



Health & Wellbeing Board

AGENDA REPORTS PACK

Wednesday, 6th September, 2017 at 6.00 pm

Room 102, Hackney Town Hall, Mare Street, London E8 1EA

Contact: Peter Gray
Governance Services Officer
Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Tim Shields
Chief Executive

**The press and public are welcome to attend
this meeting**

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Cllr Jonathan McShane Cabinet Member, Health, Social care and Culture (Chair)	Dr Clare Highton Chair, City and Hackney Clinical Commissioning Group
Dr Penny Bevan Director of Public Health Hackney Council	Paul Fleming Chair, Hackney Healthwatch
Dr Robert Dolan Chief Executive, East London Foundation Trust	Tracey Fletcher Chief Executive, Homerton University Hospital NHS Foundation Trust
Alistair Wallace Health and Social Care Forum	Cllr Anntoinette Bramble Cabinet Member, Children's Services
Anne Canning Group Director, Adults, Children's Services and Community Health, Hackney Council	Kim Wright Group Director, Housing and Public Realm, Hackney Council
Paul Haigh Chief Officer, City and Hackney Clinical Commissioning Group	Laura Sharpe GP Confederation
Raj Radia Chair, Local Pharmaceutical Committee	
NHS England Representative	
Neil Roberts Head of Primary Care NHS England London central, North and East	
Independent Advisers	
Jim Gamble Chair, City and Hackney Safeguarding Children Board	Adi Cooper Chair, City and Hackney Safeguarding Adult Board
Additional Attendees	
Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership	Jackie Brett Health and Social Care Forum
Sonia Davis Chief Inspector, Metropolitan Police	Paul Haigh Chief Officer, City and Hackney Clinical Commissioning Group
Peter Gray Governance Services Officer Hackney Council	Ida Scoullos Community Empowerment Network

AGENDA **Wednesday, 6th September, 2017**

ORDER OF BUSINESS

Item No	Title	Page No
1	Welcome and Introductions	
2	Minutes of the Previous Meeting	1 - 4
3	Declarations of Interest - Members to Declare as Appropriate	
4	Hackney Youth Parliament	
5	Community Voice	
6	Annual Tobacco Control Strategy	5 - 22
7	Illegal Tobacco Control Road Show held in June 2017	23 - 24
8	Smoke-free Spaces update - Verbal	
9	Alcohol Strategy Consultation	25 - 44
10	Pharmaceutical Needs Assessment	45 - 54
11	East London Health and Care Partnership / STP	55 - 82
12	Annual Public Health Report - For information	83 - 122
13	Complaints Charter - To follow	



Health & Wellbeing Board



14	Date of next meeting - 1st November 2017	
----	---	--



ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to **all** Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- The Director of Legal
- The Legal Adviser to the committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

1. Do you have a disclosable pecuniary interest in any matter on the agenda or which is being considered at the meeting?

You will have a disclosable pecuniary interest in a matter if it:

- relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;
- relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or
- affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

2. If you have a disclosable pecuniary interest in an item on the agenda you must:

- Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).
- You must leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.
- If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the room and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

3. Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

- i. It relates to an external body that you have been appointed to as a Member or in another capacity; or
- ii. It relates to an organisation or individual which you have actively engaged in supporting.

4. If you have other non-pecuniary interest in an item on the agenda you must:

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.
- ii. You may remain in the room, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.
- iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the room unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the room. Once you have finished making your representation, you must leave the room whilst the matter is being discussed.
- iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the room. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non pecuniary interest.

Further Information

Advice can be obtained from Suki Binjal, Interim Director of Legal, on 020 8356 6237 or email suki.binjal@hackney.gov.uk

Health & Wellbeing Board

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.



FS 566728

This page is intentionally left blank



MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY, 21ST JUNE, 2017

Councillors Present: Councillor Jonathan McShane (Chair), Dr Clare Highton (Vice-Chair), Councillor Antoinette Bramble, Penny Bevan, Raj Radia, Paul Fleming, Anne Canning, Paul Haigh, Laura Sharpe,

Officers in Attendance: Sonia Khan, Rebecca Smith, Peter Gray

Also in Attendance: Ian Tompkins, Malcolm Alexander and Jon Williams

1 Welcome and Introductions

1.1 The Chair welcomed everyone to the meeting and introductions were made.

2 Declarations of Interest - Members to Declare as Appropriate

2.1 There were no declarations of interest.

3 Minutes of the Previous Meeting

3.1 The minutes of the previous meeting were agreed as a correct record.

4 Community Voice

4.1 Andrew told the Board of his experiences around sexual abuse, homophobic neighbours, the breakdown of a relationship and the effect on his mental health. He had returned to Hackney and presented himself to the Council in a depressed state. He expressed concerns about the signposting available and did not feel secure in the process. He told the Board that he continued to feel anxious and suffered from insomnia and had tried to take his own life. At this time he was in temporary accommodation without the necessary support. He was moved to a one bedroom accommodation in the Borough and was supported by MIND. Andrew praised the work of the advocacy team in helping him access services.

4.2 The Board expressed concerns about those in the system who were not so articulate in accessing services and what the outcomes were for them. The Chair told the Board that one of the Council's biggest projects was the integration of all sectors in service provision.

4.3 Alison told the Board of her experience as a person with mental illness in Hackney. She referred to the good support she received from MIND. She went on to emphasise the need for support for people with mental illness and the early identification of people in crisis. Alison told the Board of difficulties that people with mental illness experienced during the weekends when services were not available to

them. The Chair stressed the need to treat individuals with respect and to have effective signposting so that those in need receive appropriate services. He told the Board of work underway with the CCG on crisis pathways. Paul Fleming told the Board of the work of the third sector in signposting to other appropriate services.

