Hackney

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2020/21
Date of Meeting: Wednesday, 14th October 2020

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

Chair	**Cllr Ben Hayhurst**
Councillors in Attendance	**Cllr Peter Snell (Vice-Chair), Cllr Kam Adams, Cllr Kofo David, Cllr Emma Plouviez**
Members of CYP Scrutiny Commission for item 4	**Cllr Sophie Conway, Cllr Margaret Gordon, Cllr Sade Etti, Cllr Sharon Patrick, Shabnum Hassan, Jo MacLeod and Ernell Watson**
Apologies:	**Cllr Michelle Gregory, Cllr Patrick Spence**
Officers In Attendance	**John Binding (Head of Service – Safeguarding Adults), Martin Bradford (O&S Officer for CYPM Scrutiny Commission), Denise D'Souza (Interim Strategic Director of Adult Social Services, Health and Integration), Dr Sandra Husbands (Director of Public Health) and Amy Wilkinson (Workstream Director – Children Young People and Maternity Workstream of ICB)**
Other People in Attendance	**Malcolm Alexander (Interim Chair, Healthwatch Hackney), Dr Adi Cooper (Independent Chair, City & Hackney Safeguarding Adults Board), Cllr Christopher Kennedy (Cabinet Member for Health, Social Care and Leisure), Cllr Yvonne Maxwell (Mayoral Advisor for Older People), David Maher (MD, NHS City & Hackney CCG), Catherine Pelley (Chief Nurse and Director of Governance, HUHFT), Dr Mark Rickets (Chair, NHS City and Hackney CCG) and Jon Williams (Executive Director, Healthwatch Hackney),**
Members of the Public	**8**
YouTube link	**https://www.youtube.com/watch?v=RTVuluSoKfg&feature=youtu.be**
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from Cllr Gregory, Cllr Spence and from Anne Canning. An apology for lateness was received from Cllr Adams.

1.2 The Chair requested that there be no questions on the cyber attack on the Council which took place that week as it was still an ongoing crime investigation. He added that there would be a time in the future when it would be appropriate to ask questions and seek reassurances but not now.

2 Urgent Items / Order of Business

2.1 There was no urgent business. The Chair stated that item 10 Any Other Business would be taken after item 5 and it would comprise a brief verbal update from the CCG on the progress of the vote on the merger to create a single CCG for NEL.

3 Declarations of Interest

3.1 There were none.

4 Integrated Commissioning – update from Children Young People and Maternity Workstream JOINT ITEM WITH MEMBERS OF CYP SCRUTINY COMMISSION

4.1 The Chair welcomed 7 members of the Children and Young People Scrutiny Commission for this annual joint item. Members gave consideration to a briefing paper from the CYPM Workstream and the Chair welcomed:

Amy Wilkinson (AW), Workstream Director, CYPM Workstream, LBH-CCG-CoL

4.3 AW took Members through her briefing paper in detail.

4.4 Members asked questions the following responses were noted:

(a) CYP SC Chair asked about the reluctance of many young people to engage with mental health services using virtual channels, or their inability to do so, during the Covid period and the impact this was having. AW responded that they had also looked at this at CYP SC in May. CAMHS services had been very quiet in the early stages of the pandemic but the service had now gone back to face to face appointments. They were prioritising face to face and it iwas no longer virtual by default. The capacity was there and additional DfE education support was also going in to support students. Mental Health support staff were back in schools since September.

(b) The Chair asked how long it would take for a young person to get a mental health referral and whether it would be weeks or months before meaningful support could be provided. AW undertook to get back with the full detail but stated that access times were much shorter than they had been and were certainly less than a couple of weeks.

ACTION:	Workstream Director CYP&M to provide further detail on recent waiting times for access to CAMHS and the trend.

(c) Chair asked about an upswing in referrals during lockdown. AW detailed the treand in referrals and added that an increase in referrals was coming through also in the Domestic Violence service for example. She added that they had also increased other support including providing the Bereavement Service offfer.

