressed that this needed to be sorted out quickly.

8.6 A Member asked whether you could continue to use the NHS App and refuse for your data to be uploaded? MR replied that his understanding was that when you receive your vaccine this is recorded in the Pinnacle system and within 2 or 3 days all that drops into your GP notes and it also drops into the NHS App. It doesn't have to be extracted separately from GP notes to get into the App. He reiterated that getting this data sharing right was a huge force for good in so many ways and it would be tragic to lose that opportunity by mismanaging the process.

8.7 Dr Husbands added that the vaccination system was a separate system and right now GPDPR wasn't in place and so you can still get the connection between your vaccination status and the NHS App but within the App itself you have to enable it. If you download the App you can turn on the Vaccine Passport or chose not to. MR added that there was other information in the App that comes via the Practice so if you wanted your notes or blood tests requests or prescriptions than that is all direct from your Practice and that could be affected if you don't allow data flow to the App.

8.8 In concluding, the Chair stated that government needed to publish what they're going to do re GPDPR. It would also help if Dr Bhatti could give his views then on it. The GPs then need to decide whether they will enable the data extraction and the public then need to decide whether to hand in an Opt Out form to their GP, but in doing so this will inevitably create a huge data entry burden for GP Practices. SH added that patients can opt out of the data share via the NHS App also. MR added that Dr Bhatti will be producing advice for GPs in NEL which can be shared more widely. He added that his hope was that there wouldn't be lots of opting out, as yet, because if people

turn out to be happy the revised policy, then it would be better for them to engage with the system.

8.9 The Chair thanked MR for clarifying this very complex issue and stated that Members would welcome Dr Bhatti's guidance once the government published the revised policy.

ACTION:	**MR to share with the Commission the government guidance when finally published and Dr Bhatti's response and advice.**

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

9 Minutes of the previous meeting

9.1 Members gave consideration to the draft minutes of the meeting held on 8 June and the Matters Arising.

RESOLVED:	**That the minutes of the meeting held on 8 June be agreed as a correct record and that the matters arising be noted.**

10 Health in Hackney Work Programme

10.1 Members gave consideration to the updated work programmes. The Chair stated that the next meeting in Oct would include items on the confirming of the mental health bed moves to East Ham Care Centre, on the C&H Safeguarding Adults Board Annual Report and on Maternal Mental Health disparities, which has been raised by Cllr Conway as well as an update on Covid.

RESOLVED:	**That the Commission's work programmes for 21/22 and the rolling work programme for INEL JHOSC be noted.**

11 Any other business

11.1 There was none.