5 Mental Health Action Plan - Update

5.1 Penny Bevan introduced the report. The Board noted that the London Borough of Hackney had signed-up to the Local Authority Mental Health Challenge which had been set by seven leading mental health charities working to improve mental health across England. In response the Council had appointed Cllr Tom Rahilly as its Member Champion for mental health. An action plan was proposed to the Board in October 2016 setting out five key areas of work that were to be led by the local authority, in partnership with other organisations and individuals. Penny updated the Board on work that continued in relation to actions. A report back would be made to the Board on the remaining two actions.

5.2 In relation to action 4 on 'Life events that can trigger poor mental health' the Chair asked that this be closely monitored with feedback made. He went to stress the need for appropriate signposting. In response to a question from Paul Haigh on whether people with mental illness were involved in the process Penny Bevan agreed to report back on this. Raj Radia reported to the Board that Community Pharmacies have become more dementia friendly

Agreed:

To note the report,

6 CCG Mental Health Programme Board - Five to Thrive

6.1 The Board noted that work had been undertaken with colleagues in the health and the social and voluntary care sector to support this initiative. A steering group with members from local community groups had been set up to help drive the initiative forward. The aim was to support all residents with non-acute mental health problems to access local resources and develop habits that support and enhance their emotional wellbeing and build resilience. It was noted that the initiative wished to be ensure that residents of City and Hackney felt informed and supported to manage their emotional health and wellbeing by providing information and signposting of resources available.

Agreed:

To note the report and that the Board be update on progress.

7 Health and Private Housing Sector

7.1 Rebecca Smith introduced the report. The Board noted that Public Health and Private Sector Housing had collaborated to create a fixed term post for a PH officer based in the Private Sector Housing team. The post holder leads on a project aiming to improve support and address unmet health and wellbeing needs among vulnerable tenants in the Private Rented Sector. This was in response to the growth of the PRS in Hackney, variable conditions within the PRS, and strong evidence on the links between housing conditions and pressures, and both physical and mental health. This

report highlighted the progress of the project to date, and proposed next steps for the health and wellbeing board. Rebecca Smith outlined the three main interrelated work streams as follows:

- Providing training and support to colleagues in the PSH team that enables them to provide advice to tenants at risk of poor health, and to signpost tenants to relevant services
- Develop a network of public sector agencies that engage with tenants in the PRS
- Identify, collect and analyse data that will help to identify vulnerable tenants and their health needs more easily and quickly

Agreed:

1. To note the report.
2. That the Board be updated on progress.

8 Complaints Charter

8.1 Jon Williams and Malcolm Alexander (Hackney Healthwatch) introduced the report. They told the Board that in the previous year Healthwatch Hackney NHS Community Voice held a public meeting on 'Complaining Effectively in the NHS' on 31st January 2017 with 85 people in attendance. At the meeting members of the public called for a local patients' charter on the rights of patients regarding the complaints processes, which all services and providers should sign up to and which treats complainants as valuable contributors to quality service delivery. The Board considered that having one clear set of expectations was a positive way forward and supported its introduction. Penny Bevan emphasised that it would provide the opportunity for informal resolutions and suggested the inclusion of flowchart within the charter. The Chair stressed that the Homerton should be consulted on the document and that a launch event be arranged for autumn. It was agreed to amend the charter taking into account the comments of the Board with the amended versions submitted to the September meeting. .

Agreed:

That the amended complaints charter be submitted to the September meeting of the Board for agreement.

9 Development of new Community Strategy

9.1 Sonia Khan updated the Board on the processes for developing a new Community Strategy for the Boroughs, including details on the draft themes for the strategy and the public consultation planned for the summer of 2017. The strategy would set out the Council's overarching vision for Hackney as it grew and changed over the next decades. Further, it would provide a backdrop for all of the Council's decision making throughout this period and a focus for working in partnerships with residents, business the voluntary and community sector, and statutory agencies. Sonia told that Board that although the Council was no longer required to have a strategy of this kind it felt that it was important to have a clear, collective vision of how the Council want to develop based on what resident have said and the evidence the

Borough has about Hackney was likely to change over the coming years. She went on to draw the Board's attention to the draft crosscutting themes of the strategy.

9.2 The Chair emphasised that integrated commissioning was crucial to the development of the community strategy and the support of local people.

RESOLVED:

1. To note the progress in developing the Community Strategy to date
2. To note that formal public consultations will take place between mid-July and mid-September and members are invited to submit comments on the full draft of the strategy through this process

10 North East London Sustainability and Transformation Plan (NEL STP) - update

10.1 Ian Tomkins introduced the report providing a further update to the Board on the development of the East London Sustainability and Transformation Plan, particularly in relation to finance, the governance arrangements and public engagement. Ian outlined to the Board how the STP was currently engaging with Local Authorities. He told the Board that a digital version of the plan was to be produced and circulated. In response to a question from Paul Haigh he agreed to request a list of all those who had signed up to the STP.

Agreed:

To note the report.

11 Health and Social Care Devolution - Verbal Update

11.1 The Board noted that so far there had been two meetings of the Integrated Commissioning Board. Work stream directors were now in place. However, slow progress was being made in implementing governance arrangements. It was noted that it was proposed that there was to be a single accountable officer for the 7 Boroughs in the NEL STP.

