London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year: 2023/24
Date of Meeting: Wed 20 December 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

Chair	**Councillor Ben Hayhurst (Chair)**
Cllrs in attendance	**Cllr Sharon Patrick and Cllr Claudia Turbet-Delof**
Cllrs joining remotely	**Cllr Grace Adebayo, Cllr Frank Baffour**
Cllr apologies	**Cllr Kam Adams, Cllr Ifraax Samatar**
Council officers in attendance	**Chris Lovitt**, Deputy Director of Public Health **Carolyn Sharpe**, Consultant in Public Health **Froeks Kamminga,** Senior Public Health Specialist **Georgina Diba**, Director - Adults Social Care and Operations **Leanne Crook**, Head of Transformation, Adult Social Care **Alan Rogers**, Director - Newton Europe **Ed Bailey**, Newton Europe
Other people in attendance	**Cllr Chris Kennedy**, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture **Shilpa Shah,** CEO, Community Pharmacy North East London **Dalveer Singh Johal**, Pharmacy Services Manager, Community Pharmacy North East London **Rozalia Enti**, Deputy Director, Medicines Optimisation (Primary Care and Places), Pharmacy and Medicines Optimisation, NHS North East London **Dr Wande Fafunso**, GP at Hoxton Practice **Sally Beaven**, Exec Director, Heatlhwatch Hackney
Members of the public	162 views
YouTube link	View the meeting at: https://www.youtube.com/watch?v=mfo90ekBCXo
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Councillor Ben Hayhurst in the Chair

1 Apologies for absence

1.1 Apologies were received from Cllrs Adams and Samatar. Apologies also received from Helen Woodland and Dr Stephanie Coughlin.

1.2 The Chair welcomed Holly Howlett (Divisional Operations Director, Homerton Healthcare) representing Louise Ashley.

2 Urgent items/order of business

2.1 There was none.

3 Declarations of interest

3.1 There were none.

4 City and Hackney Sexual and Reproductive Health Strategy update

4.1 The Chair stated that the purpose of the item was to consider the progress made on the development of the *City and Hackney Sexual and Reproductive Health Strategy* and the development of the accompanying action plan. He added that he was impressed with the Strategy but asked officers to address how much flexibility there was with existing budgets to achieve those objectives as well as delivering the statutory obligations.

4.2 He welcomed the following invitees:

Chris Lovitt (**CL**), Deputy Director of Public Health
Carolyn Sharpe, Consultant in Public Health
Froeks Kamminga (**FK**), Senior Public Health Specialist

4.3 Members gave consideration to the following briefing reports in the agenda pack:
b) Overview report from Public Health on the progress of the strategy
c) Slide presentation update on the strategy
d) A copy of the original Draft Strategy which went out to consultation.

4.4 CL took Members through the report in detail. The consultation had been very successful and there had been strong engagement with most respondents very supportive of it. CYP Scrutiny Commission had also provided a very comprehensive response focusing on sex and relationships education and ensuring services are 'young people friendly'. They would be strengthening some areas to take account of the responses. The 5 year Action Plan was ambitious. On the funding challenges Public Health is mandated to provide STI testing, to provide for partner notification and long acting specialist contraception and access to emergency hormonal contraception. In the coming years they would aim to put more services which are appropriate on-line and in 2025 there would be a recommissioning of all pan London services. On reproductive health, progress had been made in having a single lead officer for it at ICB level. Fertility services were provided locally by Homerton Healthcare but overall there was a view that there were better ways to provide a more integrated service. If services could be better integrated and some elements can go online this should allow for the current level of service provision to be maintained.

4.5 Members asked questions and the following was noted:

a) Chair asked whether there would be more joint commissioning across Public Health in the different authorities and what the Homerton was mandated to provide.
CL replied that they do consider that there is a better way of aligning services and in the past it had not always made sense to do things differently in the eight local authorities and the NEL strategy seeks to correct this. Hackney had taken a slightly different approach in bringing its Strategy as a Key Decision which will go to Cabinet in February so there can be a dedicated focus on local needs which often had been diluted at NEL level. He added that there are clear inequalities e.g related to Looked After Children or to LGBTQIA+ which is why there is a specific section on reducing inequalities in City and Hackney's Strategy.

