Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2020/21
Date of Meeting: Wednesday, 6 January 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, Cllr Emma Plouviez and Cllr Patrick Spence**
Officers In Attendance	**Denise D'Souza (Interim Director Adults, Health and Integration) and Dr Sandra Husbands (Director of Public Health, Hackney and City of London)**
Other People in Attendance	**Tracey Fletcher (Chief Executive, HUHFT), Cllr Christopher Kennedy (Cabinet Member for Health, Social Care and Leisure), David Maher (MD, NHS City & Hackney CCG), Cllr Yvonne Maxwell (Mayoral Advisor for Older People), Dr Caroline Miller (Chair, C&H GP Confederation), Dr Mark Rickets (Chair, City and Hackney CCG), Laura Sharpe (Chief Executive, City & Hackney GP Confederation), Cllr Carole Williams (Cabinet Member for Employment, Skills and Human Resources), Jon Williams (Executive Director, Healthwatch Hackney)**
Members of the Public YouTube link	**9 during livecast and 128 subsequent views.** **The meeting in full can be viewed at https://www.youtube.com/watch?v=euvYB3sfFms**
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Councillor Ben Hayhurst in the Chair

1 **Apologies for Absence**

1.1 There were none.

2 **Urgent Items / Order of Business**

2.1 There was no urgent business. During the meeting Members agreed with Cllr Kennedy to postpone item 7 to the next meeting to allow additional time for items 4 and 5.

3 **Declarations of Interest**

3.1 There were none.

4 **Covid 19 update from GP Confederation on vaccinations roll-out**

4.1 The Chair stated that the purpose of this item was to get an overview on the roll out of the Vaccination Programme which was an at early and crucial stage. He welcomed to the meeting:

Laura Sharpe (LS), Chief Executive, City and Hackney GP Confederation
Dr Caroline Millar (CM), Chair, City and Hackney GP Confederation
Tracey Fletcher (TF), Chief Executive, Homerton University Hospital NHS Foundation Trust (HUHFT)
Dr Mark Rickets (MR), Chair, City and Hackney CCG

4.2 The Chair thanked TF for also attending for this item considering the current pressures on her and asked if she would give a verbal update on the current situation re Covid 19 at the Homerton Hospital.

4.3 TF stated that the Trust was the 4th highest in the country for proportion of Covid patients. In the first wave they'd had 118 maximum at one time but currently they were over 200. The positive aspect was that they had learnt a lot since then and treatments were now getting much better and hopefully this would produce better patient outcomes. They currently had 330 beds occupied rather than the typical 250 and they had 25 ICU beds instead of their usual 10. She also described the staff vaccinations programme which had begun on 5 Jan.

4.4 The Chair, on behalf of the Commission, stated that the borough had an immense debt to the Homerton staff for their efforts at this very difficult time. He added that it was alarming that 48% of the in-patients were under 45 and commented that there was an urgent need for a public communications campaign about the age ranges of those who are being affected.

4.5 In response to a Member's question on staffing, TF stated that compared to others, it was low but still they had a 20% vacancy rate for Critical Care Nurses. Staff absences due to either Covid symptoms or needing to self-isolate for family reasons were lower than they had been in April but remained a challenge.

4.6 Members gave consideration to a tabled paper 'Covid 19 Vaccination Update' from the CCG and the GP Confed. Laura Sharpe stated that 965 first doses