12. Date of next Meeting

6th September 2017

Duration of the meeting: 6pm- 8pm

Report to Hackney Health and Wellbeing Board

Date: 6 th September 2017	
Subject:	Tobacco Control Strategy Workshop – Summary Report and Action Plan
Report From:	Miranda Eeles, Public Health Strategist, London Borough of Hackney
Summary:	<p>Tobacco remains one the most important risk factors for disease, disability and premature mortality in Hackney. This workshop, the second in a series of annual strategy workshops, brought key partners together to hear about what has been achieved since the workshop in 2016, discuss how to address this major cause of health inequalities through improved collaboration and commit to new actions over the next 12 months.</p> <p>The resulting action plan for 2017/18 is what was discussed and agreed upon by participants during the workshop. Hackney Council's Tobacco Control lead will be responsible for monitoring implementation along with delivery leads identified at the meeting.</p> <p>The 'Prevention Workstream' within the local integrated commissioning model has specific requirements relating to smoking and tobacco control. These include: making the public sector estate in Hackney smoke-free, and developing a system-wide plan to reduce smoking prevalence across the local population. The action plan attached here is the current means for achieving those requirements.</p> <p>In July 2017, the Department of Health published its new Tobacco Control Plan for England. Attached is a briefing document on the Plan and how it dovetails with our work in Hackney.</p> <p>Also attached for reference is a summary presentation of progress against the actions that were agreed for implementation in 2016/17 and presented to the Board at its meeting on 5 October 2016.</p>

Recommendations:	<p>The Health and Wellbeing Board is asked:</p> <ul style="list-style-type: none"> • To agree the recommendation outlined in the report regarding the focus of tobacco control work over the next 12 months and beyond. • That members review their own organisation’s actions over the last 12 months regarding reducing smoking prevalence in the Borough. • To commit to a representative from their organisation attending the third tobacco control strategy workshop in 2018 • Consider the role of the Board in supporting and monitoring implementation of the actions over the coming year
Contacts:	<p>Miranda Eeles, Public Health Strategist, 020 8356 2717, miranda.eeles@hackney.gov.uk</p>

Financial Considerations

There are no direct financial considerations at this stage as this is the summary report of a workshop.

Legal Considerations

There are no legal implications arising out of this summary report.

Attachments

1. Tobacco Control Strategy Workshop June 2017 – Summary Report and Action Plan
2. Tobacco Control Strategy Actions 2016 – progress of implementing actions
3. Briefing document on DoH’s new Tobacco Control Plan for England

Summary Report on Tobacco Control Strategy meeting

June 2017

Introduction

Tobacco remains one of the most important risk factors for disease, disability and premature mortality in Hackney. This workshop, the second in a series of annual strategy workshops, brought key partners together to hear about what has been achieved since the workshop in 2016, discuss how to address this major cause of health inequalities through improved collaboration and commit to new actions over the next 12 months.

The workshop included presentations on the following key areas of tobacco control:

Maternity:

- Implementing CO screening for pregnant women at HUH - **Carolyn Bovelie, SSS Midwife, HUH**)
- Implementing CO screening for mothers at new birth visit - **Abi Alabi, Senior Health Visitor, HUH**)

Prevention:

- Smoking prevention within the Substance Misuse Service - **Shawn Bent, SMS Team Leader, Young Hackney**) and the CYP Health and Wellbeing Service - **David Wright, Team leader, CYP HWB service**)

Enforcement:

- Addressing the supply and demand of illegal or cheap tobacco – **Audrey Dembinski, Senior Trading Standards officer, LB Hackney**

Going smokefree:

- Homerton Grove: Hackney's first smokefree green space – **Bruce Irving, Parks Development officer, London Borough of Hackney**
- Future plans re going smokefree at HUH – **Iain Patterson, Associate Workforce Director, HUH**

The workshop also heard from:

- **Hazel Cheeseman, Director of Policy at ASH** on Smoking and Mental Health and the latest statistics on electronic cigarettes.
- **Jayne Taylor, Public Health Consultant, LB Hackney**, on Integrated Commissioning and Sustainability Transformation Plans

For the break-out sessions, participants were divided into groups and were asked to identify actions, both individually and collectively where support could be given according to the different elements of tobacco control. These are:

- Preventing young people from taking up smoking
- Protecting families & communities from second hand smoke and helping to de-normalise smoking
- Motivating and assisting every smoker to quit with a particular focus on high risk groups
- Reducing the availability and supply of cheap/illegal tobacco
- Providing high quality and effective Stop Smoking Services (SSS)
- Communicating and educating on the harms related to smoking and use of other tobacco products

The following action plan is what was discussed and agreed upon by participants during the workshop. Hackney Council's Tobacco Control lead will be responsible for monitoring implementation along with delivery leads identified at the meeting.

