

Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Monday 10 January 2022

7.00 pm

Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA

Contact:

Jarlath O'Connell

☎ 020 8356 3309

✉ jarlath.oconnell@hackney.gov.uk

Mark Carroll

Chief Executive, London Borough of Hackney

Members: Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Deniz Oguzkanli,
Cllr Emma Plouviez and Cllr Kam Adams

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- | | | |
|----------|-------------------------------------|-----------------|
| 1 | AGENDA PACK | (Pages 5 - 74) |
| 2 | Minutes of meeting 10 Jan 22 | (Pages 75 - 84) |

Access and Information

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm>



Public Involvement and Recording

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at <http://www.hackney.gov.uk/l-gm-constitution.htm> or by contacting Governance Services (020 8356 3503)

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital

and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

This page is intentionally left blank

Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Monday, 10 January 2022 at 7.00 pm

**Council Chamber
Hackney Town Hall, Mare St, E8 1EA**

The press and public are welcome to join this meeting remotely via this link: <https://youtu.be/ckEfpSNrwKU>

If you wish to attend otherwise, you will need to give notice and to note the guidance below.

Contact: *Jarlath O'Connell, Overview & Scrutiny Officer*
☎ 0771 3628561 ✉ jarlath.oconnell@hackney.gov.uk

Mark Carroll
Chief Executive, London Borough of Hackney

MEMBERS: Cllr Ben Hayhurst (Chair)
Cllr Peter Snell (Vice Chair)
Cllr Kam Adams
Cllr Kofo David
Cllr Michelle Gregory
Cllr Deniz Oguzkanli
Cllr Emma Plouviez

VACANT: 2 Labour, 1 Opposition

In case to technical problems this is a back-up YouTube link https://youtu.be/xq1q0nyCW_U

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1	Apologies for absence	19.00
----------	------------------------------	--------------

1

2	Urgent items/ Order of business	19.01
3	Declarations of interest	19.01
4	How will City and Hackney's 'Place Based System' operate within the NEL ICS	19.02
5	King's Park Moving Together project	19.40
6	Public Health Spend	20.20
7	Minutes of the previous meeting	20.55
8	Work programme for the Commission for 2021/21	20.56
9	Any other business	20.57

Guidance on public attendance during Covid-19 pandemic

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at <http://www.hackney.gov.uk/l-gm-constitution.htm> or by contacting Governance Services (020 8356 3503)

The Town Hall is not presently open to the general public, and there is limited capacity within the meeting rooms. However, the High Court has ruled that where meetings are required to be 'open to the public' or 'held in public' then members of the public are entitled to have access by way of physical attendance at the meeting. The Council will need to ensure that access by the public is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice.

Those members of the public who wish to observe a meeting are still encouraged to make use of the live-stream facility in the first instance. You can find the link on the agenda front sheet.

Members of the public who would ordinarily attend a meeting to ask a question, make a deputation or present a petition will be able to attend if they wish. They may also let the relevant committee support officer know that they would like the Chair of the meeting to ask the question, make the deputation or present the petition on their behalf (in line with current Constitutional arrangements).

In the case of the Planning Sub-Committee, those wishing to make representations at the meeting should attend in person where possible.

Regardless of why a member of the public wishes to attend a meeting, they will need to advise the relevant committee support officer of their intention in advance of the meeting date. You can find contact details for the committee support officer on the agenda front page. This is to support track and trace. The committee support officer will be able to confirm whether the proposed attendance can be accommodated with the room capacities that exist to ensure that the meeting is covid-secure.

As there will be a maximum capacity in each meeting room, priority will be given to those who are attending to participate in a meeting rather than observe.

Members of the public who are attending a meeting for a specific purpose, rather than general observation, are encouraged to leave the meeting at the end of the item for which they are present. This is particularly important in the case of the Planning Sub-Committee, as it may have a number of items on the agenda involving public representation.

Before attending the meeting

The public, staff and councillors are asked to review the information below as this is important in minimising the risk for everyone.

If you are experiencing covid symptoms, you should follow government guidance. Under no circumstances should you attend a meeting if you are experiencing covid symptoms.

Anyone experiencing symptoms of Coronavirus is eligible to book a swab test to find out if they have the virus. You can register for a test after checking your symptoms [through the NHS website](#). If you do not have access to the internet, or have difficulty with the digital portals, you are able to call the 119 service to book a test.

If you're an essential worker and you are experiencing Coronavirus symptoms, you can apply for priority testing through GOV.UK by following the [guidance for essential workers](#). You can also get tested through this route if you have symptoms of coronavirus and live with an essential worker.

Availability of home testing in the case of people with symptoms is limited, so please use testing centres where you can.

Even if you are not experiencing covid symptoms, you are requested to take an asymptomatic test (lateral flow test) in the 24 hours before attending the meeting.

You can do so by visiting any lateral flow test centre; details of the rapid testing sites in Hackney can be found [here](#). Alternatively, you can obtain home testing kits from pharmacies or order them [here](#).

You must not attend a lateral flow test site if you have Coronavirus symptoms; rather you must book a test appointment at your nearest walk-through or drive-through centre.

Lateral flow tests take around 30 minutes to deliver a result, so please factor the time it will take to administer the test and then wait for the result when deciding when to take the test.

If your lateral flow test returns a positive result then you must follow Government guidance; self-isolate and make arrangements for a PCR test. Under no circumstances should you attend the meeting.

Attending the Town Hall for meetings

To make our buildings Covid-safe, it is very important that you observe the rules and guidance on social distancing, one-way systems, hand washing, and the wearing of masks (unless you are exempt from doing so). You must follow all the signage and measures that have been put in place. They are there to keep you and others safe.

To minimise risk, we ask that Councillors arrive fifteen minutes before the meeting starts and leave the meeting room immediately after the meeting has concluded. The public will be invited into the room five minutes before the meeting starts.

Members of the public will be permitted to enter the building via the front entrance of the Town Hall no earlier than ten minutes before the meeting is scheduled to start.

They will be required to sign in and have their temperature checked as they enter the building. Security will direct them to the Chamber or Committee Room as appropriate.

Seats will be allocated, and people must remain in the seat that has been allocated to them. Refreshments will not be provided, so it is recommended that you bring a bottle of water with you.

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm>



Health in Hackney Scrutiny Commission 10 th January 2022 How will City and Hackney's 'Place Based System' operate within the NEL ICS	Item No 4
---	-------------------------

PURPOSE

The purpose of this item is to discuss further the City and Hackney 'Place Based System' and how it will operate under the NEL ICS which will be formally in place from 1 April.

OUTLINE

The discussion will explore how the local City and Hackney Integrated Commissioning Board will operate within the new sub regional structure and the implications for Hackney, in terms of transparency and accountability, under the new ICS.

Attached is a background briefing *NEL Health and Care Partnership* which went to INEL JHOSC meeting on 16 Dec and which detailed the work that has been taking place to implement the North East London ICS. ICSs are being created under the [Health and Care Bill 2021](#), currently going through Parliament.

Attending for this item will be:

Tracey Fletcher, Chief Executive, HUHFT and ICP Lead for City & Hackney
Jonathan McShane, Integrated Care Convenor, City & Hackney ICP
Nicholas Ib, ICP Programme Lead for City & Hackney, NEL CCG

ACTION

The Commission is requested to give consideration to the briefings and discussion.

NEL Health and Care Partnership

Update to the Joint Health Overview and Scrutiny Committee

December 2021

Progress since September

1. Leadership – new CEO and developing clinical leadership
2. Defining the NEL partnership
3. Voluntary and Community Sector update
4. Developing our place based partnerships
5. Developing our provider collaboratives
6. Update on our emerging governance

New Leadership for the ICS

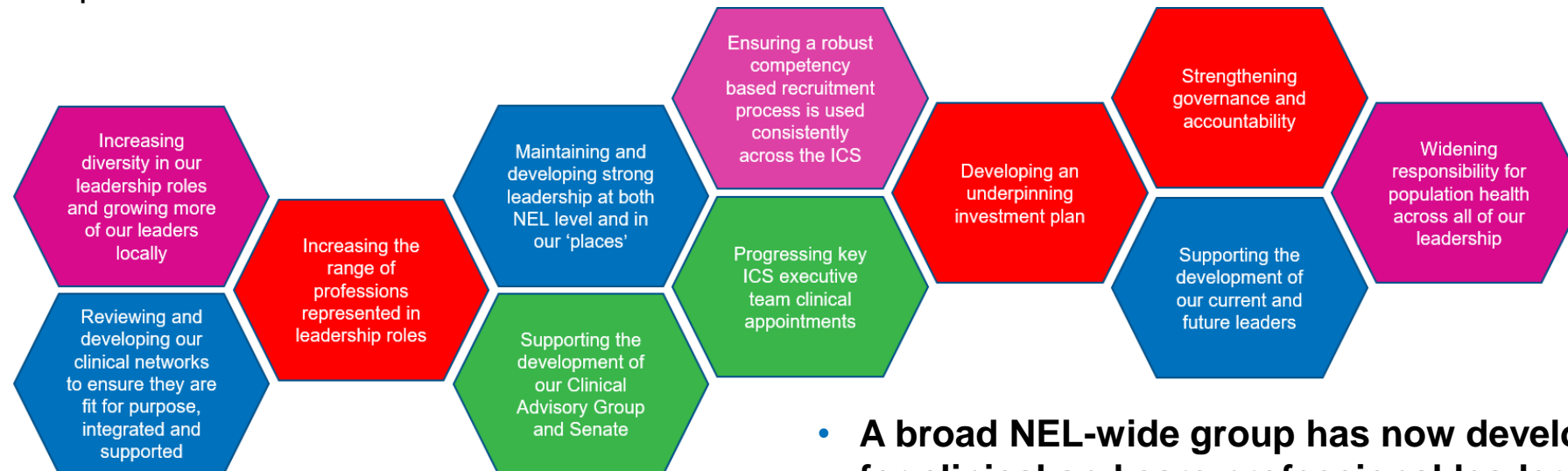
- A substantive Chief Executive for the North East London Integrated Care Board has been appointed - Zina Etheridge.
- Zina is currently the Chief Executive of the London Borough of Haringey and brings a wealth of experience as a senior leader across national and local government. Most recently she has also been the lead local authority chief executive for the North Central London ICS and as chair of London Councils Chief Executives Network, Zina co-ordinated many aspects of the London local government response to Covid-19
- Zina will join NEL in early 2022.