(d) Members asked about the practicality of 'Prevention' offer to children and young people and on the decline in rates of childhood immunisation and on what plans were in place to increase these. AW explained how prevention cuts across all the strands of the Workstream. She added that they had been rolling out 'trauma informed training' for staff in schools since the beginning of the crisis and the further offer from the DfE built on that quite well. They were starting with further support for teachers and focusing on enabling them to have their classes. There had also been extensive communications campaigns on getting children back to schools and about how to access help during the crisis. The volume of immunisations had been increased as has the flu jab programme and there was an ongoing project with GPs to drive up childhood immunisations. Health Visitors were also delivering immunisations in 8 Childrens Centres. 2500 flu vaccinations for 2-3 yr olds were already being delivered in car park sites and this model would be used also for the MMR campaign.

(e) Chair asked about the importance of flu or measles vaccines during Covid period and the challenge caused by data flow issues. AW replied that the GP Confederation was locating all the data points and doing major piece of work on immunisations. They had a dedicated post on it who would streamline all the data and aim to put it in one place. The Chair asked about priorities at present in relation to flu prevention, the difference for other years and whether the concern was more about the older population getting Covid during flu season. AW replied that City and Hackney had historically low immunisation rates so it was vital that there be no outbreak of infections diseases at a time when the system was also battling Covid. Their programmes were continuing as normal. There was a lot of work to do to spread the message that the NHS was open. The key issue was the more people who were vaccinated against flu the better as this gave the NHS more capacity to deal with Covid. Other Covid related capacity issues also had to be considered such as the re purposing of children's wards in acute sites and centralising them, to particular centres within the NEL system, in order to ensure stricter infection control during the pandemic. Much work was going on in co-ordinating services across the NEL acute sites.

(f) Members asked about the learning from CAMHS improvement programme over all. AW replied that there were many aspects to this and that they were now working with 'Programme System Influencers' on it, for example. There was a need to join up the services and the really helpful engagement with young people that came out of the CAMHS improvement programme could now be built on and fed into on other evaluation work.

(g) Chair of Healthwatch asked about resistance to flu vaccinations in the community and whether there was ward level data on this. AW replied that there was definitely anti vaccination sentiment out there but they didn't necessarily know the detail at ground level because those who object just didn't turn up. They were piloting work in the PCN in the North East of the borough on vaccine hesitancy and they wanted to scale up this work. There is no real data on vaccine hesitancy as such because people don't say that is why they are not attending, however the numbers coming through the

programmes will point to areas where hesitancy is a factor and they can then work on that.

(h) Chair asked about policy re partners attending scans and also births in the Homerton's maternity unit. AW replied that they were working closely with NEL partners across childrens and maternity services on this. At the early states of the pandemic it was virtual appointments for all ante and post natal appointments and initially no partners were allowed. Subseqently this was relaxed to 2 partners at the birth and visiting was allowed for 3 hrs per day from 14.00-17.00 hrs, then they were relaxed further and face to face ante natal sessions were permitted. The aim now is to fully restore services to the previous position. Most trusts in NEL were in a similar position of not allowing visitors and not partners at scans but this was gradually being relaxed. She added that in April and May they had seen bookings at HUHFT rise 20% so now were expecting 150 extra deliveries there during Oct and Nov. This would stretch the service because of the vital need to ensure full Covid safe settings. HUHFT was currently reinstating face to face appointments and managing strict infection control measures. For the past two months there had been no Covid positive women giving birth at all and in the last 2 or 3 weeks just a handful of positive tests coming through from asymptomatic women.

(i) Chair asked what was cause of upsurge in bookings at HUHFT Maternity department and during first peak and if partners were stopped from attending births. AW reiterated that partners had been stopped for a short period but they had since reinstated a policy of 1 partner and now will allow 2 people. The upswing happened because normally 70% of Hackey mothers give birth at HUHFT with the remainder going mostly to UCL. However during the pandemic, with everyone working from home, Hackney mothers chose to move their appointments to the more local hospital.