Effective Tobacco Control	Action	Organisations involved	Delivery lead(s)
Preventing young people from taking up smoking	<ul style="list-style-type: none"> - Carry out an audit of all schools to determine which have smoking policies and where it sits (e.g., Wellbeing, Alcohol/drugs policy, etc) 	CYP HWB Service	David Wright
	<ul style="list-style-type: none"> - Develop a framework to support schools to develop robust policies on smoking covering range of issues including: <ul style="list-style-type: none"> o Curriculum o Culture/Environment (e.g. school gates) o Signposting/provision to treatment¹ 	CYP HWB Service Learning Trust Cutfilms	David Wright James Wright Stacey Williams
	<ul style="list-style-type: none"> - Explore provision of teacher training (Level 1)? – particularly supporting teachers to have an honest discussion with pupils about their own behaviour if they are smokers 	LBH PH, Hackney SSS (WH) CYP HWB Service	Miranda Eeles, David Wright and Robert Loton
	<ul style="list-style-type: none"> - As part of CYP HWB service, Include messages on <ul style="list-style-type: none"> o resilience – for primary age o empowerment and defending rights of children and young people not to be manipulated by big tobacco or retailers 	CYP HWB Service	David Wright
Protecting families and communities from second hand smoke and helping to de-normalise smoking	<ul style="list-style-type: none"> - To train staff in HUH’s paediatric unit to deliver ‘Very Brief Advice’ on smoking cessation and second hand smoke. This could be done at an all staff meeting. 	HUH, LBH PH, Hackney SSS (WH)	Andreena Walton
	<ul style="list-style-type: none"> - To consider procuring CO Monitors and Lung Age monitors for frontline staff to use during VBA. Eg alongside the new Baby pack 	LBH PH	Kate Heneghan?
	<ul style="list-style-type: none"> - Build on smokefree pilot in Homerton Grove and increase number of areas that are voluntarily designated as smoke-free 	Hackney Housing, Parks and LBH PH	Miranda Eeles and David Padfield
	<ul style="list-style-type: none"> - Train estate managers and concierge staff and use notice boards to remind people of the dangers of smoking and encourage use of the Hackney SSS 	Hackney Housing and LBH PH	Miranda Eeles and David Padfield
	<ul style="list-style-type: none"> - Find out legality and cost of offering a discount to alcohol on-site license holders for making their outdoor spaces smoke-free – and develop an implementation plan if assessed to be feasible. 	LBH PH	Miranda Eeles Shivangi Medhi
Motivating and assisting every smoker to quit with a particular focus on high risk groups (people	<ul style="list-style-type: none"> - Ensure that the specialist midwives on mental health and substance misuse are trained up on smoking and understand their role in helping those with mental ill health or substance misuse issues to quit smoking 	HUH	Tamsin Bicknell
	<ul style="list-style-type: none"> - To develop a discharge template for inpatients at ELFT to ensure strong 	ELFT	Kate Corlett

¹ Incorporate findings from recent review of EU literature on this

with SMI, pregnant women, Turkish speaking communities/Black Caribbean/White British/Vietnamese, travellers, homeless)	referral pathways into community SSS		
	- Scoping out the options to deliver a clinic at the Recovery Centre for service users in particular homeless/people with SMI	LBH PH/Hackney SSS	Fred Agbah Miranda Eeles
	- Training to be adapted to suit different health professionals and front line staff according to their target audience (eg young people, people with SMI)	LBH PH/Hackney SSS	Robert Loton
	- To train the social prescribing team (who have Turkish members) in delivering Very Brief Advice	CCG, LBH PH Hackney SSS	Charlotte Painter and Miranda Eeles
	- Work more closely with Substance Misuse Service to integrate smoking cessation in service provision	Public Health, Young Hackney and WDP	Miranda Eeles, Helen Brock and Shawn Bent
	- To get all ACERS staff to do the NCSCT smoking cessation practitioner on-line module	Homerton	Debbie Roots
	- Engage with/support fathers who smoke, and encourage smokefree homes. This could be done in gyms, football clubs and stadiums.	LBH PH	Miranda Eeles
Communicating and educating on the harms related to smoking and use of other tobacco products	- Do more to reach parents and young people where you have a captive audience, e.g. stalls at leisure centres (during swimming classes), stalls at parents evenings, sports days. Work with schools, finding mechanisms to reduce additional 'asks' for the school	CYP HWB Service Hackney SSS	David Wright Fred Agbah
	- Engage with paediatric staff (see point above), school nurses, children's centres to deliver VBA to parents	LBH PH, Shoreditch Trust	Miranda Eeles Fred Agbah
Reducing the availability and supply of cheap/illegal tobacco	- Train midwives on the harm caused by cheap tobacco and how to report it.	Homerton	Tamsin Bicknell
	- Trading Standards to present to Young Hackney Drug & Alcohol advisors	Trading Standards and Young Hackney SM Team	Audrey Dembinski and Shawn Bent
	- Include illicit tobacco in awareness sessions with CYP	CYP HWB Service Hackney SSS	David Wright Whittington Health
	- Explore how reporting mechanisms for illegal tobacco can be made more relevant for young people e.g. using social media, reporting via text, stressing that all reports are in confidence, looking at whether incentives could be offered for reporting	Trading Standards Young Hackney	Audrey Dembinski David Wright
	- To cascade information on the harm caused by the illegal tobacco trade to different networks (eg Healthy workplace charter, LBH Comms, ELFT and HUH newsletters)	Public Health	Miranda Eeles
	- Publicize widely the consequences for licensees of potentially losing their alcohol license or having it suspended if they take the risk of selling illegal	Trading Standards and Public Health	Robin Jones and Miranda Eeles

	and illicit tobacco		
	- Postcode target an area with the new multi-skilled enforcement team	Trading Standards and PH	Robin Jones and Miranda Eeles
Providing high quality and effective Stop Smoking Services (SSS)	- Use of 'peer quitters', building on models of peer mentoring, particularly for marginalised groups e.g. homeless	LBH PH, Hackney SSS	Miranda Eeles
	- Scope out the options re having a stop smoking advisor within the ACERS team (Respiratory)	HUH, Shoreditch Trust	Debbie Roots Fred Agbah

