

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2021/22
Date of Meeting: Monday 10 January 2022 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 Kam Adams, Cllr Deniz Oguzkanli and Cllr Peter Snell
Councillors joining remotely	Cllr Kofo David, Cllr Michelle Gregory and Cllr Emma Plouviez
Council officers in attendance	Dr Sandra Husbands, Director of Public Health Chris Lovitt, Deputy Director of Public Health Helen Woodland, Group Director, Adults, Health and Integration
Other people in attendance	Tracey Fletcher, Chief Executive HUHFT/ ICP Lead for City & Hackney Nicholas Ib, ICP Programme Lead for City & Hackney, NEL CCG Cllr Chris Kennedy, Cabinet Member for Health, Social Care and Leisure Cllr Yvonne Maxwell, Mayoral Adviser for Older People Jonathan McShane, Integrated Care Convenor, C&H ICPB Dr Mark Rickets, NEL CCG Clinical Chair for City & Hackney Jon Williams, Executive Director, Healthwatch Hackney
Members of the public	61 views
YouTube link	The meeting can be viewed at https://youtu.be/xq1q0nyCW_U
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer jarlath.oconnell@hackney.gov.uk ; 020 8356 3309

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

- 1.1 An apology for lateness from Cllr David.

2 Urgent items/order of business

- 2.1 The Chair stated that, unfortunately, item 5 on King's Park Moving Together project had to be postponed as the contributors were ill and it would be taken instead at the 9 February meeting. He stated that in its place Public Health were providing an update on the Covid-19 situation and he thanked them for this. The Chair stated that the order would be item 4, item 6 and new item 5.

3 Declarations of interest

- 3.1 There were none.

4

5 How will City & Hackney's Place Based System operate with the NEL ICS

- 4.1 The Chair welcomed to the meeting:

Tracey Fletcher (**TF**), CE of HUHFT and the ICP Lead for City and Hackney
Jonathan McShane (**JM**), Integrated Care Convenor, City & Hackney ICP
Nicholas Ib, (**NI**) ICP Programme Leader for City & Hackney ICP

- 4.2 Members gave consideration to a briefing paper '*NEL Health and Care Partnership update*' which had also gone to the INEL JHOSC. He added that the purpose of the item was to discuss further how the new City and Hackney Place Based System will operate under the NEL ICS which would be formally in place from 1 July, launch date having just been postponed from 1 April.
- 4.3 The Chair began by paying tribute to Tracey Fletcher who is moving on from role as Chief Executive of HUHFT. He stated that in 10 years she had taken it to 'outstanding' status and that the local system had been incredibly fortunate to have her. She was a very well respected leader who worked very hard and her departure would be a great loss for Hackney. TF thanked the Chair for his kind words and described her move from the Homerton where she had worked since 1997 and the succession plan that was in place for her various roles. The ICPB would shortly decide on the plan for her succession as the local system leader as well as being CE of HUHFT. She would be in post until the end of March.
- 4.4 TF then proceeded to give an update on where HUHFT was in relation to Covid patients i.e. that Covid cases were thankfully plateauing at under 100 and there was a 50:50 split re in-patients with and without covid.. She described the situation in relation to staff illness/absence due to Covid. High numbers of ill or covid positive staff self isolating has also stretched the service.