Regarding the sexual health services commissioning structure, a patient can access any sexual health service in England as they are all open access and the bill for Hackney residents will come to Hackney's Public Health department. Homerton is a major provider in

London and City and Hackney commission it on behalf of the 8 NEL authorities with the other boroughs having access rights.

He explained the background to the new Provider Selection Scheme. The Dept of Health has changed the procurement regulations to enable changes to the NHS internal market to be enacted in law and these apply to public health services. It will enable the council to go into a direct contract (in specific areas) whereas in the past they would have had to go out to competitive procurement. This will lead to some changes but the view is that it will help to integrate services across NEL where possible.

b) Members asked what best practice was regarding those who haven't engaged with services whether the survey heard from a genuine diversity of views. They also asked about outreach to those for whom English is not their first language.
CL explained that during the 3 month consultation they did a number of online and in person sessions e.g with those with learning disabilities. They also produced an 'easy read' version of the consultation document. Sexual health services are unique in that you don't have to give a name and address or immigration status and it is provided free. Usually services will want to register you as they will want to follow up with test results but there is detailed guidance on making the services more accessible. Communities where there is less uptake of services and some unmet need are key targets for Public Health. Currently online services can be easily translated using google translate etc. and translation will be a key factor when the service goes out for recommissioning at a pan London level.

c) Members commended the level of translation provided by Positive East for example and the Chair added that it would be an encouraging development if the online services could have a drop down menu of languages to help those ordering testing kits.
CL replied that the service was very much on to this. Access to PrEPs would be a lot easier if there was easy access to other languages. In terms of understanding the service users, the 'white other' category in surveys can be a very large group, sometimes including Latin American and sometimes the Orthodox Jewish community so it can be challenging to have good demographic data. They would listen very carefully to Healthwatch when they do mystery shopping exercises and listen carefully to communities themselves.

d) The Chair applauded the addition of a 5th theme on vulnerable populations in City and Hackney's own Strategy and asked if we move to a more integrated process would we expect other boroughs to adopt these.
CL explained that you don't want to stigmatise certain communities e.g. gay and bisexual men can have higher levels of STIs but it's not ubiquitous for the community. You have to focus on the behaviours and not the labelling. He added that they refer to 'inclusion groups' rather than 'high risk' or 'vulnerable populations' and it is important that they are mindful of this and are up front and specific. Another aspect for Looked After Children for example is that they can be much more likely to have unwanted pregnancies and high rates of STIs and that can be because of different environment, or greater challenges when growing up, but it could also be because of difficulties in accessing services so we would be advocating across NEL to ensure a strong focus on inclusion. He also added that this is also not just about Young People but also adults and about the importance of knowing that you have the right to have the sex that you want. All of this is important in improving sex literacy.

e) Chair asked if we would see any change of delivery in Hackney vis a vis other boroughs as they don't have the inclusion theme and will it give us the ability to drive through greater commissioning change or is this just more about focusing on changing the mindset.
FK replied that for a lot of groups which have more complex needs we don't have a lot of data so the reason for this is that we need better data collection and data collection in alternative ways e.g. data on rough sleepers. It's not necessarily about designing different services but to ensure that we have better information so services can take better care of

those with higher or more complex needs. CL added that a key part of the Strategy was co-production and if we listen to communities we can better understand their barriers and cultural norms. For example the views of community elders (often older and male) will be different from young people or female or trans or LGBT people and services must learn to evolve. He added that there were rising rates of STIs among our older populations as many are having sexual relationships later on in life. He added that co-production was an important part of the Director of Public Health's Annual Report which this year had focused on children and young people. He concluded that they had carried out a comprehensive level of consultation and there will be changes because of this e.g. on fertility services they want strengthened connections with the services to make them more accessible. People like Positive East are key as they have local connections with their communities.

