

London Borough of Hackney  
Health in Hackney Scrutiny Commission  
Municipal Year 2023/24  
Date of Meeting Wednesday 15 March 2023

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

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**Chair** Councillor Ben Hayhurst

**Councillors in Attendance** Cllr Kam Adams and Cllr Sharon Patrick (Vice-Chair)

**Apologies:**

**Officers In Attendance** Nina Griffith (Director of Delivery, City and Hackney Place Based Partnership), Dr Sandra Husbands (Director of Public Health), Chris Lovitt (Deputy Director of Public Health), Jenny Zienau (Strategic Lead, Policy and Strategic Delivery) and Joia De Sa (Consultant in Public Health)

**Other People in Attendance** Sally Beaven (Healthwatch Hackney), Councillor Christopher Kennedy, Caroline Millar (City and Hackney GP Confederation), Councillor Claudia Turbet-Delof (Labour), Krista Brown (Volunteer Centre Hackney) and Clare Ferrigi (Volunteer Centre Hackney)

**Members of the Public**

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## Councillor Ben Hayhurst in the Chair

### **1 Apologies for Absence (19.00)**

1.1 An apology for absence was received from Helen Woodland.

### **2 Urgent Items / Order of Business (19.01)**

2.1 There was none.

### **3 Declarations of Interest (19.02)**

3.1 There were none.

#### 4 Together Better project - Volunteering in Primary Care (19.03)

4.1 The Chair stated that Members' attention had been drawn to this project at the January meeting during discussions with Cllr Kennedy, the Cabinet Member, and it was decided to invite the leaders of it to come and describe the work.

4.2 He welcomed:

Care Ferrigi (CF), Community Development Manager, Volunteer Centre Hackney  
Krista Brown (KB), Community development Officer, Volunteer Centre Hackney

4.3 Members gave consideration to the report "Together Better Volunteering in Primary Care".

4.4 CF and KB took Members through the report in detail. It covered:

The 7 GP Practices involved

Number of volunteers

The diverse range of activities and the numbers involved

Project impact - what the patients say

What the surgery staff say

Project impact stories

Contacts for further information

It was noted that the key to it was the excellent relationships with the GP Surgery Staff and that some of the volunteers on the project had also been given other volunteering opportunities and some have been taken on by the surgeries, which was not the original intention but was testament to the quality of their work. All the instructors who volunteer to give their time are fully qualified in their activity.

4.5 Members asked questions and the following was noted:

(a) The Chair asked how representative the participants were of their GP Practice area. CF explained that the majority were 45 yrs and above as the activities were during normal working hours but more surgeries were now also open at weekends. The range of ages was 45 to 95. The project was funded as a pilot by the ICB for two years for one surgery in each PCN area. They are now getting a second year of funding with half coming from the PCNs and half from the ICB i.e. NHS NEL.

(b) The Chair asked about the capacity of the project to expand to all Practices. CF explained that the project had doubled so they were now recruiting one more manager for each area, this would give the Community Engagement Workers more support and there were two of those working three days a week. They take referrals now from every PCN area. KB detailed how referrals for her are coming from other surgeries in her PCN area as she has a good relationship with the social prescribers. She described the work they did on International Women's Day when they had 11 nationalities involved, who all brought their national food, and the activities done during Black History Month. Diversity in all its forms was celebrated by the volunteers and participants.

(c) Members asked how the Practices were selected and if they were advertised in the local communities. CF explained that initially there wasn't general advertising as the provision was limited by which surgeries had the physical space to run activities. In

the second round of the pilot the PCNs will choose themselves and they have begun some advertising as it will be going wider from April.

(d) Members asked about waiting lists and limits on attending multiple sessions. CF replied there was no limit and the information from patients also feeds back into the Neighbourhood Programme. While they've never had a waiting list, some event locations are now at capacity. The focus of the work is on encouraging those who are wary and reluctant to come along. Cllr Kennedy commended the project and said it was a great practical example of Prevention in action which the whole system was crying out for. He described the ambition nationally that if you were able to switch even 1% of NHS funding from treatment to prevention and you fund it for 5 years so programmes can bed in and grow it and then do your analysis, you will save more money in the long run. In time they might find there are other organisations that can deliver some of this better or who would be more suitable for working age populations, who need after-hours activities, but that will only become apparent with time. CF mentioned that finding space was an issue and some GP surgeries for example do not have full disability access so being able to use community halls would be a great bonus.

(e) The Chair asked about the need to map all hireable community spaces in the borough. Cllr Kennedy explained that Hackney Housing had just launched a new promotion for use of their halls but that often the prices and the requirements for risk assessments etc will present a challenge for many and so more needs to be done to join up systems and make better use of the facilities we have.