had been given at the Elsdale St site. That was just about to close and be replaced by a new dedicated Vaccination Centre at Bocking St and she thanked the Council for its sterling efforts in providing the site and helping to get it up and running so quickly. She clarified that 2nd doses were given to the over 80s at Elsdale St who had received their first dose there because to do otherwise for this frail cohort would have caused too much disruption and distress. They had done 956 of the 5300 estimated to be in Category 1 (over 80s and care home staff) and they were working down the categories. The second priory was health and social care staff including GPs, nurses, reception staff, staff at St Joseph's. She stated that she was getting 800 emails a day at the GP Confed as well as phone calls with people asking when their turn would be, so there was an urgent need for a clear comms message to go out about waiting to be called. She looked forward to having Bocking St up and running in the next few days and again thanked the Council for its support. The following week the second vaccination centre, at John Scott Medical Centre, would open. A marquee was going up there. She commented that these sites required a lot of space because of the need for separate waiting areas before and after which must allow for social distancing. She stated that the patient flow had to be smooth and the support from the Hackney Volunteer Centre with this had been excellent. In a couple of weeks, they could potentially be 12 hr days, 7 days a week. She added that the AstraZeneca vaccine was being targeted for care homes as it was easier transport and store in care homes and 'supported living' sites. They would also use it for the housebound over 80s as the Pfizer vaccine can't go to individual houses. Another challenge here was to keep the 40 GP Practices resilient during all this and there were daily check-ins with them. She was pleased that the CCG provided further funding for them so they can to agencies to secure additional staff. Another issue was fear of de-prioritisation in primary care and this should not be a concern locally. They had however got permission from Public Health to temporarily suspend the Health Check program in order to release capacity for Covid work. She described how the 'Oximetry at Home' service operated. This had been set up in a day and it greatly helps with reducing A&E admissions.

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

(a) In response to a question on the possibility of 24-hour vaccinations and on how to upscale the service, LS stated that they'd already engaged retired doctors and got community pharmacists involved, the latter being great at administering doses and being 'guardians of the vaccine'. She also discussed the potential to also use of non-clinical staff for distributing the easier Astra-Zeneca vaccine. It would be easiest to train non-clinical staff if needed on the AZ vaccination because of easier handling. MR described the various mass vaccinations sites opening across east London over the following weeks e.g. Excel and Westfield. Once more staff can be vaccinated then they could roll out more centres and more timeslots and carry out intensive bursts of activity. LS agreed stating that staffing the current opening times was a challenge and 24hrs would be impossible unless they could train and vaccinate more staff. MR described the process for managing the rare few allergic reactions which might take place and how they've planned for that. Vaccines were only withdrawn from anyone with an allergic reaction to the first dose and vaccines were not being limited necessarily if people had bad reactions to other vaccines or treatments. MR added that the focus in the vaccination programme was on the most in need and the most vulnerable in the top cohorts.

(b) In response to a question on vaccine hesitancy she replied that the numbers declining the offer had been very small. Some had just asked to wait and see how it affected others before they proceeded and those were kept in the system to return to later.

(c) In response to a question on vaccine hesitancy in care home staff she replied that this certainly was a challenge, and that she was in talks with Public Health on how to tackle it.

(d) In response to a question on the need for more oximeters she explained how the Oximetry at Home service operated. It begins with a GP referral and then they go to the patient's home and teach them how to use the equipment and make a judgement about the patient's ability to manage. She added that they currently had 300 oximeters but that there were some supply chain issues because of high demand.

(e) In response to a question on concern about potentially using non-clinical staff for vaccinations LS replied that, if they were used, they would be properly trained and supervised. Currently all vaccinators were either GPs or Pharmacists. She acknowledged that some people might be hesitant if the vaccinators were students and this would need to be carefully managed.

(f) In response to a question on giving the public a choice of type of vaccine and whether they can be mixed she replied that people would not be offered a choice and that the vaccines could not be mixed.

(g) In response to a question from Healthwatch on the need for urgent comms support LS stated Comms had to be expanded as she was, for example, currently receiving 600 email enquiries a day with requests about times of appointments. She added that the current Comms staff from the council, CCG and City were going the extra mile in producing comms material and signage and she was grateful for their hard work.

(g) In response to a concern from Healthwatch on the need to work with Adult Social Care on an urgent education/awareness programme on vaccine hesitance among care home staff, the Chair urged the Interim Group Director Adults Health and Integration and the Exec Director of Healthwatch to liaise outside of the meeting on how this could be progressed.

ACTION:	**Exec Director of Healthwatch to discuss education/awareness training on vaccine hesitancy for care home staff with Interim GD Adults, Health and Integration.**

4.8 Cllr Snell described in detail work as volunteer at one of the Vaccination Hubs and what a positive experience it had been. Members and LS thanked him for his efforts.

