

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2024/25

Date of Meeting: Tuesday 11 November 2025, 7.00PM

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

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| Chair | Councillor Ben Hayhurst |
| Councillors in Attendance | Cllr Kam Adams, Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Sharon Patrick, Cllr Claudia Turbet-Delof, Cllr Ian Rathbone, Cllr Anna Lynch and Cllr Ben Lucas (Vice-Chair) |
| Apologies: | none |
| Officers In Attendance | Dr Sandra Husbands (Director of Public Health), Sam Kirk (Head of Sustainability and Environment), Chris Lovitt (Deputy Director of Public Health), Jennifer Millmore (Senior Public Health Strategist), Tom Richardson (Environmental Projects Officers), Andrew Trathen (Consultant in Public Health), Dave Trew (Land Water Air Team Manager), Amy Wilkinson (Director of Partnerships Impact and Delivery), Helen Woodland (Group Director Adults, Health & Integration) and Ander Zabala (Sustainability Manager) |
| Other People in Attendance | Dr Olivier Andlauer (Clinical Director for City and Hackney, East London Foundation Trust), Sally Beaven (Exec Director, Healthwatch Hackney), Dr Kirsten Brown (Clinical Director, City & Hackney Place Based System), Jed Francique (Borough Director, City & Hackney, ELFT), Councillor Christopher Kennedy (Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture), Perpetua Knight (Dep Dir Integrated Mental Health, LD and Autism, NHS NEL), Vanessa Morris (Chief Executive, Mind City Hackney and Waltham Forest), Councillor Clare Potter (Chair of SEG Scrutiny Commission), Councillor Sarah Young (Cabinet Member for Climate Change, Environment and Transport) and Larissa Sherman (Director of Psychological Therapies and Wellbeing, Mind City Hackney Waltham Forest) |
| Members of the Public | https://www.youtube.com/live/9HJvYxq40gQ 61 views |
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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence (19.00)

1.1 There were none.

2 Urgent Items / Order of Business (19.02)

2.1 There were none.

3 Declarations of Interest (19.04)

3.1 Cllr Turbet-Delof stated she was a Public Governor of Homerton Healthcare NHS Foundation Trust.

4 A new Community Mental Health offer (19.05)

4.1 The Chair stated that the purpose of this item was to discuss with stakeholders the current challenges in Community Mental Health provision in Hackney. There would be two sessions, the first one providing background and context and in a follow-up session on 15 Jan where the Commission will consider East London NHS Foundation Trust (ELFT)'s updated 'Community Mental Health Offer'. Part 2 had been postponed until the Trust had completed processes such as its staff consultation on the new system.

4.2 He welcomed for the item:

Jed Francique (JF), Borough Director for City and Hackney, ELFT
Dr Olivier Andlaeur (OA), Clinical Director City and Hackney, ELFT
Jennifer Millmore (JM), Senior Public Health Specialist (Mental Health and Suicide Prevention), City and Hackney Public Health
Andrew Trathen, Consultant in Public Health, City and Hackney Public Health
Perpetua Knight (PK), Deputy Director of Integrated Mental Health, Learning Disabilities and Autism, NHS NEL
Vanessa Morris (VM), Chief Executive, Mind CHWF (City, Hackney, Waltham Forest)
Larissa Sherman, Director of Psychological Therapies and Wellbeing, Mind CHWF

Cllr Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture

Helen Woodland, Group Director, Adults Health and Integration
Dr Sandra Husbands, Director of Public Health - City and Hackney
Chris Lovitt, Deputy Director of Public Health - City and Hackney
Dr Kirsten Brown, Clinical Director for City and Hackney Place Based Partnership, NHS NEL
Sally Beaven, Executive Director, Healthwatch Hackney

4.3 Members gave consideration to:

- a) Joint presentation 'A new community mental health offer - part 1' from ELFT and Public Health
- b) Presentation 'Place based integrated commissioning' from NHS NEL
- c) Briefing paper from Mind CHWF (City, Hackney, Waltham Forest)