(j) The Chair asked whether Hackney maternity might become full because of the forthcoming peak and during a possible second wave. AW explained that women already booked would always be taken. The advance bookings for December look more normal and the peak was just expected in Oct and Nov. If there is a second wave of Covid they might also have to reinstigated the no partners rule. She stated that this is constantly monitored and it changes by the week. Decisions are made at Trust level and they would also revert to no partners at scans and only 1 partner at births if they had to. They would be reluctant to revent but might be forced to.

(k) Chair of CYP SC asked about the importance of ongoing support via the Integrated Commissioning Board CYPM Workstream for both the range and reach of services being provided by the local Children's Centres. AW replied for some time now much work was going on in aligning the Neighbourhoods Programme with the services being provided in the Children's Centres and building on this. There already was a very strong health offer delivered in Children's Centres with services as diverse as Speech and Language and Occupational Therapy and continuing this approach was a key priority for the Workstream.

(l) Members asked about the need for additional mental health support for mothers giving birth during the stressful period of the Covid pandemic. AW replied that it was really difficult and she was glad Members had flagged up this issue. How current care pathways are working to support mothers was a concern and it had been flagged up at the NEL level. There is concern about there having to be less face to face appointments because of infection control and there are also concerns about Health Visitors being really stretched because they are also working frontline on the Covid response. Locally

the had put in some perinatal mental health support and they were looking to NEL to do more work on this.

(m) Members asked about the CYPM Project Manager in the Neighbourhoods Programme being only funded for 1 year. AW replied that she agreed with Members concerns about this and thanked them for raising it. The Workstream is seeking more funding from the Neighbourhoods Programme to go through the City and Hackney Integrated Commissioning System to better support this important work and concrete plans for this are now being developed.

(n) The Chair asked what changes we expect to see in terms of the existing care pathways for Children and Families arising from the Neighbourhoods Programme, as it beds in over the next year. AW replied that in terms fo the 0-5 cohort the work is quite integrated already as this is mostly via the CCGs. The question is about how to bring in midwifery and health searices and link it to GPs and can the links be strengthened so that everyone can know who is working with a particular family for example. Re. 5-19 years olds Primary Care sees less of these but schools see more and how for example can links to safeguarding be brought in also. A piece of work was ongoing around families. During Covid family focused Multi Disciplinairy Meetings (MDMs) had worked really well and this needed to be expanded. If the families have children than the children's practitioners need to be in the MDMs so that a joined up family approach is achieved. Most of this work is about relationships and linking up the partners across very specific service areas. There is also a pilot on immunisations going on, related to this, which they also want to roll out ot other areas.

(o) The Chair asked how the CYPM Workstream will evolve as a result of the Single CCG reorganisation. It looked like it would remain largely intact he added. AW replied that in terms of CYPM it would remain largely intact. Families they support were already more integrated in the system than others as they were tied into the education system, for example. The NEL interface had already strengthened CYP services across the patch and this had to be built on, she added. A lot of the work which City and Hackney ICB had started can also be continued with NEL partners getting involved as appropriate.

4.5 A Member complained about use of acronyms in these Workstream reports. AW undertook to correct this in future.

4.6 The Chair thanked AW for her detailed report and her attendance.

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

5 City and Hackney Safeguarding Adults Board Annual Report 2019/20

5.1 Members gave consideration to 3 papers

(a) Cover report on the Annual Report 2019/20 of the CHSAB

(b) Annual Report 2019/20 of CHSAB

(c) CHSAB Safeguarding Streategy 2020-2025

5.2 The Chair welcomed

Dr Adi Cooper (AC), Independent Chair, City & Hackney Safeguarding Adults Board

Denise D'Souza (DD), Interim Strategic Director of Adult Services, LBH

John Binding (JB), Head of Safeguarding Adults Service, LBH

5.3 AC took members through the covering report in detail reminding Members that it was a statutory requirement to produce this annual document.