Clinical and care professional leadership

- Our ambition is for fully inclusive and compassionate clinical and care professional leadership to be the driving force behind the ICS's strategy and operations.
- This means ensuring that strong clinical and broader care professional leaders are supported and empowered to deliver high-quality and compassionate care and to exercise effective clinical advocacy in the pursuit of improved health outcomes for NEL's residents.

Page 15



- A broad NEL-wide group has now developed an overall framework for clinical and care professional leadership, for engagement with place-based partnerships, as the stage prior to defining NEL and local roles and then the necessary recruitment.

ICB and ICP membership proposals

Features:

Unitary board of new NHS body - ICB

Accountable for statutory functions, allocation of funding and system oversight

Partner members nominated by sector – guidance coming

Information flows via groups by sector – LA leaders/cab members; Trust Chairs, VCSE leads, HW leads

Members not reps of 'place' but aim to cover geography with membership as far as possible

Integrated Care Board Board Membership (14/15)

Chair: Independent Chair of ICS

Independent non executive members:

- NED – audit chair
- NED – remuneration chair
- *Considering additional independent member to boost resilience*

Partner members:

- Local authority* – outer NEL
- Local authority* – inner NEL
- NHS Trust* – acute
- NHS Trust* – mental health/community
- Primary care – inner
- Primary care – outer
- VCSE – umbrella body representative (tbc)

Executive members (ICB):

- Chief executive
- Chief finance officer
- Chief medical officer
- Chief nurse

Integrated Care Partnership Board Membership (30-40)

Chair: Independent Chair of ICS

- Local authorities x8
- ICB members x TBC
- NHS Trusts x5
- CVS/Umbrella VCS orgs x8
- Healthwatch x8
- Clinical representation across: primary care, allied health professionals, mental health, acute etc (via clinical advisory group (CAG))
- Others as agreed (potentially umbrella business groups)

NB: Further work in partnership with LAs to develop this to ensure it is genuinely inclusive but not unwieldy for the committee/board element. Exploring option of x4 broad partnership workshop sessions p.a. on the four ICS priorities and annual strategy review with a smaller steering committee

Features:

Joint LA and ICB convened

Includes all key system partners

Develops and agrees system wide health and care strategy

Defining the NEL partnership

In October and November 2021, over 70 system partners from the NHS, local authorities, voluntary and community sector and Healthwatch came together to discuss and agree a purpose statement, design principles and flagship priorities for the North East London Health and Care Partnership.

The focus for the priorities was identifying areas that everyone could commit to delivering together in partnership and following detailed discussions a long list was refined to four which will now be the collective focus of the health and care partnership.

The following slides outline the outputs from the two workshops: the purpose, the principles, and the priorities.

The next step is to identify how best to deliver on the four priorities in a meaningful and productive way, working in partnership across North East London and ensuring they are embedded throughout our work.

Purpose statement

“We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.”

Design principles

Our Four Cornerstone approach – NEL ICS Design Principles

We will work in purposeful partnership with each other and our residents to:

1. Improve quality and outcomes – Individually and together, we will continuously improve access, experience and outcomes for and with our residents, with a specific focus on delivering integrated care in the neighbourhoods where our residents live and work. We will seek to learn together and from international best practice to continuously improve quality, to re-invent our ways of working and better secure our outcomes.
2. Secure Greater Equity – We will resolutely tackle inequality in outcomes and experience for our residents and staff, harnessing the diversity of our NEL experience to create better and more responsive solutions and utilising our combined resources to tackle the causes of inequality. We embrace the right of our residents to meaningfully participate, as an equal part of our team, benefiting from the strengths that they bring as individuals and communities.
3. Create Value – We will transparently work with our residents and staff to secure the maximum, sustainable benefit from our physical, digital and financial resources, re-purposing what we have, reducing waste and taking care of our environment. Critically we will support and enable our most important resource, our staff, to reach their potential, enjoy work and be able to effectively contribute to our vision.
4. Deepen Collaboration – We will work in meaningful partnership towards shared goals, holding each other to account for the commitments we have made to each other and to our residents. We will set resident interest and the common good as our defining success measure and we will support our staff to lead and deliver across organisational boundaries. Our key collaboration will be with our residents, who will drive and co-deliver and evaluate the outcomes of our partnership.

Flagship partnership priorities

Employment and workforce

To work together to create meaningful work opportunities for people in North East London

Children and Young People

To make North East London the best place to grow up

Long term conditions

To support everyone living with a long term condition in North East London to live a longer, healthier life

Mental Health

To improve the mental health and well being of the people of North East London

As part of the discussion on how as a health and care partnership we will deliver our priorities, partners discussed and agreed in more detail what we need to ensure we have in place for each priority and what this will require. The slides in the appendix provide the current detail behind each priority, in the form of a draft driver diagram.

Working with people and communities

- Patient and resident involvement is fundamental to our ICS and we are already working closely with Healthwatch and the voluntary, community and social enterprise (VCSE) sector to frame how meaningful participation will drive all of the ICS's work. Our progress together has been cited as promising progress as cited as one of a number of [promising practice case studies](#).
- The VCSE sector has a key role in enabling the ICS to reach our wider communities, alongside being a provider of services. We are part of a national leadership programme to support development of a VCSE alliance across NEL. Together we have secured funding for a role based within Redbridge CVS to progress this work, led by and through all CVS or equivalent umbrella bodies across NEL. This work is underway with recommendations due by the end of the year.
- Over the coming months we are developing our engagement strategy collaboratively with partners across the system. A group of engagement colleagues across ICS partners are involved in a series of working groups focussed on priorities covering 'three Cs': **commitment** to participation, **collaboration** across partners and establishing a **community** of practice.

Developing our place-based partnerships

- Within the new ICS, each place-based partnership in NEL will expand its role as a forum for all local partners to collaborate, engage with their stakeholders, and make decisions relevant to how care is provided.
- Over the past three months, each place-based partnership in NEL has considered its broader purpose and ambitions to:

understand and work with communities;

join up and co-ordinate services around people's needs;

address social and economic factors that influence health and wellbeing; and

support quality and sustainability of local services.

- Alongside this, over the last month each place has started work with the CCG to plan for how the functions of the new integrated care board can be **delegated** to place level. This includes where we will start on 1 April 2022 and how arrangements will develop over 2022/23. This is a key part of NEL's commitment to **subsidiarity**.
- This is focussed on: strategic planning; service planning, transformation, and delivery management; quality, risk, and financial management; communications and engagement functions; commissioning functions for specified services; and contracting and financial management (including through control of a delegated budget).

Provider collaboratives

- At the same time as we focus on subsidiarity through place, partners are making sure that we realise the benefits of care providers working with each other across NEL.
- This is designed to drive the **improvement and equalisation** of **access, experience, and outcomes** for all of NEL's residents, as well as building greater service and workforce resilience,
- NEL is working beyond the national guidance by working through how to form effective collaboration across:
 - acute care;
 - mental health;
 - community health;
 - primary care; and
 - the VCSE sector.
- We are focussed on **building relationships** and **delivering shared transformation and improvement objectives**, rather than new governance structures. Examples include the planned care recovery programme led by the three hospital trusts and the work to eliminate out-of-area adult placements by the two mental health trusts.
- We are also building our **shared leadership**, including through the chair in common across Barts Health and BHRUT.
- This also relates to **provider leadership at place level** – for example, the role of CEO of the Homerton as the lead system executive across City and Hackney, plus how all trusts are now working through how they bolster their leadership capacity at place level.

Appendix

Page 24

Employment and workforce

Aim	We need to ensure:	This requires:
<p>To work together to create meaningful work opportunities for people in North East London</p>	<p>Equity of access</p>	<ul style="list-style-type: none"> • Pathways in to work opportunities • Apprenticeships/work placements
	<p>Meaningful work</p>	<ul style="list-style-type: none"> • Flexible • Promote value in work
	<p>Whole package</p>	<ul style="list-style-type: none"> • Benefits • Flexible hours • What matters to you in work • Support
	<p>Work for a better future</p>	<ul style="list-style-type: none"> • Sustainable work • Training opportunities to meet future requirements • Relevant to NEL and beyond

A **Children and young people**

Page 26

Aim	We need to ensure:	This requires:
<p>To make North East London the best place to grow up</p>	<p>Milestones</p>	<ul style="list-style-type: none"> • First 100 days • First 1000 days • Ages 0-5 <ul style="list-style-type: none"> • Ages 5-18 • Life course framing
	<p>Equity</p>	<ul style="list-style-type: none"> • Social determinants of health are addressed • Culture • Environment
	<p>Working together</p>	<ul style="list-style-type: none"> • Community • Families • Parents • Housing <ul style="list-style-type: none"> • Education • Voluntary sector
	<p>Sustainable</p>	<ul style="list-style-type: none"> • Sustainably funded • Learning (i.e vaccination programme)

Long term conditions

Aim	We need to ensure:	This requires:
<p>To support everyone living with a long term condition in North East London to live a longer, healthier life</p>	<p>Prevention</p>	<ul style="list-style-type: none"> • In Primary and Secondary settings
	<p>Integrated care</p>	<ul style="list-style-type: none"> • Across co-morbidities
	<p>Strengths based co-production</p>	<ul style="list-style-type: none"> • Recognise the Expert Patient • Work with families • Work across the community and 3rd sector
	<p>Wider determinants of health</p>	<ul style="list-style-type: none"> • Employment • Housing • Social isolation

Mental health

Page 28

Aim	We need to ensure:	This requires:
<p>To improve the mental health and well being of the people of North East London</p>	<p>We ask 'what matters to you'</p>	<ul style="list-style-type: none"> • Being in situ with the patient/person • Co-design changes and improvements
	<p>We adopt a holistic approach</p>	<ul style="list-style-type: none"> • Environment • Living conditions • Age • Genetics • Purposefulness • Ethnicity • Community • Religion • Culture • Access
	<p>We deliver an innovate seamless patient pathways</p>	<ul style="list-style-type: none"> • Access to services (front door and between services) • Work with all sectors • Across co-morbidities
	<p>We sustainably provide the right services, at the right time for the people who need them</p>	<ul style="list-style-type: none"> • Sustainably funded

Health in Hackney Scrutiny Commission 10 th January 2022 King's Park Moving Together Project	Item No 5
---	---------------------

PURPOSE OF ITEM

To brief members on the Kings Park Moving Together Project.

