London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2020/21
Date of Meeting: Wednesday 31 March 2021

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

Chair	**Councillor Ben Hayhurst**
Councillors in Attendance	**Cllr Peter Snell (Vice-Chair), Cllr Kam Adams, Cllr Kofo David, Cllr Michelle Gregory, Cllr Deniz Oguzkanli, and Cllr Emma Plouviez.**
Officers in Attendance	**Helen Woodland (Group Director Adults, Health and Integration), Jayne Taylor (Consultant in Public Health, Hackney and City of London) and Alice Beard (LBH-CCG Communications Officer)**
Other People in Attendance	**Dr Stephanie Coughlin (GP and Chair of the Vaccinations Steering Group), Graham MacDougall (Senior Programme Manager Vaccinations Programme, NEL SCU Consulting for C&HCCG), Siobhan Harper (Director of CCG Transition for City and Hackney/SRO for the Vaccinations Steering Group), Dr Mark Rickets (CCG Clinical Chair for City and Hackney), Tracey Fletcher (Chief Executive of HUHFT/ ICP Lead for City and Hackney/ Chair of the Neighbourhood Health and Care Board) and Cllr Christopher Kennedy (Cabinet Member for Health, Social Care and Leisure).**
Members of the Public	80 views
YouTube link	**The meeting can be viewed at https://youtu.be/asLj31SYPOc**
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies were received from Cllr Spence, Laura Sharpe (GP Confederation), Malcolm Alexander and Jon Williams (Healthwatch Hackney).

2 Urgent Items / Order of Business

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

3 Declarations of Interest

3.1 There were none.

4 Covid-19 - update from Vaccinations Steering Group

4.1 The Chair stated that following on from the discussion at the February meeting NHS colleagues had been invited to provide an update on the vaccinations roll out with specific focus on the communications and engagement work being done to reduce vaccine hesitancy. The Chair welcomed for this item:

Dr Stephanie Coughlin (SC), Local GP and Chair of the Vaccinations Steering Group at GP Confederation
Graham MacDougall (GM), Senior Programme Manager for the Vaccinations Programme, NEL SCU Consulting for C&HCCG
Siobhan Harper (SH), Director of CCG Transition for City and Hackney and SRO for the Vaccinations Steering Group
Dr Mark Rickets (MR), CCG Clinical Chair for City and Hackney, NEL CCG
Tracey Fletcher (TF), CE of HUHFT/ ICP Lead for City and Hackney/ Chair of the Neighbourhood Health and Care Board for City & Hackney
Alice Beard (AB), Communications Team CCG and LBH

4.2 Members' gave consideration to three documents from Dr Couglin:

(a) *Covid-19 update – 19 March*
(b) *Covid-19 vaccination uptake challenge and how we are tackling this locally* (listing the activities being carried out with each cohort/community)
(c) *City & Hackney vaccination programme update* as at 31 March

4.3 SC took members through the presentation which detailed the progress of the roll-out across all the various cohorts. She also described vaccination data broken down by ethnicity. SH then described the strategic approach being taken by the Vaccine Steering Group and AB concluded with details on the outreach and engagement work specifically on tackling vaccine concern/hesitancy, including "community conversations' with specific communities and plans for a possible mobile vaccination team bus.

4.4 Members asked detailed questions, and in the responses, the following points were noted:

(a) In response to a question by the Chair on how constrained the work might be by funding, SH explained that a bid had been made to NHSE to fund expanded outreach work. She added that resources were at capacity because this is a piece of major outreach work.

(b) In response to a question on what the target % of population to be vaccinated was SC replied that the national target was 92.5%.

(c) The Chair asked how the data was being segmented and then used to inform the targeting of outreach events. She described how it operated. She commented that the 'other white' category in the dataset had been harder to break down.

(d) Members asked how officers would respond to worries about types of vaccines and managing flow in vaccine in the centres. SC explained that they followed the national rules on managing flows of bookings and the nationally mandated guidance from the JCVI on how to proceed and who gets vaccinated next. It is a national system. In response to a comment on sharing best practice, she added that they could share the approach taken to outreach work in communities which are more vaccine hesitant with both NEL neighbours and more widely.

(e) Members asked how the local NHS was doing on vaccinations of care home and domiciliary care staff. SC described the workforce data. 58% staff in care homes had been vaccinated thus far. GM replied that the programme was doing very well with care home staff but was homecare providers things were proving more of a challenge and the efforts were ongoing.

(f) A Member asked about targeting messaging into areas with low uptake and making access easier. MR described the approach on vaccination decliners and on shared learning and best practice from elsewhere in north east London. A person can only be recorded as declined after three attempts are made with them. The importance of a 1:1 GP contact in turning people round was vital, they had learned.