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

(a) Members commended the quality of the report and the clear work to improve the governance and make the Board more relevant. They asked why police attendance at the CHSAB meetings had been poor (p32 of agenda). They also asked for further clarity on the nature of the Section 42 referrals and 'accepted other enquiries' and asked about the reference to the need to address "higher executive capacity".

AC replied that police representation had been sporadic and there had been a high turnover of officers involved in CHSAB work. In the monthly Exec meetings they challenged all partners on front line delivery. One of the functions of the regular meetings was to see how Covid 19 was impacting on adult safeguarding. So far there was no evidence of significant impacts. Regarding enquiries this refers to how the data is collected nationally by NHS Digital and is dependent on the technical interpretation of the data. On the 'higher executive capactiy' this referred to the issue of when someone is making a decision about risk, do they fully understand the implications of the decision they are making and do their actions make clear that they've understood it. for example dealing with people who have fluctuating mental capacity or drug use issues. The question then is whether the system is supporting them appropriately to make the right decisions as regards risk noting that there is positive as well as negative risk taking.

JB said there was both strategic and operational involvement by the police. There was very positive engagement at the operational level e.g. on domestic abuse. There had been anxieties in the past about the impact of merger of public protection unit with Tower Hamlet's but no long term detriment could be discerned from that. The police were more available now than in the past as the role was more specific to public safety and public protection. At the Strategic level personnel does change and this can have an impact but at the operational level co-operation is strong

He explained the difference between the Section 42.1 and Section 42.2 investigations. The difference lies in what is progressed as 'safgeguarding' and what isn't. 42.1 refers to how you gather the information and 42.2 is the detailed next steps. At the first stage the outcome may just be a need for better signposting for example. It refers to a lower category of enquiry which is progressed via different channels and is not a formal safeguarding inquiry. In relation to 'other enquiries' these would normally engage the Quality Assurance team and issues would then be progressed that way. He added that there is a national issue about conversion rates (from alerts to inquiries) and how they are monitoried and benchmarked. City and Hackney has remained at about a third and this is right in the middle in terms of performance against other Safeguarding Boards across the country.

On 'higher executive capacity' he illustrated the issue with a case of visiting a client at home and there being a disconnection between what they tell you and your professional judgement about the client's potential to resolve things or to improve their own situation. It's about not taking things at face value, he added. He stated that, locally, Occupational

Therapists do a great job of providing what is know as ‘respectful challenge’ and Safeguarding is probably less good at this and needs to learn more. There are issues here to be taken up in multi disciplinary team discussions. It’s about testing out when everything would be OK for an individual.

(b) The Chair asked for a description of what changes were implemented resulting from the 2 formal SARs (Safeguarding Adult Reviews) in past year. AC replied that there were two ways SARs had an impact: one is about raising awareness generally about the issues revealed in the inquiry and this crosses all partners and the other was a series of specific recommendations which agencies and partners have to act on. Recommendations are monitored through the SAR sub group of the CHSAB to ensure over time that all the actions have been followed up, be it about changing specific policies, procedures or ways of working. There have been changes specific to Learning Disabilities Services arising from the ‘Jojo’ SAR (see report) and in relation to the ‘Mr Yi’ SAR (see report) they did make some really good changes on raising awareness of staff to be more understanding of cross over issues and when cases involve both homelessness and safeguarding need.

(c) Members asked how relevant the Mental Capacity Act was to the work. JB replied that it was core business in terms of what they do as well as the Care Act which gives the Board its primary powers and responsibilities in law. He added that with both the JoJo SAR and the Mr Yi SAR there were actions that needed to be done collectively and some were specific to particular agencies for example the District Nursing service had to enhance their knowledge of Learning Disabilities in the community. There was also an issue about better engagement with advocacy services. AC added that they had produced 7 min briefings on the website which give key facts as well as short videos to disseminate the learning from SARs and they will do more of these.