- 4.5 In response to a question on managing different cohorts within the hospital to tackle Covid, TF explained the use of quick test (not an LFT). She described the three key cohorts as: patients being treated for covid, patients being treated for other conditions but also have covid and non covid patients.
- 4.6 TF gave a verbal presentation on the balance between NEL ICS and local City and Hackney ICPB. A new joint council-CCG post - Director of Delivery would be in place within a few weeks. Nick Ib (Programme Leader for ICP) then described the local and NEL structures and the gradual evolution towards an NEL ICS. He described how it was an evolution, building on partnership working which had been going on for some years. The programmes of joint work between partners that exist will remain and be built on. The new ICS structures would now go live on 1 July, postponed from 1 April.
- 4.7 Members asked question and in the responses the following was noted:
- (a) In response to a question from the Chair on the discussions taking place regarding re council reps on new structures to ensure accountability and flow of finances down to 'place' level, NI explained that the framework is quite permissive and there was an eagerness to avoid one-size-fits-all. Jonathan McShane (Integrated Care Convenor for City and Hackney) described his part-time role supporting the leadership of the system to develop this new 'place based partnership'. He has a key role in developing the 'People and Place Group' for the local system.
- (b) In response to whether the Neighbourhood Health and Care Board is making the real operational recommendations with the ICPB above it effectively rubber stamping them, JM explained that that the ICPB represented the 'what' i.e. it sets the vision and strategy, while the NHCP is the 'how' in that they work out the implementation.
- (c) In response to a question on how the future structure will operate post Tracey, TF outlined the approach and described some of the key roles within the ICPB e.g. the Clinical Lead (Dr Stephanie Coughlin), the new Delivery Development role (to be appointed) and work of the IT Enabler Lead who is from HUHFT. This means that key officers will think about system impacts and not just for their organisation.
- (d) JM clarified for a Member what was meant by 'system' in this context.
- (e) In response to a question on how the new System will address the wider determinants of ill health (eg poor housing, social isolation, poor or fragmented service provision) JM explained how it would be the two Health and Wellbeing Boards (one for City and one for Hackney) which takes the broader view on these wider determinants and gives strategic direction by securing buy in from all the local stakeholders and not just health and social care partners. He went on to explain how the HUHFT will act as an anchor institution in the system. Cllr Kennedy (Cabinet

Member) illustrated the point by explaining how at HWB the Parks Strategy was analysed for how it impact on health and wellbeing or how the efforts to reduce knife crime have a health and wellbeing dimension and the key role the HWB has to ensure that the various players in the local system think more broadly than service delivery. He added that individual cases are discussed regularly at the level at which they live through the structure of Multi Disciplinary Team meetings which will pick up each element of their needs and how these are being addressed. Dr Mark Ricketts (Clinical Chair for C&H, NEL CCG) added how the Health and Wellbeing Board, which he co-chairs with the Mayor, has been broadened considerably of late to assist with this approach.

(f) In response to a question on the need for greater ‘comms’ work with residents on explaining these new structures, JM replied that a Comms Officer was again, after a pause because of Covid work, working on a guide for the public and suggested that this could be circulated to Members for comment.

ACTION:	Communications Officer for the ICPB to share a draft of the forthcoming <i>Guide to the ICS</i> with Members once it is available
----------------	------------------------------------------------------------------------------------------------------------------------------------------

(g) In response to a question on what the current feeling was on how much resource would come down to place based level from the ICS, TF explained that most of the out-of-hospital funding would come to ‘place’ level. She went on to detail the role of the ‘Provider Collaborative’ on acute care and on critical care adding that it would be complemented by a similar ‘Mental Health Collaborative’, a ‘Community Care Collaborative’ and eventually a ‘Primary Care collaborative’. She added that she would argue in ICS meetings that ‘Place’ needs to be predominant in the structures

(h) In response to a question from the Char on the Acute Collaboratives and whether it was in the forward trajectory that HUHFT would have to share governance with Barts-BHRUT, TF explained how the organisations work within the place based partnership and then across the neighbouring acute providers. She added that there had been no discussion along these lines and it was really important that the focus on ‘place’ continues and that City and Hackney show others in NEL what is possible and what can be achieved.

4.8 The Chair thanked the three speakers for their reports and attendance and added that the commission as well as INEL JHOSC would keep a watching brief on the development of the ICS locally, particularly as the go-live date had moved to July.

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

6 Covid-19 update from Public Health

- 5.1 This item replaced the one on King's Park Moving Together which had to be postponed to the 9 Feb meeting. The Chair stated that he had asked Public Health to provide a further update on the Covid-19 situation in the borough. The Commission had been receiving these at each meeting during the course of the pandemic. He welcomed to the meeting:

Dr Sandra Husbands (**SH**), Director of Public Health for City & Hackney
Chris Lovitt (**CL**) Deputy Director of Public Health for City & Hackney.

- 5.2 Members gave consideration to a TABLED briefing report *Covid-19 update to HiH 10 Jan 2022*

- 5.3 CL took Members through the presentation in detail with slides detailing the following points: *An estimated 1 in 10 people had COVID-19 in London in the last week of December; School-aged populations have recorded the highest incidence rates each week since the return of schools; Hackney recorded lower PCR testing and positivity rates than the London and England averages in the latest week; Nearly 10% of Hackney's residents received a COVID-19 vaccination in the week ending 19 December 2021; Hackney and the City continue to record lower vaccination rates than the NEL average despite higher rates of invitation and COVID-19 related staff absences are at their highest level since April 2021 across NEL*

CL described the impact the Omicron variant was having locally and the key messages were that the number of new COVID-19 cases recorded among residents of Hackney hit a record high in the last three weeks of December 2021 and the ONS' Infection Survey estimated that 1 in 10 people had COVID-19 in London in the week ending 31 December 2021. There had been increases within both school-aged population and the over 60s and a large increase in positivity rates over all. He went on to detail the good progress made on the booster uptake and describe the challenge caused by the increase in staff absences in Acute settings because of high positivity rates.

