

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2023/24
Date of Meeting: Tue 13 June 2023 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

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| Chair | Councillor Ben Hayhurst (Chair) |
| Cllrs in attendance | Cllr Sharon Patrick (Vice Chair), Cllr Kam Adams, Cllr Claudia Turbet-Delof |
| Cllrs joining remotely | Cllr Frank Baffour, Cllr Humaira Garasia |
| Cllr apologies | Cllr Grace Adebayo, Cllr Ifraax Samatar |
| Council officers in attendance | Suhana Begum, Senior Public Health Specialist, Adults Health and Integration Nina Griffith, Director of Delivery, City and Hackney Place Based Partnership Dr Sandra Husbands, Director of Public Health, City and Hackney Sam Kirk, Head of Sustainability & Environment, Climate Homes & Economy Tom Richardson, Environment Projects Officer - Sustainability, Climate Homes and Economy Jayne Taylor, Consultant in Public Health, Adults Health and Integration Dave Trew, Land Air Water Manager, Sustainability and Environmental Services, Climate Homes and Economy |
| Other people in attendance | Sally Beaven, Interim Executive Director, Healthwatch Hackney Cllr Alistair Binnie-Lubbock Richard Bull, Commissioner for Primary Care, NHS NEL Dr Kirsten Brown, GP Partner at Spring Hill Practice/Lawson Practice; Primary Care Clinical Lead for City and Hackney, NHS NEL Dr Tehseen Khan, GP Partner at Spring Hill Practice, PCN Clinical Director for Springfield Park PCN Andreas Lambrianou, Chief Executive, City and Hackney GP Confederation Dr Vinay Patel, GP Partner at Stamford Hill Group Practice and Chair of City and Hackney Local Medical Committee Jane Naismith, Director of Clinical Services and Joint CEO, St Joseph's Hospice Basirat Sadiq, Deputy Chief Executive, Homerton Healthcare |
| Members of the public | 88 views |
| YouTube link | View the meeting at: https://www.youtube.com/watch?v=RvEKFRmh0n8 |
| Officer Contact: | Jarlath O'Connell, Overview and Scrutiny Officer ☐ jarlath.oconnell@hackney.gov.uk ; 020 8356 3309 |

Councillor Ben Hayhurst in the Chair

1 To note the appointment of the Chair and Vice Chair for 2023-24

- 1.1 The Chair stated that at the recent Council AGM he had been appointed Chair and Cllr Patrick had been appointed Vice Chair for the year 2023/24. He welcomed to the Commission the two new members - Cllr Garasia and Cllr Turbet-Delof. He thanked Cllr Oguzakanil, who had left the Commission, for his contribution over the years.

2 Apologies for absence

- 2.1 Apologies for absence were received from Cllrs Adebayo and Samatar and from Helen Woodland. He welcomed Andreas Lambrianou (CE of GP Confederation) to his first meeting of the Commission.

3 Urgent items/order of business

- 3.1 There was none.

4 Declarations of interest

- 4.1 There were none.

5 Appointments to INEL JHOSC

- 5.1 Members gave consideration to the report from the Director of Legal, Democratic and Electoral Services.

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| RESOLVED: | That Cllrs Hayhurst, Patrick and Turbet-Delof be appointed as the 3 Hackney Council members of INEL JHOSC for 2023-24. |
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- 5.2 The Chair thanked Cllr Adams for his previous service on the committee.

6 Air Quality Action Plan 2021-25 - implementation update

- 6.1 The Chair stated that update on the implementation of the *Air Quality Action Plan* and a review of the latest pollution monitoring data together with emerging evidence on links between air pollution and health.

- 6.2 He welcomed for the item:

Dave Trew (DT), Land Air Water Manager, Sustainability and Environmental Services, Climate Homes and Economy

Tom Richardson (TR), Environment Projects Officer - Sustainability, Climate Homes and Economy

Suhana Begum (SB), Senior Public Health Specialist, Adults Health and Integration

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

Jayne Taylor, Consultant in Public Health, Adults Health and Integration

Sam Kirk (SK), Head of Sustainability & Environment, Sustainability & Environmental Services and Public Realm, Climate Homes & Economy

6.3 Members gave consideration to a briefing *Health impacts of air pollution - progress update* from Public Health and Environmental Services.