5.8 The Chair thanked AC and JB for their very detailed and considered. briefings.

RESOLVED:	**That the 3 reports and discussion be noted.**

6 Homerton University Hospital NHS FT – Quality Account 2019/20

6.1 Members gave consideration to:

(a) The Commission’s letter of 4 Sept 2020 formally responding to the draft Quality Account

(b) HUHFT’s Quality Account 2019-20 as submitted to NHSE/NHSI

6.2 The Chair welcomed for this item:

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

and stated that he would also like to ask about preparedness for a second wave of Covid-19. He also congratulated HUHFT for achieving an ‘outstanding’ CQC ranking, the first acute hospital in NEL to do so, and he commended the leadership team at the Trust for their work during the pandemic.

6.3 CP explained what a Quality Account was and that the format was dicated by statutory regulation. When the pandemic hit they had been told one would not be required this year but then told in June to produce a more truncated version. The

Trust agreed therefore to produce a report to meet the statutory requirements. She added that they had set out some objectives in last year's report but all these had not been met. They had set themselves some stretching targets but were overtaken by the pandemic. There was however a significant amount of success to report across all the measures. She stated that she would be replying formally to the points raised in the letters by the Commission, the CCG and Healthwatch.

6.4 Members asked questions and the following points were noted:

(a) The Chair asked about Covid planning for a possible 2nd wave. What were the current numbers, what was the stretch capability, was Children's Pediatrics going to be relocated temporarily to Barts Health, how much elective surgery was being cancelled and where the Trust was on discharge to care homes and the speed of getting test results for those being transferred to care homes.

CP replied that when the pandemic hit they had moved from 8 to 30 beds in their ICU in a week and managed hundreds of cases. Sadly they had lost 151 patients and 3 members of staff. They then spent the summer rebuilding and ensuring all services were in line with the new Infection Control Guidance which itstelf changed three tiems. Patients having elective care had to be swobbed 3 days before admission and to stay in isolation before they came in. Flow of patients through the Emergency Department had 'red' and 'green' pathways based on what the patients level of risk was. Building work was currently going on in the Emergency Department to make it more Covid secure and to strengthen infection control. They were allowing visiting in maternity wards and they were on a London wide group working on this issue in order to maintain visits for partners in maternity services. They have a Covid preparation group which meets twice a week and examines what is coming down the line and looks at the experiences in neighbouring hosptials. Decisions are made there on what needs to be communicated to staff, when and how. There was a significant throughput of new rules and regulations to keep on top of. Anyone visiting the hospital would be screened and expected to wear a mask throughout. New mechanisms to communicate with staff had been put inplace such as webinars and videos etc.

As of that day there were zero Covid positive patients in ICU (which had 11 patients in it). In the medical beds there had been 1 confimed case and some waiting for results. There had been some small numbers going though maternity, as Amy Wilkinson had outlined in item 4. Covid was not overwhelming the Trust currently, allowing it to continue planned care and outpatient work. They were however reminding Community Nursing staff that they were more at risk now in doing community work.

On the issue of care homes, patients had to be swobbed before they leave if the destination is a care home or other hosptial. Results were coming back promptly from Royal London and this was not delaying discharges. They worked closely with care homes and care homes have their own systems including isolation plans in place and this has been working well. Two rounds of testing all the patients in the Mary Seacole Nursing Home (which HUHFT operates) had all been negative. All care homes are being tested through pillar 2 of the national system.

(b) The Chair asked how frequently staff got tested at Mary Seacole. CP replied that it was weekly for staff and monthly for patients, in accordance with CQC guidance. There is a need to understand risk and how providers could cope of a lot of asymptomatic staff had to go off at the same time.