OUTLINE

Funded by Sport England, the King's Park Moving Together project is one of 12 Local Delivery Pilots in England - with 2 located in London (Hackney and Ealing). In Hackney, the main area of focus is King's Park and the focus is on achieving behaviour and systems change and taking a systemic approach to tackling inactivity and improving health through increasing physical activity.

Attached please find:

- a) Briefing on the King's Park Moving Together project
- b) A note from Sport England 'People and Places – the story of doing it differently'

Attending for this item will be:

Lola Akindoyin, King's Park Moving Together, Head of Programme, LBH
Warren Leigh, Strategic Lead – Local Delivery, Sport England
Jeanna Brodie-Mends Sanderson, Director and Strategic Coach, Journey Before Success CIC – one of the providers.

ACTION

Members are requested to give consideration to the discussion.



AN ACTIVE COMMUNITY

Page 30
Introducing King's Park Moving Together

Health in Hackney Scrutiny Commission
January 10th 2022

Introducing King's Park Moving Together

- Funded by Sport England, there are [12 Local Delivery Pilots](#) (LDP's) in England - with 2 located in London (Hackney and Ealing). In Hackney, the main area of focus is King's Park and the programme is called King's Park Moving Together (KPMT).
- The programme is focused on achieving behaviour and systems change, and taking a systemic approach to tackling inactivity and improving health through the powerful agency of physical activity.
- Hackney Council is the accountable body and working with, and in the community has been critical. The programme team work with a range of stakeholders, so that the programme is insight led - identifying the opportunities and unearthing the key challenges.
- The programme end date is March 2025 and the total budget is £5.9m over 8 years. The budget includes costs for staffing, evaluation and project delivery and includes £1.3m for capital projects in King's Park.

Page 31

Introducing King's Park Moving Together

- Dr Sandra Husbands chairs the recently formed KPMT Partnership Group, which merged a traditional oversight board and community partnership together, to allow for stronger collaborations to develop and more shared learning.

Page 32

Following confirmation of our funding award in December 2019, we were due to begin project delivery in April 2020 on receipt of funding in May 2020. This involved co-designing projects developed from within the community and expected to include activities like dance and those targeting specific groups, i.e. older people, women.

- From the outset, residents and local organisations have largely engaged with the programme via events, which changed significantly as the pandemic hit. The programme retained contact with partners via remote monthly community partnership meetings.

King's Park
MOVING.

Learning and evaluation

- Learning and evaluation are core aspects of the programme and we contribute to a mandatory national evaluation commissioned by Sport England, as well as working closely with our local evaluation partner - The Young Foundation.
- The evaluation has been designed to do the following:
 - improve our understanding of the action required at all levels of the local system to break down barriers to physical activity, especially among harder-to-engage and socially isolated residents.
 - define the key ingredients of a successful 'whole system' community-led approach to tackling inactivity - and how this can be reproduced elsewhere.
 - quantify the impact of the pilot on the target population and the wider system.
 - produce recommendations for sustaining positive behaviour change over the longer-term - and how this can be monitored.



Page 33

Community insight

Some of the things that we heard during the initial insight gathering for the programme were used to inform our initial investment themes:

- social connections and being active with others is important
- residents lead busy lives and report that they are active (often with caring responsibilities). When increased heart rate was used to describe physical activity, this changed and many were unaware of how much moderate or intense physical activity they should be aiming for each week
- residents highlighted the lack of accessible community spaces as a barrier to improving their health and wellbeing
- residents expressed an interest in family intergenerational projects
- residents value their parks and green spaces as opportunities to improve their health and wellbeing, but highlight the lack of facilities in the surrounding area to support their use, i.e. toilets, food establishments
- the immediate area around Kingsmead and Clapton Park Estates has a limited retail offer providing affordable and healthy food
- there are aspirations to deliver health, wellbeing and community services in the ward, but there are challenges around resources and capacity - for example access to suitable facilities

Investment Themes

- **COMMUNICATIONS** - communicating information on KPMT and the benefits of physical activity, as well as sharing learning about our journey as a local delivery pilot.
- **COMMUNITY ENGAGEMENT** - providing a range of opportunities for the community to get involved in the programme.
- **PARTNERSHIPS AND NEW WAYS OF WORKING** - opportunities to influence, collaborate and deliver work aimed at tackling inactivity.
- **INCLUSION** - pro-actively seeking to engage residents who are known to have lower levels of participation in physical activity.
- **ENVIRONMENT** - an opportunity to consider the impact of the built environment and how this impacts on King's Park residents and their ability to be physically active.
- **SUSTAINABILITY** - developing plans that enable outcomes to be sustained long term, which includes exploring operating models for the delivery of this work.



Page 35

The pandemic

- We adapted delivery where possible but this was challenging, particularly during the first year of the pandemic and uncertainties around lockdown restrictions.
- In the last 18 months, our community based delivery has included:
 - contracting Hackney Marsh Partnership to lead our community engagement approach
 - funding summer holiday activities at two local primary schools
 - distributing 700 physical activity packs
 - developing a group walking project 'Step it Up' with Active Within and Badu Community
 - running a small grants programme, awarding micro funding to 14 organisations
 - continued to work with local community partners to understand the impact of the pandemic and how this would influence future programme delivery
 - delivering a summer activity programme at the North Marsh Pavilion offering a range of free activity sessions
 - distributing a community newsletter to households in the ward

Page 36



King's Park Moving Together

In July and August 2020, King's Park Moving Together (KPMT, Hackney LDP) collaborated with Hackney Council's Sport & Physical Activity Team, Young Hackney and Public Health in a borough-wide project to develop and distribute 700 physical activity packs to residents in Hackney. The packs were to encourage residents to be physically active at home during a time when most local physical activity providers and resources had switched their offer to online platforms. 400 packs were developed for families and 300 for older residents and consisted of items such as pedometers, resistance bands and skipping ropes etc.

Page 37

"One Kings Park resident, Patricia said: "I found the chair exercise booklet useful and the resistance bands will help me tone my arms. I used to regularly attend the gym but have been unable to for several years. I'm delighted with the step counter as I've wanted to record my steps for some time."



Partners that we've engaged

National & Regional Partners		Kings Park & Hackney Partners		Internal Partners
The Young Foundation	East London Foundation Trust	Kingsmead Residents Association	Clapton Park TMO	LBH Policy and Strategic Delivery
Sport England	National Association for Social Prescribing	Sanctuary Housing (Kingsmead)	Kingsmead & Mandeville Schools	LBH Sport and Physical Activity Development
London Sport	Transport For London	Cycling Club Hackney	Hackney Bumps	LBH Parks and Green Spaces
British Cycling	Living Streets/Footways	Hackney Playbus	Team Get Involved	Young Hackney
British Triathlon	Sustrans	Clapton Forest School	Leyton Orient Trust	LBH Area Regeneration
England Athletics	Walking for Health	Badu Sports	Bantu Village - Afrofit	LBH Public Health
England Football	Ramblers Association	Active Within	Flip Your Dog For Mental Health	Local ward Cllrs
Greenwich Leisure Limited (GLL)	NHS Clinical Champions	Hackney Marsh Partnership	Daubeney Primary School	LBH Street Scene/Transport
Canal & River Trust	Swing Fitness	All Souls Church	Daubeney Fields Forever	LBH Resident Participation
Street Tag	Family Action	Hackney Play Association	Stoke Newington Cricket Club	LBH Property Services
Black Swimming Association	Go Jauntly	Hackney Marsh Adventure Playground	Adrenaline Dance	LBH Markets and Street Trading
Black Riders Association	Exercise, Movement & Dance UK	Concorde Youth Centre	Lower Clapton GP	LBH Community Safety
British Gymnastics	Sparko TV	Pedro Club	Shoreditch Trust	LBH Housing Services
Taking Shape Association	Office for Health Improvement & Disparities	Rise.365	Hackney School of Food	LBH Active Travel/Cycling Team
Dance Anytime	The Design Council	Journey Before Success	ecoACTIVE	LBH Communications

Health partnerships

- Working with London Sport, we organised training for social prescribers and other connecting services in the borough, to increase their confidence in encouraging physical activity.
- Working with the regional NHS Clinical Champion for physical activity, we delivered a Moving Medicine presentation to GP's from across Hackney.
- We are also working with Lower Clapton Surgery to develop some targeted approaches to physical activity and wellbeing, including a healthy eating and physical activity programme for older men.
- Responded to evidence gathering for the Health and Wellbeing Strategy.
- Working with Public Health colleagues as they review their commissioning approach to physical activity. Funding from the Sport England grant will be utilised alongside this emerging work, allowing us to test different approaches in other parts of the borough from April 2022.
- We have had some engagement with the Hackney Marshes Neighbourhood and will build on this over the coming year and as the neighbourhood structures continue to develop.

Page 39

What have we been learning?

- We've known from the outset that there isn't one intervention that can be applied across a community or in a place, and we would need to stimulate dialogue and action across a range of different work streams.
- Place is a powerful context for this work.
- The systems/structural challenges are cross-cutting in relation to council services and partners. For example, housing providers and community safety teams are important in relation to the work on Active Environments.
- Barriers to being active extend beyond discussions around physical activity and have highlighted wider community development needs.
- Physical activity needs to be flexible, independent and where activities are involved, they need to be inexpensive.

