

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2021/22
Date of Meeting: Wed 9 February 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
Apologies	Cllr Kofo David and Cllr Emma Plouviez
Council officers in attendance	Lola Akindoyin, King’s Park Moving Together, Head of Programme Leanne Crook, Interim Deputy Head of Commissioning Adult Services Georgina Diba, Assistant Director, Quality Assurance, Safeguarding and Workforce Development, Adult Services Chris Lovitt, Deputy Director of Public Health Helen Woodland, Group Director, Adults, Health and Integration
Other people in attendance	Malcolm Alexander, Chair, Healthwatch Hackney Richard Bull, Programme Director Primary Care NEL CCG Jeanna Brodie-Mends Sanderson, Director and Strategic Coach, Journey Before Success CIC Dr Kirsten Brown, Primary Care Clinical Lead for City and Hackney and GP Partner at Spring Hill Practice Cllr Chris Kennedy, Cabinet Member for Health, Social Care and Leisure Warren Leigh, Strategic Lead – Local Delivery, Sport England Cllr Yvonne Maxwell, Mayoral Adviser for Older People Dr Gopal Mehta, GP Partner Richmond Rd Medical Centre Dr Vinay Patel, LMC Chair/GP Partner at Stamford Hill Practice Dr Mark Rickets, Co-Chair ICPB and Health and Wellbeing Board Kirit Shah, Member of Local Pharmaceutical Committee Dr Suresh Tibrewal, GP Partner Richmond Rd Medical Centre Jon Williams, Executive Director, Healthwatch Hackney
Members of the public	35 views
YouTube link	The meeting can be viewed at: https://youtu.be/GKDEvuBrk-0
Officer Contact:	Jarlath O’Connell, Overview and Scrutiny Officer

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

- 1.1 Apologies for absence were received from Cllrs David and Plouviez and for lateness from Cllr Adams. Apology also received from Dr Sandra Husbands.

2 Urgent items/order of business

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

3 Declarations of interest

- 3.1 Cllr Snell stated he was Chair of the Trustees of DABD UK.

4 Kings Park Moving Together Project

- 4.1 Members gave consideration to two reports
(a) Briefing on Kings Park Moving Together project
(b) Note from Sport England 'People & places the story of doing it differently'

- 4.2 The Chair welcomed to the meeting:

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

- 4.3 LA took Members through the presentation and WL described the delivery pilots and their revised approach to work in a much deeper and longer term basis than in previous projects. They were now 5 years into an 8 year relationship which would run until 2025. LA described how they operated locally with a range of providers. JBMS, a coach/social worker and provider to the project, described developing the Walking Groups which particularly supported local women from ethnic minorities across generations and ability levels, as well as a gym access programme as part of Moving Together.

- 4.4 Members asked detailed questions and the following points were noted in the responses:

(a) There were 15-20 providers on the programme but they change over time and the key challenge included the need to build capacity within these. LA also described how they worked with different cohorts across a range of organisations.

(b) The Chair asked whether the focus was on those who were inactive, were lapsed inactive, or just young people needing to embed new cultural habits. WL clarified that the focus was

on those who are totally inactive rather than those already engaging with local sports organisations.

(c) Members commented on the concerns raised by residents about facilities in and around parks (toilets and food establishments) and asked if they were satisfactory and what improvements had been made. LA described the two capital projects, one in Daubney Fields and the other connected to the Pedro Club and the plans to open more and generally on the joint work with colleagues in the Regeneration Team.

(d) A Member asked Sport England about the lack of overall sports strategy for Hackney and how too many of the activities are not aligned with well established local sport organisations. He commented that some organisations were perhaps not as up to speed on standards (e.g. child welfare) as they should be and he asked how these are monitored. LA described how the safeguarding monitoring works and how they have a much more hands-on connection with the orgs being grant funded here because the project is very much place-based. WL expanded on the overall sports strategy and the linkages into communities explaining that they are not at the sports club end of the spectrum as the focus is more on people who currently are inactive.

(e) The Chair asked whether Sport England was providing iterative feedback to the project and how impacts will be monitored at the end. WL replied that they did and explained how the 12 national pilots have a lot of connectivity between them and continually share best practice. As well as traditional monitoring there is a strong focus from Sport England on the learning element.

