

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2022/23
Date of Meeting Wednesday 29 June 2022

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

Chair Councillor Ben Hayhurst

Councillors in Attendance Cllr Kam Adams, Cllr Grace Adebayo,
Cllr Eluzer Goldberg and Cllr Sharon Patrick (Vice-Chair)

Apologies:

Officers In Attendance

Other People in Attendance

Members of the Public

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Councillor Ben Hayhurst in the Chair

1 Election of Chair and Vice Chair (19.00)

1.1 It being the first meeting of the new municipal year, the Scrutiny Officer invited nominations for Chair. Cllr Adams nominated Cllr Hayhurst and Cllr Adebayo seconded. There was a vote and Cllr Hayhurst was elected unanimously.

1.2 Cllr Hayhurst assumed the Chair and invited nominations for Vice Chair. He nominated Cllr Patrick and Cllr Adams seconded. There was a vote and Cllr Patrick was elected unanimously.

2 Apologies for Absence (19.01)

2.1 Apologies for absence were received from Helen Woodland and Dr Mark Rickets.

2.2 The Chair welcomed new Members of the Commission - Cllrs Adebayo, Balfour, Goldberg and Samatar and Cllr Patrick who had served on the Commission in the past.

2.3 The Chair welcomed Cllr Turbet-Delof who is the Member Champion for Mental Health.

2.4 The Chair congratulated Nina Griffith on her new joint Council-NHS role as Director of Delivery for City & Hackney Place Based Partnership.

3 Urgent Items / Order of Business (19.01)

3.1 There were no urgent items and order of business was as per the agenda.

4 Declarations of Interest (19.02)

4.1 Cllr Samatar stated she was a Wellbeing Network Peer Coordinator at Mind in City Hackney and was starting a new role as a Mental Health First Aid tutor at The Hackney Recovery College. Cllr Goldberg stated that he has an existing honorary contract with the Homerton where he does paramedic placements. Cllr Adebayo stated she was a mental health worker for Barnet Council. Cllr Turbet-Delof stated she was a board director for a mental health community interest company in the borough.

5 Appointments to INEL JHOSC (19.03)

5.1 Members gave consideration to a report to appoint 3 Members of the Commission to serve on the Inner North East London Joint Health Overview & Scrutiny Committee for the municipal year 2022-23. The Chair outlined the role and function of that committee for the new members and explained that it was customary for the chair and vice chair of Health in Hackney to be two of the 3 representatives.

RESOLVED:

That Cllrs Hayhurst, Patrick and Adams be appointed to serve as the Hackney members of INEL JHOSC for 2022/23.

6 The science on the health impacts of poor air quality - expert briefing (19.05)

6.1 The Chair stated that the purpose of this item was to hear from a senior academic expert on the latest research on the health impacts of poor air quality, both indoor and outdoor, and to discuss the progress being made in implementing Hackney's own Air Quality Action Plan 2021-25 and to explore areas for improvement or greater focus.

6.2 He welcomed to the meeting:

Dr Ian Mudway (IM), Senior Lecturer in Public Health, Faculty of Medicine, Imperial College

Chris Lovitt (CL) Deputy Director of Public Health for City & Hackney.

Dave Trew (DT) Land Water Air Team Manager, Environmental Services, LBH

6.3 Members gave consideration to the following agenda papers:

6b Briefing from Dr Ian Mudway (Imperial College) 'Impacts of air quality on Health'

6c Presentation from LBH 'Health impacts of air pollution evidence and Responses'

6d Full report from LBH 'Health impacts of air pollution – evidence and Responses'

6e Hackney's Air Quality Action Plan 2021-25

6f GLA's Air Quality in LB Hackney - a guide for Public Health professionals

6.4 The Chair stated that the format for the item would be a presentation by Dr Mudway followed by some questions for clarification then a joint presentation from the two council officers and then a general Q&A session.

6.5 Dr Mudway took Members through a detailed presentation on 'Impact of air quality on health'. It covered: known and emerging risks; key studies; impacts on mental health; impacts on mental health (psychosis); impacts of air pollution across the life course; the EXHALE study on children's respiratory health in Hackney and Tower Hamlets; NO₂ in Hackney and Tower Hamlets; modelled annual NO₂ concentrations; NO₂ impact on lung function; improved lung growth as pollution decreases; trends since introduction of ULEZ; CHILL study in schools; air quality guidelines; evidence of health effects below the former WHO guideline; recommended AQG with interim targets; intersection with Net Zero.

6.6 Members asked detailed questions and in the responses the following was noted:

The Member Champion for Mental Health asked whether the CHILL study was being extended. IM replied they were two years into it and analysis of the data would commence in 18 months.

The Member Champion for Mental Health asked about the studies on road proximity and air quality and the impacts on children's mental health. IM replied that the best comparative studies were currently from Barcelona. They were also incorporating ULEZ's impact into the current work.

