

London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2021/22
 Date of Meeting: Wed 17 November 2021 at 7.00pm

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

Chair	Councillor Ben Hayhurst
Councillors in attendance	Cllr Emma Plouviez, Cllr Deniz Oguzkanli and Cllr Peter Snell
Councillors joining remotely	Cllr Kam Adams, Cllr Kofo David and Cllr Michelle Gregory
Council officers in attendance	Helen Woodland (Group Director, Adults, Health and Integration) Chris Lovitt (Deputy Director of Public Health for City and Hackney) Rob Miller (Director of Customer of Workplace)
Other people in attendance	Tracey Fletcher, Chief Executive HUHFT and IC Lead for City and Hackney Liam Triggs, Head of Facilities, Compliance and Performance, HUHFT Nina Griffith, Workstream Director - Unplanned Care, NELCCG- City and Hackney ICP Dr Mark Rickets (NEL CCG Clinical Chair for City & Hackney) Laura Sharpe (Chief Executive, GP Confederation) Jon Williams (Executive Director, Healthwatch Hackney)
Members of the public	56 views
YouTube link	The meeting can be viewed at https://youtu.be/DxCFcNyLEIo
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<u>Councillor Ben Hayhurst in the Chair</u>	

- 1 Apologies for absence**
 - 1.1 Apologies from
- 2 Urgent items/order of business**
 - 2.1 There were no urgent items and the order of business was as per the agenda.

3 Declarations of interest

3.1 There were none.

4 What is Adult Social Care - briefing

4.1 The Chair stated that the purpose of the item was to provide an overview of the scale and range of provision of Adult Social Care and the current key challenges. This was the first in a series of three planned items which would look at look at Transformation Programme for ASC and then an overview of Capital Build Proposals in ASC.

4.2 The Chair welcomed for this item, Helen Woodland (**HW**), Group Director Adults, Health and Integration.

4.3 Members gave consideration to the following documents:

- a) Briefing on *What is Adult Social Care ? overview*
- b) *Update on the recommissioning of Homecare services*

4.4 HW took members through the first report in detail. It covered: what is Adult Social Care; who is eligible?; the national picture; workforce in England; the Hackney picture; summary of services directly or jointly provided by the council; summary of services externally commissioned; gross expenditure budget 21/22; Hackney adult social care workforce; local challenges; responding to the challenges; the transformation programme; health and social care integration in England; health and social care integration in Hackney.

4.5 HW took members through the second report which covered: background to Homecare recommissioning; key updates since July 2021; extended consultation - service review phase; project review and reframe - service review phase; next steps and timeframe.

4.6 Members asked questions and the following points were noted in the responses:

- (a) The Chair asked about how delayed discharges of care and shorter stays in acute hospitals were impacting on the system and whether budgets flows were being redesigned accordingly to make them more sustainable. HW explained that a shift of funding to more preventative services was key to the integration plans and one way this was being achieved was via the Neighbourhood Programme.
- (b) The Chair asked how integration was manifested in a practical way. HW replied that additional funding was coming into the system and there now was an integrated discharge hub and teams already in place and it was a priority to further enhance these. Cllr Kennedy (Cabinet Member) added that a draft

constitution for the new ICS was on the way and how much that talked about financial relationships and how they are laid out was still to play for. It was desirable to get as much clarity as possible about devolution of funding arrangements in this new local constitution.

- (c) Members asked how residents can secure an adult social care assessment. HW detailed the process and how it started with approaching the Contact Centre. There was a 6 week waiting list at present.
- (d) The Chair asked how the Service Centre handled communication challenges e.g with non English speaking groups. HW explained how telephone assessment doesn't work for many clients as it is, for various reasons, and scheduling face to face assessments was often vital. Signposting people onwards was also a key part of the approach.
- (e) The Chair asked whether there was a plan to do more to tackle language and culture barriers. HW described the ASC Transformation Programme and how there was a focus on improving the offer with multi disciplinary teams that can deal with the various issues at the first point of contact.
- (f) Members asked whether the increase in demand was because of 'Long Covid' and on ensuring we don't lose too many staff because of non vaccination or lack of workforce development. HW replied that the increase in demand was very little to do with long Covid but rather those who managed quite well before the pandemic, were now managing less well for various reasons. There was a strand working on vaccinations for adult social care workforce and the rates were 94% in care homes and contingency plans were in place to backfill vacancies left by those who had not wanted the vaccine offer. Rates across social care in general were 75% and they had till spring to do so. Specific plans relating to specific providers were already in place. Re workforce development, there was not as much national emphasis on the national development pathway as they would wish and so more emphasis needed to be put on it locally. They were also developing a Skills Academy locally.
- (g) The Chair asked where Adult Services was on completion of staff appraisals. HW replied that there was room for improvement but regular supervision was mandatory and they undertook supervision audits to maintain quality. Laura Sharpe (GP Confed) described her work as the Senior Responsible Officer for ICS for Workforce.
- (h) The Chair asked whether Hackney can offer better employment packages to attract a social care workforce. HW replied that this was a priority in the Transformation Programme and they had created an AD Safeguarding, Quality Assurance and Workforce Development to do this and they would be starting on 10 Jan.
- (i) Members asked about insourcing care services or having them in-borough. HW replied that the strategic aim was to have more residential services in the