(f) The Chair asked how good practice and the learning from this project might be replicated elsewhere so that other parts of the borough can benefit. LA explained that 'place' had been the key driving concept for this work from the outset and that the findings from it will certainly influence future work across the borough. They are already expanding the walking programmes and are working with colleagues in Public Health to think about a similar approach to other patches in the borough.

4.5 The Chair thanked the team and Sport England for their detailed briefing and suggested that the team return near the end of the project to give a briefing on what has been learned and what is being taken forward.

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

5 Challenges in local Primary Care post pandemic, discussion with Richmond Rd Medical Centre

5.1 The Chair stated that in the context of the ongoing successes of Richmond Rd Medical Centre in the National GP Awards they had invited the lead Partner, Dr Mehta, to discuss the current challenges in primary care as we emerge from the pandemic and explore how they are overcoming these challenges as well as the innovative approaches they have adopted. He added that Healthwatch Hackney had also provided two very helpful research reports to inform the discussion. He added that the broader issues here would be expanded upon further at the 16 March meeting but the aim of this item was to focus on Richmond Rd. Dr Mehta gave a tabled presentation.

- 5.2 Members gave consideration to:
- (a) Tabled presentation titled Richmond Road Medical Centre
 - (b) Two press reports on their success in the National GP Awards
 - (c) Research report from Healthwatch Hackney *Improving online information about GP services in Hackney - saving times for patients and surgery staff*, Oct 2021
 - (d) Research report from Healthwatch Hackney *GP registration in Hackney the right to access health care*, Jan 2022

- 5.3 The Chair welcomed for this item:

Dr Gopal Mehta (**GM**), GP Partner, Richmond Road Medical Centre/Sandringham Practice/Aldersbrook Medical Centre; Clinical Director, London Fields Primary Care Network
Dr Suresh Tibrewal, GP Partner at Richmond Rd Medical Centre
Dr Vinay Patel, GP Partner at Stamford Hill Group Practice, Joint Clinical Director for Springfield Park PCN and Woodberry Wetlands PCN Chair of City & Hackney LMC
Dr Mark Rickets, Co Chair of HWB and CoChair of ICPB
Dr Kirsten Brown GP Partner at Spring Hill Practice and The Lawson Practice Primary Care Clinical Lead for City and Hackney
Richard Bull (**RB**), Programme Director Primary Care NEL CCG
Kirit Shah (**KS**), Member of Local Pharmaceutical Committee
Malcolm Alexander (**MA**), Chair, Healthwatch Hackney
Jon Williams (**JW**), Executive Director, Healthwatch Hackney

- 5.4 GM took Members through his presentation which covered their access system, how they promoted health and wellbeing, on preventing disease and long-term conditions, their patient engagement, on staff wellbeing, on becoming part of the community and their patient feedback.

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

(a) The Chair asked how easy it had been to embed their model in the other GP Practices they ran. GM explained how they went all in on the other practices they took on and rolled out their Richmond Rd model there.

(b) The Chair asked if they were seeing the metrics improving for Sandringham Practice since taking over in 2019. GM replied that they were. The order of focus was 'access' first and then 'health and wellbeing outcomes'. He described how for example they worked with the local Black African Churches to talk to them about blood pressure and diabetes.

(c) Members asked about the challenge of funding these special initiatives. GM replied that they funded everything from within their GP Practice and these services (yoga and ante-natal) are completely free for patients and he added that the investment in their patients had generated positive results in the long run.

(d) A Member recalled concerns in the past about Sandringham Practice and stated that the focus now needed to be on sharing the best practice with the minority who are still outliers. He also asked why the next door Dalston Practice remained separate. GM replied that they were on two separate GP contracts - Sandringham on APMS and Dalston on GMS, and they were two totally separate organisations.

(f) The Chair asked how they were able to make their Access model work when others had struggled and how they managed demand when they were a staff member down. GM described how they planned well in advance for all eventualities that would impact on loss of cover. He also described their approach to appointments and acknowledged that some will

always have to be face to face. The Chair asked why other Practices couldn't match this. GM replied that the model could be used across City and Hackney but it took a lot of work and required a whole team effort.

(g) Members questioned how they overcame the barriers in setting up their Access model GM replied that a strong associated communications plan and regular tweaking of the model was key to it.