6.4 DT, TR and SB took Members through their presentation in detail, which covered: *recap of key points from last year; new evidence, how 2022 compared for air quality in Hackney; changes to UK legislation and guidance, the achievements arising from Hackney's Air Quality Action pLan 2021-25; the PHE evidence review and the NICE guidance and what Hackney is doing as a result; the expansion of the air quality monitoring and assessment of traffic schemes; the web-based tool to reduce exposure to air pollution; the quality of the environment JSNA and the updated factsheet and conclusions.*

6.5 Members asked questions and the following points were noted:

a) The Chair asked why London was so slow in adopting the amended and tougher WHO standards and where was the 10 point plan to deal with the high NO₂ hotspots. DT explained that the Action Plan details what they'd committed to but the WHO guidelines had changed. There was nothing to stop changes being made irrespective of the timeline of the action plan. WHO understands that a staged progression is needed and that is what they are doing and they are working towards those tighter guidelines.

b) The Chair asked where was the transparency of the datasets going to elected members regularly. DT explained the different parameters they are working to the annual report for the GLA for example, requiring them to report against the air quality objectives set out in their own strategy. Hackney has already said it needs to go further and be more ambitious and there is an ongoing need to be transparent about where the council is against the indicators.

c) The Chair asked whether we need a specific strategy with respect to the high NO₂ areas. DT replied this is what the AQAP is designed to achieve and they will implement measures across the borough. There has been a significant improvement against the GLA baseline from 2013 for example. The AQAP is borough wide but they try to focus on hotspots and they work on such things as School Streets to protect the most vulnerable. The studies coming out since ULEZ show rapid reduction in pollutant levels and so the next set of data taking this into account will see significant improvements. It's about wrapping it all up into a whole package of measures, which is the AQAP.

d) The Chair asked about Dr Mudway's recommendations from last year on, for example, the need for such mitigation measures as use of HEPA filters in schools. DT described the green screen programme to put in new screens in schools. There are also monitors in schools and the recent modelling shows that more work has to be done on reducing the levels as against the WHO revised standard and that will be prioritised as part of a wider programme.

e) Members asked whether neighbouring boroughs were taking the same measures? DT described recently securing funding for a joint project with Tower Hamlets, Newham and City of London for a web tool that will provide advice to people and it will cover both indoor and outdoor pollution. There is a need to provide

advice in relation to indoor pollutants such as cleaning products or solvents for use on furniture and products relating to damp and mould. The monitoring plan is based on a template put together by the GLA but that is just a guide you can go above and beyond that and in Hackney we have 47 measures in our AQAP. He added that there are a range of cross borough initiatives and some single borough ones.

f) Members commended the more ambitious targets but asked how these interim targets align with what WHO is asking for and also what more was being done in terms of national lobbying. DT and TR explained that the WHO guidelines focus on health impacts alone and not feasibility. The interim targets are based on stepped reductions on health impacts but they are based on cities in Asia with much higher concentrations. The local objectives are based on feasibility and practicality and not just on health effects which is why they are lower. DT added that it was complex, some of the air pollution in London is caused by dust from the Sahara for example and there are other natural sources so it is important in a local plan to look at what they can actually deliver. There are no timescales for the 4 interim targets and we won't be able to get there overnight so a steady progression will be needed. The timescales depend on the particular pollutant. NO₂ is probably going to be generated within the borough a lot more than the PMs as the latter will disperse more widely. With PMS there needs to be more joined up working and more pan London projects because of this. He explained how they were working on a pan London project to deal with pollution from Non Road Working Machinery eg on building sites which up to now did not have to meet the ULEZ targets. This was being changed. When the government consulted on the Air Quality Strategy targets for PM 2.5, Hackney responded that we needed to be more ambitious and the Mayor and Cabinet do actively lobby in various ways such as through London Councils. SK added that there have been huge improvements since 2013 and there are 47 actions in our AQAP which covers all departments of the council. The Mayor and Cllr Coban work closely with the Street Scene team on how to reduce poor air quality be it via LTNS or School Street and it's an ongoing and evolving process. The Council also responded recently to object to the plans to expand City Airport..

g) Members asked about boundary road hotspots and roll-out of the monitors. DT explained how they had secured funding to assess impact on air pollution on changes to road schemes e.g. as part of the LTNS and they've hired 4 new monitoring stations for 2 yrs which will be located at key hotspots: near Homerton Library, Amhurst Rd, Queensbridge Rd and Dalston Lane. They are not just monitoring but have also some very detailed dispersion modelling analysis also and this is reported on the website. The two permanent monitoring stations will be procured over the next 12 months and being permanent will ensure continuity. The webtool will aid in providing advice to those who live in those high concentration areas on how you can ventilate your home to reduce impact of outdoor and indoor pollution.