(g) Members asked about the possible impact of a potential drop in supply expected in April and the efficacy of vaccines against the new variants. SC replied that all second does vaccines had already been badged and guaranteed and also that anyone wanting a first dose in April would be able to get one. One dose of a vaccine regardless of strain was having a huge impact in reducing both the severity of Covid and in reducing hospital admissions. She described the current thinking on booster doses and stressed that the number of vaccines delivered in an outreach event on any one day should not be the only measure of success. The huge efforts going into the general community outreach work which delivers long term results should also not be underestimated.

4.5 The Chair stated that the vaccine programme now seemed to be much more targeted and data driven than it had appeared the previous month and he thanked the contributors for this and for their briefing papers and attendance.

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

5 Population Health Hub and Health Inequalities Steering Group briefing from Director of Public Health

5.1 The Chair stated that since the inception of the Integrated Commissioning Board the Commission has received regular updates from each of the 4

Workstreams of the ICB (Planned Care, Unplanned Care, CYP & Maternity, and Prevention). The Prevention Workstream had now been replaced with a new '*Population Health Hub'*. In addition, the pandemic has magnified the existing health inequalities and reducing these will be the key challenge coming out of Covid. To address this the Health and Wellbeing Board had adopted The King's Fund's 'Population Health Model' and had created a '*Health Inequalities Steering Group'* as a sub-committee of the Board to drive forward this work. Officers had been invited to brief Members on both of these new developments and he welcomed:

Jayne Taylor (JT), Consultant in Public Health and Lead for Health Inequalities portfolio, Hackney Council and City of London Corporation
Helen Woodland (HW), Group Director Adults, Health and Integration, Hackney Council

5.2 Members gave consideration to two briefing reports:

(a) *City & Hackney Population Health Hub*
(b) *City & Hackney Health Inequalities Steering Group*

JT took Members through the reports explaining the rationale for this change in that prevention work needed to be better embedded across the system and that health inequalities required greater attention. The Health Inequalities Steering Group therefore would be a focal point for a whole range of work being a carried out by the partners.

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

(a) The Chair asked how it will be possible to get meaningful buy-in from the partners in order to make this a success. SH set it in context and described how there was a large emphasis in health inequalities in the latest national NHS Guidance and that this was driving the local approach.

(b) Members asked about the need to collect data on wider determinants/personal circumstances of individuals e.g. their housing conditions. They asked whether there was an adequate system in primary care to consider environmental factors on health and how this aspect would be approached. JT explained the Public Health England Intelligence Function had replaced the old Health Observatories and recording personal circumstances information was of course key. She added that GPs on the Steering Group had stressed the need to have the tools at their fingertips to both record and respond to personal circumstances and this aspect would now be worked on.

(c) Members asked about 'anticipatory care' as outlined in the briefing and who actually would carry out this work. JT described how the system operated by using the data to identify the cohorts and then working out who was best placed to deliver the help needed. HW added that it would be whoever was best placed within the Multi-Disciplinary Team. It might be a combination of people for example when it was a person with complex needs. SH described the Neighbourhoods Teams role in prevention by bringing the various professionals together and then deploying the

correct resources. The Chair asked that the challenge would be whether funding could be sustained in a system that is perhaps too much geared towards 'fire-fighting'. SH explained how 'Long Term Conditions' treatment management works to pursue measures which will also be preventative around the specific long term condition. The PCNs will get resourced for the 'anticipatory care' contracts too and this is how the support would be rolled out.

5.4 The Chair thanked the officers for their reports and their attendance. He concluded that the Commission would like an update on progress in 12 months.

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

6 Digital and remote NHS services – CCG analysis

6.1 The Chair stated that the pandemic had of course accelerated the adoption of digital and remote NHS services and practically overnight GPs had had to provide virtual consultations once lockdown was imposed. Members had noted that the CCG in October had asked its Head of Quality to map some of the work on digital and remote services across City and Hackney and this had provided a useful overview report of the key issues. He had asked the CCG to come and discuss the report and welcomed:

Jenny Singleton (JS), Head of Quality at C&H CCG to the meeting.

6.2 Members gave consideration to the following reports:

a) '*NHS and remote services'* presentation providing update since October report
b) CCG's main report '*NHS services delivered remotely and issues with digital exclusion*' Oct 2020
c) A separate report from The Patient's Association '*Digital health during the Covid-19 pandemic: Learning lessons to maintain momentum*'

6.3 JS explained the background to the report and took members through the main recommendations.

6.4 Members asked questions and in the responses the following was noted:

(a) Chair asked what resource there was in the CCG to implement these recommendations e.g. in helping GP Practices to develop and improve their websites to enable better remote access. He referred to the Commission's own review on this subject which found that there wasn't a dedicated resource to co-ordinating the IT landscape across all of NEL. JS replied that it was more about bringing people together to work better as a system rather than just specific new funding and that these initiatives were the work of the IT Enabler Group of the Integrated Commissioning Board which itself had substantial funding. The key was to develop a framework to take this work forward in a unified way that is grounded in the patient feedback GP practices already have.