borough in order to keep vulnerable people close to the communities they know.

(j) The Chair asked about progress on feasibility studies on the bringing of services in-borough. HW replied that they were thinking more laterally on this. They wanted to build homes that were part of mixed communities. The ICS also gave potential to think more broadly about the whole health and care estate within Hackney.

(k) The Chair asked for priorities for improvement for the coming year. HW replied that she'd been in place since March and a key priority for her was to improve engagement with residents which was a big part of the transformation programme. The Chair asked how you would measure this. HW replied they were building into revised processes some clear sections asking residents what they wanted to achieve and then there would be planned follow-up on that.

4.7 The Chair thanked HW for her presentation and stated that it would provide a very useful aide memoire for future members of the Commission also.

RESOLVED:	That the report and discussion be noted.
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5 Progress towards Net Zero at Homerton University Hospital NHS Foundation Trust

5.1 The Chair welcomed:

Tracey Fletcher (TF), Chief Executive, HUHFT and ICP Lead for City & Hackney

Liam Triggs (LT), Head of Facilities, Compliance and Performance at HUHFT

5.2 Prior to the Net Zero item the Chair asked an AOB question of TF regarding the senior management succession plan at City and Hackney ICP following the departure of Siobhan Harper who had succeeded David Maher. TF replied that in the short term a number of the MD functions had been divided up between senior members of the CCG team and she was supporting them as an overall manager. They were also recruiting a new Director of Delivery which would be a joint post between health and social care and would provide some senior support and guidance on the service side. One of the tasks was to think how partners took the SRO role on in the individual functions to make it more of a collaborative system than the old commissioner-provider model, which has been in place for the past 30 years. City and Hackney was ahead of the other two ICP areas and in a good position to provide guidance to them she added. The Chair queried whether there still was a need for a single figure in a delivery based management role and sought reassurance on this. TF replied that the appointment of the nsa joint post would provide this and would bring the important work of the ICB workstreams back to the centre of

focus. The step to make it a joint post is a really positive innovation she added. TF finished by introducing Liam Triggs and stated that she wanted to thank him for all his efforts on the Net Zero work as he was about to leave the Trust to move onto a new role.

- 5.3 The Chair stated that at the request of Scrutiny Panel, the 4 Scrutiny Commissions were planning work programme items to address the urgent issues around sustainability and the target for achieving 'Net Zero' by both the Council and its key local partners. In this first item on this theme the Commission had asked the largest acute provider in the borough to outline their strategy for achieving climate change mitigation measures within their organisation.
- 5.4 Members gave consideration to a briefing presentation from HUHFT on their '*Roadmap to Net Zero Carbon*' and Liam Triggs took Members through it in detail. The presentation covered: the carbon footprint of the NHS; sources of carbon emissions by proportion of NHS carbon footprint; sources by activity type and setting of care; what HUHFT has done so far; accreditations and future plans.
- 5.5 Members asked questions and in the responses the following was noted:
- (a) The Chair congratulated HUHFT on the excellent work thus far and asked about the governance structure for this Plan. LT replied that the Net Zero Plan would set out goals but also include specific tasks and an action plan. It would be chaired by an Exec Director and would report twice yearly into the Board. It would also have key stakeholders involved so it was not just internal.
 - (b) The Chair asked how the the Council and NHS shared ideas and collaborated. LT replied that joint meetings already take place and there was collaboration in the 'ICS Works' strand and he was in contact with the sustainability leads in the Council.
 - (c) The Chair asked Cllr Kennedy about driving a partnership approach on this. He replied it was not so much about benchmarking orgs as about working in tandem. A lot of partnership working was going on with colleagues across other organisations. Some of the expertise on this lay within the council and it was sharing that. Laura Sharpe congratulated LT on the clarity of this piece of work and asked how primary care (GPs and Pharmacists) might learn from HUH and asked to meet outside of this meeting to progress this.