Page 40

Inclusion - sharpening our focus

The KPMT programme aims to tackle inequalities and inclusion in physical activity by enabling residents to access – and act on – the information, knowledge, resources, opportunities and support they need to live healthy lives.

This [Inclusion and Tackling Inequalities Theory of Change](#) illustrates the journey of change at the **organisational and institutional level** to help strategic actors (e.g. KPMT programme team, Council, local schools, local service providers, community organisations) understand the change that needs to happen at a systems level in order to tackle inequalities and promote inclusion. This includes the need to improve partnership working with strategic stakeholders, embedding physical activity and a focus on health inequalities across the Council's and partners activities, and adapting delivery to be inclusive by tailoring it to residents' specific needs.

Residents - particularly those who are typically less active and those who have long-term health conditions - are the primary stakeholder group that should experience and benefit from the change that the KPMT programme aims to create. At the same time, it is important to acknowledge that residents are not a homogenous group and will need different types of support to be more active.

Inclusion - sharpening our focus

Working with the community and partners, KPMT is focused on achieving the following **inclusion** outcomes:

Page 42

- **Increased community engagement** to understand residents' experiences and needs, especially after Covid-19
- **Deeper and wider integration** of physical activity as a strategic priority across the Council
- **Increased responsiveness** to community's needs in programme design and delivery, promoting a 'whole-person' approach to physical activity
- **Improved relationships** with strategic partners, reducing siloed working, improving trust and maintaining ongoing collaboration with a shared purpose.
- **More joined-up approach** to drive targeted investments to tackle health and physical activity inequalities
- **Physical activity and health inequalities embedded** as a long-term strategic area for the Council and in the approaches of local partners
- **Increased capacity** (by partners and Council) to deliver physical activity opportunities and promote health and wellbeing
- **Improved trust and engagement with the Council** and its opportunities

Active Environments - sharpening our focus

This [Active Environments Theory of Change](#) focuses on the systems change that must happen at **the organisational / institutional level** to enable active environments that support residents' physical activity, health and wellbeing.

Strategic actors, like the KPMT programme, the Council and other relevant local institutions and organisations (e.g. local schools, housing providers, community organisations), need to collaborate more effectively, so that they can work in a more joined-up way to facilitate improvements to the public realm and enable active environments.

Working in a more joined-up way includes increased cross-sector communication, strengthened relationships amongst all strategic actors and increased partnership working to embed physical activity as a strategic priority, mobilising resources to improve the capacity to promote physical activity in the ward in ways targeted to the diversity of residents' needs, particularly those less active. Creating positive feelings towards the spaces in King's Park and a sense of community ownership will support sustained use by residents.

Active Environments - sharpening our focus

Working with the community and partners, KPMT is focused on achieving the following **active environment** outcomes:

- a. **Increased engagement with residents** on their perceptions, experiences and use of their local area, including safety and accessibility concerns, and on the co-design of active environments and spaces in the community
- b. **Increased collaboration / partnership working** (e.g. with housing providers and other Council departments) to address barriers to physical activity and improve the local public realm
- c. **Increased partnerships** and influence on wider neighbourhood and housing work
- d. **Increased provision of programming and spaces** for residents to socialise and/or be active, and to promote intergenerational relations and activities

Page 44

Further information

Page 15

- <https://hackney.gov.uk/moving-together>
- <https://www.lovehackney.uk/kings-park-moving-together-blog>
- <https://twitter.com/movetogetherkp>
- <https://www.facebook.com/MovingTogetherKP/>
- <https://www.instagram.com/movingtogetherkp/>

Contact:

Lola Akindoyin, Head of Programme

lola.akindoyin@hackney.gov.uk

People and Places

The story of doing it differently



We wanted to understand how working with places could address the stubborn inequalities that exist among the least active and in 2016, we invited communities from all over England to test a new way of working with us by becoming one of 12 'local delivery pilots'.

People and Places is the story of our journey over the past four years. In it, we share the challenges and successes of implementing a new way of working and explain why we're more convinced than ever about the power of sometimes small steps to make a big difference to people's lives.



This is the **story** of our work so far

Page 46

The need for change

Our work started with the humbling realisation that despite making some great progress as an organisation, one in four adults were still missing out on the benefits of physical activity. To get a different result, we'd need to change what we were doing.

Take a look at how we started to explore a placed-based systems approach

Doing things differently

We knew we wanted to do things differently but didn't know what that would look like or even what needed to change. For an organisation used to leading from the front, it was unnerving to admit that this time, we didn't have all the answers.

Here's what we are learning are the key agents for change

Learning is the doing

It's no accident that the places we're working with are called pilots. Sharing key learnings is central to the pilots' work. We're learning from each other's experiences, and we're collecting learnings about system change in different locations.

Explore the principles that have guided our learning

- Progress moves at the speed of trust
- Stubborn on the vision, flexible on the detail
- Holding our nerve
- Bridging the empathy gap
- Say 'yes' to the mess
- Going where the energy is
- We can't solve problems with the same mindset that created them

The practicalities of system change

We still don't have all the answers, but what we have found is that it's 'how' the work is done that unlocks progress. Common themes and learnings have emerged across the pilots and we've shared these new approaches, tips and techniques along the way. We also hope that these learnings can help others as they embark on their own change journey.

Learn how pilots have put these ways of working into practice

- Shared purpose
- Understanding the lived experience
- Distributed leadership
- Capacity and time to reflect
- Test and learn
- Power shift
- Having the right conversations
- Understanding the system you're trying to shape
- Start with questions, not answers

Taking the first steps

As we began to co-design approaches with the pilots, we realised that nearly all of our tools and methods would have to be re-examined. So we started with questions and pushed aside any assumptions about what success might look like. Building and directing momentum from within communities is vital, but without the support of stakeholders it can quickly fade. Promoting distributed leadership can be a challenge, but it's one that has been essential to enabling system change.

Discover how our understanding of leadership has changed through this journey

Understanding value

A key challenge of taking a systemic approach is how you understand and show that valuable change is happening. And we've come to understand that complex outcomes require a nuanced view of value and a shift away from traditional measures of progress.

Understand how we are starting to redefine value and the behaviours and principles that enable this

Becoming the change you want to see

We are all influenced by lots of different factors that surround us in our daily lives. All these influencing factors need to work together as a 'system' if we're going to help foster positive change. This is a big job. And we knew it would need new ways of working and new ways of demonstrating value. But we hadn't bargained on just how much of this change had to start with us.

See how the pilots have begun to embed physical activity across the layers of the system

Looking forward

Over four years of honest conversations, co-creation, personal evaluation, changing working practices and new ways of thinking, we've learnt that change isn't always easy. We've learnt that there is no single blueprint for achieving whole system change, but we are convinced that if we continue to build on the momentum of the lessons learnt through the pilots, we have a real chance to achieve lasting change and foster self-sufficiency within communities by working collaboratively with them.

There's plenty

more journey to come

Read the full story at sportengland.org/localdelivery



Health in Hackney Scrutiny Commission 10 th January 2022 Public Health spend overview	Item No 6
--	---------------------

OUTLINE

The Commission has asked the Director of Public Health to provide an overview of Public Health spend. This stems from a discussion at the November meeting on 'What is Adult Social Care' which detailed the spend in that area and a desire from Members to better understand the breakdown of Public Health spend and more broadly how the Covid-19 pandemic funding has impacted on their work and their finances.

Attached please find a briefing 'Public Health Finance'.

Attending for this item will be:

Dr Sandra Husbands, Director of Public Health, City and Hackney

ACTION

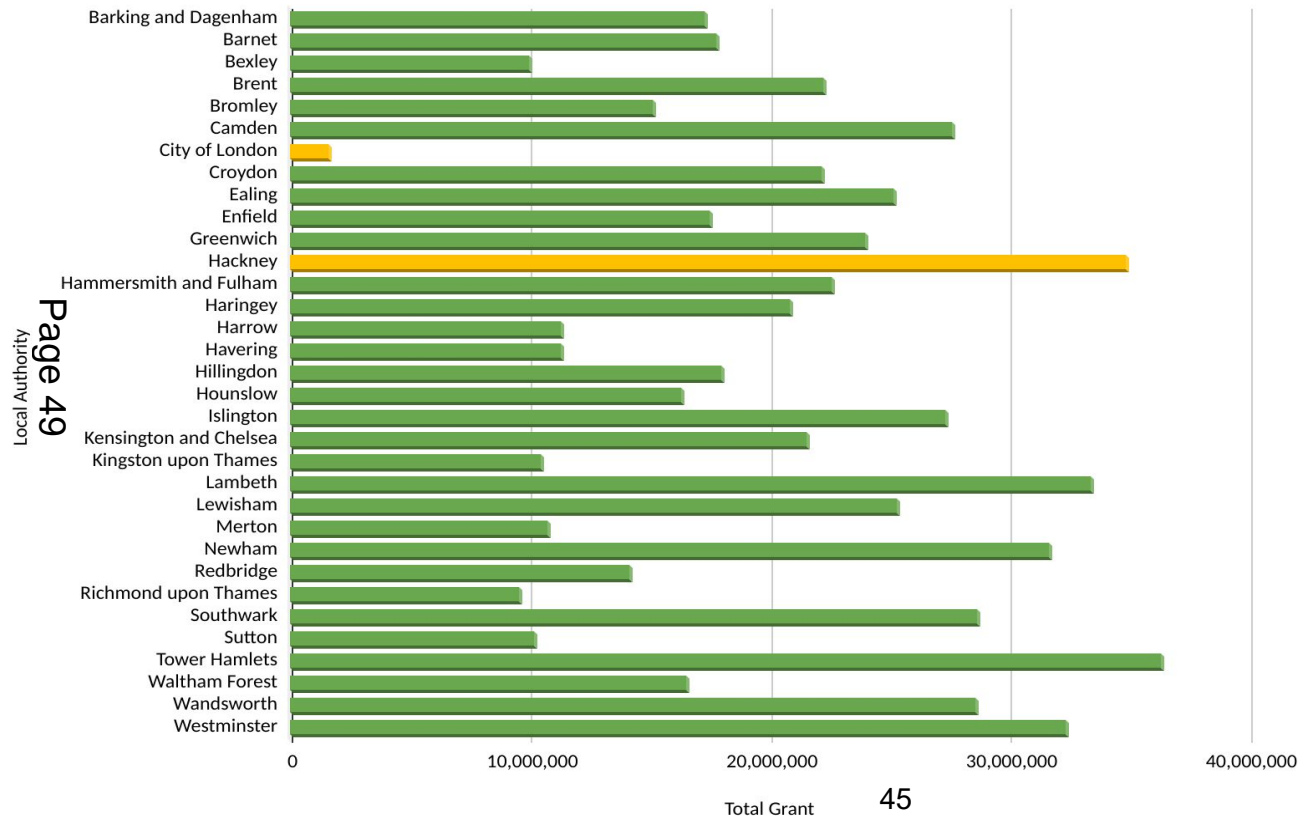
The Commission is requested to give consideration to the briefing.