(b) Members asked about the danger of marginalising further those elderly who are digitally excluded with some, for example, unable to use touch-tone phones. MR cautioned that the enhanced remote offer hasn't replaced the face-to-face appointments and Practices didn't close during Covid. He explained how the CCG had always funded 'Enhanced Services' including proactive visiting of vulnerable patients and proactive practice based reviews.

(c) Members asked about case work they'd received about elderly residents finding it difficult to access GPs and asked if the structure could be standardised.

(d) Members asked about living conditions and asked about the need for a single system for remote access and about recording wider personal circumstances. There were 4 different GP remote access systems locally. MR explained how GP Practices currently record wider personal data and about the use of template triage forms which are designed by the Clinical Effectiveness Group. He also described the Quality-Capacity-Access conundrum in the provision of primary care which relates to how an in increase in any one of these will lead to a reduction in one or more of the others and so there is a constant effort to keep them in balance. C&H had some of the best ratios of GPs to patients in the country, he added. Members asked if GP Confederation could improve how the data on personal circumstances derived from the remote access system could be better optimised to provide a more targeted support to patients.

(e) The Chair asked whether Covid-19 had impacted on numbers of patients switching to GP at Hand and other such companies. MR replied that the now enhanced local online offer was proving very popular and so was reducing the local demand for these other providers.

(f) The Chair asked who was holding the ring on this issue and that one of the key findings of the Commission's own review on digital primary care prior to Covid-19 was that nobody had been leading on it within the system. JS described how this was ongoing work, and that some of course were finding that these remote services were much better for them and much more suited to their needs e.g. those with poor English language proficiency.

6.5 The Chair thanked JS for her report and attendance and stated that the Commission would be revisiting these issues.

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

7 New governance structure for C&H Integrated Care Partnership

7.1 The Chair stated that the Commission had received a number of briefings on the transition of the City and Hackney CCG into a single NHS NEL CCG and that he had asked for a briefing on the governance structure of the new system once it had been agreed.

7.2 The Chair welcomed to the meeting:

Tracey Fletcher (TF), Chief Executive of HUHFT/ ICP Lead for City and Hackney/ Chair of the Neighbourhood Health & Care Board for C&H
Dr Mark Rickets (MR), Clinical Chair for C&H, NEL CCG.

And explained her new system leadership role (on top of her job as CE of the Homerton). He explained that she was accountable to Henry Black as the NEL Accountable Officer and to Dr Mark Rickets as the CCG Clinical Chair for C&H within the NEL System. He also explained that Siobhan Harper would serve as Director of CCG Transition, initially for six months, and would effectively be replacing David Maher in overseeing the day to day management of the CCG team in City and Hackney.

7.3 Members gave consideration to a detailed presentation on '*Progress update on our transition to a City and Hackney Integrated Care Partnership'*.

7.4 Members asked questions and in the responses the following was noted:

(a) In response to a question on who sits on the ICP, TF detailed the memberships of both the **Integrated Care Partnership Board (ICPB)** and the **Neighbourhood Health and Care Board (NHCB)** underneath it which she would Chair.

(b) In response to a question about ensuring how the ICPB doesn't become a rubber stamp, TF set out the vision for the Board, the challenges and the timescales and how it would hold the more operational NHCB to account. It would have a challenge role, she added. She described how both clinical leadership and resident involvement will work within the new system. She outlined the roles and responsibilities of ICPB vis-à-vis the NHCB and how the transition from the old committees will work. She added that it was important to ensure that processes that had served them well were retained and built on. Work was advanced on having a new System Team in place that will be committed to making this work. MR stressed that the local area team and sub-committee of the NEL CCG Board was very well embedded therefore a strong local focus would be maintained. At the sub-regional level, the new NEL CCG Governing Body would be meeting for the first time on the following day, 1 April.

(c) Members queried the sustainability of these local structures and whether the sufficient level of engagement needed to make them work well would be maintained. TF explained that it is difficult to predict because it was not known how the NEL System will be expected to react to the changes coming down stream. Leaving room for refining it and improving the structure was really important therefore. She cautioned that a lot will depend on the changes which are coming through in the legislation and guidance relating to ICSs in the Health and Care Bill. The key was to make sure that nothing important was dropped in these changes and that the system was simplified. The changes would achieve a greater partnership approach between commissioners and providers than had been possible in the old system.

7.5 The Chair thanked TF for her detailed presentation and commended the approach being taken so far.

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

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 23 February and the Matters Arising.

RESOLVED:	**That the minutes of the meeting held on 23 February be agreed as a correct record and that the matters arising be noted.**

9 Health in Hackney Work Programme

9.1 Members gave consideration to the updated work programmes.

RESOLVED:	**That the Commission's work programmes for 20/21 and 21/22 and the rolling work programme for INEL JHOSC be noted.**

10 Any other business

10.1 There was none.