(c) The Chair asks on how frequently staff at HUH main site were tested. CP relied that there was no testing of asymptomatic staff at the HUH site and no requirement on them to do that. Staff that ARE symptomatic get tested under the pillar 2 system of the national Test and Trace system. There is no asymptomic staff testing across NEL. They need to be confident that patient testing on symptomatic patients is robust. It had been vulnerable because there had been lab issues. They therefore did not want to put that at risk by asymptomatic staff testing. The concern was about the impact on overall testing capacity. In relation to 'Discharge to Assess' they had to make changes due to changes in national guidance. PPE was provided to staff who have to go to patients homes. Arrangements were working well and the biggest challenge in the past week had been the cyber attack on Council but they were working round that. Staff had been very flexible and responsive throughout and this had been very impressive.

(d) Chair of Healthwatch asked about exhaustion of staff if new wave of Covid emerged. He also asked about the future development plan for St Leonard's which they reasied in their response to the QA letter as being a vital issue.

CP replied that they had encouraged all staff to take their 40% of their annual leave before end of September and strongly encouraged everyont to take a break. There had been much work done on ensuring staff wellbeing because of the impact on staff of losing colleagues and the trauma they had to deal with at the peak. The previous week had been Recognition Weeek, the Chief Exec had sent personal cards to all 4K staff and there were things like free breakfasts. Wellbeing of staff was a crucial factor considering there might be a second wave going into winter. The focus was on the need to keep helping and supporting the staff and recognising that everyone is experiencing difficulties in the personal lives at the moment because of covid.

On St Leonard's, she added that HUHFT was part of the wider discussions going on at NEL level. The Chair interjected that he like to would bring this issue back to the Commission as a separate item as soon as it is possible.

ACTION:	**To add to the Work Programme an item on the future plans for St Leonards as part of the wider Estates Strategy for NEL.**

(e) The Vice Chair asked about the status of the Coordinate My Care system which the commission had studied during its review on End of Life Care. He stated that the was disappointed that no reference had been made to the CMC issue and this was even more important at the time of Covid and that reassurance was needed on it. CP replied that it was fully in place and they were always working on how it can be improved.

(f) Members asked about asymptomatic testing for staff and why it was not being done considering that universities were doing it. CP replied that there wasn't an expectation that they test asymptomatic staff currently. The logistics of testing over 4000 staff plus contracted staff would be considerable. The test would require 2 swobs and they needed to work out what they would do of there was a significant number of positives and yet have to maintain services. It would need to be carefully throught through. The issue was how could it be done safely and how often it would need to be repeated. There would need to be a common approach to this across the NEL sites also. Testing capacity was a risk and they could not jeopardise patient testing capacity by testing all asymptomatic staff at this time, when it was not essential.

(g) Director of Healthwatch asked how risk assessments on staff including contracted staff would be be updated in the context of Covid. CP replied that they did covid risk assessments on all members of staff also linked to the concerns about their BAME staff. This was extended to all the contractors (ISS, ERS and Steris etc) as they shared their risk assessment tool with them. This was a dynamic situation and some staff would need their risk assessments updated and some would not. There was also a need to consider what it imight mean if there were further lockdowns. There were weekly webinards on covid HR and these issues were being picked up there.

6.5 Dr Sandra Husbands (Director of Public Health) thanked HUHFT for providing flu vaccinations for all the social care staff. These had been excluded in the national guidance and she wanted to publicly thank HUHFT for stepping in. CP replied that they were happy to help out on this and 20% of their staff had already received flu vaccines in one week.

6.6 The Chair thanked CP for her report and for her attendance and for the extension of flu vaccines to those front line council staff. He noted that CP would be sending a formal reply to his Quality Account letter in due course.

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

7 COVID-19 verbal update on Test, Trace and Isolate – verbal udpate

7.1 The Chair welcomed Dr Sandra Husbands (SH), Director of Public Health for a regular update on the Covid 19 situation in the borough.