Public Health Budget Summary



C&H Public Health Grant Compared to London LA's

Total Public Health Grant vs Local Authority 21/22



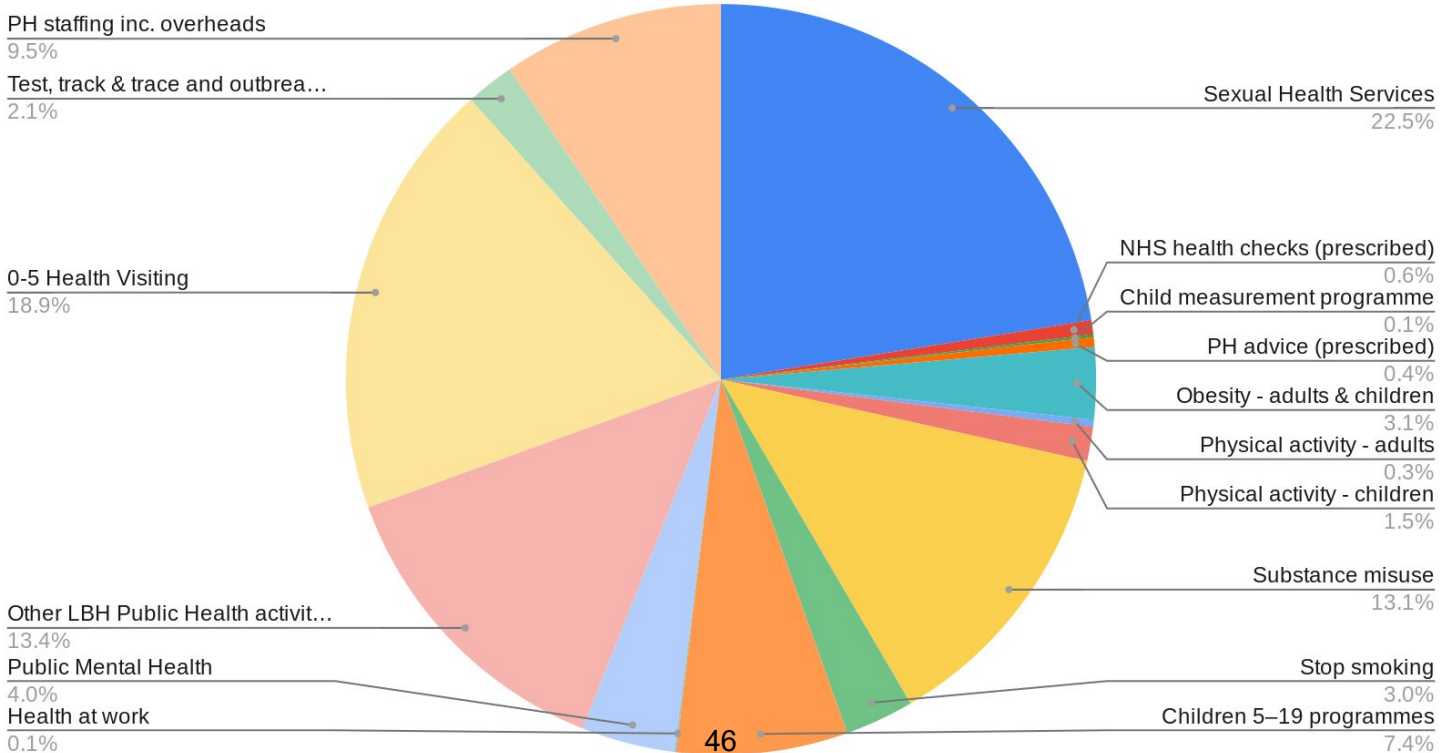
21/22 funding totals

The City £1,656,399

Hackney £34,890,883.

City and Hackney Public Health spending themes

Total Commissioned Contracts/ Staff costs inc.overheads (£'000) from PH Revenue Account 2021/22



Grant Funding: Contain Outbreak Management Fund

<p><u>COMF 20/21 & 21/22 Allocation</u></p>	<p>20/21 - £6,787,040 21/22 - £2,847,022 Total - £9,634,062</p>
<p><u>Grant Criteria</u></p>	<ol style="list-style-type: none"> 1) In two tier areas, this grant is conditional on upper tier authorities working closely with their lower tier partners and ensuring those partners are given opportunities to deliver the outcomes this grant is meant to support where delivery by those partners would be the most efficient and cost-effective means of delivery. 2) The Chief Executive and Chief Internal Auditor of each of the recipient authorities are required to sign and return to the Contain Outbreak Management Fund Team at the declaration below, by 30 June 2022. 3) If an authority fails to comply with any of the conditions and requirements of paragraphs 1 and 2, the Minister of State may <ol style="list-style-type: none"> a) reduce, suspend or withhold grant; or b) by notification in writing to the authority, require the repayment of the whole or any part of the grant. 4) Any sum notified by the Minister of State under paragraph 3(b) shall immediately become repayable to the Minister.
<p><u>Governance</u></p>	<p>Proposals for new spend are taken to the City and Hackney Covid-19 Operational Group for agreement, then to the City and Hackney Covid-19 Health Protection Board for final agreement.</p> <p>Grant spend is regularly reviewed by Public Health and returns are submitted on a monthly basis to DHSC</p>
<p><u>Spend/Commitments to Date</u></p>	<p>20/21 Actuals - £5,054,124 (20/21 Rolled Forward Balance - £1,732,916) 21/22 Spend/Commitments - £4,579,958 (Rolled forward + 21/22 allocation)</p>

Grant Funding: Contain Outbreak Management Fund Spend/Committed to Date

Expenditure Type:	20/21 Actual Spend:	20/21 Committed Spend:	Total:
Testing	£108,409	£227,260	£335,669
Tracing	-	£465,050	£465,050
Vaccine deployment	-	£174,003	£174,003
Other: Prevention, management of local outbreaks and data intelligence, surveillance and communications	£48,796	£645,123	£693,919
Compliance and Enforcement: other activities and staff	900,515	£338,118	£1,238,633
Support for vulnerable groups and targeted community interventions	£1,607,654	£1,500,000	£3,107,654
Support for those in self-isolation (non-financial support)	£574,782	-	£574,782
Clinically Extremely Vulnerable	£31,339	-	£31,339
PPE	£1,782,629	-	£1,782,629
Other	-	£95,000	£95,000
Total:	£5,054,124	£3,444,554	£8,498,678

* There is balance of £1.14m which is uncommitted spend as at 20/12/21

Grant Funding: Test and Trace

<p><u>T&T Allocation</u></p>	<p>Total - £3,100,891</p>
<p><u>Grant Criteria</u></p>	<ol style="list-style-type: none"> 1) In two tier areas, this grant is conditional on upper tier authorities working closely with their lower tier partners and ensuring those partners are given opportunities to deliver the outcomes this grant is meant to support where delivery by those partners would be the most efficient and cost-effective means of delivery. 2) The Chief Executive and Chief Internal Auditor of each of the recipient authorities are required to sign and return to the team leader of the Public Health Policy and Strategy the Department for Health and Social Care a declaration, with timings in line with normal MHCLG reporting processes. 3) If an authority fails to comply with any of the conditions and requirements of paragraphs 1 and 2, the Minister of State may- <ol style="list-style-type: none"> a) reduce, suspend or withhold grant; or b) by notification in writing to the authority, require the repayment of the whole or any part of the grant. 4) Any sum notified by the Minister of State under paragraph 3(b) shall immediately become repayable to the Minister.
<p><u>Governance</u></p>	<p>Proposals for new spend are taken to the City and Hackney Covid-19 Operational Group for agreement, then to the City and Hackney Covid-19 Health Protection Board for final agreement.</p> <p>Grant spend is regularly reviewed by Public Health and returns are submitted on a monthly basis to DHSC</p>
<p><u>Spend/Commitments to Date</u></p>	<p>20/21 Actuals - £1,246,150 21/22 Spend/Commitments - £1,674,741</p> <p style="text-align: center;">49</p>

Grant Funding: Test and Trace Spend/Committed to Date

Expenditure Type:	20/21 Actual Spend:	20/21 Committed Spend:	Total:
Testing	£377,462	£298,659	£676,121
Tracing	£486,816	£569,051	£1,055,866
Vaccine deployment	£25,374	£42,448	£67,822
Other: Prevention, management of local outbreaks and data intelligence, surveillance and communications	£409,849	£737,803	£1,147,652
Support for those in self-isolation (non-financial support)	£122,449	£26,780	£149,229
Other	£4,200	£0	£4,200
Total:	£1,426,150	£1,674,741	£3,100,891

Health in Hackney Scrutiny Commission 10 th January 2022 Minutes of the previous meeting	Item No 7
---	---------------------

OUTLINE

Attached please find draft minutes of the meeting held on 9th Dec 2021.