5.6 The Chair welcomed the Chair of Healthwatch and the LMC Chair to the meeting. MA took Members through the two survey reports on websites and on access (registration). He also reflected on the recent closure of Southgate Rd/Whiston Rd Practice and the need to re-allocate 6000 patients from there. He added that 3 Practices had now been lost over the past few years and there was a need for greater succession planning. On the Registration report, he stated that it had highlighted how a few Practices had really fallen short and how this had impacted on vulnerable residents and stressed that it needed to be tackled. He added that ongoing staff training was key here but he also added that the collaborative work with the CCG on this issue had led to a change in requirements for ID.

5.7 The Chair asked Richard Bull (NEL CCG) how 7 GP Practices were still outliers on the issue of wrongly requesting ID from patients attempting to register. RB replied that it was being addressed and he thanked Healthwatch for their reports. The CCG was in fact asking Healthwatch to re-run the registration research report as it had been so useful. He went on to explain how in some situations there had been a disconnect between management policy and what was happening on the front line and this needed to be sorted. The Chair asked how enforcement action could be taken against the outliers here and was it the CCG or the GP Confed. RB replied that it was the CCG and they were acting on it but attempting other approaches first rather than a breach notice e.g the Confed were putting on additional training and there was support material from NHSE to assist. The Greenhouse Practice was also there for all vulnerably housed and homeless patients.

5.8 Kirit Shah (LPC) raised the issue of reductions in funding to the Minor Ailments Scheme which had taken pressure off GP Practices. He also raised concerns about the imminent loss of the Medicines Optimisation Scheme which helped elderly and vulnerable people practically manage a large number of prescribed medications. The Chair asked KS to provide the details on this to the O&S officer for further consideration by the Commission.

5.9 Cllr Adams stated that the previous week at De Beauvoir Surgery had insisted that he provide photo ID in order to register, after he'd been displaced from Whiston Rd and had not accepted his councillor ID badge as valid ID. A Member added that it was totally unacceptable for GP Practices to continue to demand photo ID and he asked the Chair to formally complain in writing on behalf of the Commission to the 7 outliers and/or the CCG. Another commented that there must be a structural reason why receptionists continue to request photo ID and asked if there was a financial issue underlying the process.

5.10 The Chair asked the GPs present if there was a payment motivation here and Dr Mehta replied that there wasn't and it was purely an issue of staff training and staff turnover.

- 5.11 The Chair thanked Dr Mehta and Dr Tibrewal for their report and attendance. Members asked the Chair to congratulate the Practice in writing on behalf of the Commission.

ACTION:	Chair to write to Programme Director Primary Care NEL CCG expressing concern about the 7 Practices still demanding photo ID from patients and highlighting the issues with registration experienced at De Beauvoir Practice by a Commission Member.
----------------	--

ACTION:	Chair to write to Richmond Rd Medical Centre congratulating them on their success in the National GP Awards.
----------------	---

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

6 Transformation Programme in Adult Social Care

- 6.1 Members gave consideration to two papers:

(a) *Adult Social Care Transformation Programme*

(b) Paper on *What is Adult Social Care?* originally presented in November.

- 6.2 The Chair welcomed to the meeting:

Leanne Crook (**LC**), Interim Deputy Head of Commissioning Adult Services
Georgina Diba, Assistant Director, Quality Assurance, Safeguarding and Workforce Development, Adult Services
Helen Woodland (**HW**), Group Director, Adults, Health and Integration

- 6.3 LC took Members through the presentation. It covered: *the challenges faced by adult social care in hackney, the vision, meeting challenges through transformation, the transformation priorities, plan for delivery including resident engagement and how we will know if it's working.*

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

(a) The Chair asked whether there was an 'invest to save' pot for these transformation programmes or whether it would be case-by-case bid. HW described how the focus was more on using resources in a different and better way. Finance colleagues were closely involved in it. There's a distinction between things they can do locally and broader 'invest to save' e.g. better assistive technology.

(b) A Member expressed concern that the biggest challenge with career pathways in social care was, unlike for NHS staff, there wasn't one for social care staff. He also asked how widely the model was partnered and how best practice would be shared. HW replied that the social worker qualification was a national one but terms and conditions are not national

and there was a big step to be crossed between being a front line care worker and becoming a Registered Manager and the challenge was how to stop staff migrating to the NHS where there were better career opportunities. She described how they were using the Neighbourhoods Model and integration work generally to find pathways for people to work across health and social care and described how the NEL ICS will have a Workforce Development group.

