

**London Borough of Hackney**  
**Health in Hackney Scrutiny Commission**  
**Municipal Year: 2022/23**  
**Date of Meeting: Wednesday, 21 Sept 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

<b>Chair</b>	<b>Councillor Ben Hayhurst</b>
<b>Cllrs in attendance</b>	<b>Cllr Kam Adams and Cllr Deniz Oguzkanli</b>
<b>Cllrs joining remotely</b>	<b>Cllr Grace Adebayo, Cllr Frank Baffour and Cllr Ifraax Samatar</b>
<b>Cllr apologies</b>	<b>Cllr Eluzer Goldberg and Cllr Sharon Patrick</b>
<b>Council officers in attendance</b>	<b>Georgina Diba, Director of Adult Social Care and Operations Dr Sandra Husbands, Director of Public Health Jennifer Millmore, Senior Public Health Specialist Helen Woodland, Group Director, Adults Health and Integration</b>
<b>Other people in attendance</b>	<b>Dr Adi Cooper, Independent Chair, CHSAB Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture Vanessa Morris, CE of Mind City Hackney and Waltham Forest Catherine Perez Phillips, Deputy Director of Operations, Healthwatch Hackney Laura Sharpe, Chief Exec, City and Hackney GP Confederation Cllr Claudia Turbet-Delof, Member Champion for Mental Health Devora Wolfson, Board Member, Mind City Hackney and Waltham Forest</b>
<b>Members of the public</b>	46 views
<b>YouTube link</b>	The meeting can be viewed at: <a href="https://youtu.be/xOdXGzLwMzg">https://youtu.be/xOdXGzLwMzg</a>
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<b><u>Councillor Ben Hayhurst in the Chair</u></b>	

## 1 Apologies for absence

- 1.1 Apologies for absence were received from Cllr Patrick and Cllr Goldberg and Lloyd French (Interim Acting Chair of Healthwatch Hackney).

## 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 Samatar stated she was a Wellbeing Network Peer Coordinator at Mind in City Hackney and so would withdraw from item 6.

### **4 City and Hackney Safeguarding Adults Board Annual Report 2021/22**

4.1 Members gave consideration to two reports:

- a) Summary report
- b) Full report *CHSAB Annual Report 2021-22*

4.2 The Chair welcomed:

Dr Adi Cooper (**AC**), Independent Chair, CHSAB

Georgina Diba (**GD**), Director of Adult Social Care and Operations

Helen Woodland (**HW**), Group Director Adults, Health and Integration

4.3 AC described the work of the Board and took Members through the reports.

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

- (a) The Chair asked about councils safeguarding role related to impact of the cost of living crisis e.g. in relation to increased fire risks. AC described the Boards work in relation to fire risks e.g. on inappropriate use of candles and heaters as we move into winter.
- (b) Members asked about the mental health impacts of the cost of living crisis in the community. AC described increased cases of self neglect and carers stress in the past year due to cost of living pressures. GD went on to describe the benefit of having a strong VCS sector in Hackney which contributes to the support provided and she detailed the increased cases of self neglect and of intergenerational abuse in the past year.
- (c) The Chair asked about the Council's Discretionary Fund not being taken up. GD described its operation and the information campaign which has been done about the offer e.g a new booklet which covers all the help that can be provided and this is being cascaded out even to those who do not meet the statutory threshold.
- (d) Members asked about the need for such communications to be better targeted to reach the diverse and multilingual communities. GD described how the Safeguarding Team works with all the partners and it is often the

community groups or neighbours who are reporting cases of possible self neglect, or hoarding or disrepair. In terms of communications they already work with those who may lack capacity or have learning difficulties so there are a range of approaches and skill sets.