Members asked how to make sure the research being carried out was inclusive and how the information is being communicated to very diverse communities. IM explained that the CHILL study was very inclusive and the researchers had trusted status within the communities involved. The scientific community traditionally had been poor at communicating results back to the communities who were involved in their studies and in their Centre outreach activity was given a very high priority.

Members asked about the latest data on the impact on young children's mental health considering overall air pollution had gone down between the two studies. IM explained the research brief and replied that those studies aren't fully completed yet. Science has to be independently peer reviewed before they can speak about it so it is always appearing later than people want it, but it's the limitation of the scientific method.

Members asked whether indoor pollution was included in the study. IW explained that it had come into the CHILL study to an extent but they have been funded to do another piece of work on indoor air pollution in poor communities in White City (called 'Well Home') and he detailed the processes. They will be studying the impact of mould, for example.

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Members expressed concern about the very low levels of community awareness and what more can be done on lobbying. IW replied that the solutions on air quality require national solutions and explained the various challenges with getting the messaging correct. School Streets and LTNs are band aids in his view, which are good, but we wouldn't have to use them if we had proper control of pollution emissions. Currently many are struggling to feed their children so air pollution might be seen to them as a niche issue. He suggested that air quality must be in national tv weather forecasts (they mention pollen but not air pollution levels) and if schools had a requirement from Ofsted to include pollution mitigation measures as part of their safeguarding role then both of these would help.

The Chair asked what specific pollution mitigation measures in schools would look like. IM replied that schools should have active filtration systems and this initiative was allowed to get blunted because of Covid. There were good technologies available but schools needed a budget to buy them. Closing a street outside a school has a relatively small incremental improvement but it's about messaging and makes people think about their own car usage in the morning. This is about creating an environment to help people understand the issue.

6.7 Dave Trew (LBH Environmental Services) and Chris Lovitt (Public Health) took Members through their presentation. The presentation covered: Air Quality in Hackney - the local picture; Health impacts of air pollution in Hackney; National guidance and evidence-based recommendations for public health action on air quality; Summary of recommendations from Public Health England's evidence review of interventions to improve outdoor air pollution; Local action to improve air quality; Hackney's Air Quality Action Plan (AQAP) 2021-2025; Action on air quality in partnership with our neighbours and at London level and Next steps and Conclusions. CL summarised the guidance from NICE, the recommendations from PHE. DT on the local mitigations and describes the Hackney Air Quality Action Plan.

6.8 Members asked detailed questions and in the responses the following was noted:

The Chair asked whether ULEZ had led to a reduction on PM2.5 as well as NO2 even if its source is not predominantly car based. DT explained they're monitoring PM10 more than PM2.5, but the latter is growing and there is overlap of sources, it does come from combustion. IW argued that he'd be happier if councils could do more about PM2.5 otherwise you create the illusion that PM2.5 is all traffic and it is not. In cities we should be saying this is the bit we can deal with. It was noted that NO2 is something we can control far more than PM2.5 but we still need to monitor the latter and be aware of it. IW cautioned that in terms of health impacts it is difficult to pull these two apart. DT explained how WHO are making thresholds more challenging and changing the goalposts. IW explained the interaction between both pollutants and how a council can only be responsible for within its boundary so these are national questions.

The Member Champion for Mental Health asked whether health impacts of chronic mould growth on children was receiving sufficient study and asked about the affordability of cycling possibly hindering its take-up amongst disadvantaged groups. DT explained the cycling promotion work being done by Streetscene and he undertook to bring back a further demographic breakdown of data on this. A Member who had just taken up cycling commended the new support scheme for new starters.

ACTION:

DT to provide further detail on the demographic breakdown of people taking up cycling.

A Member asked about increasing education about health impacts of poor indoor air quality. DT replied that there is an important issue in that you can't regulate what people can do in their own homes but there is a drive to ensure that the actions taken don't contribute to outdoor pollution and this impacts indoor as well and, generally, all this work raises awareness, which is the key.

The Chair asked about wood burners. DT replied that if the burner is compliant they can't take legal action but they can educate people about the pollution they create. He observed that they are generally used more for aesthetic reasons than for necessary heating.

The Chair asked IM what the key components were of poor indoor air quality and how much wood burners were a factor and in particular the poor maintenance of them. IM summarised his view on reducing indoor pollution as recommending "you do not live with a smoker or anyone using e-cigarettes". Also, mould and damp were a huge problem in terms of asthma. After this point it gets complicated, he added, because the number of other sources within a typical home are myriad as there are so many chemicals in the fabrics and fittings in every house. In terms of wood burners these are not good for your health and the issue is more what will the emissions be in future rather than immediately, which of course depends on how the burner is maintained and this cannot really be readily monitored long term. IM explained that indoor pollution going outside your home affects everybody else and so that needs greater priority.

6.9 The Chair thanked Dr Mudway, Chris Lovitt and Dave Trew for their thorough and thought provoking presentations and suggested that an update to the Commission on the AQAP in a year. He asked if it could perhaps take into account the changed WHO guidance and its impact on our Plan as well as any learning from Dr Mudway's CHILL study once it's published.