4.4 JM and JF took Members through the first presentation, clarifying the meaning of mental health, its prevalence, its determinants, and the context of the mental health treatment system. She defined health as a "state of complete physical, mental and social well-being and not just an absence of disease and infirmity," as per the WHO and she emphasized that mental health is integral to overall health, distinct from a condition, and exists on a spectrum. The spectrum ranges from good mental health to poor mental health, including common conditions like anxiety and depression, and severe conditions like schizophrenia or bipolar disorder, noting that individuals can be at multiple points on this spectrum. She added that nationally, one in four people experience a mental health problem each year in England, which is considered very common. Severe mental health illness affects only about 1% of the national population, but accounts for 28% of the total burden of disease while receiving only 13% of NHS funding. Locally in Hackney, diagnosed rates of depression have roughly doubled in the last decade, and Hackney's rate is higher than the London average. Severe mental health rates in Hackney are about 50% higher than London and England averages, affecting approximately 1.5% of the population. She went on to explain that factors such as money, sleep, physical health, education, housing, and family relationships impact mental health and offer opportunities for prevention, as many preventive efforts involve addressing these wider factors. These factors can be "negatively reinforcing," such as how struggling with money can exacerbate mental health issues and vice versa. This complex interaction can lead to "complex mental health need," requiring a "whole person approach" rather than just focusing on mental health treatment.

4.5 She went on to describe the structure and scale of the local mental health system which ranges from self-care to tertiary care, with primary care including GP surgeries and talking therapies for common mental illness, and the voluntary and community sector playing a key role. ELFT provides secondary care services, aligned with primary care networks and neighborhoods, offering community mental health teams and specialist services. Crisis care, including in A&E and through the home treatment team, and in-patient services are also provided. J

4.6 JF noted that the City and Hackney service supports over 4,000 people in the community, with 500-600 people in crisis and 108 inpatients, emphasizing the importance of pivoting towards community services. He added that the community caseload demographics show that approximately 10% are young adults (18-24) and 10% are older adults. People of African and Caribbean heritage are overrepresented in the community caseload at 27%, compared to a 21% population estimate for City and Hackney. Gender split is roughly 50/50. The current model for accessing care was acknowledged by the speakers to be complicated, leading to feedback from stakeholders, including service users, that the system needs streamlining.

4.7 JF and OA described the key drivers for transformation of the services and the new model principles. They explained that key drivers for change include national prescriptions for community mental health, such as adopting a bio-psychosocial model and focusing on vulnerable groups. Other drivers are aligning the health model with the developing social care model, responding to service user and staff feedback, addressing capacity and demand challenges, and ensuring financial sustainability.

Principles for the new model include clarifying the ELFT offer, ensuring there are local, place-based services embedded in communities, utilizing trusted assessments so people only tell their story once, and integrated working.

They added that the financial transformation is focused on delivering more services in a "more efficient and effective way" using the same budget, rather than a reduction in overall spending.

4.8 Members' Questions:

a) The Chair asked about the potential duplication in talking therapy provision and changes to the level of funding.

OA clarified that IAPT and voluntary sector talking therapies primarily handle common mental illness with time-limited sessions (6 to 12 sessions). ELFT's secondary care offers specialist therapies over a much longer timeframe (months to 12 months) for people with severe mental illness, with the goal of avoiding overlap or gaps between services.

b) A Member welcomed the move towards a psychosocial and community-informed model and suggested reviewing talking therapies and high dropout rates to potentially repurpose funds given the flat budget.

PK replied that the transformation programme was an opportunity to link with talking therapy services, address fragmentation, and build on existing strengths like community-based, culturally responsive services delivered with the VCS. Cllr Turbet-Delof suggested diversification of talking therapy models beyond predominantly CBT, an idea which Hackney had the potential to lead on.

c) Members asked about how the system was responding to increased rates of depression.

JM replied that a joint strategic needs assessment (JSNA) for mental health would be published soon with extensive recommendations that will inform a robust local action plan. PK added that being data-driven and engaging with communities was key to understanding the factors and shaping accessible pathways aligned with ELFT, primary care, and VCS services.

4.9 PK took Members through her presentation on place based integrated commissioning. The Chair asked her to cover in her presentation the mitigation plans to support those who were being supported by the Wellbeing Network .