Matter Arising from 8 July

Action at 8.9

ACTION:	<i>Dr Mark Rickets to share with the Commission the government guidance on GDPR (General Practice Data for Planning and Research) when finally published and Dr Bhatti's response to it and advice.</i>
----------------	---

This is awaited.

ACTION

The Commission is requested to agree the minutes and note the matters arising.

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2021/22
Date of Meeting: Thursday 9 December 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 Kam Adams, Cllr Deniz Oguzkanli and Cllr Peter Snell
Councillors joining remotely	Cllr Kofo David and Cllr Michelle Gregory
Councillor apologies	Cllr Emma Plouviez
Council officers in attendance	Sara Bainbridge, Public Health Registrar Dr Sandra Husbands, 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 Cllr Chris Kennedy, Cabinet Member for Health, Social Care and Leisure Marion Macalpine, Hackney Keep Our NHS Public Cllr Yvonne Maxwell, Mayoral Adviser for Older People Dr Mark Ricketts, NEL CCG Clinical Chair for City & Hackney Laura Sharpe, Chief Executive, GP Confederation Jon Williams, Executive Director, Healthwatch Hackney
Members of the public	57 views
YouTube link	The meeting can be viewed at https://youtu.be/ePLNsJAxatU
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer jarlath.oconnell@hackney.gov.uk ; 020 8356 3309
<u>Councillor Ben Hayhurst in the Chair</u>	

1 Apologies for absence

1.1 An apology for absence was received from Cllr Plouviez.

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 Cabinet Member Question Time - Cllr Kennedy

4.1 The Chair stated that it was customary for each Cabinet Member to attend one Cabinet Member Question Time Session each year with their relevant Scrutiny Commission. The purpose was to allow Members to ask questions on areas separate from a review or other key work programme items being considered during that year. To make these sessions more manageable they were usually confined to three agreed topic areas but, on this occasion, Cllr Kennedy is being asked to focus on one key topic – ***The Council's role within the emerging ICS.***

4.2 The Chair welcomed Cllr Chris Kennedy (**CK**), Cabinet Member for Health, Social Care and Leisure.

4.3 Members also gave consideration to a submission on the topic which had been received from Hackney Keep Our NHS Public and the Chair welcomed: Marion Macalpine (**MM**), Hackney KONP who would ask questions after the Members had asked theirs.

4.4 Cllr Kennedy gave a verbal presentation on the Council's role within the new ICS and Members considered a slide on the structure of the two main Boards the ICB and the ICP. In his presentation the following key points were noted:

- (a) He had addressed public concerns the previous evening at a lengthy public meeting on this topic hosted by Healthwatch Hackney, which had been recorded.
- (b) The rationale behind the creation of ICSs was to move the NHS away from the focus competition introduced under the Lansley reforms, to a new structure which is more focussed on collaboration.
- (c) 42 ICSs had been created with 5 in London. They must comprise 2 bodies, an ICB which is relatively small and a broader ICP.
- (d) A fair degree of flexibility had been built into the system and it could be made bespoke for each ICS area.
- (e) The ICB would be required to present annual accounts on how the NHS monies had been spent across the NEL area.
- (f) The draft legislation proposed 1 local authority member per ICS but locally 2 were being sought - one from Outer and one from Inner NEL. The Independent Chair (Marie Gabriel) would be the same for the ICB and ICP. Barts-BHRUT collaborative, as by far the largest largest trust, would provide

the acute trust rep on the ICB and ELFT and NEFT were cooperating on providing a single mental health trust rep.

- (g) A new Chief Executive had been appointed, Zina Etheridge ex Haringey Council CE and the Chief Finance Officer was likely to be Henry Black.
- (h) The ICP would have 30-40 on it and there were proposals to have someone from each of the 8 local authorities and local ICB members on it.
- (i) The ICP would develop the strategy for the whole ICS and had to have regard to local Health and Wellbeing Strategies.
- (j) A draft model constitution had been published but a local draft constitution was on the way. Currently the guidance stated that the LA rep must be an officer and there was concern about this.
- (k) There was a successful amendment to the Bill to prohibit a person being appointed if they undermined the independence of the ICS by being from a corporate interest which might have conflicts of interest.
- (l) The ICS would also report on its engagement and consultation work and it would be reviewed annually by NHSE.
- (m) There would be 4 'Provider Collaboratives' created within NEL: Acute, Mental Health, Primary Care and for Community Services.
- (n) The 3 Place Based Partnership (mirroring the old CCG groups) would comprise the next tier i.e. C&H, TNW and BHR.
- (o) Locally a Director of Delivery was being recruited who would be employed jointly by the Council and the CCG.
- (p) The next tier down in City and Hackney would be the 8 Primary Care Networks which are contiguous with the Neighbourhoods structure.

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

- (a) The timeline for constitutions was being finalised and CK was meeting with the drafting lawyers but also with the head of HCVS to feed into this. Committee papers for both the main committees and the important sub committees would be made public in advance and the public would be able to attend.
- (b) In response to concerns about having just 1 acute provider represented on the NEL ICB, Tracey Fletcher (ICP Lead for C&H) added that Jacqui Smith (Joint Chair of Barts Health-BHRUT) would be the single Acute rep on the ICB but she had agreed with the Chair of HUHFT (Sir John Gieve) to also represent them in this capacity.
- (c) In response to a question on whether we would be able to preserve what we valued in City and Hackney, CK stated that City and Hackney would fit in to and indeed enhance the NEL ICS as C&H had historically been a very high performing CCG and had benefited from having a relatively small acute trust which matched its boundaries. The main 'ask' of the system would be to be able to control as much at a Place Based Partnership level as possible i.e. subsidiarity.

- (d) In response to a question on the status of mental health within the ICS and whether amendments could be made to the draft constitution, CK stated that more prominence than ever before was being given to mental health, partly as a result of the pandemic, and he was confident that it was being proposed as a priority across the system. The Bill was also allowing for an ICS Board to amend their own constitution.
- (e) Marion Macalpine (KONP) challenged that the Bill was moving the NHS away from competition and would allow more contracts to be handed to corporate interests. She asked how corporate interests might be kept out of the ICS structures and expressed concerns about the travel impacts on Hackney patients when services are centralised. CK stated that Centene’s involvement in local primary care could have happened irrespective of the ICS legislation and the provision of services by private providers was well established e.g. GPs, Opticians, Pharmacies and there were major legal impediments to writing into the constitution provisions to limit private providers. CK explained that sustainable procurement was a priority for the ICS and this would ensure that local providers were used as much as possible. The Neighbourhoods system also was predicated on services being kept as close to patients as possible. In order to clear the NHS backlog, ‘areas of excellence’ were being established and some patients would therefore face longer journeys to consolidated centres for treatment but most patients were content with this if it meant getting treatment faster.
- (f) Jon Williams (Healthwatch) asked about the direction of travel of the nascent ICS on issues of transparency and accountability. CK replied that the Place Based Partnership level meetings would be open to the public and so retain accountability and there would be a VCS rep on the ICB. Also the Independent Chair (Marie Gabriel) was keen to add a third independent member onto that Board.

4.6 In closing, the Chair stated that there was a need for commissioning at ‘place based level’ and for this to be safeguarded in the future and this aspect had been crucial to the success of City and Hackney CCgl. He added a concern that C&HCCG had worked with HUHFT to agree a funding package and that gave them a lot of local control but this could now go in the new model.

4.7 The Chair thanked Cllr Kennedy for this presentation and attendance.

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

5 Homerton and Covid - Winter Pressures and Elective Recovery

- 5.1 The Chair stated that a key aspect of the Covid-19 pandemic had been the impact on acute hospitals and he had asked the Chief Executive of the Homerton to update the Commission on the current situation at HUHFT in relation to Covid-19 patients, the impact of normal winter pressures on top of this and the wider work on elective recovery as these all were interlinked.
- 5.2 He welcomed to the meeting, Tracey Fletcher (TF), Chief Executive, HUHFT and ICP Lead for City & Hackney.
- 5.3 TF gave a verbal presentation outlining the current situation and the following key points were noted:
- a) They had opened up their escalation ward (an additional 22 beds) earlier than usual. Under the new ICS approach they had also taken more patients from out of area than they might have in the past, as the focus was now on sharing the burden across the system.
 - b) There were currently c. 25 Covid admissions at the Homerton with 12-16 in ITU so there was little flexibility in the system should things deteriorate with a combination of winter pressures and the new variant.
 - c) There was much of a focus on elective recovery and working through the longer lists e.g. orthopaedic, and specifically tackling the 104 week waits.
 - d) A priority for NEL was to work on reducing the long waits.
 - e) At the Homerton they were in a good position as regards the waits for diagnostics and they were offering some capacity to Barts Health.
- 5.4 Members asked questions and in the following was noted in the responses:
- a) Not clear yet whether patients just admitted had omicron, and if they did, there was no clinical requirement to treat them any differently from those with delta.
 - b) The number of inpatients with covid was 27 and if those numbers increased they would have to convert another ward for covid only and be careful on segregating the cohorts.
 - c) On ward segregation there were 3 categories: no clinical indications and positive test, clinical indications and not positive and clinical indications and positive. No hard data as yet on numbers of unvaccinated who were among these.
 - d) By contrast there had been 201 covid patients in HUHFT at the worst point of the pandemic as opposed to the 27 currently.
 - e) Re managing those categories on longest waits, the expectation was that they would collaborate with neighbouring trusts on reducing the lists and also in maintaining flows through the emergency departments.
 - f) Re staff morale, tiredness and mental health challenges, there was a lot of anxiety about what was to come and this was typical across the NHS and social care and primary care.
 - g) Re HUH's performance in managing patient flow through A&E and into beds, they used to regularly hit 95% on this target but this had fallen to mid 80s

however they remained one of the best performing in the country. Patients didn't wait 10 hrs on trolleys (as per national press stories) but generally waits would increase and the old targets here would be harder to achieve.

