London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2020/21
Date of Meeting: Tuesday 23 February 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), Dr Sandra Husbands (Director of Public Health, Hackney and City of London) and Alice Beard (LBH-CCG Communications Officer)**
Other People in Attendance	**Siobhan Harper (Workstream Director Planned Care, CCG-LBH-CoL),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), Peter Merrifield (CEO, SWIM Enterprises), Caroline Millar (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	**61 views**
YouTube link	**The meeting in full can be viewed at** https://youtu.be/teGyKDf-7y8
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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.

2.2 The Chair stated that both David Maher and Denise D'Souza would be leaving the CCG and the Council at the end of the month and on behalf of the Committee he thanked them both for their contributions to the borough. He added that David had overseen one of the most high-performing CCGs in the country and would be a great loss to the borough and wished him well in his new role with the NHS in Northamptonshire. DM thanked the Members for their kind words and stated that Tracey Fletcher would take on a system leadership role as ICP Lead for City and Hackney within NEL and that a succession plan within the CCG was also in train and would be announced shortly.

3 Declarations of Interest

3.1 There were none.

4 Covid-19 - update on vaccinations programme for GP Confed and CCG

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
Caroline Millar (CM), Chair, City and Hackney GP Confederation
Dr Mark Rickets (MR), Chair, City and Hackney CCG
David Maher (DM), MD, City and Hackney CCG
Siobhan Harper (SH), Workstream Director Planned Care, CCG-LBH-CoL

4.2 Members' gave consideration to two tabled documents from the GP Confederation containing feedback from residents who had been vaccinated, the vast majority of which were very positive. CM summarised the findings for Members. LS gave a detailed update on the roll-out as of that day. She explained how opening hours had to vary depending on the flow of supplies but as soon as supplies were confirmed opening hrs were immediately extended so that as many could be processed as possible. She described two dedicated vaccinations sessions they had run for the Charedi community one of which ran from 8.30pm to 1.00am on a Saturday night, following their Sabbath and she described the successful visit of the Vaccines Minister Nadim Zahawi to the centre on the previous Saturday. They had now moved on to 'cohort 6' which would be a very large group but also picking up any not yet done in cohorts 1-4. They did not code anyone as a 'decline' until three attempts have been made to get them to come in. They had seen many requests for deferrals which GPs were addressing. She described the new additions to the Clinically Extremely Vulnerable cohort who had just now been added to the shielding list would have to be given priority. On staffing, she stated that GPs were doing the vaccinations but they were trialling using medical students and the results of that had been very positive. She praised the excellent work of the volunteers who were key to the success of the sessions.

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

(a) The Chair asked about the success rate from first point of refusal to finally winning people over and LS stated that conversations with the GPs were what made the difference as it was about that relationship of trust. She added that the Confederation at the same time had to support the GP Practices to get people to attend the Centres and they were also using the Council's call centre to nudge people to attend. When too many deferred this blocked the appointments book and slowed down the roll-out for everyone.

(b) Members asked about tackling myths on social media and the need perhaps for updated information sheets for the volunteers working in the centres. LS gave some examples of the myths and misinformation being shared on social media and stated that a local Comms campaign was needed to complement the national attempts to debunk these myths.

(c) Members asked about how data catch-up issues meant that some people receive a second invitation by mistake. LS replied that it can take 3 days for data from the Pinnacle system to be added to GP records and while this isn't satisfactory the situation with this was already improving.

(d) Members asked about the reasons why some residents were experiencing booking problems. LS replied that such problems were being worked through. For now the view was to stick with two large vaccination centres while preparations were made to community pharmacies into the system. John Scott Centre did have reduced hours the previous week but this was because of supply problems not capacity.

(e) Members asked about the reasons for vaccine supply problems. LS replied that it was very challenging from the Vaccination Team to plan appointments when they themselves would not know until very late what quantities of which vaccines were on the way to them. It was an ongoing problem, and they were providing challenge back on it. Other delays were caused by waiting for permission to move onto the next cohort, something which had to be modelled nationally.

(f) JW (Healthwatch Hackney) commented that there was a vital need for all involved to be careful with the language used in describing those who were refusing as there already were fears of a possible backlash against these groups, which would exacerbate the situation. A Member described a recent community meeting with the Black and Asian residents which revealed a lot of anxiety about vaccines and stated that the matter had to be treated with great sensitivity.

4.4 The Chair agreed about the need for sensitivity in use of language with this and thanked LS and CM for their excellent work on the roll-out.