Appendix 1: participant list

	Name	Email	Organisation	Job title
1	Abi Alabi	abimbola.alabi@homerton.nhs.uk	Homerton Hospital	Senior Health Visitor
2	Andreena Walton	Andreena.Walton@homerton.nhs.uk	Homerton Hospital	Specialist Stop Smoking Advisor
3	Anna Garner	Anna.garner@nhs.net	C&H CCG	Head of Outcomes and Evaluation
4	Audrey Dembinski	Audrey.Dembinski@hackney.gov.uk	Hackney Council	Senior Trading Standards officer
5	Bruce Irving	Bruce.Irving@Hackney.gov.uk	Hackney Council	Parks Development Officer
6	Caroline Millar	caroline.millar3@nhs.net	GP Confederation	Lay member of GPC Board
7	Carolyn Bovellev	Carolyn.bovellev@nhs.net	Homerton Hospital	Stop Smoking Specialist Midwife
8	Charlotte Painter	charlottepainter@nhs.net	C&H CCG	Programme Board Manager
9	Claire Ritchie	Claire.ritchie@elft.nhs.uk	ELFT	Care Coordinator
10	David Wright	david.wright@hackney.gov.uk	Hackney Council	CYP Health and Wellbeing Team Leader
11	Deborah Roots	deborah.roots@homerton.nhs.uk	Homerton Hospital	Respiratory Nurse
12	Donna Lee	donna.lee@hackney.gov.uk	Hackney Council	Public Health Practitioner
13	Fred Agbah	fred@shoreditchtrust.org.uk	Shoreditch Trust	Stop Smoking Service Manager
14	Gareth Wall	Gareth.Wall@hackney.gov.uk	Hackney Council	Public Health Manager
15	Genique Harrison	genique.harrison@nhs.net	Whittington Health	Hackney Stop Smoking Service
16	Hazel Cheeseman	Hazel.cheeseman@ash.org.uk	ASH	Director of Policy
17	Helen Brock	helen.brock@hackney.gov.uk	Hackney Council	Public Health Strategist
18	Iain Patterson	Iain.Patterson@homerton.nhs.uk	Homerton Hospital	Associate Director, Workforce
19	Jacqui Henry	jhenry@shoreditchtrust.org.uk	Shoreditch Trust	Programme Manager
20	James Wright	James.Wright@learningtrust.co.uk	Hackney Learning Trust	Education Advisor
21	Jayne Taylor	Jayne.Taylor@hackney.gov.uk	Hackney Council	Public Health Consultant
22	Joanna Eley	joanna.eley@homerton.nhs.uk	Homerton Hospital	Transformation manager

23	Jonathan McShane	Jonathan.McShane@hackney.gov.uk	Hackney Council	Cabinet Member for Health and Social Care & Culture
24	Kate Corlett	kate.corlett@elft.nhs.uk	ELFT	Associate Director, Medical
26	Katherine Korner	Katherine.Korner@Hackney.gov.uk	Hackney Council	Public Health Intelligence Officer
27	Marcus Pradhan	Marcus.pradhan@homerton.nhs.uk	Homerton Hospital	Service Manager
28	Mark Baker	mark.baker15@nhs.net	Whittington Health	SSS Trainer / Specialist Advisor
29	Miranda Eeles	Miranda.Eeles@hackney.gov.uk	Hackney Council	Public Health Strategist
30	Nadia Sica	nadia.sica@hackney.gov.uk	Hackney Council	Public Health Manager
31	Nicole Klynman	Nicole.klynman@hackney.gov.uk	Hackney Council	Public Health Consultant
32	Ophelia Chatterjee	ophelia.chatterjee@hackney.gov.uk	Hackney Council	Public Health Graduate Trainee
33	Penny Bevan	Penny.Bevan@Hackney.gov.uk	Hackney Council	Director of Public Health
34	Peter Byrne	Peter.Byrne@elft.nhs.uk	ELFT	Lead Psychiatrist
35	Raj Radia	raj@springpharmacy.co.uk	Local Pharmaceutical Committee	Chair
36	Rebecca Clarkson	Rebecca.clarkson@hcvs.org.uk	HCVS	Director, C&H Together
38	Rhiannon England	rhiannon.england@nhs.net	C&H CCG	Mental health Lead
39	Rosemary Gordon	rosemary.gordon@homerton.nhs.uk	CHYPS Plus	Lead Nurse
40	Shawn Bent	Shawn.Bent@Hackney.gov.uk	Hackney Council	Substance Misuse Team Leader
41	Shivangi Medhi	Shivangi.medhi@hackney.gov.uk	Hackney Council	Public Health Practitioner
42	Stacey Williams	stacey@cutfilms.org	Cut Films	Head of Cut Films
43	Tamsin Bicknell	tamsin.bicknell@homerton.nhs.uk	Homerton Hospital	Public Health Consultant Midwife

Appendix 2: Agenda and presentations

Annual Tobacco Control Strategy workshop

Tuesday 13 June 2017, 1000-1300

1000-1005: Introduction from Cllr Jonathan McShane:



PPT JM+PB+ME.pdf

1005-1015: Presentation: Why are we here? (Dr. Penny Bevan, Director of Public Health, LBH)

1015 – 1025: Presentation on: Who's still smoking in Hackney (Miranda Eeles, Tobacco Control lead, LBH)

1025 – 1100: Presentations on: What we've been doing in Hackney around Tobacco Control:

- Maternity: Carolyn Bovelle, SSS midwife and Abi Abiola, Health Visiting
- Prevention: Shawn Bent and David Wright, Young Hackney
- Enforcement: Audrey Dembinski, Trading Standards
- Going smoke-free: Bruce Irving, LBH Parks; Iain Patterson, Homerton Hospital