ACTION:	Laura Sharpe to meet with Liam Triggs to discuss further how the HUHFT Net Zero actions might best be replicated in primary care locally.
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- (d) Members asked about the issue of solar gain and about analysing the Energy Performance Certificate ratings across all sites. LT replied that HUHFT had a single EPC across the acute site and when buildings were leases this was done through the landlord etc. They also profiled and analysed all utility use and heat gain surveys and there hadn't yet been a switchover of maximum use from winter to summer. The main building was 30 years old and the work was very much about incremental improvements.
- (e) Members asked about transportation for staff working unsocial hours who used their own cars. LT replied that the Covid environment made this more difficult to manage. They were looking at various alternative parking and transportation solutions. They also had bike and lease schemes.
- (f) The Chair asked about 'spend to save' areas and what were top of the list. LT replied that it was about focusing on the hard equipment i.e. generators on site rather than on insulation savings. They were looking closely at chiller replacement and air handling units as well as generators.
- (g) The Chair asked whether the NHSE 'spend to save' plan was nationally based. LT replied it was and that the Public Decarbonisation Scheme was in its third iteration. He added all this would present an ongoing challenge.
- (h) The Chair asked TF on how the Homerton Plan might be replicated across City & Hackney ICP. TF replied that there definitely was potential in transferring this knowledge and learning across the whole local system and it needed to be a priority going forward.

5.8 The Chair concluded that among councillors there were debates about holding the Council to account on Net Zero and when the Commission would want updating on this, say in a year's time, they would ask TF to provide a carbon plan for City and Hackney partners as a whole and not just the constituent parts. He thanked the officers for their thorough and wide ranging report.

ACTION:	TF asked that when bringing the next Net Zero update to give it a more ICP wide focus.
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RESOLVED:	That the report and discussion be noted.
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6 Neighbourhoods Development Programme

- 6.1 The Chair stated that the Health and Care Partners had been implementing Primary Care Networks, known locally as the Neighbourhoods Programme in Hackney, since 2018 and the Commission had last held a discussion on it on 10 July 2019. An update, scheduled for July 2020, was superseded by pandemic issues and therefore Members have requested a briefing on the current status of that programme.
- 6.2 He welcomed to the meeting Nina Griffith (**NG**), Workstream Director – Unplanned Care, NELCCG-City & Hackney Integrated Care Partnership
- 6.3 Members gave consideration to a detailed briefing report *Neighbourhoods Programme update* and NG took Members through it in detail.
- 6.4 Members asked questions and in the responses the following points were noted:
- (a) The Chair asked how Neighbourhoods differed from PCNs. NG clarified that PCNs are groups of GPs within neighbourhoods and there was a huge amount of overlap with the Neighbourhoods programme. There was also an element of PCNs which were also solely about Primary Care and there were separate ‘asks’ on them. They had agreed to work very closely with the PCNs and were in the process of aligning programmes much more closely. They had merged the delivery groups so they were all pulling in the same direction.
 - (b) Members asked why the GP Confederation wasn’t setting standards for engagement and wasn’t central in this. NG replied that the GP Confederation were core partners in all this work e.g. the community navigation programme and in supporting the PCNs and in devising models of care. LS confirmed that they were fully involved.
 - (c) The Chair asked what the non-recurrent budget was currently and what the trajectory was. NG replied that it was £1.14m this year, dropping to £738k next year and then dropping further in the following year. NG also undertook to come back to the Chair on a question about the number of WTE employees on the programme.

ACTION:	Nina Griffith to provide clarification on the number of Whole Time Equivalent (WTE) staff employed on the Neighbourhoods Development Programme.
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- (d) The Chair asked what roles the money had been funding. NG replied that it funded a programme lead and project managers to provide coordination and

governance and the remainder went to the provider partners. It funded a project management type post and clinical lead/practitioner post. They also funded HCVS and Healthwatch to do resident involvement work at neighbourhood level.