7.2 SH took Members through her slide presentation based on latest PHE data. In the last 2-3 weeks the curve in City and Hackney was steeper so we have a higher incidence rate than other boroughs, now 129/100,000. It was important to understand this in the context of the numbers tested and the no of positive tests. We were now around 10.5% positivy rate which was higher than most other boroughs. The 7 day average incidence rate for the whole of London was 94/100,000. Anything above 50/100,000 made it an area of intervention and she noted that other areas in the country went into local lockdowns with lower rates than we currently have. 12 London boroughs were now over 100/100,000 and she said that it was anticipated that all of London would be over this rate which would trigger discussions at Gold meetings about new interventions. She added however that other areas such as Nottinghamshire, Knowsley, Liverpool had much higher rates than London. One difference in London was that the rates of admissions to hosptials was much lower than in the north of England. Community transmission was at a high rate but not yet translating into high hospital admissions. They were also seeing the virus spill over into older age groups. Recent outbreaks had been among younger people i.e. 20-39 yr olds. Clusters were now all over not just in the north of the borough and the majority of cases were now happening not in clusters linked to households but among individuals. Only 14% had been identified as household clusters. Several wards were over 100/100,000 and so were areas of intervention. On the other indicator – health care utilisation – there has been an increase in suspected cases being diagnosed by GPs and via 111 and there is a repeat of the pattern elsewhere that 3 weeks after spikes in cases more people are admitted to hospital and eventually there are more

deaths. This was not a given she added but it was a waring and the key point was that we still have an opportunity to intervent and do something about it

7.3 The Chair asked about an apparent decrease going into October. SH replied that this was not significant and case numbers were still going up. She went on to describe the locally supported contact tracing system which had just been put in place 3 weeks previously. NHS Test and Trace had been reaching 70 to 74% of cases in City and Hackney but only 50% of these people's contacts were then being reached. The national system seemed also to be struggling to keep up with demand. Locally they try to bridge the gap and reach the 30% not being contacted in the first 24hrs by the national system. City and Hackney have slightly different approaches. In the City Environmental Health officers do follow up in Hackney it is Customer Service team as they are more familiar with the motivational type of conversations which are required. There had been some disruption because of the cyber attack, they had for example to go back to PHE with a new IP address for the council so that data could continue to be shared with us and she commended the IT team for supporting getting the tracing system back up so quickly. Much training is going on and the team had to jump from 3 cases a day to 70 and coped well. They are working on how best to reach people and the Customer Service team has access to the Public Health team for further support and if complex cases escalate.

7.3 Members asked questions and the following was noted:

(a) The Chair asked about the success of conversion rates in contact tracing and how it differs between boroughs depending on the different types of staff used for the task (Environmental Health (City), Customer Services (Hackney), or primary care (Tower Hamlets). SH replied that there were very few cases in City so it was very difficult to compare. In Hackney in the first week they reached 54% of cases. Where they had not been able to succeed this was a combination of the national system not providing correct information or where people didn't answer. Individuals get a text and the Team uses the information they have. It says the person will get a telephone call and explains what it's about and so tries to warm them up in advance. This has been quite effective but where phone calls and texts don't work they will have to consider a door knocking approach in future. Cllr Kennedy (Cabinet Member) clarified that 140 of 356 contacts had been successful thus far.

(b) Members asked about possible joint efforts in contact tracing with the local NHS and how this might work better and whether there was any further progress on what the Deputy Director of Public Health reported last month. SH replied that they were still developing the overall system and a consultant was leading on this project to try and triangulate all the data. Generally it was not that the council did not have any useful information on contacts but that many didn't pick up the phone or were busy.

(c) Dr Mark Rickets (CCG Chair) commented that the spike in cases in September presenting via primary care co-incided with the schools going back. Lots of children shared viruses and worried parents then thought their children might have Covid. He added that with a child under 12 if they are unwell, have a runny nose or fever it was highly unlikely to be Covid but if they get very unwell it needs to be checked out. SH concurred and added that another factor at the time was that the spike co-incided with a period when it was difficult to get a test.