f) Members asked if there were ways other than in school used to reach young people regarding sexual and reproductive health noting that some young people might prefer more private communications.
CL stated that when asked Young People have revealed that they learn about this issue at school but also on tiktok or from friends. The NHS Choices website is an excellent resource too. They wanted to look at making sexual and relationship education into something that doesn't just happen in schools but through life, as circumstances change. To illustrate he added that access to PrEPs for example will alter as new technologies will come along. Young Hackney was a commissioned partner and they spent a significant amount of money in delivering SRH education in schools. He concluded that experience in America had shown that there are now also attempts to undermine sexual health messaging by restricting people's choices and inducing fear rather than providing information. Social media can have very positive aspects but we need to ensure that when we provide information that it is from a trusted source, he added.

g) The Chair commented that he was impressed by the strategy and commended those involved. He added that the Commission would like to keep a watching brief on how the local and NEL strategies align.
CL replied that they will want NHS NEL (the ICB) to move on this issue. Commissioning of HIV services will move from specialist services to ICSs from April 2025 so NHS NEL will be involved then and it will provide an opportunity to better integrate with local services. It would be useful for both INEL and ONEL JHOSC to look at that. Currently the focus is to ensure the local strategy is properly aligned with the overarching NEL one but each borough will still want to do certain things differently. The advice in Hackney from Cabinet was to make this a Key Decision so the Action Plan can be renewed annually and go through governance processes and so there will be an opportunity to see how Public Health is making good on its promises. He concluded that nationally funding for sexual health services must be increased if we are to tackle rising rates of STI and improve access to contraception and they would be advocating for that. Because of the pandemic there had been a reduction in testing and interruptions in sex education in school and this was followed by a significant increase in STI levels.

4.6 The Chair thanked all the participants and stated he would ask INEL JHOSC to keep across the devolving of HIV commissioning to ICS level in April 2025 and the consequences of that.

RESOLVED:	**That the reports and discussion be noted.**

5 Community Pharmacies in Hackney - discussion

5.1 The Chair stated that this issue was last before the Commission three years previously when they were looking at certain changes to the funding formula. The

purpose of this discussion was to get an overview from Community Pharmacy NEL and an insight into what they do vis-a-vis the constituent borough organisations which had preceded them.

5.2 He welcomed for the item:

Shilpa Shah (**SS**), CEO, Community Pharmacy North East London
Dalveer Singh Johal (**DJ)**, Pharmacy Services Manager, Community Pharmacy North East London
Rozalia Enti (**RE**), Deputy Director, Medicines Optimisation (Primary Care and Places), Pharmacy and Medicines Optimisation, NHS North East London
Dr Wande Fafunso (**WF**), GP at Hoxton Practice, Prescribing Lead for City and Hackney, NHS NEL
Sally Beaven (**SB**), Executive Director, Healthwatch Hackney

5.3 Members gave consideration to the following:
b) Briefing from Community Pharmacy NEL
c) Briefing from Medicines Optimisation at NHS NEL
d) Healthwatch report '*Mystery shopping exercise of access to emergency hormonal contraception in Hackney'* (Feb '23)
e) Healthwatch report '*Accessibility audit of Hackney's community pharmacies'* (April '22)

5.4 SS explained that Community Pharmacy NEL was the statutory body for North East London. It had covered six boroughs and City and Hackney had merged with them in July 2023. Its the statutory body if services are launched across NEL.

5.5 DJ took Members through the presentation. He stated that generally there was a lack of awareness about what a community pharmacy does. All are registered with the GPC and they represent 375 across NEL and 60 in City and Hackney.

5.6 He detailed 3 main categories of services: *Essential* (commissioned nationally), *Advanced (*commissioned nationally but a pharmacy can choose); and *Locally Enhanced Services* (commissioned by the local Public Health department but pharmacies can choose which to do).

In terms of 'Advanced' the *Community Pharmacy Consultation Service (CPCS)* would expand from 31 Jan to 7 additional conditions for which they will be able to provide prescribed medications. They will also provide flu vaccination and contraception services and there was a big national push behind hypertension case finding. They would also provide the New Medicine Service which aims to support a patient through their journey in order to improve compliance. They would also provide the Advanced Smoking Cessation Service (where the patient decides in hospital to quit smoking)

In terms of Local Enhanced Services a good example recently was the A*sthma and Air Quality trail in Newham*. This would take children through inhaler technique but the key aspect was to encourage them to walk though back roads or quieter roads to get to school in order to avoid the most high polluted roads. They service funded community pharmacies to have a consultation with the patient to begin the process. There had been 6 GP surgery areas with very high levels of asthma

Another Local Enhanced Service was the *Vaccine Hesitancy Services in Tower Hamlets*. They had been 20% behind the national average on Covid vaccine take up. Again pharmacies were funded for advanced consultations with these patients and in the end 48% of people went on to have vaccinations.