(f) The Chair asked about funding and referred to a news story about a possible 30% cut to NHS NEL budget over the next two years. Cllr Kennedy clarified that this related to the support staff and structures of NHS NEL (the ICS) and not to the funding of services in the NEL area. The Chair asked if enough was being done to build the necessary evidence base to attract future funding. CF explained that they were continuously working on this and aware of the importance of data. They needed more input from surgeries but VCH itself would not want staff working on data inputting as they themselves did not have the capacity for that and it was not best use of the skills of their volunteers. She explained how they are working with surgeries on Frequent Attenders to get the number of unnecessary appointments down but also to monitor blood pressure and other physical signs of project participants which demonstrate the effectiveness of the scheme.

(g) Members asked about using community halls which are empty during the day and on coaxing those who are reluctant to take part. CF reiterated that choice of surgeries was dependent on availability of space and there was no money in the budgets for this project for hiring spaces. She added that a lot of patients, who they are trying to coax to take part, do feel safer and comfortable in their own GP surgery and wouldn't be in other spaces, so this has to be a factor. She described the additional project Our People which they are running in Kingsmead estate.

(h) The Chair asked whether health related projects could have their hire costs for halls reduced or waived. Cllr Kennedy acknowledged the point but replied that this has to be part of the wider conversation with Stephen Haynes on better use of council assets overall.

(i) Cllr Turbet Delof asked about expansion plans and current challenges with the scheme. CF replied that they are community development workers and are not

clinically trained so working with mental health patients has been a challenge. She added that the cost of living crisis had exacerbated the problems and people were coming to them with a whole complex range of issues involving housing, legal advice, benefits. She explained how they don't give up on referrals who are not responsive and described how KB phoned one person 13 times before they agreed to join a walking group, which then really benefitted them. Some were just grateful for the call as they were so isolated.

(j) Members asked about extending course times to evenings to reach working age populations. CF explained that the number of evening activities e.g. sewing is increasing and they were working on tailoring more to working age populations. KD explained about people's hierarchy of needs. Some may not have heating or adequate food and the fundamentals have to be attended to before the person can agree to join a walking group.

4.6 The Chair thanked CF and KB for their excellent presentation and commended the work and the huge difference it was making to the residents involved. He asked if Members could get an update in perhaps a year to learn if the funding and facility challenges have been surmounted.

**RESOLVED:**

That the report and discussion be noted.

## **5 Health and Wellbeing Strategy - update from Public Health (19.35)**

5.1 The Chair stated that the purpose of this item was to receive an update on the Health and Well Being Strategy one year after it was adopted.

5.2 He welcomed for the item

Joia De Sa (JD), Consultant in Public Health  
Dr Sandra Husbands (SH), Director of Public Health

5.3 Members gave consideration to 4 documents:  
Presentation on HWS one year on  
Note on 'Increasing social connections for the residents of Hackney'  
None on new City and Hackney Social Connection Leads Group - terms of reference  
Copy of the Hackney Joint Health and Wellbeing Strategy 2022-26

5.4 JD took Members through the presentation which covered:  
Background to the Health and Wellbeing Board  
Process to reach the Priorities and Progress to date  
The 3 Priorities: Improving mental health; increasing social connection; and supporting greater financial scrutiny  
Priority 1 - Improving Mental Health  
What we've heard from residents and stakeholders on what is important  
What we should focus on and how we are taking this forward  
Priority 2 - Increasing Social Connections  
What we've heard from residents and stakeholders on what is important  
What we should focus on and how we are taking this forward  
Priority 3 - Supporting greater Financial Security  
What we've heard from residents and stakeholders on what is important

What we should focus on and how we are taking this forward

5.5 Members asked questions and the following points were noted:

a) The Chair asked about the approach to linking with or enhancing existing services, in relation to Priority 2 on 'Increasing Social Connections'. JD explained that a key element of this was service mapping but it was also about having clear thinking on what we're really defining as social connection and then benchmarking so we can benefit from learning elsewhere. She added that the key point was the quality of the interaction and the frequency

b) The Chair asked about building on the legacy of Connect Hackney. JD explained that this work is about building on the projects that came out of that and linking them to the wider work such as that done by Volunteer Centre Hackney. SH added that up to now the focus had been on service delivery but if we want to engender lasting social connections and create healthier communities and not just respond to immediate needs, we need to be more creative. It's about understanding what our role is in building social capital and not just providing a service, because those interventions are inevitably time limited and often about small groups rather than whole communities. We need to be able to support and strengthen social capital within discrete communities and between them, she added.