- 5.4 Members asked questions and the following was noted in the responses:

(a) The Chair described how behavioural experts were saying that community based approaches were best and therefore could door to door approaches be used more widely and whether there was sufficient mapping done to enable this. CL described how there were no cash limits on what can be done within the system to meet the vaccine requirements as it's a number one priority for the NHS but SH cautioned that

door to door was probably not the most productive and instead going into local communities (where there is still low uptake) and directly addressing community concerns there by doing community testing and outreach pop-up clinics etc.

(b) In response to a question on why local schools haven't implemented HEPA air filters and about what else Public Health can do to assist schools improve their ventilation, SH stated that they were very actively engaged in advising schools on air filters and providing them with links to HSE's detailed and practical guidance on ventilation. The task of assessing air flow or providing individual HEPA filters for every space in each school would be too huge a task. In response to the serious concern here a group of London Directors of Public Health had put a proposal to DHSC to suggest that the underspent billions from the Test & Trace programme be put towards improving ventilation in schools, acknowledging that it will cost billions.

(c) Cllr Snell thanked Helen Woodland (Group Director - Adults, Health and Integration) for an excellent briefing she had provided to him on the excellent work being done to contact and vaccinate care workers. A key element of this was work being done with women who are pregnant and therefore resistant and he asked what progress was being made on working with cohorts who are still resistant and would it not be best to enable clinical experts to speak directly to individuals. CL elaborated on the work they'd done in tackling resistance within social care staff. Individual conversations had taken place and more broadly there was a big push on call and recall and on text messaging those still not vaccinated.

(d) Members asked about figures for vaccinating 12-15 yr old and for clarity on the rumour that the government was planning to end universal free Lateral Flow Tests. SH replied that there was no plan to do so. CL directed Members to the local website dashboard which gives the latest uptake data where they could see the progress being made on each cohort. Re 12-15 yr olds the rate was lower than they were aspiring to and they were still mostly working through first doses but steady progress was being made.

(e) Jon Williams (Healthwatch Hackney) expressed concern about the government's plan to reduce the self-isolation period from 7 to 5 days and whether this was good medical advice. SH replied that she was concerned about this as there was no good epidemiological reason for doing it as there would still be detectable virus then. She added that LFTs were good at detecting high levels of virus and the combination of having a series of LFTs to release a person from isolation before the 10 day period and continuing with other measures was therefore really important. By reducing the time to 5 days it was much more likely that people would still be carrying high levels of virus.

- 5.5 The Chair thanked the Public Health officers for this additional update and for their attendance.

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

7 Public Health Spend

- 6.1 The Chair stated this item had been prompted by discussions amongst Scrutiny Panel Members on the budget which touched, in part, on the funding situation of Public Health and he'd invited the DPH to provide a briefing. He welcomed for this item:

Dr Sandra Husbands (**SH**), Director of Public Health for City & Hackney.

- 6.2 Members gave consideration to the report '*Public Health Budget Summary*'. The report detailed: *the C&H Public Health Grant compared to other London LAs; the C&H Public Health spending themes; the Grant Funding from the Contain Outbreak Management Fund (COMF); the spend and what's committed to date on the COMF, the grant funding for Test and Trace and the spend so far and funding committed to date for it.*

- 6.3 SH took Members' through her presentation. In her comments it was noted that Hackney was relatively well funded for Public Health compared to our neighbours. The amount of grant, since it moved in from the PCT, was not related to population size or measures of deprivation or public health need in a borough, but rather a reflection of historical spend. She explained how the budget broke down and about the use of core grant for statutory services. She also described the 'other spend' related to spending of public health money in other sections of Council when it supports the wider public health agenda e.g. additional environmental health officers or trading standards officers who work on tobacco control. She also detailed the use of the 'Contain Outbreak Management Fund' which was the Public Health part of the response to the Covid-19 pandemic and how that money was allocated and accounted for.