- (e) The Member Champion for Mental Health asked about data quality; about how the need for mental health support might be identified earlier in the Safeguarding process; and on how ASB becomes identified as a safeguarding need. AC replied by explaining how the approach to data reporting is nationally mandated so there is no local flexibility. On ASB that piece of work came about because of the manifestation of ASB combined with mental health distress and looking at how such situations were being addressed by the services. GD added that data could be provided in next year's report on primary service user types and explained that approximately 25% of their safeguarding cases have a primary mental health need.
- (f) Cllr Kennedy (Cabinet Member) described the Income Maximisation Team's work to ensure there is take-up of Discretionary Fund. There will be a single webpage, phone number and application form. Chair added that we've failed as a council if there is any money left in that fund at the end of the year.
- (g) Members asked why City of London has a SAB sub cttee; and why are there 'discretionary' Safeguarding Adult Reviews; and on impact of lockdown causing greater intergenerational abuse. AC replied that City of London has its own sub cttee to address issues specific to them as their profile is different. The Care Act allows SARs to be discretionary, but there are also mandatory ones required when the conditions meet certain specific criteria and she detailed these.
- (h) Members asked how refugees and undocumented migrants are supported by Safeguarding services. AC replied that it was a big challenge especially for those coming from places where they may not be trusting of authority. She described the work of Community Champions who train peer educators to talk to resident and community groups about safeguarding. GD described that their service has a statutory duty to respond to all enquiries and to be flexible in service provision and they will not turn people away or leave people in crisis. They will always provide information or advice and will also signpost them.
- (i) The Chair asked about support for those with No Recourse to Public Funds. GD explained that with Adult Social Care they will assess all applicants under the human rights duty to ascertain if they have a statutory duty to provide for them. They won't leave people unattended but will look to link them into different networks or to legal advice, as appropriate.

- 4.5 The Chair thanked Dr Cooper and the officers for their report and their attendance.

<b>RESOLVED:</b>	<b>That the reports be noted.</b>
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## **5 Healthwatch Hackney Annual Report 2021/22**

- 5.1 The Chair stated that Healthwatch Hackney has always worked closely with the Commission but that once a year it invites its leadership in to present its annual report and reflect on the past year. This is the report which they are required to submit to Healthwatch England. He added that Healthwatch was currently in a state of transition and would soon have a new Executive Director and Chair but he was pleased that the Deputy Director of Operations was able to attend. He welcomed to the meeting:

Catherine Perez Phillips (**CP**), Deputy Director of Operations

- 5.2 Members gave consideration to the *Healthwatch Hackney Annual Report 2021/22*.
- 5.6 A Member asked for Healthwatch's view on the issue of delayed waiting times and cancelled appointments for acute care and patients seeking alternatives abroad, giving an example of a resident who had passed while still on the list. CP replied that it was an area of great concern to Healthwatch but it was a multi faceted problem. She encouraged the public to use the feedback page on the Healthwatch website so they can build an evidence base to give the NHS on inadequate service. The Chair gave some context on this issue to the Member, including previous items on it and suggested that he could provide further background to the Member outside of the meeting.
- 5.7 A Member asked about what progress had been made on the redevelopment of the St Leonard's site as he was one of the ward councillors and there was concern that the site would end up as purely private residential accommodation. CP replied that Healthwatch do plan to build on their engagement work on the future of St Leonard's and will be doing Enter and View visits. The Chair explained how there were similar funding challenges recently from the Treasury around the redevelopment of the Whipps Cross Hospital site and that was much further along. He added that at the next meeting they would have the new Chief Executive of Homerton Healthcare (also the Place Based Leader for City and Hackney) and that he would be raising the issue with her as the Homerton currently held the ring on this redevelopment issue.
- 5.8 The Chair commended the work Healthwatch had done on ensuring that GP Practices no longer demand photo ID from patients attempting to join a Practice, which is discriminatory. He explained that the Commission had also taken on this issue and written to the CCG who had given undertakings to him

and to Healthwatch that the GP Practices who were outliers here would change their procedures. He asked CP if Healthwatch revisits this issue that they could keep the Commission update on progress. The Commission would also be following up on Healthwatch's report on Dentistry at the next meeting. Laura Sharpe (CE of GP Confederation) interjected that they had recently completed training with local GP Practices on patient registration and the law.

<b>RESOLVED:</b> That the report be noted.
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## **6 New Integrated Mental Health Network service**

6.1 The Chair stated that the issue of the effectiveness of the local network for lower level mental health support was one which the Commission had covered many times and this new iteration of the mental health network was the third he had considered. He was pleased however that a new more integrated model had now been designed and was going out to tender.

6.2 Members gave consideration to a report *City and Hackney Integrated Mental Health Network*.

6.2 The Chair welcomed for the item two officers from Public Health who are re-commissioning the service as well as two representatives from Mind who were the previous leads for the Network.