She explained her role as Deputy Director for Integrated Mental Health, Learning Disabilities, and Autism was across the local system and described her role in overseeing the various treatment pathways and outcomes. She clarified that she was the place-based commissioner focused on City and Hackney, but obviously impacted by wider NEL ICB changes and changes happening nationwide. She explained that the Wellbeing Network's 2000 clients would be supported on signposted onwards once that Network ended in 2027. She stated that future system changes would be guided by population health needs and strategic priorities, but stated it was too early as yet to provide specific detail on how services that Network provided would be integrated as part of the transformation programme.

She described the Mental Health Integration Committee (MHIC) as the key non-statutory mechanism for integrated working at the place level, bringing together NHS providers, councils, VCS, people with lived experience, and carers to jointly oversee service commissioning and delivery. Work needed to be done to strengthen MHICs

governance and ensure the voices of people with lived experience, carers', and the VCSE are amplified. She explained that integrated services are delivered under Section 75 partnership agreements across adult mental health, adult learning disability, and CAMHs services, alongside VCS partners.

She explained that current commissioning priorities which are to align with the NHS 10-year plan, include focusing on neurodiversity pathways to reduce diagnostic wait times and clarify post-diagnostic support, optimising resources for aftercare of Section 117 cases, and improving access and outcomes for children and young people. The adult community mental health work was aimed at improving access, early intervention, and reducing fragmentation, ensuring links with VCS services and integrated neighborhood models. Governance, specifically ensuring a functioning MHIC was also a key priority.

4.10 Members' Questions:

a) Members asked about the "one in four" mental health prevalence figure and the overrepresentation of the African and Afro Caribbean communities in mental health services.

JM clarified that the one in four figure was based on "survey data" rather than official diagnosis. JF explained that the system is currently under pressure, with approximately 20% more need and demand than capacity, making it unlikely that existing ELFT community services could absorb new demand, such as those from the well-being network. He confirmed that there was overrepresentation of the African and Afro Caribbean communities in inpatient services and crisis situations, which is a serious ongoing issue with the factors contributing to this including stigma and trust issues. As part of the Transformation, efforts are underway to address health inequalities by identifying needs earlier, ensuring "culturally appropriate" services, and strengthening relationships with the VCS.

b) Members welcomed efforts to reduce system complexity but asked about the future of "place" within the broader, ongoing ICB reforms.

PK confirmed that the role and structure of place-based commissioning was currently undecided and being determined at higher levels within the ICB. Members asked how the goal of "improved inpatient experience that's close to home" would work practically on a system-wide basis, especially with specialist sites.

OA replied by emphasising the importance of maintaining and sustaining connections with communities in City and Hackney including at "place," and that any future vision must hinge on community integration and working within neighborhoods. JM added that a mental health system must address the drivers of poor mental health, which locally include poverty, difference, and stigma, especially concerning racially minoritized communities.

c) Members raised the issue of the NEL wide 'strategic vision' regarding inpatient care closer to home and referred to use of private beds when local hospital beds are full, resulting in people being sent far away from home, such as to Birmingham or Manchester.

OA stated that this has happened in the past in parts of NEL but that City and Hackney has been successful in preventing patients from being sent out of the area for the past year and a half due to better system-wide work with partners.

4.11 VM took Members through the briefing paper from Mind. She explained the background to the Well-being Network, commissioned by Mind, which offers culturally sensitive services and serves some 2,000 users annually, but faces a significant budget reduction, with the service due to end in 2027. The Chair commented that he recalled a similar loss of these services about a decade ago, where GPs found they had no one to refer to, and questioned who will assist this cohort if the service ends. VM replied that the Well-being Network's work was innovative, using relatively little resources for community-rooted insights to find solutions that work locally.

VM stated that the funding reductions to the Well-being Network would have significant ripple effects on the collective community capacity, as the network brings in over £1.5 million into the local economy outside of statutory funding. She added that a cut of around £2 million had occurred over the last year and a half, resulting from the reduction of the Well-being Network and the Tavistock & Portman's Primary Care psychotherapy services.. The Wellbeing Network had been able to deliver culturally sensitive services that work over much more flexible times, often for six months at a time, which contrasted with the more 'cookie-cutter' approach" of NHS-provided IAPT service.

She stressed the need to think about data around population health needs across the life course rather than just diagnosis, as underlying drivers to mental health can be lost otherwise. She mentioned that the well-being network works with about 2,000 people a year and provides open access services like drop-ins and welfare rights advice within neighborhoods for another 700 people annually. She noted that the flexibility of the local system, which is not limited by IAPT funding, allows for tailoring services to achieve "fantastic outcomes".