Another example was a trial in Barking & Dagenham with pregnant women or those trying to conceive to *discourage them from stopping their mental health medication* through that period.

5.6 Members asked questions and the following was noted:

a) *Chair asked if the specification for the Air Quality project could be shared with Hackney.* SS agreed. She added that they had only funding for 470 consultations but it was motivated by the idea that people will often share with pharmacists things they wouldn't share with other healthcare professionals.

ACTION:	**SS to share the service specification used for the Air Quality and Asthma project carried out by Community Pharmacy NEL in Newham.**

b) Members asked if the above Local Enhanced Services were free at point of use and if there was a capacity issue.
SS confirmed that they were and some service users might also be entitled to minor ailment consultations as well. DJ added that capacity had been raised on a number of occasions. It was important to note that it was pharmacy teams who are involved here not just pharmacists and all can work to the top of their licence e.g. pharmacy technicians for example. SS added that capacity can also extend throughout the day with some pharmacies having late opening and of course capacity at weekends

c) Members expressed a concern that the new scheme would appear to create a lot of extra work for pharmacists. They asked do we need such a scheme in Hackney of if there was a particular need that was different in the other boroughs
SS replied that the schemes were a success and for Hackney they just need to establish if there is funding for it locally. The Public Health team would be able to provide data to find out how many children have asthma and what pollution rates were like. All areas in London could do with this, she added. She added that most children do not use inhalers correctly

d) Members commented that these enhanced services demonstrate the creativity here and what more can be achieved. Regarding the issue of fertility support they asked how decisions were made at CP NEL about what services were offered for which boroughs.
SS replied that they invite suggestions for schemes and creativity is important. The local Public Health department will know its local residents and it's about asking if the solution to a particular problem can be found in community pharmacies. She added that 'shape atlas' and 'fingertips' are two tools they use for detailed health demographics in an area and these help shape service provision. They also use intelligence from GP surgeries and other areas in primary care and they analyse from secondary care what people are being admitted for and how issues might be tackled earlier. If care and advice workloads can be taken into community pharmacies this can open up more capacity within GP Practices.

e) SB stated that Healthwatch Hackney do signposting on vaccinations and have also asked children about vaccinations and asked if this project was for adults only.
SS replied that the childhood vaccination project was not funded in Hackney but they also had not asked. In Tower Hamlets they did vaccinations (flu and Covid) for over 18 yr olds. A

big win would be for community pharmacies to do more vaccinations. She added that Waltham Forest had an outbreak of measles and GPs there had been forced to open at weekends yet pharmacies were open and could have got so many people through. Even if half had offered vaccinations to children they could have cleared the backlog. It was about working in a more integrated way with GPs.

5.7 *The Chair asked RE to give her presentation asking if she could clarify the history of the monitored dosage scheme which had been rolled up into pharmacists global national contract. He also asked if she could clarify how the Minor Ailments Scheme and the Self Care and Advice schemes interlink.*

RE explained she was one of there Deputy Directors in the Pharmacy and Medicines Optimisation Team at NHS NEL. Following the restructure they are now integrated into the ICB wide team. It is much more streamlined with 2 staff dedicated for City and Hackney.

The Medicines Optimisation Scheme had been commissioned to provide interventions to patients to help them take their medicines more effectively (e.g. braille etc) but the service had ended up mainly providing dosette boxes. The last time she attended the Commission she had explained that they were not the answer to all the challenges and pointed out for example that popping medicines out of their boxes meant that some would deteriorate. Currently they worked across London though the London Procurement Team and were trying to get a position statement from them on the future use of these devices.