- (e) Members asked about PCN funding for social prescribers and how these fitted in. NG replied that the social prescribers were funded both through national monies and local funding and were right at the centre of the model of community navigation. Family Action delivered the national programme and the PCNs added further capacity also via Family Action.
- (f) Members asked how social prescribers were managed and supervised on a day to day basis. NG replied that they spent a number of their days across the GP Practices and other days within a central team of the host organisation e.g. Family Action where they received supervision. NG added that another role that had been funded through the PCNs was 'First contact physiotherapists' who were employed and hosted by the Homerton and given professional supervision and support from them and they spent days out in practices. She described how a similar arrangement works but for pharmacists.
- (g) The Chair asked about reporting back on the evaluation of impact of the drop-off of funding.

ACTION:	Nina Griffith to include in next update an evaluation of the loss of non-recurrent funding for the Neighbourhoods Programme and how that was managed.
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- 6.5 The Chair thanked NG for her detailed update and for attending to answer questions.

RESOLVED:	That the report and discussion be noted.
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7 Covid-19 update from Public Health

- 7.1 The Chair stated that he had asked Public Health to provide a tabled and therefore more timely update on the Covid-19 situation. Copies had been circulated to Members earlier that day. He welcomed the meeting:

Chris Lovitt (**CL**), Deputy Director of Public Health
Rob Miller (**RM**), Strategic Director Customer and Workplace, LBH

- 7.2 Members gave consideration to two briefing reports

- a) *Covid-19 update from Director of Public Health*
- b) *Future Workplace update* (from Rob Miller)

- 7.3 RM and CL took Members through their presentations in detail. The Public Health update covered: key messages; incidence rates; details on school age populations; comparison with both NEL and national rates; bed occupancy at HUH. The future workplace presentation covered: our workspace priorities; making office spaces ready for staff; supporting leadership skills for hybrid working and continuing the engagement with service teams.
- 7.4 Members asked questions and in the replies the following points were noted
- (a) Members asked about short and long term plans for staff, on communications to residents on the future provision of services and about the new government guidance for 'night time economy' venues. RM explained that the guidance changed regularly making it difficult to provide any long term plans. They were working very hard to open up as many spaces as possible. They had commissioned specialist reports on ventilation in, for example, Hackney Town Hall. As regards in the community they offered advice on capacity limits for example or advice related to clinically vulnerable who might need to attend a particular space.
 - (b) The Chair asked how many of the new c. 600 Covid 19 cases in the past week were 18 yrs of age or under. CL replied that the majority were in 10-19 yr olds and there was also a worrying and consistent increase in over 80s.
 - (c) Members asked about high levels of mixing in venues in Hackney and how Public Health was engaging with venues on mitigation measures. CL replied that they were engaging very closely with businesses on encouraging lateral flow tests and mask wearing etc and they had just run a session with them on preparing for the party season. He added generally that the UK was out of step with Europe on many of these aspects.
 - (d) Members asked what was being done re student halls of residence. CL said they were promoting both Lateral Flow Testing for students. One challenge was that it was difficult to distinguish between cold and Covid symptoms therefore the public needed to self isolate when they had symptoms.
 - (e) The Chair asked whether the unvaccinated still made up the vast majority of those in ICU beds. CL replied that it was an ongoing challenge. He added that as people get to the 5th or 6th month on from their second jab then the need for boosters was even more important.

- (f) The Chair asked about actual engagement work to push uptake of booster shots. CL replied that the NHS system re text reminders and phone calls was very well rehearsed by now and was working well.
- (g) Members asked about vaccine uptake by domiciliary care workers and the difficulty in collecting this data. CL replied that there had been a significant amount of work targeting the care sector. It was difficult to get accurate data and more needed to be done on that. Helen Woodland added that vaccine uptake on home care workers was 76.6% locally and a whole programme of interventions with the providers was in train.
- (h) Members asked about uptake by unpaid family carers. HW clarified on the categories and stated that they were monitoring those receiving direct payments and this would pick up much of this.

ACTION:	Helen Woodland offered Cllr Snell a meeting to go through in more detail the vaccine uptake data across the various cohorts in the care sector.
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7.5 The Chair thanked the officers for their detailed reports and attendance.

RESOLVED:	That the report be noted.
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8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 11 October 2021 and the Matters Arising.

RESOLVED:	That the minutes of the meeting held on 11 October be agreed as a correct record and that the matters arising be noted.
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9 Health in Hackney Work Programme

10.1 Members gave consideration to the updated work programmes.

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

10.1 There was none.