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

5. Covid-19 - briefing on a project on tackling engagement and vaccine hesitancy in ethnic minority communities in Hackney

5.1 The Chair stated that responding to concerns about taking the vaccine, particularly in ethnic minority communities, was now the key issue with Covid-

19. He stated that he'd invited Peter Merrifield of Support Where It Matters Enterprises to the meeting to discuss his work with ethnic minority communities on dealing with vaccine concern and engagement with services. The Chair welcomed to the meeting:

Peter Merrifield (PM), CEO of SWIM Enterprises
Siobhan Harper (SH), Workstream Director and lead for the Vaccine Steering Group, CCG-LBH-CoL
Alice Beard (AB), Communications Team, CCG-LBH-CoL
Jon Williams (JW), Exec Director of Healthwatch Hackney
Dr Sandra Husbands (SH), Director of Public Health
Dr Mark Rickets (MR), Chair of CCCG

5.2 PM gave a verbal report. He stated that people had a right to refuse the vaccine and he was concerned at a possible backlash against those from ethnic minority communities who do e.g. in response to sensationalist coverage in the Daily Mail which might describe them as not living well or not looking after themselves. He stated there was a need to explode the myth that these communities were 'hard to reach'. He added that there was an ongoing battle against misinformation on social media and there was a need to work with gate keepers within these communities to challenge any biased views. There was a need for example to consider those with particular conditions such as Sickle Cell and how they were treated by vaccination programmes and also issues particular to the Francophone African communities who have had a history of mistrust of vaccination programmes. SH added that there was an urgent need to work with those who know these communities well so that they get the messaging right from the outset.

5.3 Members asked questions and in the responses the following was noted.

(a) The Chair asked who was holding the ring locally on the vaccine hesitancy problem. SH replied that it was the Vaccination Steering Group but that the programme is of course run to national guidelines. MR went on to outline the pace of the programme and the work on, for example, making it easier to quickly set up fully approved pop-up vaccination clinics. PM commented that there was a need to become more agile with the programme and to use a more granular approach locally. MR described the challenge of delivering the programme at scale as we moved on to the next and really large cohorts.

(b) Members asked about possibly using councillors to assist with outreach in certain communities as ward members have key contacts with local influencers e.g from faith communities. SH agreed that ward councillors were a rich source of intelligence but there would be a need to think about how this task was co-ordinated.

(c) A Member stated that Black communities are not homogenous and asked about the different approaches needed in Black Francophone vs Black Anglophone communities, as the former had bad experiences with French health programmes in Africa and were heavily influenced by the high degrees of anti-vax sentiment in French social media.

(d) A Member stated that economic concerns were also a driver of both testing and vaccine hesitancy giving the example of carers who were too busy or tired to engage or afraid that test results would mandate self-isolating which they could not afford to do (not having other options for caring for example). AB replied that this was just one area which would be tackled by the new sub-committee of Vaccination Steering Group on Communications and Engagement, the membership of which comprised the comms and engagement staff from across all the local health partners.

(e) The Chair asked how the Steering Group would take forward its work. SH replied that insight was being gathered from a wide range of groups and this data was then being cross matched to the areas of low uptake to discern any patterns and to help plan greater outreach initiatives. The Chair asked if the Commission could be updated on this at the next meeting.

ACTION:	**Vaccination Steering Group to provide an update to the Commission at the 31 March meeting on the communications and engagement work being done locally on vaccine hesitancy.**

5.4 The Chair thanked Mr Merrifield and the officers for their attendance for this item.

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

6. Covid-19 – monthly update from Director of Public Health for Hackney & City

6.1 Members gave consideration to a tabled presentation 'Covid-19 Update', from Dr Sandra Husbands (SH), Director of Public Health, continuing her monthly updates to the Commission.

6.2 SH took Members through the report which detailed how incidence rates and positivity rates had been declining since January. She stated that while rates were decreasing overall, they remained high among certain age groups. Populations aged 18 to 24 and 60 to 79 were currently recording the highest incidence rates. There also continued to be variations in incidence rates by ward, however, this variation did not follow any obvious geographical pattern. The rate of decline had not been consistent between ethnicities either. 'Other ethnicities' recorded the greatest decrease in incidence rates, and Bangladeshi populations recorded the smallest. In line with decreases in COVID-19 cases, COVID-19 bed occupancy and staff absences had been decreasing since mid-January.

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

(a) The Chair asked about the national rate of decline plateauing vs the local rate declining and the reasons for this. SH explained that this was because of the difference between the two datasets used which don't tell you the same thing.

(b) A Members asked about interpreting incidence across the different communities. SH described the differences between ethnic groups with regard to this data. She explained that during the peak of the pandemic, generally, it was found that black people and people of South Asian origin were more likely to become more seriously ill and die, but there also had been a significant decline in Black people being affected during the second peak. The picture locally looked rather different too, and the issue was about the different ways in which these groups are engaged with. She referenced to PHE's blog on the 'ethnicity impacts' and how it turned out to have affirmed the approach taken by PHE nationally.