Jennifer Millmore (**JM**), Senior Public Health Specialist

Dr Sandra Husbands (**SH**), Director of Public Health

Vanessa Morris (**VM**), Chief Executive of Mind City, Hackney and Waltham Forest

Devora Wolfson (**DW**), Board Member of Mind City, Hackney and Waltham Forest

6.3 JM and SH took members through the presentation.

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

- (a) The Chair asked why if the focus has shifted to those with much more complex needs how will the re-designed service continue to support the lower level need across the very culturally diverse groups in Hackney. JM explained that the new service would still provide support to those groups. It was a "low level IAPT" intervention as it contained pathways for mild to moderate. In the new iteration they would be focusing on people with complex needs because that's where the demand is and where there aren't any alternatives for this cohort locally. She added that IAPT services locally can provide the necessary

culturally competent offer already and have a number of providers embedded within local communities. She added that the local VCS also provide great community based interventions also and are better placed to provide those in many instances.

- (b) For the benefit of new Members the Chair detailed the history of the previous network. He asked if the commissioners were envisaging contracting the existing range of community organisations such as Derman to provide some services as part of the new IMHN. JM replied they were all able to bid. SH added that as commissioners they were addressing a need that had revealed itself over the past few years. They would also be expanding the offer to include more preventive work as there is a need to try and address all the gaps in provision. Once the network is in place they will continue to work with the new network and the partner providers to understand what the next iteration will need to be as it will be an ongoing process of improvement.
- (c) The Member Champion for Mental Health welcomed the report and added that as a new councillor she had not been aware of its existence. She asked at what point are patients referred from IAPT, expressing a concern at the long waiting lists for the latter. She also asked how do people who are not existing IAPT service users access the new network and is there a possibility that there could be more study done on local suicide rates among young people and on the barriers on them to access mental health services. JM explained that the threshold for IMHN service is over 18 but they will work with CYP services to make sure young people's services are linked in and explained for example that people can be referred before their 18th birthday. Another issue they were addressing was care leavers who are placed out of the borough can still access the Hackney service. The new Network will be carefully aligned with existing IAPT services (predominantly provided by the Homerton) and the acute provider, ELFT. New Trust referral protocols were being put in place and there would also be support for people while on waiting lists for full service.
- (d) A Member asked how the new services will assist Black Men in particular to access services and whether the number of IAPT therapy sessions will rise from 6 to 8 as the former is insufficient. JM explained the outreach work to ensure engagement with Black Men in particular and that it was a priority.
- (e) VM clarified that the nationally mandated IAPT model they work to is quite prescriptive but that for example with 'Step 3 mental health' the treatments can be up to 16 weeks. Mind has long campaigned for it to be variable and for the range of provision to be widened because of the increasing complexity of cases and the need to be more flexible.

- 6.5 The Chair thanked the officers and the representatives from Mind for their attendance. He added that after the contract has been awarded he would like officers and the new Network lead to come back to help Members better understand the nature of the new officer and how it will be run and this could take the form of a briefing or an agenda item at a future meeting.

<b>ACTION:</b>	<b>Update on New Integrated Mental Health Network to be added to work programme.</b>
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<b>RESOLVED:</b>	<b>That the report and discussion be noted.</b>
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## 7 How Primary Care can optimise new ICS structures - GP Confederation perspective

- 7.1 The Chair stated that in February and March the Commission had held in depth discussions on the future of Primary Care in Hackney. Hackney had benefited from a successful GP Confederation whose task was to drive up quality, and as its longstanding Chief Executive was about to retire, the Commission had invited her to come to the meeting to give a verbal presentation on her reflections as she departs and in particular on how primary care in Hackney can best optimise the new ICS structures to its own benefit.
- 7.3 He welcomed to the meeting Laura Sharpe (**LS**), Chief Executive, City & Hackney GP Confederation.
- 7.4 LS thanked Members for the invitation and gave a **verbal** presentation. She reflected that we do not know how the ICS will settle in or what will happen at NEL level and what will happen locally as a consequence. A key issue is the 80:20 split which NHS NEL has promised would be retained i.e. 80% of funding would come down to locality level with 20% being commissioned at sub regional level.
- 7.5 She explained that it was a very difficult time for General Practice with a perfect storm of massive and serious clinical need, combined with a workforce crisis. She described how normally they received many more applications than there are places for the local GP Salaried Scheme but this year they only received 1. Typically they would receive 12. New trainees were opting to take a year out as they were worried about the levels of pressure and stress. There is a vital need to take care of the primary care staff and keep the ones we have so they don't burn out, she added.
- 7.6 Another issue was how GPs can support patients through the cost of living crisis as the numbers of consultations are rising as a consequence.
- 7.7 She had a general concern with 'Access' being seen as the 'be all and end all' and worried that it was all the government talked about. She added that it

was only one part of the mix that comprises Quality of Care and this is getting lost in the conversation. There is a need to protect more time for those patients who need it more and if 'Access' becomes just about those who shout loudest then we all lose. The focus has to be about quality and continuity of care for those who need it most.