- h) Re discharge to care homes, the arrangements between the Trust and care services were working well but one challenge with out of borough patients was that the the systems and processes for discharge to care weren't as streamlined as they would be with Hackney Council and so this was something the ICS must tackle as a system.

- 5.5 The Chair thanked TF and her staff for all their hard work and commented that there definitely was a need for a more consistent approach to discharges to care services across the whole NEL patch and the ICS must sort this out.

RESOLVED: That the report and discussion be noted.

6 Draft Health and Wellbeing Strategy 2022-2026

- 6.1 The Chair stated that the purpose of this item is to provide input to the consultation on Hackney's new draft *Health and Wellbeing Strategy 2022-2026*. Hackney's Health and Wellbeing Board (HWB) has a duty to produce a health and wellbeing strategy which would set out the health and wellbeing priorities in Hackney over the next four years.
- 6.2 He welcomed Sara Bainbridge (**SB**), Public Health Registrar and Dr Sandra Husbands (**SH**), Director of Public Health to the meeting.
- 6.3 Members gave consideration to two documents: (a) Presentation on the draft strategy and the consultation and (b) *draft Health and Wellbeing Strategy 2022-2026*.
- 6.4 SB took members through her presentation which comprised: the background, the timeline, the process to reach the priorities, the methods of engagement, peer research, identified priorities ("the what"), working differently ("the how"), and the consultation plan. The consultation was currently open and she asked Members for suggestions on enhancing it and in promoting it. She added that they would be bringing the finalised strategy to the March meeting of the Health and Wellbeing Board for approval prior to the local election purdah period.
- 6.5 It was noted that the three agreed priorities would be: *improving mental health and preventing mental ill-health; increasing social connection; and supporting greater financial security and reducing poverty*. The Chair commended the accessibility and reach of the consultation which had been undertaken.
- 6.6 Members asked questions and the following was noted in the responses:

- (a) SB clarified the definition of ‘asset based approaches’ as “if we have situations where if we have something that we think is important and useful where someone lives, why are we not building on that?”. On making the Strategy real SH gave the example of the successful Obesity Partnership which the previous Chief Executive had chaired and which had been driven by the previous Strategy. A proper implementation plan would be added to the next iteration and they’d ensure a robust system for evaluating outcomes.
- (b) In response to a question on how much this document drives positive policy and change, SH explained that its value was in driving areas of activity that they would not be able to achieve acting as individual organisations. Also, it was not about driving activity such as immediate care needs e.g. in mental health as that was looked after by the local ICB’s work, but rather at a more strategic level. There would be overlap in the work especially on the drivers or on the underlying causes but the overlap should be at the margins and so this Strategy doesn’t focus on the proximal stuff that will get done anyway
- (c) A Member commented on how the 3 priorities were very general and asked what background documents should be consulted to firm up the expectations of what this Strategy needs to address. SB explained that it was drawn from a lot of sources and outlined those. As an output there would be themed briefings addressing the three priorities.
- (d) SH explained that a co-production approach to developing it was vital in order to then build the evidence base for a locally informed implementation plan.
- (e) SH stated that this Strategy had no specific budget attached to it and it was instead about working with the partners in the HWB to identify what each partner needed to contribute and this was about shaping ways of working rather than additional work, necessarily.
- (f) In relation to the process and timeline SB detailed that it was about going to meetings that are already being hosted as well as working closely with Volunteer Centre Hackney volunteers. They would also ensure that these came from many different communities and they would also work again with the Community Champions used during the pandemic.

6.7 The Chair thanked SB for her report and commended the wider engagement work that had been done thus far. SH thanked SB for her work as she was new to public health. He asked if officers could return a year after it was published to update on outcomes and he urged all councillors to promote it.

ACTION:	Public Health to return 12 months after the Health and Wellbeing Strategy is published to report on outcomes.
----------------	--

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

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. The Commission had been receiving these at each meeting during the course of the pandemic and copies had been circulated to Members earlier that day. He welcomed the meeting Dr Sandra Husbands (**SH**), Director of Public Health for City and Hackney
- 7.2 Members gave consideration to a TABLED briefing report *Covid-19 update to HiH 8 Dec 2021*
- 7.3 SH took Members through their presentations in detail. The Public Health update comprised slides on: *Covid-19 incidence rates have been steadily increasing since mid September; School-aged populations continue to record the highest Covid-19 incidence rates; Hackney and City are recording fifth lowest first dose of Covid-19 vaccinations rates in England; Hackney and City continue to record lower vaccination rates than the NEL average despite higher rates of invitation; Overall critical care bed occupancy in NEL has increased consistently each week since the end of October; Omicron (O) Variant; Notification has been received of Omicron cases in Hackney in the latest week; Omicron Variant Characteristics*
- 7.4 Members asked questions and the following was noted in the responses:
- (a) The trajectory appeared to be that positive cases of Omicron were doubling every 2-3 days, by contrast with Delta, when it had doubled every 7 days.
 - (b) In response to a question about when this peak might subside, SH stated that this depended totally on the measures taken to limit the spread. Vaccines were the key to reducing the likelihood of transmission.
 - (c) In response to a question on the need for longer term investment in mitigation measures to respond to new variants, SH stated that it was likely that if this virus kept mutating and producing new variants that evaded immunity then there would be a need for having booster vaccinations, as with the flu virus. It was not yet clear what the pattern would look like. You need all the other virus control measures in place to reduce the opportunity for new variants to keep mutating, she added. Also, face masks, ventilation, hand washing were all really effective and have varying degrees of utility but when used together they're much more effective. It can't be just one measure.
 - (d) Re what more might be done on future mitigation e.g ventilation and air filtration systems, SH replied that much more needed to be done and new guidance had been issued by the HSE to help people understand what

adequate ventilation was. There was a challenge with old buildings where you may not be able to afford to retrofit.

- (e) Re the low uptake of vaccines among younger people in black communities and how communications plans are being tailored to them, SH replied that they had been targeted outreach via age ethnicity and occupational groups and it was about gaining insight within these various communities and demographic groups and tailoring comms campaigns to reach them via the channels they use.
- (f) A Member commented that Omicron should replace Delta and so not be as dangerous as what it was displacing. He asked about those with residual resistance to vaccination because they knew someone who just had a mild dose. SH explained that people will often seek information to reinforce their existing point of view. She explained that even if Omicron displaced Delta this didn't mean that we would end up, in the long term, with something which was more benign. A proportion of the population will always be particularly susceptible and the more people who are infected the more this cohort will get ill because there is just more virus in circulation. The majority of cases in critical care do appear to be those who are not fully vaccinated and 90% of those who die are not vaccinated at all. She added that it was not a logical argument against vaccines, and vaccine manufacturers never promised this, that the vaccine would prevent you from ever getting it. Instead it reduces deaths and the numbers who will get severe illness in the population. The approach therefore in Public Health is to put credible information out there and answer the concerns people have
- (g) Re which are the best websites to read for reputable information, SH stated that there was Sage and Independent Sage and a number of Fact Checker websites which use plain english and add links to underlying information as well. Some are government and some are arms length bodies and these are not in the pockets of the pharma industry as some fear. The JCVI and NHI also publish all their minutes.

7.5 The Chair thanked Dr Husbands for the detailed report and for her hard work at this time.

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

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 17 November 2021 and the Matters Arising.

RESOLVED:	That the minutes of the meeting held on 17 November be agreed as a correct record and that the matters arising be noted.
------------------	---

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.
------------------	--

10 Any other business

10.1 There was none.

<p>Health in Hackney Scrutiny Commission</p> <p>10th January 2022</p> <p>Work Programme for the Commission</p>	<p>Item No</p> <p>8</p>
---	--------------------------------

OUTLINE

Attached please find the latest iteration of:

HiH work programme 2021/22
INEL work programme 2021/22

These are working documents and updated regularly.

ACTION

The Commission is requested to note the updated work programmes and make any amendments as necessary.

Health in Hackney SC - Rolling Work Programme for 2021-22 as at 22 Dec 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name
8 June 2021	New NHS East and SE London Pathology Partnership	Update requested from Jan 2020	NEL CCG and HUHFT	ICP Lead for City & Hackney also CE of HUHFT	Tracey Fletcher
deadline 27 May	Treatment pathways for 'Long Covid'	Briefing	NEL CCG	Director of CCG Transition - City & Hackney	Siobhan Harper
			NEL CCG	CCG Clinical Chair for City and Hackney	Dr Mark Rickets
			HUHFT	Head of Adult Therapies	Fiona Kelly
			NEL CCG - C&H	Acting Workstream Director for Planned Care	Charlotte Painter
	Community Mental Health Transformation and Recovery from Covid-19	Briefing	ELFT	CEO	Paul Calaminus
			ELFT	Deputy Borough Director - City and Hackney	Andrew Horobin
	Redesign of specification for Homecare	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland
	Covid-19 update	Noting only	Public Health and CCG	Deputy Director of Public Health	Chris Lovitt
8 July 2021	Covid-19 update from Public Health	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands
deadline 29 June			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper
	Healthwatch Hackney Annual Report 20/21	Annual item	Healthwatch Hackney	Executive Director	Jon Williams
				Chair	Malcolm Alexander
	HUHFT Quality Account 2020/21	Annual item	HUHFT	Chief Nurse and Director of Governance	Catherine Pelley
	Future plans for St Leonard's site	Briefing	HUHFT	Director of Strategic Implementation and Partnerships	Claire Hogg
	Secondary use of GP patient identifiable data	Briefing	NEL CCG - C&H	CCG Clinical Chair for City and Hackney	Dr Mark Rickets
			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper
11 Oct 2021	Relocation of inpatient dementia assessment services to East Ham Care Centre	Update requested from July 2020	ELFT	Consultant Psychiatrist and Clinical Lead for Older Adult Mental Health	Dr Waleed Fawzi
deadline 30 Sept				Director of Strategic Service Transformation	Eugene Jones
			NEL CCG	Programme Director Mental Health - City & Hackney	Dan Burningham