(c) JW (Healthwatch Hackney) asked about how Public Health team would cope with schools reopening on 8 March. SH replied that all pupils and staff would be given test kits to test twice a week either in school or at testing centres and this plan had been worked up since before Christmas.

(d) A Member asked at what point does prevalence fall low enough to utilise the test, trace and isolate system to the full. SH replied that much work had been put into capacity building of the local test and trace system exactly so that it can be flexed in this way. They worked very closely with the national system and locally they can handle tens of cases a day. The challenge was to develop plans to support people with major barriers to self-isolating e.g. those in HMOs, and they are working on possible provision of isolation facilities.

6.4 The Chair thanked SH again for another detailed report and suggested that the lessons learnt from the data analyses in Public Health need to be now used to help inform the Vaccine Steering Group work.

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

7. Cabinet Member Question Time – Cllr Kennedy

7.1 The Chair welcomed Cllr Christopher Kennedy (CK), Cabinet Member for Health, Social Care and Leisure to his first Cabinet Member Question Time Session with the Commission. He stated that it was customary for each Cabinet Member to attend one such session with the relevant Scrutiny Commission each year. The purpose was to allow Members to ask question on areas separate from reviews or other items being considered during that year. To make the sessions manageable questions were confined to three agreed topic areas and for this session they had been agreed as follows:

1) *What are your reflections over the past year?*
2) *What are your 3 personal ambitions for your portfolio over the year ahead and where would you like to make a personal difference?*
3) *What do you see as the biggest challenge over the next year and why?*

7.2 CK stated that his comments would focus on the challenges in the relationship between local authorities and central government in executing pandemic response as well as a personal reflection on the impact of pandemic on everyone's mental health. He raised the excellent work done by front line workers, the various mutual aid groups, the 450 volunteers helping with the

vaccine rollout and the 150 local community champions and stated that the statutory sector would have not been able to achieve what it had without them. He described how with the government's food parcels programme for those shielding resulted in them being sent large plastic bottles of orange concentrate too heavy for frail people to lift and it illustrate the lack of thought given to what was being distributed. He talked about managing the issue of the opening of a test centre at Stamford Court and again central government not understanding the local situation and the need to take on board the residents' concerns. He described the frustration of having to watch with officers the daily 5.00 pm tv briefings from Downing St to find out what was going on or what might be coming downstream the next day. He went on to talk about the cumulative impact on everyone's mental health of both managing and living with the pandemic and gave many examples of the challenges faced by residents, officers and councillors on the front line. The wider societal impact was seen in how for example calls to CAMHS were up 30%.

7.3 CK stated that the 3 ambitions for his Portfolio during coming year would be: to get out more into the community post the pandemic; a number of 'nuts and bolts' issues around staffing, structures and in-sourcing; and on ensuring that the changes to the wider health system which have been introduced in NEL will works for Hackney. He stated that a new Director of Adult Social Work and Operations had just been appointed but not yet announced adding to the already announced new Group Director for Adults Health and Integration. The coming year would see the re-commissioning of three key services: Housing with Care, Home Care and Telecare and there were hopes that the latter might be insourced. Another challenge for the borough was the borough just have 4 care homes and there was an ambition that the Median Rd building might be brought into the mix. The challenge with the ICS would be to ensure that the commitments made about 'Place' were stuck to by the NHS. He added that the hospital discharge system worked well in the crisis and proved that integration works. There would be a need to put an integrated Better Care Fund on a more solid footing. He added that there were big challenges ahead on overcoming health inequalities and the 'Neighbourhoods' system was where this would be achieved. He stated that he was particularly struck by Peter Merrifield's call "Don't let the people disproportionately affected by Covid become the people disproportionately un-vaccinated." The pandemic had magnified all the health inequalities and reducing these was the key challenge now. To address this the Health and Wellbeing Board had adopted the King's Fund's 'Population Health Model' and created a 'Health Inequalities Steering Group' as a sub-committee of the Board to drive this work forward.

7.4 The Chair thanked Cllr Kennedy for his reflections and for outlining the priorities. Because of time there were no further questions.

RESOLVED:	**That the verbal update be noted.**

8. Minutes of the previous meeting and matters arising

8.1 Members' gave consideration to the draft minutes of the meeting held on 8 January 2021.

8.2 With reference to the action from the November meeting, Members noted that the Interim Group Director for Adults, Health and Integration had now delivered the requested 'Quality Assurance Framework on Care Homes' document and it had been circulated to Members.

RESOLVED:	**That the minutes of the meeting held on 8 January 2021 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. The Chair stated that an update on the vaccination programme with a focus on vaccine hesitancy work would be added to the items for the next meeting on 31 March.

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

10. Any Other Business

10.1 There was note.