4.9 The Chair thanked the GP Confederation and CCG staff for attending to give a briefing on this at such a hectic time.

RESOLVED:	**That the briefing paper and discussion be noted.**

5 **Covid 19 update from Public Health on test, trace and isolate**

5.1 Members gave consideration to a tabled presentation “Covid-19 Update” from the Director of Public Health and the Chair welcomed for this item:

Dr Sandra Husbands (SH), Director of Public Health

5.2 SH took Members through the report in detail which covered latest data on incidence, the current key messages, an overview of all the testing channels in Hackney, a summary of areas of future focus and an overview of local contact tracing. She stressed the need for a local testing strategy to be responsive so that they can get the best value out of it for the immediate situation. There was a focus for example on continuous testing of essential workers and those in high-risk settings who cannot work from home. She explained that if they just tested everyone and most refused to self-isolate not much would be achieved, the aim therefore must be to really target the testing where it would deliver the best outcomes in terms of halting the spread.

5.3 Members asked questions and in the responses from Dr Husbands the following was noted:

(a) In response to a question on schools being the correct priority, SH stated that they had ensured that schools were getting enough of the lateral flow tests. They had been advised that schools would get up to a maximum of 10k per week if needed. They were also supporting school staff to develop their capability to administer the tests. Similarly, they were working with ELFT on how to best administer the PCR tests to children with learning disabilities as that test was neither easy nor pleasant to take.

(b) In response to a question about members of medical teams being worried about having tests in case the result then seriously impacted the teams capacity she stated that for medical, social care and VCS frontline teams this was a big issue and the risk would have to be discussed and weighed up with managers.

(b) In response to a question on asymptomatic individuals testing negative and the frequency for repeating tests she stated that the general rule being applied currently was not to encourage testing of those with are asymptomatic. The PCR test was different however in that it is highly specific and also highly sensitive such that people might still be testing positive long after they had been ill. The rule was that if you have symptoms get a PCR test and if not opt for a Lateral Flow test.

(c) In response to a question on whether there were sufficient resources for Public Health she explained that the key challenge was not having enough trained staff and not being able to get them in place quickly enough something shared by all Public Health teams.

5.4 The Chair thanked the Director of Public Health for her detailed report and for her attendance.

RESOLVED:	That the report and discussion be noted.

6 **NEL system response to national consultation on Integrated Care Systems**

6.1 The Chair explained that on 26 November NHS England had launched a consultation on the next steps for Integrated Care Systems in England. It would close in two days, on 8 Jan, and City and Hackney's Integrated Care Board Members were contributing to the single formal response from the NEL system. NHSE was asking respondents to choose one of two possible options for enshrining ICSs in legislation, without triggering a distracting (in their words) top-down re-organisation. The options were:

Option 1: a statutory committee model with an Accountable Officer that binds together current statutory organisations.

Option 2: a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS. (their preferred option)

6.2 Members' gave consideration to the following 4 documents:

1.) *Integrated Care – next steps to building strong and effective Integrated Care Systems across England* – the consultation document from NHSE
2.) East London Health and Care Partnership's summary of the proposals and comments on implications and next steps, which went to the December meeting of City & Hackney ICB
3.) A briefing to City and Hackney's ICBs on the transitional governance plans from January (for their Dec meeting)
4.) NHS Providers' briefing on 26 Nov, setting out their position on the changes

6.3 The Chair welcomed for this item:

Dr Mark Rickets (MR), Chair of City & Hackney CCG
David Maher (DM), Managing Director, City & Hackney CCG
Cllr Christopher Kennedy (CK), Cabinet Member for Health, Social Care and Leisure

6.4 DM took Members through an overview of the context for the consultation and the key points that would go into the NEL response. He described the 5 pillars in the NHS Long Term Plan and how they had ushered in a suite of new service models, promoted a greater emphasis on prevention and on digital care. He added that of course the latter had been rapidly accelerated by the requirements of the pandemic response. The 5th pillar was the need to create ICS and bring partners closer together and to enshrine Primary Care Networks in every borough. NHSE and NHSI in this consultation appeared to be pushing for a statutory ICS Board with new powers and the challenge locally was to make this work for City and Hackney where there had already been great strides taken in partnership working over many years. He stated that the NEL system response would indicate a preference for Option 2 i.e. the creation of a statutory ICS body.