h) The Chair asked about the cost of the monitors and if they all monitored PM_{2.5}, PM₁₀ and NO₂. DT explained that the permanent one in Old St will be NO₂ and PM_{2.5}. The one in Green Lanes is NO₂ only and the 4 new ones will be NO₂ and PM₁₀ and of the two new permanent ones they are looking to have PM_{2.5} in at least

one of those. The monitoring stations will give ongoing real time data and not just monthly recording. In terms of cost it's about £10k per monitor and £8k for the enclosures..

6.6 The Chair asked if next year's update could present the average readings from all these new monitors with year by year comparisons and an indication of how these results measure against the 2005 and 2021 WHO guidelines and further detail on what the Council is doing to better educate, inform and mitigate against the worst effects. He stated that the priority for the future needs to be to focus down on those high concentration areas. He commended the officers for their excellent work and for making the time to present. TR offered to share more detailed reporting with Members who wished to receive it..

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| ACTION: | TR to provide members who would like it with access to more detailed data monitoring on air pollution. |
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| RESOLVED: | That the reports and discussion be noted. |
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7 Local GP services:- Access and Quality - update

7.1 The Chair stated that at the 12 January meeting Members had considered reports from local Primary Care leaders on issues around registration and access to local GP Services and quality more generally. This was partly driven by issues raised with Members at their ward surgeries. The Chair asked NHS colleagues to return in 6 months with an update on progress to include if possible an update on particular challenges being felt in the NE of the borough.

7.2 He welcomed for the item:

Dr Kirsten Brown (KB), GP Partner at Spring Hill Practice and The Lawson Practice and Primary Care Clinical Lead for City and Hackney, NHS NEL

Dr Tehseen Khan (TK), GP Partner at Spring Hill Practice, PCN Clinical Director for Springfield Park PCN

Dr Vinay Patel (VP), GP Partner at Stamford Hill Group Practice and Chair of City and Hackney Local Medical Committee (the local BMA branch)

Richard Bull (RB), Commissioner for Primary Care, NHS NEL

Andreas Lambrianou, Chief Executive, City and Hackney GP Confederation

Sally Beaven (SB), Interim Executive Director, Healthwatch Hackney

7.3 Members gave consideration to a briefing note entitled *GP Access* from NHS NEL Primary Care Commissioning and a tabled presentation *Springfield Park Primary Care Network* from Dr Khan.

7.4 KB and RB took Members through a detailed presentation which comprised two sections: *data update on GP workforce and access Oct 22-Mar 23; GP Contract 23/24 access requirements of GPs and PCNs for the coming year.*

7.5 TK took Members through his presentation which covered: *Population headlines; Insights - prevention barriers; Enablers; PCN additional roles; PCN Enhanced Access; Stamford Hill Health and Wellbeing Day; PCN agenda - focus on prevention; PCN Agenda (anticipatory care, personalised care, GP access); Take home messages.*

7.6 Members asked questions and the following points were noted:

a) The Chair asked about the need for a standard roll-out of the most up to date phone system to produce consistent data and added that he greatly welcomed the Healthwatch survey on GP access, the analysis of which is just being finalised. RB replied that he welcomed the Healthwatch data which they would study and combine with other patient experience data and discuss among the PCNs. TK gave a presentation on Springfield Park PCN and underlined their work on recruiting to the additional roles explaining that they had a PCN nurse that is shared among the 3 Practices and who focuses on childhood immunisation. He also detailed the particular challenges Springfield Park PSN faces because of its demographics.

b) The Chair asked if enough was being done re digital divide in areas with low smart phone usage. TK explained that the Charedi Community are less likely to use online as they don't use smartphones. Some Practices have a 'Patient Partner' system to complement digital access. He added that there are different ways to mitigate the effect of digital divide. They now run a triage system so those unable to access digitally are able to phone. With more patients accessing online eventually more capacity is freed up for those who must use the phone.