She emphasised the need for a single point of access and that people reaching out for help require something immediate and tangible. She highlighted the "Mind Forward" model developed through the Well-being Network, which successfully piloted a one-at-a-time therapy that cut waiting lists down to two weeks. She concluded that it was important to think beyond optimizing existing services to encourage people in a preventative way, preventing them from reaching crisis.

4.12 Members Questions

a) Members asked about the governance mechanisms for aftercare for S.117 patients and about pre-diagnostic support.

PK explained that City and Hackney has a Multi-Agency Panel that makes joint decisions on individual care packages. She also noted the recent establishment of a Section 117 Board to look at strategic elements and system gaps, such as the need for high-needs housing. OA replied re pre-diagnostic support, he referred to the concept of "waiting well," which involves providing self-help resource packs and psychoeducation to people on waiting lists, such as those waiting for autism or ADHD assessments in the neurodiversity pathway.

b) A Member commented that there was a perception that Mind was commissioned because of a gap in services from ELFT, stating that mental health had always been underfunded and that local community groups have always had to campaign for better services.

VM replied that while acknowledging the NHS's need to be accountable in relation to equity, the NHS was not always in the best position to address equity issues, partly

due to its medically dominated approach. She welcomed ELF's move toward more community provision but stressed the continuous need for community infrastructure to innovate, hear other voices, and provide peer support.

c) The Chair stated that everyone acknowledged the serious funding debate around who pays for the service and the concerns raised by Members regarding whether a gap will be left when the Network is decommissioned, but suggested that this aspect of the discussion could be dealt with in more detail at the session in January with input on primary care, and how it might backfill, from the Clinical Director Dr Brown or from Director of Public Health, Dr Husbands.

Cllr Turbet-Delof, who is a therapist and also had been the Council's Mental Health Champion added that while CBT talking therapy is a system that works, it does not work for everyone, and data is important to understand why people drop out and how to repurpose services. She noted that Hackney has an ample offer of mental health services but that the issue lies in awareness, suggesting that work is needed to improve communication about where services are. She asked if ELFT was looking at models of what works best elsewhere.

d) Members asked about IAPT waiting lists and the 18 months waiting list for secondary care waiting lists at ELFT.

JF replied that they have been looking at models from other areas of the country and will provide insights on how their model aligns with good practice at the January meeting. JF stated that the national waiting standard for a first appointment is 28 days, and 77% of people on CPA are seen within that time. There are longer waits in other aspects of the service. He did not recognize an 18-month wait time statistic for secondary care psychological therapies; he stated he would circulate the current waiting list figures and outlined a waiting list initiative, subject to funding, aimed at reducing all waits to zero by March. JM added that there is variation within IAPT but would provide more data.

4.13 The Chair thanked all the contributors for their papers and their attendance and looked forward to part 2 of the discussion on 15 Jan.

ACTION: JF and JM undertook to circulate the most up to date waiting list data.

RESOLVED: That the report and discussion be noted.

5 Update on health impacts of poor air quality and new Air Quality Action Plan 26-30 (20.20)

5.1 The Chair stated that this item was to discuss further the progress being made on tackling the health impacts of air pollution in the borough.

5.2 He welcomed the following presenters for the item:

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

Tom Richardson (TR), Environment Projects Officer - Land, Water Air; Climate Homes and Economy Directorate

Sam Kirk (SK), Assistant Director Climate, Sustainability & Environmental Services

Ander Zabala, Service Group Manager - Sustainability and Climate, Environmental Operations

Cllr Sarah Young, Cabinet Member for Climate, Environment and Transport

5.3 Members gave consideration to 3 documents:

- a) a presentation Health impacts of poor air quality and the new Air Quality Action Plan 2026–2030
- b) Hackney's Air Quality Annual Status Report for 2024 - Executive Summary
- c) An Executive Summary of the current draft of the AQAP 2026-2030

5.4 TR took Members through the presentation in detail. He presented an overview of air quality trends and the adoption process for the new Air Quality Action Plan for 2026-30, with a focus on continuing positive trends and tackling remaining NO₂ hotspots. He specified that the statutory consultation for the new AQAP ran until September 26th, and the plan was scheduled to go to Cabinet on January 26th for formal adoption.