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

(a) The Chair stated that his own preference would instead be for Option 1 as Option 2 appeared very 'top down' and did away with any local veto there might have been and appeared to include far less stakeholder engagement. He asked the Cabinet Member for Hackney Council's position. CK replied that he was in discussions with the Mayor on a possible LBH specific response to complement the NEL one. He stated that different areas were all at very different stages in the development of their ICSs. He stated that, notwithstanding the success in east London, there remained concerns for example in Tower Hamlets about the WEL grouping, which had been an NHS construct, and therefore there was a danger of ending up on a body which had many discontented partners within it. He added that there was a widely held view that even if many opted for Option 1 it was most likely that we would all end up in Option 2 eventually because the legislation would be written in such a way as to make that an inevitability. He added that the challenge therefore in City and Hackney was to preserve what was best about how we worked locally and to ensure that our Health and Wellbeing Board was robust and well used.

(b) The Chair commented that Option 2 was the corollary of a devolved health system as it was very top-down and that Local Authorities barely featured in the paper. On point 2.43 about new powers it was necessary to ask what these would be precisely. He added that the NHS had, in the past, dismissed concerns about the creation of the Single Accountable Officer and proceeded anyway and that councils had been sold the idea that NEL ICS's three subsystems would be protected and instead it now turned out there would be just a single CCG which would evolve into a single ICS. Option 2 did not provide any reassurance about local accountability he added.

(c) DM replied that this was an engagement process and he had concerns that this was an NHSE-NHSI driven document rather than one from the DHSC itself. He explained that currently CCGs are not sovereign bodies they are instead subservient to the NHS Commissioning Board and this sought to correct that. He agreed that it will be necessary to lead the debate on the response that the concept of 'Place' must be defined as coterminous with local authority boundaries. MR added that CCG Chairs in east London had all led on the merger into the Single CCG. The principles regarding 'Place', regarding finance flows needing to flow down to boroughs and on the need for shared accountability would continue to inform all their work as the ICS evolved.

(d) In response to a question about permissions for personal data to be shared across various health bodies, MR explained how data sharing currently operated at the patient level and that the new data system was a great improvement from a clinical perspective as it ended the need to be sharing pieces of paper. As a GP he said he only ever saw a snapshot of a hospital record and there were careful checks and balances built into the system.

(e) In response to a question on how the ICS can take account of local priorities across 8 local authorities, DM stated that this was a challenge, but it would be made clearer as the ICS developed and the draft legislation is published. CK added that he thanked the Commission Members for their comments and stated he would take these to the meeting he was having with the Mayor to finalise a Hackney Council response which will feed into a North East London system response.

(f) In closing the discussion, the Chair stated that the hierarchy of NHSE clearly wanted Option 2 but the Commission Members continued to have major reservations about it. He added that City and Hackney had had a good locally devolved model

over the past few years and that these changes would mean the borough would lose some local autonomy.

6.6 The Chair thanked the Cabinet Member and the CCG guests for their attendance. It was noted that DM would be departing for a new post in Northampton shire at the end of March and Members thanked him for his service to Hackney and his always constructive engagement with the Commission. The Chair stated that more formal thanks would follow in due course.

RESOLVED:	That the report and discussion be noted.

7 Cabinet Member Question Time with Cllr Kennedy

7.1 Members agreed with Cllr Kennedy to postpone this item to the next meeting so that additional time could be given to items 4 and 5.

8 Minutes of the Previous Meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 18 November and noted the matters arising.

RESOLVED:	That the minutes of the meeting held on 18 November be agreed as a correct record and that the matters arising be noted.

9 Work Programme 2020/21

9.1 Members' gave consideration to the updated work programme for the Commission. The Chair stated that he would continue with the approach of keeping the meetings topical because of the pandemic and its impacts, not least on the ability of officers to engage at present.

RESOLVED:	That the updated work programme be noted.

10 Any Other Business

10.1 The chair stated that Hackney was taking on, for two years, the Chair and the Secretariat for the Inner North East London Joint Health Overview and Scrutiny Committee from its next meeting on 10 February.

Duration of the meeting: 7.00-9.00 pm

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2

a)

b)