- 7.8 She expressed concern about the current 7 yr contracts with the GP Confederation which run out in 2025. These help manage such things as Long Term Conditions and Hackney does it really well and they need to be protected as it has taken 10 years or more to move to a more preventive approach to primary care in Hackney.
- 7.9 She added that City and Hackney is now a balanced ecosystem because it has high performing GPs, mental health services, community services and all this means that our key acute hospital (the Homerton) can work more efficiently. She added that Hackney has the lowest use of NHS 111 in east London which demonstrates that the other care pathways are working well.
- 7.10 In terms of things to keep an eye on, she described the findings of the Fuller Report which had written about continuity of care and care quality and desperate need to invest in clinical leadership and the Neighbourhoods concept as well as about complexity, fragmentation and health inequalities and she asked that as an Action if the Commission could use the core principles in the Fuller Report as the test to use on the new ICS.

<b>ACTION:</b>	<b>In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.</b>
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- 7.11 In relation to Clinical Leadership, she stated that the PCNs were bedding down well but were overwhelmed by the agenda they'd been given. Investing in those local leaders is key, she added. She urged Members to ask the searching questions and to demand the data to demonstrate that the 80:20 balance is maintained.
- 7.12 The Chair commented on the evolution of PCNs and expressed a concern that the ICS might say they duplicate the GP Confed and there is no need for the latter. He asked if other areas in east London had Confeds which were as active. LS replied that they have them but they don't do the range of work done in Hackney. They do support PCNS on extended access and Covid vaccinations but don't hold the contracts for the preventative type services as in Hackney. She added that the GP Confed works closely with Primary Care Commissioning in NHS NEL and with the Clinical Lead Dr Kirsten Brown to support Practices to close for staff training and to have protected learning times and to provide support on 'resilience'. The benefit the GP Confed brings is the borough wide view it has as well as oversight and management capacity, which the PCN organisations currently lack. If the 8 PCNs say they want to do 'x', they need a management infrastructure to make that happen - this could come from a Confed or an expanded Office of PCNs but currently



the staff there are quite junior, she added. The Chair added that we need to consider how best to integrate GP Confed and PCNs and LS explained that a Steering Group is already working on this.

7.13 Cllr Kennedy paid tribute to LS on her retirement particularly for her efforts on the successful Covid vaccination campaign. Dr Brown also paid tribute adding that her contribution to General Practice in Hackney has been immense. She added that she agreed on the need to progress the principles in the Fuller Report and that there is a vital need for a united voice so that primary care in Hackney can remain strong and be the centre of the local ICS system. The Chair paid tribute to LS for making such a great contribution to Hackney over the years and wished her well on her retirement.

7.14 The Chair asked Dr Brown if the Commission, in a future item, could hear back on the work of the GP Confed-PCNs Steering Group.

<b>ACTION:</b>	<b>Update work of the GP Confederation-PCNs Steering Group to be scheduled for a future meeting.</b>
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<b>RESOLVED:</b>	<b>That the the discussion be noted.</b>
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## **8 New DHSC Guidance on 'Health Overview and Scrutiny Principles' FOR NOTING**

8.1 Members noted a document on new government guidance on how ICBs, ICPs and local health scrutiny committees should work together.

<b>ACTION:</b>	<b>That the report be noted.</b>
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## **9 Minutes of the previous meeting**

9.1 Members gave consideration to the draft minutes of the meeting held on 29 June 2022 and the Matters Arising. As the meeting was not quorate at this point, formally agreeing these minutes was deferred to the next meeting.

## **10 Health in Hackney Work Programme 2022/23**

10.1 Members gave consideration to the draft work programme for 2022/23.

<b>RESOLVED:</b>	<b>That the Commission's rolling work programme for 2022/23 be noted.</b>
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## **11 Any other business**

11.1 There was none.