(d) Members asked what the vectors of transmission were in Hackney. SH replied that the majority of transmission is within households but clearly some will catch it at work

(there had been a few workplace clusters) or via socialising in other households or out meeting friends. NHS Test and Trace has been working on trying to pin this down and they've been under pressure on this but it was not possible to say that one or two particular types of activity were the main causes of the spread. If one person gets it in a household they are very likely to give it to everyone else.

7.7 The Chair thanked SH for her report and attendance.

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 September and noted the matters arising.

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

9 Health in Hackney Scrutiny Commission- 2020/21 Work Programme

9.1 Members' gave consideration to the updated work programme for the Commission. The Chair stated that he wanted to continue to keep some spaces open in order to respond to fast changing situations such as Covid and that they would request a further verbal update on Test and Trace for next month. He added that in addition to the test and trace item they would have a substantial item on 'Covid and care homes' as well as an update from the Unplanned Care Workstream and would look at the executive response to the Commission's own review on 'Digital first primary care'.

RESOLVED:	**That the updated work programme be noted.**

10 Any Other Business

10.1 Chair explained that the CCG was mid way through voting on the merger to create a single CCG for North East London and he would like to ask if Members had any questions now the they had sight of some of the key documents. He welcomed David Maher (DM) MD of the CCG and Dr Mark Rickets (MR), Chair of the CCG for this additional item.

10.2 Chair asked the CCG leaders present about the fact that while 98% funding might continue to flow down to City and Hackney from NEL ICS how could the borough future proof this to protect local services. DM replied that voting had opened that day because they had extended the dates at the request of Londonwide LMC and the voting would conclude the following Monday. As regards the finances, he stated that the allocation they received as a CCG was a capitated one and the DHSC and the CCG agreed a formula for healthcare spend partly based on deprivavation. So long as DHSC continued to use a formula that weighted deprivation Hackney should continue to receive a similar

allocation. He added that this was about as much assurance as he could give and of course allocations were also dependent on the Annual Spending Round announcements from the Treasury. He added that the Deprivation Indices hadn't moved in the 10 years he had been working in City and Hackney and as long as the formula remained the same they would expect the same amount of resource. Dr Rickets added that two years previously C&H had received a 5 year allocation which would be upheld. The 98% allocation came from this. NHSE could now or in the future seek to change this and of course Parliament can always change this in many different ways. He added that the formula weighted age as well as deprivation. In addition it was important to note that new money was coming into NEL arising from the Long Term Plan, whatever City and Hackney decided to do.

10.3 The Chair stated that the changes appeared to bring together commissioners and the large secondary care providers and would do away with the internal market in commissioning and asked if this was something to be welcomed.

DM replied that the origin of the Integrated Commissioning Model was the Long Term Plan itself and that a side letter was published to that (which was also in the Foreword) which set out an 'ask' to Parliament to remove competition from the powers within the NHS ecosystem and to revise the Competition and Markets Authority's powers in relation to it. The creation of the Single CCG does inherently pull together Providers and Commissioners in a way that does completely erode the purchaser and provider split which Commissioning have been working with for some time. He added that this represented a benefit in NEL because of strength of our local anchor organisations and their history of partnership working so, from the point of view of City and Hackney CCG, this was a positive outcome of the LTP.

10.4 The Chair asked if the new structure, should it go through, be explained in a briefing to the Commission and that this should also cover the governance process. He added that a lot of focus in terms of the day to day delivery will move essentially to Tracey Fletcher's role within the Integrated Commissioning Partnership giving her a more prominent role in pulling providers together. In the future therefore he would envisage having a separate item to hold her to account in this role, totally separate from her role as heading up HUHFT.

ACTION:	**CCG to provide** **a) Briefing on the new governance structure for the City and Hackney ICP and how it forms part of the new NEL Integrated Care System** **b) Future briefing from Tracey Fletcher in her role as System Lead for the Neighbourhood Health and Care Services Board of the City and Hackney ICP.**

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

Duration of the meeting: 7.00 - 9.10 pm

Wednesday, 14th October 2020