c) The Chair asked what a revised approach here would look like in practice. SH acknowledged that this was difficult to describe but what you will see is a combination of greater social cohesion within communities, which is tangible and somewhat measurable, but also communities continuing to come together to support each other, in the way they did during the pandemic. The healthiest communities are the ones that have that sense of community empowerment and these will look and behave differently than they do now. Some communities can be very cohesive but have high levels of deprivation and large burdens of ill health.

d) Cllr Turbet-Delof (Mental Health Champion) asked about measuring the impact of outreach work. JD replied that this is something they want to develop further. There is some work on projections and there are proxy measures they can look at and begin to measure them over time. Cllr Kennedy commented that a very good example of this was an intervention by Housing where they've looked at everyone who lives on their own and who hasn't called in a repair in over 2 yrs and they've gone and knocked on their doors. Doing this they found a number of people who were severely isolated and or hoarding and who had given up on reporting repairs and who were living in very poor conditions. So, he added, there are certain metrics which can be used to measure the impact of this kind of outreach.

e) Members asked about the possible threat to funding due to the impact of inflation. They also asked about extending access to free local exercise classes beyond just over 55s and also about the financial viability of widening this offer. JD explained that the public health funding here referred to the co-ordination role and that would continue. On low cost exercise classes there was an offer, specifically related to the cohort for 'falls prevention' work and she undertook to examine this area further. SH replied that a real terms cut in funding would obviously impact services such as befriending or social prescribing but in terms of the wider programme of work the aim was not to focus on just 1:1 or even group activities but finding opportunities to support connections between people that are beneficial and lasting, and not just programmes that are only specifically designed for one purpose. In Public Health they

attempt to add to their purpose in order to enhance the offer. Only certain age groups qualify for certain programs of course and that is always under review, she added.

**ACTION:**

DPH to provide further details on the eligibility for free exercise classes beyond just '55 year olds and above' and also offers for cohorts such as those experiencing mental health challenges or who are isolated.

f) Members asked whether there was enough emphasis on mental health and how to integrate that better with other services. JD replied that mental health in and of itself does require a special consideration and it must be integrated across the piece and that is a focus of their work.

g) The Chair asked about the benefits if even 1% of funding was switched from Secondary care to Prevention and how Public Health evidences their case so that funding isn't always swallowed up by secondary care. JD replied that prevention and early intervention does always reap rewards for the system overall and this is particularly true for mental health. There are also strong cases to be made about the impact of wider determinants of ill health and this is the ongoing task of the Public Health team

5.6 The Chair thanked the officers for their detailed update adding that it would be helpful to hear back in a year on the work done in reducing the gaps locally and how the investment of resources marries up with that gap analysis. It would also be interesting to see greater clarity too on the strategy for improving social connection.

**RESOLVED:**

That the discussion be noted.

## **6 Cost of living and health equity (20.05)**

6.1 The Chair stated that the purpose of this item was to receive an update from the Health and Care partners on the work of the Council and the NHS to support residents with the cost of living crisis focusing in particular on mitigating the health impacts.

6.2 He welcomed for the item:

Nina Griffith (NG), Director of Delivery, City & Hackney Place Based Partnership

Jenny Zienau (JZ), Strategic Lead (Change and Transformation), Policy and Strategic Delivery

6.3 Members gave consideration to two documents:

Briefing note on Cost of living and health equity

Executive Summary of Institute of Health Excellence report 'Rising Cost of Living: a review of interventions to reduce impact on health inequalities in London'

6.4 NG took Members through the report in detail. The cost of living crisis locally had been the driver for this and the aim was to take a system level approach using collective levers of council and NHS to address the crisis. She took Members through the 4 key strands of the Poverty Framework namely: Coordinating our system response; Equipping the resident facing staff; The crisis grants and income maximisation work via the Money Hub and the Use of Data and Insight. JZ went on to explain outreach with VCS partners and importance of co-designing the Money Hub with them

6.5 Members asked questions and the following was noted in the replies:

a) Chair asked about referral pathways to the Money Hub, limits on access and how checks on further Benefit eligibility are done. NG detailed the process explaining that it was quite bespoke and that among the team there are for example experts on housing benefits, on disability allowances and sometimes input on case management. A large part of the work was around helping those with rent arrears. JZ described how the Money Hub worked in close partnership with the VCS partners giving the example of the work at the Lubavitch Children's Centre. The outreach is carefully co-designed with partners in the relevant communities.