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

(a) SH clarified for the Chair about the carry forward of £800k from 20/21 which will be on top of the £2.8m allocated for 21/22. SH then described the future of the Test & Trace funding. The T&T and COM funding combine elements of local infrastructure which is needed, additional recruitment and the consumables required to provide the service.

(b) The Chair clarified that Members wished to explore here whether there would be a reduction overall in Public Health spend over the next 2 years. SH set the context and described the strategic approach to reducing current spend in ways which cause the least impact e.g. illustrating it with the example of their change of approach to tackling low rates of physical activity in the borough.

(c) The Chair asked about potential reductions in Public Health spend in 2022/23. SH replied that reductions had already been identified in very specific areas but overall they were relooking at all of the commissioned services and benchmarking. The Chair asked if Members could have sight of how these changes are tracked across the budget plan - what is getting less, what is getting more, what is being replaced with a different commissioning approach.

ACTION:	SH to share with the Chair further background on the tracking of Public Health spend across the past two years feeding in to the 22/23 budget plan.
----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

(d) A Members asked about the balance of spend on sexual health services vis-a-vis tackling obesity and how we compared with other boroughs on this and how we monitor the success of preventative work. SH described how spending money on subsidised activities that people are likely to do anyway is not necessarily the correct approach and that the emphasis instead has to be on driving behavioural change. On the issue of sexual health services spend, it was high because it had to be an open-access service. She added that increasing levels of home-testing was aiding the budget pressure. A key component in this spend was on PrEPs (pre exposure prophylactics) for those at risk of HIV. CL (Deputy Director of Public Health) added that the high rates of sexually transmitted infections in Hackney was because it has a higher young population than many neighbours and he explained the spending options involved. Cllr Kennedy (Cabinet Member) added that the interventions as part of the Kings Park Moving Together was another good example of well targeted preventative spend.

(e) Members asked about Public Mental Health spend and how these services are bracing for a surge in demand post pandemic and whether the budget is sufficient. SP explained that the spend with the providers of the Mental Health Network was a mix of preventative projects and about helping people to build resilience. These were treatment services and so not pure 'public health'. The challenge here always was to strike a balance by commissioning culturally appropriate talking therapy programmes. The Chair commented that in the past funds had been reduced for organisations such as Derman and then GPs had complained that they were then left with managing this demand which had then got too much. SH acknowledged this history but stated that it shouldn't fall on Public Health to fill this gap in primary care funding and concluded that we would not be able to stem demand unless more was done at the preventative end.

(f) Members asked about the view that Public Health was under unprecedented pressure and so making it more difficult to come up with new and better interventions. They commented that this needs to be guided by the Health and Wellbeing Board via the JSNA and if it's important that if Public Health monies are used by other departments those projects then need to be properly accounted for.

SH provided reassurance that they do monitor the outcomes when spend is within other departments. She concluded that in some other councils the public health grant had not always been respected but this was not the case in Hackney. Cllr Kennedy (Cabinet Member) commented that in the Tobacco Control Board they look at seizures of tobacco and this was a typical example of 'other spend' which is serving public health outcomes.

(g) The Chair asked how the balance between spend which is directed by the local Health and Wellbeing Board priorities (arising from the JSNA) and the statutory spend and how Public Health approaches this prioritisation. SH explained, that with statutory funding for example, it is not that you are required to spend x amount on y but rather the statutory service is often demand driven so the key factors then become the capacity of the team to deliver on it effectively and safely.

(h) The Chair asked how with Public Mental Health Spend what is the mechanism for GPs, for example, to feed into how the money is spent. Cllr Kennedy explained that this was where integrated commissioning comes in, and GPs and ELFT and Public Health all discuss in the ICPB structure how the funding allocation can best be spent among them.

6.5 The Chair thanked the officers for their briefing and attendance.

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

7 Minutes of the previous meeting

7.1 Members gave consideration to the draft minutes of the meeting held on 9 December 2021 and the Matters Arising.

RESOLVED:	That the minutes of the meeting held on 9 December be agreed as a correct record and that the matters arising be noted.
------------------	--------------------------------------------------------------------------------------------------------------------------------

8 Health in Hackney Work Programme

8.1 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.
------------------	----------------------------------------------------------------------------------------------------------------

9 Any other business

9.1 There was none.