NHSE had decommissioned that service in March 2023. Prior to that NHSEL had put in some resources for practice pharmacists to identify the patients who have a need here and to ensure they have a plan. They did have issues in lead in but since the decommissioning they hadn't heard any complaints which were specific to City and Hackney. The system had not been set up to just give dosette boxes but ended up being 95% about that. It had been meant to address a wider range of challenges people might have.

The Minor Ailment Schemes had been commissioned across a number of boroughs. C&H was unusual in deciding to commit funds to continue a revised service. It was aimed at those who would struggle with affordability of over the counter medications. The new scheme had been running since the middle of 2020 and in the 3 years since there had been 22,500 appointments and 65% of the users were under 16. It covered 20 conditions and common conditions were fever and hay fever. It is funded to run to the end of this financial year.

The Minor Ailments Scheme is not for prescribed medicines but for over the counter medications. The Pharmacy will have a consultation with you and if required give you medication free of charge. The aim of the service is to reduce pressure on GP services. Those who are socially vulnerable can access free over the counter medicines.

New service commissioned from NHS NEL (the local ICB) will provide a similar service across all of NEL. It supports and runs alongside the CPCS which is commissioned by NHSE but which is advice only and doesn't include supply of free medicines. Now there will be a pan NEL service alongside it from April '24.

Regarding cost of living issues, she had shared with the Chair the latest data on the numbers in City and Hackney who don't pay for prescriptions. Currently 93% in Hackney are dispensed free of charge and if you use more than 11 items in 12 months and pay there is the option for Pre Payment Certificate which caps the charge. Also those on HRT who don't have an exemption because of age or concomitant conditions there is a separate prepayment certificate for those also. She concluded that we can't influence who gets free prescriptions and who doesn't as it is nationally mandated and there has always been a national debate about this.

5.8 Questions continue
f) Chair asked whether minor ailments scheme was morphing into self care advice scheme
RE replied that it's one and the same but the new one is pan NEL.

g) Chair asked Dr Fafunso about the interplay between GPs and pharmacists in Hackney and where improvements might be made.
WF responded that up till now there hadn't been great involvement of pharmacies in primary care but now there is. When some prescription only items can be dispensed by pharmacists it contributes to reducing barriers to care and reducing wider inequalities. This has helped GPs a lot enabling them to focus more on patients with long term chronic illness and more acute conditions. He added that he can see a huge difference in the number of patients he sees who just wanted for example antihistamines for hay fever. It illustrates how the system needs to utilise resources more efficiently. They have excellent working relationships with their place based pharmacists and the Medicines Optimisation Team in the ICB who make sure they are improving. Patient feedback has also been very helpful in this sphere.

h) Chair asked if the new Self Care and Advice service allows for free medications to be given as under the old minor ailments scheme
RE clarified that the Self Care and Advice service will provide information, signposting and some free medication if it is needed.

i) Members expressed concerns that it can be quite confusing about what patients can have access to over the counter. Those coming from certain cultures are used to trying a pharmacy first for example and asked how the service will address cultural differences.
WF stated that in his practice he can use the CPCS to refer patients to pharmacists for a list of conditions. Receptionists are trained in triaging patients for CPCS or the Minor Ailments Scheme and they refer directly. If patients have more chronic or complex needs that require a doctor then an appointment is booked. All the entitlements are listed on the Practice website. There might be a need to make patients more aware about this and how to access appropriately but the information is readily available. RE added that she wanted to reassure people that a range of training aids have been provided to receptionists to be able to triage appropriately.

j) Members asked about promotion to those for whom English is not their first language.
SS stated that the CPCS is changing its name to Pharmacy First and they are hoping there will be adverts on tv. There will also be posters in different languages. She added that the pharmacy staff are good at understanding cultural needs, for example in Tower Hamlets there are many Bengali speakers in pharmacies. More national advertising is needed but she did not think that there is a need for more advertising spend locally.

k) The Chair commended the two Healthwatch reports provided in the pack and asked if they would be updated.
SB responded that work was continuing on this and on the translation and interpretation aspect which will be a key focus in the new year. Prior to this meeting she had spoken to 18 local pharmacies directly. A common reply was that many patients have to rely on friends and family to do the interpreting and that pharmacies felt it was unfair that GP surgeries have access to translation services but pharmacies don't. There are challenges and risks in using family members and friends. Often a 10 or 11 yr old child will come to the phone to translate for parents. Pharmacies also commented that they don't get notes or information passed on to them by GP Practices about language barriers so they don't know in advance.