PPTS Hackney
TC.pdf

1100-11:15 Coffee break

1115-1130: Smoking and Mental Health: Hazel Cheeseman, Director of Policy at ASH



PPT Smoking and
Mental Health_Chee

1130-1215: Breakout sessions

1215-1225: Report back in plenary

1225-1250: Update on issues in Tobacco Control

- **E-cigarettes:** Latest stats on use and regulation (Hazel Cheeseman, ASH)



PPT
E-cigs_Cheeseman.p

- **Integrated commissioning and STP:** What is it and how will it work in Hackney. (Jayne Taylor, PH Consultant, LBH)



PPT Integrated
Commissioning JT.p

- **Stop Smoking Service Review:** What, why, when (Miranda Eeles, LBH)

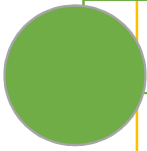
1250-1300: Wrap up: Councillor Jonathan McShane

This page is intentionally left blank

Tobacco Control Strategy Actions 2016

Progress of implementing actions

Prevention; Young People



Collaboration between CHYPS+ and Young Hackney Substance Misuse (YHSM) to allow **Single Point of Access** for young people accessing **smoking** and **substance misuse advice and support**



Young Hackney Substance Misuse trained up on **smoking prevention**; incorporated into existing **prevention & outreach**, targeting **last year of primary school**

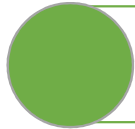
Collaboration explored with **existing ELFT services** such as First Steps and EQUIP (the Early Intervention Team)

Ad hoc smoking prevention projects promoted by LBH through PSHE and the new CYP's Health and Wellbeing service

Smoking prevention project in schools; poster competition to promote **smokefree** areas around **school gates**; **parents as peer health. and wellbeing champions**



Incorporate smoking prevention or referral to SSS into **C&H Mind's** new **Transition** service (from CYP to adult mental health services)



Smokefree Policy at **Greenhouse Practice**

Smokefree Policy at **St Leonard's**

Protection from second-hand smoke & de- normalising smoking



Homerton Hospital commits to going **Smokefree**, in line with **NICE guidance 48**

Implementing a no-smoking **park**

Turkish, Turkish Cypriot and Kurdish **community-specific strategy** developed

Smokefree school gates



Parks used as a canvas for no-smoking campaign, including footage of Hackney residents in parks for anti-tobacco campaign

Tudor Road and **Homerton Row** facilities **Smokefree**

Assisting every smoker to quit

Training on **L1** for: Troubled Families outreach workers, health visitors, Job Centre/Employment staff, Gym/fitness staff, Community wardens, First Episode Psychosis team
GPs provide **summary sheet** about **prescribing** for patients with **SMI** who are trying to quit
Hackney Homes wellbeing day to include **signposting** to Stop Smoking **Service**
CQUINs on **CO screening** for all **pregnant** women by **midwives** agreed
SSS Outreach during Hackney Homes **Health and Wellbeing days**

ELFT Stop Smoking Champions in **outreach** teams, trained in L2 Smoking Cessation
NHS Health Checks used more effectively to motivate smokers to quit
GPC forums used as means of **sharing good practice** for nurses and healthcare assistants in **primary care**
Develop mindfulness groups

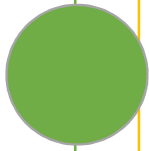
Training on **L1** for: Adult Treatment Services and Services for Carers, Hidden Harm Programmes, Wellbeing Network, Housing Staff, optometrists, Imams and Rabbis
Smoking as a topic area in **family relationships recovery** work
Level 1 training for **school pastoral staff**
'Superheroes' theme **holistic model** piloted with **children and young people**
Parents evenings in **schools** attended by SSS
Ensure smokers with a **mental health condition** in **secure units** are referred to **SSS**, and **data shared** with LBH PH
Teenage mother interventions, support to **quit during pregnancy** and **remain smokefree** afterwards

Educating & Communicating on the harms of tobacco

Localise national campaigns such as **Stoptober**, January Health Harms and **other ad hoc** comms opportunities
Different methods of **promotion** such as **Proud Hackney Quitters**

Different channels explored such as **beer mats**, **leaflets** in **community centres**, **bar/club smoking shelters**

Illegal Tobacco



Collaborations between **Community Safety** team and **Public Health** and **Trading Standards** on tracing and understanding
Promotional material on the **dangers** of illegal tobacco for **shops**, general **public** and **SSS clients**
Duty line for **reporting** illicit tobacco by **police** and other providers
Ensure awareness of reporting mechanism by SSS providers
Partnership Tasking Meetings on **enforcement** to raise **awareness** of **roles** and **reporting process**
Licensing Operations Review Group to consider **what conditions** should be imposed on **offending license holders**
Publicise cases of **licenses lost** due to illicit tobacco sales



Press to share **social impact** of illicit tobacco
Secure Police officer **buy-in** through providing **evidence** of **links** between illegal tobacco and **other crime**

Page 18

Ensure Stop Smoking Services are high quality and effective



Family Nurse Partnership nurses all **Level 2 trained**, with all relevant **equipment** provided
Pregnancy and post-partum **clinic** at **Shoreditch Maternity Centre** established



Homerton SSS moved to more **prominent location**
Regular SSS advisor meetings to **share learning** and best practice





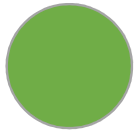
Young People's Substance Misuse Service to locate in **ELFT setting** regularly
Smoking cessation **clinics** at **ELFT's Therapeutic Community Outreach** Service