He summarised the air quality trends relating to NO₂, Particulate Matter and O₃ stating that in 2024, nitrogen dioxide (NO₂) decreased at over 90% of sites, continuing a decadal trend, with decreases on red routes such as the A10. However, one NO₂ annual mean objective at Pembury Circus is still exceeding the target. Particulate matter (PM₁₀ and PM_{2.5}) trends are less clear, with no substantial increase or decrease, but the PM₁₀ target was met at all sites except at Homerton Library, and the PM_{2.5} target was met at Old Street. He also highlighted a substantial increase in ozone levels, with the 8-hour mean objective which exceeded those in 2023 and 2024, noting that ozone is complicated to control locally as there are no direct emissions in Hackney.

He described the current air quality achievements and the new focus areas including tripling PM_{2.5} monitoring sites, some positive outcomes from the DERA-funded Airaware project, and the success of the zero emissions network. Transport projects which were contributing to the work include the Hackney Central Transformation to reduce traffic at Pembury Circus, new cycle ways, and £400,000 for 'green screens' at schools. The new AQAP will aim for the WHO guideline of 30 micrograms per cubic metre for annual average NO₂ and will focus on non-exhaust emissions like tire/brake wear, and address pollution sources such as construction dust, wood burning, and emissions on the waterways.

He described the challenges around data consistency and benchmarking and stressed the need for clarity and consistency in air quality figures, acknowledging the difficulty with various national and WHO targets. He explained that the new plan's commitment to 30 micrograms per cubic metre for the annual mean NO₂ is lower than the UK objective and aligns with an interim WHO target. The Chair commented here that having a simple table comparing the national targets, interim WHO targets, and the current levels would help to improve transparency for the public.

5.5 Members' Questions

a) The Chair asked about the progress being made on reducing poor air quality on red routes and also about implementing HEPA filters in schools and again, as he had done in past items on this, asked for greater consistency in the use of the comparative

figures e.g national benchmarks or WHO benchmarks and where Hackney lies against those.

TR replied that the red route and trunk road issue was complex but there has been an improvement in the red route monitoring sites and they are advocating strongly for action by TfL this and it is part of the larger plan. On HEPA filters in schools plan that has now been announced by the Mayor of London. On the use of consistent measures he stated that they had clarified this in the new Plan. Hackney will be saying their target is lower than the national standard with the aim for after 20230 to adopt an even tougher target. The Chair asked if there could be a table setting out the different targets to aid transparency.

b) Members asked about Low Traffic Neighborhoods (LTNs) and their impacts and expressed a concern about a perceived lack of meaningful outcomes related to these interventions, such as reducing respiratory conditions. They also questioned the impact of LTNs, specifically mentioning idling on main roads such as Homerton High Street.

Cllr Young (Cabinet Member) rebutted the research referred to on the relationship between deprivation and LTNS which claimed that LTNs were providing more benefits for wealthier areas. She added that the air quality data being discussed did not yet reflect the changes made at Pembury Circus. She acknowledged that a consequence of LTNs was pushing traffic onto main roads and stated that the new transport strategy's key focus will be reducing traffic overall on main roads and tackling idling of engines.

ACTION: Cllr Young undertook to share the updates on the research regarding the relationship between deprivation and low traffic neighborhoods.

c) A Member asked about charging and infrastructure issues for Electric Vehicles. They expressed concern about the high cost of the surcharge for EV charging, how often charging points are serviced, and the efforts being made to make the internet service for charging stable.

TR and DW confirmed that this was an issue for the Street Scene Team and that the questions would be passed on to them for a response.

ACTION: DT/TR to refer the question about the high cost of the surcharge for EV charging, how often charging points are serviced, and the efforts to make the internet service for charging more stable to Street Scene department for a response

d) Chair asked about the School Filter Programme

DT provided an update on this Mayor of London project, stating that seven schools in Hackney had been identified, and they had been successful in linking with three so far. He also highlighted the positive findings of a 'Pharmacy Project' in Newham, part of the DEFRA Airaware program, which showed that training pharmacists to discuss air quality with patients improved health outcomes.

e) Cllr Potter (Chair of SEG Scrutiny Commission) present as a guest asked if the new monitoring stations sufficiently cover resident concerns, particularly on main and boundary roads.