			Healthwatch Hackney	Executive Director	Jon Williams
Item joint with Chair and Vice Chair of CYP Scrutiny Commission	Maternal mental health disparities	Discussion	City & Hackney Integrated Care Partnership	Workstream Director - Children and Young People, Maternity and Families	Amy Wilkinson
			City & Hackney Integrated Care Partnership	Programme Manager - Children, Maternity and CAMHS	Ellie Duncan
			ELFT Perinatal Service	Trustwide Lead for Perinatal Mental Health	Justine Cawley
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Mikhaela Erysthee
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Rachael Buabeng
	City & Hackney Safeguarding Adults Board Annual Report	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE
			CHSAB	Head of Service, Safeguarding Adults	John Binding
	Covid-19 update	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands
			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper
17 Nov 2021	What is Adult Social Care - overview of current provision	Discussion	Adult Services	Group Director Adults Health and Integration	Helen Woodland
deadline: 8 Nov				Director Adult Social Work and Operations	Ann McGale
	Roadmap to Net Zero Carbon at HUHFT	Discussion	HUHFT and City & Hackney ICP Lead	Chief Executive	Tracey Fletcher
			HUHFT	Head of Facilities, Compliance and Performance	Liam Triggs
	Neighbourhoods Development Programme update	Briefing	NELCCG and C&H Integrated Care Partnership	Workstream Director for Unplanned Care	Nina Griffith
	Covid-19 update from Director of Public Health	Briefing	Public Health	Dep Dir Public Health	Chris Lovitt
			LBH	Strategic Director Customer and Workplace	Rob Miller
9 Dec 2021	Draft Health and Wellbeing Strategy 2022-26	Discussion on consultation	Public Health	Public Health Registrar	Sara Bainbridge
deadline: 30 Nov				Director of Public Health	Dr Sandra Husbands
	HUHFT - update on Covid and Elective Recovery	Briefing	HUHFT and City & Hackney ICP Lead	Chief Executvie	Tracey Fletcher
	Covid-19 update	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands
	Cabinet Member Question Time: Cllr Kennedy	Annual CQT session	LBH	Cabinet Member for Health Social Care and Leisure	Cllr Chris Kennedy
10 Jan 2022	Public Health Spend overview	Briefing	Public Health	Director of Public Health	Dr Sandra Husbands
deadline: 22 Dec 2021					Helen Woodland

	King's Park Moving Together project	Briefing on Sport England funded project	LBH	King's Park Moving Together - Head of Programme	Lola Akindoyin
			Sport England	Strategic Lead, Local Delivery	Warren Leigh
			Journey Before Success CIC - a provider	Director & Strategic Coach	Jeanna Brodie-Mends Sanderson
	How will City and Hackney's 'Place Based System' operate within the NEL ICS	Discussion	HUHFT and City & Hackney ICP Lead	Chief Executive	Tracey Fletcher
				Convenor of C&H Integrated Care System	Jonathan McShane
				Programme Lead C&H ICP	Nicholas Ib
9 Feb 2022	TBC - Transformation Programme for Adult Social Care	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland
deadline: 31 Jan				Director Adult Social Work and Operations	Ann McGale
	TBC - Implementing the new system and Code of Practice for 'Deprivation of Liberty Safeguards'		CHSAB	Head of Service, Safeguarding Adults	John Binding
	TBC				
16 March 2022	C&H GP Confederation update	An annual update	GP Confederation	Chief Executvie	Laura Sharpe
deadline:7 March					

Note: The Local Council Elections in London take place on 5 May 2022. Purdah officially begins 21 March

ITEMS AGREED BUT NOT YET SCHEDULED

Possible date					
June 2022	Overview of capital build proposals in Adult Social Care	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland
				Director Adult Social Work and Operations	Ann McGale
June 2022	Election of Chair and Vice Chair				
June 2022	Electon of 3 members to INEL JHOSC for 2022/23				
TBC	FULL MEETING Health impacts of poor air quality			External expert from King's Collge	
				Public Health	

				Environmental Services Strategy Team	
TBC	Future of virtual consultations in primary care - next steps	Briefing requested Sept 2020	GP Confederation	Chief Executive	Laura Sharpe
			Healthwatch Hackney	Executive Director	Jon Williams
			NEL CCG	Primary Care Commissioner	Richard Bull
TBC	Implementation of Ageing Well Strategy	Update requested Dec 2019	Inclusive Economy, Policy and New Homes	Head of Policy and Strategic Delivery	Sonia Khan
Postponed from 1 May 2020	Tackling Health Inequalities: the Marmot Review 10 Years On	SCRUTINY IN A DAY	Public Health	Director of Public Health	Dr Sandra Husbands
	Sub Focus on Objective 5: Create and develop healthy and sustainable communities		NEL ICS	MD City and Hackney	
			Planning	Head of Planning and Building Control	Natalie Broughton
			Neighbourhoods and Housing	Head of Area Regeneration Team	Suzanne Johnson
	How health and care transformation plans consider transport impacts	Suggestion from Cllr Snell			
	Implications for families of genetic testing	Suggestion from Cllr Snell			
	Accessible Transport issues for elderly residents	Suggestion from Cllr Snell			
March 2023	Health and Wellbeing Strategy 2022-26 one year on	Update on outputs	Public Health	Director of Public Health	Dr Sandra Husbands

INEL JHOSC Rolling Work Programme for 2020-21 as at 22 Dec 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
27 January 2020	New Early Diagnosis Centre for Cancer in NEL	Briefing	Barts Health NHS Trust	Clinical Lead	Dr Angela Wong	
			NCEL Cancer Alliance	Interim Project Manager	Karen Conway	
	Overseas Patients and Charging	Item deferred				
11 February 2020	NHS Long Term Plan and NEL response	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			Barking & Dagenham CCG	Chair	Dr Jagan John	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Chief Finance Officer	Henry Black	
	New Joint Pathology Network (Barts/HUHFT/Lewisham & Greenwich)	Briefing	Barts Health NHS Trust	Director of Strategy	Ralph Coulbeck	
			Homerton University Hospital NHS FT	Chief Executive	Tracey Fletcher	
Municipal Year 2020/21						
24 June 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			East London NHS Foundation Trust	COO and Dep Chief Exec	Paul Calaminus	
			Newham CCG	Chair	Dr Muhammad Naqvi	
			Waltham Forest CCG	Chair	Dr Ken Aswani	
			Tower Hamlets CCG	Chair	Dr Sir Sam Everington	
			WEL CCGs	Managing Director	Selina Douglas	
	City & Hackney CCG	Managing Director	David Maher			
	How local NEL borough Scrutiny Cttees are scrutinising Covid issues	Summary briefing FOR NOTING ONLY	O&S Officers for INEL			
30 September 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Director of Finance	Henry Black	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			ELFT	COO and Deputy Chief Executive	Paul Calaminus	
			WEL CCGs	Managing Director	Selina Douglas	

			City and Hackney CCG	Managing Director	David Maher	
	Covid-19 discussion panel with the local Directors of Public Health	Discussion Panel	City and Hackney	DPH	Dr Sandra Husbands	
			Tower Hamlets	DPH	Dr Somen Bannerjee	
			Newham	DPH	Dr Jason Strelitz	
			Waltham Forest	DPH	Dr Joe McDonnell	
	Overseas Patient Charging - briefings from Barts Health and HUHFT	Briefing	Barts Health NHS Trust	Group Chief Medical Officer	Dr Alistair Chesser	
25 Nov 2020	Covid 19 update and Winter Preparedness	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
	Whipps Cross Redevelopment Programme	Briefing	Barts Health NHS Trust	Whipps Cross Redevelopment Director	Alastair Finney	
			Barts Health NHS Trust	Medical Director, Whipps Cross	Dr Heather Noble	
10 Feb 2021	Covid-19 impacts in Secondary Care in INEL boroughs	Briefing	Barts Health NHS Trust	Group Chief Executive	Dame Alwen Williams	
	Covid-19 Strategy for roll out of vaccinations in INEL boroughs	Briefing	East London HCP	SRO	Jane Milligan	
			City and Hackney CCG	Chair	Dr Mark Ricketts	
			City and Hackney CCG	MD	David Maher	
	North East London System response to NHSE consultation on ICSs	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
	Update on recruitment process for new Accountable Officer for NELCA/SRO for ELHCP	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
Municipal Year 2021/22						
23 Jun 2021	Covid-19 vaccinations programme in NEL	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL CCG	Director of Transformation	Simon Hall	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
	Implications for NEL ICS of the Health and Care White Paper	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL ICS	Independent Chair	Marie Gabriel	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
	Accountability of processes for managing future changes of ownership of GP practices	Discussion item	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	Challenges of building back elective care post Covid pandemic	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
13 Sep 2021	Whipps Cross redevelopment programme	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	Structure of Barts Health and developing provider collaboration	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	Implementation of North East London Integrated Care System	Discussion	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	Covid-19 vaccination programme in NEL	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
16 Dec 2021	Covid-19, winter pressures, elective recovery update	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
	Plans for engagement and information on proposed service changes - Community Diagnostic Centres.	Briefing	NEL CCG	Community Diagnostic Centres Programme Lead	Nicholas Wright	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Clinical Director Waltham Forest	Dr Ken Aswani	
				Clinical Director City and Hackney	Dr Mark Rickets	
	NEL Integrated Care System - update	Briefing	NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
		Submission from public	North East London Keep Our NHS Public		Carol Saunders	
	Whipps Cross Redevelopment JHOSC	Brief update from Member	Whipps Cross JHOSC	Chair of the JHOSC	ClIr Richard Sweden	
1 March 2022	TBC - Finance and governance arrangements for ICS					

	TBC					
	TBC					
	Update on work of special Whipps Cross JHOSC					Cllr Richard Sweden
	Note: Purdah begins 20 March in advance of Local Elections on 5 May. No meetings in this period.					
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					



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.

This page is intentionally left blank