Tobacco Regulation



Ensure premises abide by tobacco regulation re: **advertising, underage sales and smoking indoors**

Other



Littering fines enforced and publicised for throwing away cigarette butts

This page is intentionally left blank

Briefing on the Department of Health's new Tobacco Control Plan for England

The government published its new Tobacco Control Plan for England on 18 July 2017. The plan, titled '*Towards a Smokefree Generation*' has the following four national ambitions before **2022**:

a. The first smokefree generation:

- Reducing prevalence of 15 year olds who regularly smoke from 8% to 3%
- Reducing smoking prevalence among adults in England from 15.5% to 12%
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

b. A smokefree pregnancy for all:

- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

c. Parity of esteem for those with mental health conditions:

- Improve data collected on smoking and mental health to help us to support people with mental health conditions to quit smoking.
- Make all mental health inpatient services sites smokefree by 2018.

d. Backing evidence based innovations to support quitting:

- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.

To achieve the ambitions above, the government has come up with a set of actions based on four main themes.

1. Prevention first
2. Supporting smokers to quit
3. Eliminating variations in smoking rates
4. Effective enforcement

1. Prevention first – working to achieve the first smoke-free generation

National action: The government will review the type and level of sanctions for tobacco retailers who repeatedly break laws designed to protect young people. Public Health England (PHE) and NHS England will look at a series of actions around supporting pregnant smokers to quit, including analysing current practice in maternity services and developing a joint work plan for how local areas can work together to achieve reducing smoking in pregnancy.

What we are doing locally in this area:

- a. Support the implementation of NICE Guidance on smoking in pregnancy with the Homerton and work with midwifery, Health Visiting, Family Nurse Partnership and the CCG to ensure women are supported to quit and remain smoke-free from conception through to early years.

2. Supporting smokers to quit

National action: PHE will monitor effectiveness of stop smoking services and ensure health professionals have access to the information and training they need to provide effective help for smokers to quit. To ensure parity of esteem for those with mental health conditions, PHE and NHS England will support staff in mental health trusts to implement NICE guidance PH45¹ and PH48². The Department of Health (DoH) and PHE will rectify gaps in data on smoking and mental health, and NHS England and PHE will support the implementation of commissioning levers associated with

¹ PH45 Smoking: Harm Reduction

² PH48 Smoking: Acute, maternity and mental health services

Commissioning for Quality (CQUIN) and Sustainability and Transformation Partnerships. On e-cigarettes – DH will monitor the impact of regulation and PHE will update their evidence report and provide evidence-based advice. PHE will support NHS Trusts and secondary care units to implement NICE Guidance PH48 and will work with employers on supporting workforces to stop smoking.

What we are doing locally in this area:

- a. A high quality and effective stop smoking service (SSS) that supports more than 3,000 smokers annually to quit.
- b. A tobacco control action plan that commits multiple stakeholders to deliver and implement activities to reduce smoking prevalence and prevent uptake in Hackney.
- c. Targeted smoking cessation support to people with mental health conditions
- d. Supporting the East London Foundation Trust (ELFT) to implement NICE Guidance PH48 including training more than 50 members of staff to deliver smoking cessation support.

3. Eliminating variations in smoking rates

National action: DoH and PHE will promote links to SSS across the health and care system and develop guidance and messages for professionals on the delivery of stop smoking interventions. PHE will continue to use mass media campaigns, and will support local areas to implement local smokefree policies. The government will implement smokefree policies across all prisons in England and support implementation in all hospitals.

What we are doing locally in this area:

- a. Training a range of health professionals and front-line staff in delivering ‘Very Brief Advice’ (VBA) to smokers.
- b. Identifying and targeting high prevalence groups with tailored smoking cessation support.
- c. Implementing smoking CQUINs with ELFT on screening, recording, giving advice and referral.
- d. Tailoring national campaigns such as Stoptober and No Smoking Day for different cultural groups.
- e. Supporting Homerton to implement their smokefree policy by January 2018.

4. Effective enforcement

National action: The government will continue to maintain high duty rates for tobacco products and will improve the use of sanctions to address tobacco fraud. It will work with the media to raise awareness of tobacco duty evasion. It will review measures and activities related to tobacco affected by the UK’s exit from the EU.

What we are doing locally in this area:

- a. Effective partnership working with Trading Standards in Hackney, and also with 7 neighbouring boroughs and pan London to:
 - raise awareness of illegal tobacco, proxy purchasing and the sale of singles
 - change attitudes towards it
 - increase reporting of premises that do any/all of the above.

Report to Hackney Health and Wellbeing Board

Date: 6th September 2017	
Subject:	Illegal Tobacco Roadshow – Summary Report
Report From:	Ophelia Chatterjee, Public Health graduate trainee, London Borough of Hackney
Summary:	<p>In July the Hackney Public Health team, in partnership with Hackney Trading Standards, hosted a roadshow as part of a London-wide campaign to highlight the harm caused by the sale of illegal or cheap tobacco.</p> <p>The campaign, supported by London Councils and London Trading Standards, aimed to improve public understanding of the different types of illegal tobacco and the consequences of supporting the trade, and to gather information on public attitudes and premises where illegal tobacco may be being sold.</p> <p>The event was supported by BWY Canine, a company that employs dog handlers and sniffer dogs to help detect places where illegal tobacco is hidden.</p> <p>During the roadshow, officers from Trading Standards and Public Health conducted a survey with 54 members of the public to understand better attitudes towards and experience of illegal tobacco and knowledge of premises that sell it.</p> <p>Over two thirds (68.5% on average) of respondents agreed with statements about the harm caused by illegal tobacco such as ‘Something should be done to stop the sale of illegal tobacco’ and ‘Illegal tobacco makes it easier for children to start smoking’.</p> <p>These results, though far from representative and based on a very small sample, are promising in indicating that when engaged on the issue there is likely to be widespread public support for the idea that not only is illegal tobacco a public health concern, but one which should be acted on.</p> <p>Twenty eight individuals were willing to share information about where they suspected illegal tobacco was being sold in the borough. This resulted in enforcement action on three premises, two of which were found to be selling illegal cigarettes and loose tobacco.</p> <p>Both premises will have their license reviewed.</p>