ACTION:

Environmental Services and Public Health to provide an update on the implementation of the Air Quality Action Plan in July 2023.

RESOLVED:

That the report and discussion be noted.

7 City and Hackney ICP/ Place Based Partnership - update from NHS NEL (20.30)

7.1 The Chair stated that the Commission and INEL JHOSC had regularly discussed the development of the new Integrated Care System for North East London over the past few years and that on 1 July the 7 CCGs in East London would finally be replaced by NEL ICS. He had asked officers to provide an update which focuses on

the local element - the Place Based Partnership - and how that will interact with the new NHS NEL structure.

7.2 He welcomed to the meeting: Nina Griffith (NG), Director of Delivery for City and Hackney, Place Based Partnership, LBH/NHS NEL.

7.3 Members gave consideration to the 'City and Hackney ICP/ Place Based Partnership' and NG took Members through it in detail. It covered: introduction to the ICS; the operating model; developments for City and Hackney; City and Hackney's proposed Place-based Partnership governance within NEL ICS; Strategic focus areas for the City and Hackney Place-based Partnership and Proposed governance of North East London Integrated Care System. NG explained that now there would be 7 place based partnerships under the ICS including one for City and Hackney, so C&H moving to become a place based partnership was not a big shift as it had partnerships structures running effectively for some time. She explained that Cllr Kennedy would continue to chair the local place based partnership which will be renamed the City and Hackney Health and Care Board. It was the 'City and Hackney Integrated Care Partnership Board'. In the new world the providers will be in the room for commissioning decisions and this puts the onus on them to focus on the Partnership over their individual organisation's priorities. Three priorities have been agreed for current work by the C&H Health and Care Board: Mental health, Supporting greater financial wellbeing and Increasing social connection.

7.4 The Chair asked for the reasons why there would be no financial delegation to the local system in the first year. NG explained it was to ensure a smoother operation while structures were bedding in. There were also pots of non-recurrent money that the local system could control. The Providers will have service allocations that they bring to the table locally and they can determine locally in the C&H HCB how this money could be moved around.

7.5 A Member asked what proportion of the budget comes down to City & Hackney. NG replied that you need to distinguish between the allocation for the City and Hackney population out of the total ICS budget and then the delegation amount which will go to CH HCB to spend. This won't be devolved in the first year and it's not yet clear what the 23/24 percentage will be. The Chair added that this is something on which the Commission needs to keep a watching brief.

7.6 The Chair asked about the fair distribution of funding across NEL and how in the past Hackney was comparatively well funded but a change to weighting of age vis-a-vis deprivation would adversely impact Hackney. NG explained the key people who will be involved. Louise Ashley, the incoming Homerton CEO, will be the System or Place Leader for City and Hackney and she will have a Director of Delivery (Nina) and a Partnership Clinical Lead (Dr Stephanie Coughlin). She reminded them that she will report to Louise and to Helen Woodland in the council so both to the NHS and the Council.

7.7 The Chair asked if a third role under the System Leader was still envisaged. NG said this would be up to Louise Ashley once she starts in October. NG offered further briefings outside of committee, if required.

RESOLVED:

That the report and discussion be noted.

8 Responses to draft Quality Accounts FOR NOTING (20.48)

8.1 The Chair stated that each year the local NHS Trusts ask the Commission to provide a formal comment on their draft Quality Account for the previous years which they have to submit to NHSE/NHSI. These requests usually come during May recess and are dealt with via Chair's action. Member noted the responses to the Quality Accounts for Homerton Healthcare and St Joseph's Hospice. If there were outstanding issues or concerns then these would be raised with the senior officers either at their next attendance at committee or via correspondence.

RESOLVED:

That the letters be noted.

9 Minutes of the Previous Meeting (20.50)

9.1 Members gave consideration to the draft minutes of the meeting held on 16 March 2022 and the Matters Arising.

RESOLVED:

That the minutes of the meeting held on 16 March be agreed as a correct record and that the matters arising be noted.

10 Health in Hackney Scrutiny Commission Work Programme (20.51)

10.1 Members gave consideration to an outline of the work programme for 2022/23 and a tabled list of the suggestions received so far from Members, officers and other stakeholders who have been written to by the Chair. It was noted that suggestions were still coming in.

10.2 The Chair invited Members to keep the suggestions coming and the responses from all would be analysed and themed and sent to Members for further consideration.

RESOLVED:

That the Commission's work programme suggestions and schedule for 2022/23 be noted.

10.3 The Chair added that a decision had been made to move the proposed July date for Health in Hackney to January because of scheduling issues and because no meeting had been set for January (there are just 8 a year). The July meeting also had to be scheduled for the day after the INEL meeting in July which was not advantageous.

10.4 The Chair added that HiH Members had also been invited to a briefing from NEL NHS and Public Health about the consultation on changes to Fertility Services and this would take place on 19 July. It had been convened by Cllr Kennedy.

11 Any Other Business (20.59)

11.1 There was none.

Duration of the meeting: Times Not Specified