c) The Chair asked about the ability to collect robust data on call drop offs. KB explained that at Spring Hill in their Reception they can now see exactly how many calls are waiting, how many missed and how many dropped off in real time and this has been a great benefit. She described how they had cleared the 8.00 am rush by 8.30 using their new telephone triage approach and had dealt with 160 requests. RB explained that Practices now get support from GP Confed, who have expertise in quality improvement, and can help practices to understand their data and interrogate their digital system so that they can then flex staff accordingly. The Chair stated that it was good to hear of the progress here.

d) Members asked about language barriers and how Practices provide translation options. RB replied that all modern phone systems monitor the number of drop offs. A number of suppliers on the government framework are preselected because they meet the required competences. On language barriers he added that asylum seekers often use online as a good way to access Practices who can then do online translation and book an interpreter also if necessary. KB explained the options including using telephone interpreting by calling the patient back for a 3-way call with the interpreter on the call or in the room. She added that in her Practice they have staff who are fluent in many languages and they can also book face to face

interpreting through the Homerton's services. They also use Language Hub to interpret..

e) Members asked about residents having poor experiences with access at Lawson Practice and detailed some examples. KB apologised for this and stated that while she couldn't get into individual cases at committee she wanted to reassure Members that they were improving as evidenced in the latest results from the Patient Survey. Nobody is turned away and every contact is triaged, she added. She encouraged the Members concerned to contact the Patients Participation Group at Lawson and also to contact the Manager directly. RB encouraged the Members to leave feedback online via 'Care Opinion's and added he would raise it with Lawson. There had been an issue regarding continuity of patient care as Whiston Rd Practice had closed down after the partners had retired and patients had had to be dispersed to neighbouring Practices.

f) Sally Beaven (Healthwatch Hackney) summarised the better than expected results on their recent GP Access survey. They had phoned every Practice as part of the exercise and over 50% were answered in under 3 minutes. Compared with what they had been hearing they were pleasantly surprised. One issue that did emerge was that there was far too much variability on the recorded messages which callers receive and there was going to be some co-production work with Practices to try and standardise these and make them better. She added they would repeat their survey in 6 months.

g) Other Members asked about residents complaints re Lawson, re translation, re digital skills and need for face to face. KB agreed that the language barrier issue was a huge one and translation does take time. RB added that City and Hackney had invested more in GPs to reflect the huge proportion of the population whose first language isn't English and so the consultations will take longer. They had incentivised practices to do their own self assessment and they will look at this at the Primary Care Board.

h) Dr Vinay Pantel (LMC Chair) gave an overview on the GP access context and of funding and need for progress with the Council on on primary care estates and on the success of Duty Doctor scheme. Funding was now based on 3 formulae: the old Cahill formula and the more recent weighted payments and now adjusted payments. North East London suffers under these formulae as they are predominantly weighted towards elderly rather than other demographic factors or other acuity of need. The large younger population in Hackney for example has many pregnant women needing ongoing support and this is not acknowledged. On list sizes he explained that Stamford Hill Practice has jumped from 15500 to over 18000 off a baseline of 11500 and added to this recruitment and retention is difficult. GPs are not committing to Practices due to stress and many are opting to be locums. He asked the Commission if they could assist on a key issue which is the quality of primary care

estates, adding that they would like to take this forward together and there is a need for a more integrated approach with for example Public Health. There is a growing population and the very specific needs within that population require new thinking. Conversations have started on working with paediatricians at Homerton for example and more work needs to be done on health promotion and this needs to be built on. He commented that Hackney's Duty Doctor Scheme had been a great success and added that he, as a Waltham Forest resident, couldn't access such a service there. The Chair thanked him for this and added they would pick up the Estates issue.

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| ACTION: | Estates in crisis in primary care item on future work programme to be brought forward. |
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i) Members asked what's going to happen on disparities on telephone answering times as outlined in the Healthwatch survey results and on recruitment and retention of GPs. RB replied that the new phone systems will record all drop-offs. They will look closely at the Healthwatch survey results and share it with Practices and he offered to bring outcomes from the improvement plans on access back to the Commission.

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| ACTION: | RB to share the outcome of the improvement plans for the Hackney PCNs on improving GP Access, once available. |
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7.7 The Chair thanked the partners attending for their detailed work and for their attendance. He added that the current local research on access was the most in-depth he had seen in 10 years.

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| RESOLVED: | That the reports and discussion be noted. |
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8 St Joseph's Hospice Quality Account 2022-23

8.1 The Chair stated that In June each year the Commission is asked to submit a response to the draft Quality Account which local health Trusts must submit to NHSE covering the previous financial year. The reports follow a nationally mandated template. It is customary to invite senior officers to discuss their Report and, depending on the timing, our letter of response to it. The Trust submits our letter as an appendix to their Report to NHSE.