(c) The Chair asked about staff retention and staff culture and whether there was an embedded structural problem (because council doesn't employ them) and what the limitations there were on the council. HW described the enabling function of the council here and how for example occupational therapists work with home care staff to train and upskill staff within the Homecare providers and to offer reablement services to residents as well.

(d) The Chair asked whether key principles for ensuring staff wellbeing could be written into contracts with providers. HW replied that it depended on what this was. The provider landscape locally was incredibly diverse with some individual firms, some voluntary sector, some profit making and while some things could be included in contracts it depended on the nature of the contract and the service.

(e) JW (Healthwatch) asked whether the ICS fully grasped the issues facing Adult Social Care and also on the issue of patient Advocacy and how that would fit in with the support to residents. HW replied that ICS development was part of the collective responsibility and as members of that system they would seek to influence that development. She added that as time went on they were learning more about each other's challenges and strengths across the ICS patch. The Chair commented that the fact that the new CE of the ICS was an ex local authority CE would be a great benefit. LC detailed the support to providers. They were having and hosting more forums with providers to share best practice and they had implemented groups with homecare staff for example to feed into Neighbourhood Multi Disciplinary Teams so they can be in the room as an equal partner.

6.5 The Chair thanked the officers for their detailed reports and attendance and added that he would like the Transformation Programme to return to the Commission when it was more embedded so that they could examine what had been achieved.

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

7.2 Members gave consideration to a TABLED briefing report *Covid-19 update to HiH 9 February 2022*

7.3 CL took Members through the presentation in detail with slides detailing the following points: *Key messages; Weekly Covid-19 incidence rates have decreased by 75%*

since Dec but remaining higher than this time last year; School-aged populations are currently recording some of the highest Covid-19 incidence rates; Testing rates have declined considerably over the past month in line with national testing shortages and changes in behaviour; Tracing efforts and interventions have since shifted to high risk areas and settings; Hackney and City are continuing to record some of the lowest vaccination rates in England; Vaccination rates are beginning to plateau for major cohorts; Vaccination rates vary by up to 41 % points between geographical areas; the total number of beds occupied by Covid-19 patients at Homerton has decreased each week for the last month.

7.4 He also described that day's government announcement on the loosening of restrictions. He described the plateauing of covid cases but noted that the incidence remained high among children. He noted the small reduction in hospitalisations and that Hackney still had some of the lowest rates of vaccination in the country. He concluded with advice that even if you've had the Omicron variant, after 28 days, you must restart your vaccination programme.

7.5 Members asked questions and the following was noted in the responses:

(a) A Member asked why Hackney's vaccination rate was still one lowest in England for first doses. CL described the continuing struggle in addressing hesitancy and highlighted the success of pop-up vaccinations programmes in communities.

(b) A Member asked about the call-recall system and the value of personal contact by GPs and if we were recording what GPs were finding in talking to the vaccine hesitant. CL replied that on the importance of call-recall with the booster programme. He also hoped that the vaccination programme might now be rolled out to GPs and community pharmacies as with flu.

(c) A Member asked what could be read into declining testing rates. CL replied that there has been difficulties in accessing Lateral Flow Test kits now that people don't need confirmatory PCRs and so not everyone was reporting their LFT results. Another issue was that the list of covid symptoms was now much broader. He cautioned that the R rate in London was hovering at 0.9-1.0.

(d) The Chair asked about the contrast of health data demonstrating that Hackney has high levels of health inequality yet the funding coming down from central govt has Hackney being allocated reduced funding under the new calculations. CL agreed re the structural deprivation issues. On Long Covid a Needs Assessments will have to be done as Covid will be an ongoing burden. If we do move to a more locally planned system, which would be welcome, it will make it easier for people to access the vaccine in a more low threshold way.

7.6 The Chair thanked the Deputy Director for his report and attendance.

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

8 Minutes of the previous meeting

- 8.1 Members gave consideration to the draft minutes of the meeting held on 10 January 2022 and the Matters Arising.

RESOLVED:	That the minutes of the meeting held on 10 January be agreed as a correct record and that the matters arising be noted.
------------------	--

9 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.
------------------	--

10 Any other business

- 9.1 There was none.