l) Chair asked RE if there was scope to extend interpreting services to pharmacies.
RE stated she had raised this before the pandemic. At the time there was an agreement that if pharmacists had a reasonable small volume of requests this might be possible but wholesale access was not. They had also looked at the issue of translated labels as well. They didn't progress the issue because legal advice warned that if pharmacists checking a label can't actually read that language there would be problems. She was aware however of work at a national level on the issue of translated labels and she undertook to take back the issue of extending access to translation and interpreting services to community pharmacists.

5.9 The Chair commented that it was well and good referring to pharmacists but when pharmacists don't have access to translation services but GPs do then this is a problem. There is scope for a more nuanced care pathway to be developed here to resolve this.
He concluded that it was exciting to see pharmacists at last being brought in to do a whole host of different functions and take the pressure off GPs as local communities have strong relationships with their pharmacies. He added that in the future Members would like to hear about some of the special trials being done such as on air pollution and asthma. He thanked all the participants for their reports and their time.

RESOLVED:	**That the report be noted.**

6 Adult Social Care Transforming Outcomes Programme

6.1 The Chair stated that this item was to receive a first update on the *Transforming Outcomes Programme in Adult Social Care.* This had been discussed in other fora but this was the first time to discuss it at Health In Hackney.

6.2 He welcomed for the item:

Georgina Diba (**GD)**, Director - Adults Social Care and Operations
Leanne Crook, Head of Transformation, Adult Social Care
Alan Rogers (**AR**), Director - Newton Europe
Ed Bailey (**EB**), Newton Europe
Cllr Christopher Kennedy (CK), Cabinet Member

6.3 Members gave consideration to paper *Transforming Outcomes Programme.*

6.4 GD stated that the detail in the report was more limited than they might have hoped at this stage due to a delay. Newton Europe had done a diagnostic of the service in 2022. The Council then went out to tender and Newton were successful but their contract had not yet been signed. She was grateful however that Newton had agreed to attend this session to outline their plans.

6.5 AR took Members through the report in detail covering the diagnostic findings from last year and what is being planned on the basis of that. Overall there was an opportunity with the programme that over half the users of the services could have better outcomes and live more independent lives. There was within it an opportunity to make a financial savings of potentially £7.6m to £11.6m per annum initially which could then deliver £30m in savings over next 7 years. EB took Members through the 4 stages of the transformation programme and what they are likely to see happening in the next year.

6.6 Cllr Kennedy commented that this was a very necessary intervention to take us forward and give us any chance of counteracting the things which had caused so many other local authorities to go under, which is not able to properly address the demands put on local authorities by adult social care. There was great engagement from staff in ASC. He chaired the Transforming Outcomes Board. He offered to keep coming back to the Commission with ASC officers and Newton staff to provide updates on the programme as it develops.

6.7 Members asked questions and the following was noted:

a) *Chair asked if Newton could demonstrate its track record here by giving some examples (without naming specific boroughs) of how savings had been achieved elsewhere.*
AR replied that there was a lot to draw on. What they had found in Hackney was not unique at the broad level compared to the rest of the country but some differences emerged which were particular to Hackney and were revealed once they burrowed further down into the detail. The absolute importance of supporting reablement to accept more clients so that more people to be helped back onto their feet was common across all the boroughs where they had done this work. By increasing reablement by say 40% you meet the needs of more residents. It's about rebalancing that flow from the acute NHS services into council services.

b) The Chair stated that there were many moving parts here and demand was continually rising. The transformation programme would judge its success by fewer patients going into residential care or by staying in their homes longer and you compare the costs of that which of course is also better for residents welfare. But, he asked, have you factored in that Hackney has a younger population and so there might be less scope to make savings and fewer options than in boroughs with a higher overall proportion of older people.
AR replied that all the savings they'd found in their diagnostic study have been built up on the data from Hackney. They were not parachuting in figures from elsewhere into the analysis. EB added that data had been worked up with Hackney officers. He also added that they also focused on another key cohort here which was working-age population with disabilities.

c) Members commented that the plan seemed to be well thought out but asked wasn't there a risk that while encouraging greater independence for most, the needs of those who really do require a care home might be dismissed too easily. A Member gave an example of a woman who needs care support and is asked in her assessment can she make a cup of tea, but she has much more complex needs which these questions do not capture.