b) Members asked about barriers to access and how those with No Recourse to Public Funds are being supported. NG explained that there is a big focus on reducing barriers and they acknowledge that everyone has different levels of trust in the local authority and statutory services and so they recognise that not everyone will come forward when they need to, hence they work very closely with the relevant VCS partners who might have those trusted relationships in place. JZ explained that on the No Recourse to Public Funds cohort the challenge is that they can't give out money they can only support people to access what they are eligible for. They help them find support via homelessness services and charitable services and that the population is limited in terms of how much the Money Hub can increase their incomes. She explained that there were plans for a hardship fund specifically for this cohort utilising some windfall funding that came via NLWA and they hope to go live with that within a few weeks. They are very aware of the scale of the problem here and that it is a significant issue for many VCS partners who support these individuals via the food network, for example. Cllr Kennedy commented that the Money Hub was a great example of best practice in the sector and the fortnightly catch up sessions with the all provider partners were a great learning and sharing opportunity and he recommended Members to ask to listen in on these as it would help for example in clearing up Member case work.

c) Members asked about how much of the funding is being utilised and if any is under utilised. NG explained that one of the drivers for the Money Hub was that they could see that people were not accessing all the money they were entitled to and there was value in combining grants and funding there to assist these cohorts as well. She clarified that figure in 3.3 was the cash gone to households as a direct result of an intervention by the Money Hub. The Chair clarified the difference between the value of estimated unclaimed benefits, the funding of the Hub, and the grants involved. NG added that some of it is one off grants and other is ongoing uptake of entitled benefits. They supported £220k of one off grants and £240k of ongoing benefits

d) Members asked about the need for dedicated outreach to those living in the Private Rented Sector and on feedback so far from the new Warm Hub spaces adding that it was more difficult for those in the PRS to find out the information about access to

grants and benefits. NG agreed and explained that they can access the Money Hub and there is specific outreach already but it needs to be built on. As regards the Warm Hubs, JZ added that Volunteer Centre Hackney, who we just heard from, were one of the providers. She added that some were obviously more sustainable than others and they were generally successful where community partners provided spaces that are already well used and familiar in the community and that they were hoping to expand the offer. The offer also encompasses homework activities for children and some warm meals. One provider had purchased a washing machine to enable users to do their laundry whilst there. She added that Healthwatch would be helping with gathering insight data for the project. The system convenors who are funded by the council are finding out what is needed and what other outreach would be of benefit.

e) Members asked about targeting those in HMOs and those in small properties in the PRS who would be experiencing poverty and likely be more isolated. JZ replied that this was also a focus and they were utilising the licensing scheme in the north of the borough to reach people. She added that many in smaller and single properties were more likely to be in poverty and while Hackney Housing tenants get many newsletters those in PRS don't receive the same level of communications. NG added that this inequity of access would be addressed further.

f) Sally Beaven (Healthwatch Hackney) offered a quantitative survey on service users to build up the evidence base on the Money Hub and thus assist in future funding. The Chair encouraged further discussions between officers and Healthwatch on this.

g) Members asked about the timeline for the free school meals task group. NG replied that she would have to follow up on this.

**ACTION:**

NG to provide further information on the timeline for the Free School Meals Task Group.

h) Members asked about security of future funding for the Money Hub project beyond October. NG stated that they were very aware that this is non recurrent funding route and the onus was on them to maximise the benefit of this while they have them and do a proper evaluation and use that to secure the funding they will need in future. They will want to understand that there have been points of failure which led people to the Money Hub in the first place and the Council and partners need to think more about getting things right first time. They have mobilised a lot of service offers that support people with economic problems and they now need to look in the round at what has worked and what hasn't so that a cost effective offer can be put in place for the future.

i) The Chair asked about the funding. NG stated that it was joint Council and NHS and the project had pulled together existing teams to put the Hub in place as a single point of access. Health and Care Board partners had put in £509k which had come from some non recurrent funding streams that were available from underspends in some other areas.

6.6 The Chair commented that if, at the end of year, you're still helping people get unclaimed benefit at the same rate, then until that tapers off, this fully aligns with the requirements in the 3rd strand of the Health and Wellbeing Strategy and so should continue to be supported. He asked if he could be kept informed of what will happen to the funding for this and he thanked the officers for their detailed and helpful report.



RESOLVED:  
That the report be noted.

**7 Minutes of the Previous Meeting (20.40)**

7.1 Members gave consideration to the draft minutes of the meeting held on 8 February 2023 and the Matters Arising.

RESOLVED:  
That the minutes of the meetings held on 8 February 2023 be agreed as a correct record and that the matters arising be noted.

**8 Health in Hackney Scrutiny Commission Work Programme (20.41)**

8.1 Members noted the updated work programme.

RESOLVED:  
That the updated work programme be noted.

**9 Any Other Business (20.42)**

9.1 There was none.

**Duration of the meeting:** Times Not Specified