Cllr Young (Cabinet Member) confirmed that the Council is leveraging neighboring boroughs and Transport for London regarding boundary roads, such as efforts with Haringey and Islington to improve conditions around Blackstock Road. She added that air quality is improving due to the Mayor of London's ULEZ policies and surrounding

policies, though they acknowledged that more work needs to be done. She stated that it was difficult for the borough to measure the micro-level impact of improved air quality, such as a reduction in advanced asthma in children on specific streets, due to the lengthy data collection process and issues of correlation versus causation, though macro-level data across London was available. TR confirmed that data was not showing substantial increases in traffic-related pollutants anywhere, including on main roads, and that Hackney has seven automatic monitors on A-roads to collect high-quality, frequent data. TR stated that the Council is confident the data they have on air quality is sufficient and they have made improvements to monitoring over the last few years, including introducing low-cost sensors where more expensive monitors cannot be placed.

f) Members raised concerns about the poor perception among residents that the Council is not adequately explaining the work being done related to air quality, Low Traffic Neighborhoods (LTNs), and other changes.

TR acknowledged the potential to improve communication so that positive data and improvements are better shared, though he noted that the messages do not always resonate with everyone.

g) Members questioned the collaboration between Transport for London (TfL) and the Council, particularly regarding ongoing schemes and the lack of response from TfL to Councillors.

TR confirmed that their team works with TfL's air quality team but could not comment further on the broader communication lines or issues between street scene colleagues and TfL. Cllr Young later clarified that the council works "incredibly closely" with TfL, meeting frequently, and that TfL funds all street-related projects under the local implementation plan. She noted that the constant challenge is aligning the council's priorities, focused on Hackney, with TfL's priorities, which encompass the whole of London.

h) Members raised the issue of traffic redistribution onto major roads like Graham Road, which has led to residents complaining about health impacts, and the need for better information sharing.

TR replied that the acute problem on Graham Road is temporary due to road works, but the Street Scene team will continue to monitor traffic and share air quality data.

i) Members inquired about progress on home charging solutions for electric cars across pavements and plans to reduce air quality impact from barbecue smoke during the summer

TR stated that home charging is an issue for street scene colleagues and is not within their expertise, while barbecue smoke will be looked into as part of the new air quality action plan, though he cautioned that the scope of action is limited by legislation.

j) Members asked how Hackney's air quality results compare to neighbouring boroughs.

DT explained that inner London boroughs have similar air quality concentrations and that Hackney is very similar to them, often collaborating on issues. He emphasized that communication is difficult, despite programs like 'airware' which engaged residents and developed air quality champions, because people experiencing problems do not always respond to engagement projects. Cllr Young (Cabinet Member) acknowledged that communicating is challenging because of the difference between objective, dry data and residents' lived experiences, which they must both listen to and recognize.

k) Cllr Young (Cabinet Member) confirmed that the Council is formally talking to residents through numerous long and detailed consultations regarding changes to their streets. She also shared that research on LTNs indicates that in Hackney, more deprived areas have benefited, which contrasts with some other areas of the country. She stated that she was meeting with Graham Road residents to hear about their experiences, and she agreed to share the feedback with the relevant Members.

5.6 The Chair thanked the officers and Cabinet Member for their presentations and their work, noting that the new Air Quality Action Plan and updates will be a regular item on the Commission's agenda. The group will look into the sources of particles of smoke, etc., in the new air quality action plan.

RESOLVED: That the report and discussion be noted.

6 Minutes of the Previous Meeting (20.56)

6.1 Members gave consideration to the draft minutes of the meeting held on 14 October.

6.2 Members noted the updated Action Tracker.

RESOLVED: That the minutes of the meeting held on 14 October 2025 be AGREED as a correct record and that the updated Action Tracker be noted.

7 Health in Hackney Scrutiny Commission Work Programme (20.57)

7.1 Members gave consideration to the revised draft of the Commission's Work Programme for 25/26.

RESOLVED: That the updated work programme be noted.

8 Any Other Business (20.59)

8.1 There was none.

Duration of the meeting: 7.00 - 9.15 pm