AR replied that everything behind this programme starts from what is the best and ideal outcome for the resident. If you create a programme which is too focused on savings you end up going wrong. He stated that we will see some people ending up in more expensive packages than before if that is deemed necessary. The issue was how do you improve the information support that sits around the social care practitioner and if that ends up a more expensive package, then that is what is done.

d) Members commented on the survey feedback which had been received that staff "didn't' feel that they efficiently met the needs of residents". One Member stated she was surprised by the two examples used here and thought that in those cases it was already standard procedure to keep people at home. She also asked if Newton had spoken to more junior levels of staff and not just heads of service. She also commented that Hackney Council had very good working relationships with the health service and if they were on board with this programme. And she asked if the programme was also looking at residents with mental health problems and those with learning disabilities.
Cllr Kennedy replied that he knew absolutely that the right conversations at the right levels had been had with all staff and there had been significant interaction and great buy-in to the work. EB added that it will be a significant change journey for all staff over the next year and that they had strong engagement already from staff at all levels with more coming up in January. He added that in a lot of situations where there are poor outcomes in a programme such as this it's because there is a 'blocker' in place and usually it is not a bad social worker but instead an issue like not being able to get more patients into reablement because the staff they want to use to achieve this are on other roles. They need therefore to explore different options on services that we do not yet have in place. There is the balance of risk also to be considered. The object of the programme is to remove as many 'blockers' as possible and to unblock capacity in other services and so provide more support. On different cohorts who are not just the older population he said the programme is working across all those from 18 to end of life. There is a particular focus on learning disabilities too and there will be a lot more interaction with health colleagues.

(e) The Chair asked about the staff survey response and asked if those staff had been asked for specific examples to illustrate their point as they could be saying many different things.
AR replied that they were and it had been examined further. He added that Hackney has an amazing army of engaged, driven, individuals who are trying to do the right thing. They did not find anything that they would define as 'poor care', it was just that some practitioners felt they could perhaps be doing more. He added that it was from this positive perspective that they will take services to the next level in order to do better for residents.

f) The Chair asked, in terms of the projected savings (£7m to £11m), what percentage who currently go into residential would they expect to be able to care for with homecare packages instead. What would be the scale of change?
EB replied that they were talking about c. 20% on nursing and residential care and that is against a rising demographic. They would see more going into homecare packages which were continuing to grow significantly.

6.8 The Chair thanked the officers for their detailed report and attendance. He added that in the next session he'd like to see greater granularity on where those potential savings might lie. He also commented that the 'Cora' example did seem too good to be true in many

respects because you are reducing the amount of care a person gets just as they age and all the other factors are coming into play. He asked if there is a degree of savings here premised upon a reduction on the amount of support people get at home when it is unlikely that the acuity here would be steady or in decline. He added he would like to pick up on the specific granularity of cases such as 'Cora' in the next session. He added that when we've seen through some trials, in c. 5 or 6 months he would like officers to return.

RESOLVED:	**That the report be noted.**

7. Executive Response to Scrutiny Panel report on Net Zero

7.1 Members noted the Cabinet's response to Scrutiny Panel's report on 'Net Zero' titled *Executive response to the Overarching Scrutiny Panel Net Zero Report.* This had incorporated the input from Health in Hackney. It had been discussed by Scrutiny Panel on 4 December and by the other Commissions involved.

RESOLVED:	**That the report be noted.**

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the previous meeting and the action tracker.

RESOLVED:	**That the minutes of the meetings held on 15 Nov 2023 be agreed as a correct record.**

9. Work programme for the Commission

9.1 Members noted the updated work programme

RESOLVED:	**That the updated work programme be noted.**

10. AOB

10.1 There was none.