8.2 He welcomed **Jane Naismith (JN)**, Director of Clinical Services and Joint CEO.

8.3 Members gave consideration to the draft of *St Joseph's Hospice Quality Account 2022-23*.

8.4 JN took Members through the report which covered: *organisational context; priorities for improvement 23-24 (easy read project; increase access and community support for individuals with non cancer diagnosis; improvements to the hospice environment; implement new NHS Patient Safety Incident Response Framework); quality monitoring and review; improvement progress; statement of assurance from the board.*

She added that as they're not an NHS Trust, submission of Quality Accounts is not compulsory but they continue to do it as part of good clinical governance. Their 4 priorities as above are mainly focused on accessibility and inclusion. She stated they were very proud of their cancer vs non-cancer progress as both are now almost equal and she reminded members that rehabilitative palliative care can be preventative, illustrating how cases of breathlessness for example can lead to many more calls to NHS 111. She added that they benchmark against all hospices in the UK and on all measures they benchmark successfully and consistently and are higher performing.

8.5 Members asked questions and the following points were noted:

a) The Chair asked about the issue of cancer vs non cancer related patients using the hospice and on Council's own 'money hub' project. JN replied that 51% currently have cancer diagnosis. The government is re categorising Long Term Conditions as Major Conditions and this will have an impact. Those who are non cancer generally have more debilitating symptoms than the average cancer patient so outcomes can be worse for longer and this leads to a disease trajectory which is more challenging. With modern cancer treatments cancer patients generally manage and then deteriorate quickly. But if you have respiratory or heart or lung conditions you are more likely to have a very rocky journey. St Joseph's knows that there is a high unmet palliative care need locally, that there is a very mixed population with poor health outcomes. They do need to better meet his need and so that is why they have the emphasis on non cancer diagnoses also. On the Council's Money Hub, she stated that they were aware of it and do link in.

b) Members asked about the schedule for CQC inspections of St Joseph's and the special review. JM replied that CQC are very out of date in their visits which of course had stalled totally during the pandemic. They have been doing monitoring calls with them and an inspection is imminent. A recent visit had to be cancelled as the inspector was ill. They are also expecting monitoring visits from NEL ICS..

c) Members asked whether there were a greater number of admissions with dementia and how the service was adapting to that. JM described the local work their community nurses do with volunteers using the Namaste Care approach. These practitioners go into people's homes and focus on using the 5 senses to connect with people. It has proved very effective and reduces stress and anxiety and the reluctance to have care. Some of the patients are often non verbal and shut down and by the end of these sessions they are reacting. They do admit patients with dementia and they have a whole host of protocols to ensure they are monitored and

kept safe and they try to make the wards as dementia friendly as possible by focusing closeley on the built environment.

d) Members asked about the diversity accreditation award for the workforce. JM replied that the Institute of Diversity FREDIE accreditation was aimed at workforce rather than patients and it is not easy to achieve. She commented that in many of the local populations there is less of a tradition of nursing careers. She added that with the workforce there was a focus on ensuring that people bring their whole self to work and this improves productivity. They have an action plan in place and their assessor for FREDIE has been very pleased with progress so far.

8.6 The Chair commended the report and the evidence of above national average performance across all the metrics. He added that St Joseph's was a much appreciated and valuable institution in the borough. As many of the councillors are relatively new he suggested they would benefit from learning more and thanked JM for her kind officer of site visit which the Commission would take up.

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| ACTION: | Site visit for Members to St Joseph's Hospice to be organised. |
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| RESOLVED: | That the report and discussion be noted. |
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9 Minutes of the previous meeting

9.1 Members gave consideration to the draft minutes of the meeting held on 26 April 2023.

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| RESOLVED: | That the minutes of the meetings held on 26 April 2023 be agreed as a correct record and that the Action Tracker be noted. |
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10. Work programme for the Commission

10.1 Members noted the updated work programme. The Chair stated that at the next meeting there would be the collated suggestions arising from the Scrutiny Public Survey as well as suggestions from stakeholders and he asked Members to submit their new suggestions by 22 June.

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| RESOLVED: | That the updated work programme be noted. |
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11. AOB

11.1 There was none.