	<p>The roadshow was also used to publicise local smoking cessation services, with representatives from one local pharmacy provider running a stall. They spoke to around 70 people on the day, of whom 8 signed up to the Hackney Stop Smoking Service.</p> <p>Across London, 11 boroughs participated in the roadshow and in total 554 survey responses were obtained. A report is being compiled and will be shared at the next pan London Illegal Tobacco meeting on 22nd September.</p>
Recommendations:	To note the report.
Contacts:	Miranda Eeles, Public Health Strategist, 0208 356 2717, Miranda.eeles@hackney.gov.uk

Financial Considerations

There are no financial considerations arising out of this summary report.

Legal Considerations

There are no legal implications arising out of this summary report.

Report to Hackney Health and Wellbeing Board

Date: 6 th September 2017	
Subject:	Alcohol Strategy Consultation
Report From:	Gareth Wall, Head of Public Health, London Borough of Hackney
Summary:	<p>Hackney is currently consulting on a draft Alcohol Strategy which will set out the priorities for reducing alcohol related harm over the next three years.</p> <p>The strategy draws on a range of engagement activity over the last year with residents, partners and service users as well as local and national evidence summarised in the Health and Wellbeing Profile.</p> <p>The draft strategy identifies four broad objectives:</p> <ul style="list-style-type: none"> • Encourage healthier drinking behaviours • Commission appropriate and responsive treatment services • Support families, carers, and young people affected by alcohol misuse • Improve drinking environments <p>The consultation seeks views on a number of specific actions to address alcohol related harm in Hackney, under each of the above objectives. A detailed action plan will also be developed to support the delivery of the final version of the strategy.</p> <p>A copy of the draft Alcohol Strategy is attached.</p>
Recommendations:	<p>The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • comment on the objectives and actions identified in the draft strategy • consider the role of the Board in supporting delivery of the strategy over the coming years • note that formal public consultation is underway until 9th October 2017 and that all are invited to submit comments on the full draft of the strategy through this process
Contacts:	<p>Gareth Wall, Head of Public Health, London Borough of Hackney 0208 356 3029 Gareth.wall@hackney.gov.uk</p> <p>Helen Brock, Public Health Strategist, London Borough of Hackney 0208 356 5193 Helen.brock@hackney.gov.uk</p>

Financial Considerations

There are no direct financial considerations at this stage as this is an update on the development of a strategy document.

Legal Considerations

There are no legal implications arising out of this report.

Equality Impact Assessment

Understanding of inequality and the activity required to drive down health and other inequalities has been central to the development of the Alcohol Strategy. An equality impact assessment is being completed and will accompany the final draft of the strategy.

Attachments

Draft Alcohol Strategy

Alcohol Strategy

2017-2020

Consultation Draft



Introduction

Alcohol is an accepted part of many cultures as a means of relaxation and celebration, and can have a positive impact on social and community life. The alcohol industry provides employment through production, retail and the night-time economy. However, as a widely available intoxicant and potentially addictive substance, it lends itself to misuse and has attendant health risks.

Alcohol is the leading risk-factor for ill-health, early death and disability among people aged 15 to 49 in England, and the fifth leading risk factor for these across all age groups. [1] It is a potential factor in more than sixty medical conditions including liver damage, cardiovascular disease and certain cancers, [2] and is linked to poor mental health and suicide.

Alcohol misuse doesn't only affect the person drinking. It can also have adverse effects on children and families, and is often a factor in crime and antisocial behaviour, and in absenteeism and lower productivity at work.

The City & Hackney's Health and Wellbeing Profile covers alcohol both as a lifestyle issue, [3] and as substance misuse when it becomes harmful to the drinker's health or wellbeing, or those of other people [4]. Key observations from the Health and Wellbeing Profile include:

- Alcohol consumption in the UK has fallen since 2005, especially in younger age groups. But people under-report how much they drink, with heavier drinkers more likely to do so
- Alcohol-related hospital admissions have risen by almost two-thirds since 2005, and more steeply for men than women. In the UK, an estimated one third of accident & emergency attendances are alcohol-related (this doubles at weekend peak-times), as are 22-35% of GP visits.
- Harmful drinking at a young age can affect physical development, and is associated with other risk-taking behaviours. Parenting, parental drinking, and alcohol marketing all affect young people's drinking behaviour.
- Almost half of the victims of violent crime believe their attacker to have been under the influence of alcohol, and alcohol is a risk factor in domestic abuse
- There is a strong relationship between mental ill health and alcohol (and other substance) misuse

The Health and Wellbeing Profile also includes evidence from a recent survey which asked Hackney residents about their drinking¹. Among adults in the borough:

- 33% were lower risk drinkers (30% of men and 36% of women).
- 27% drank at hazardous or potentially harmful levels (35% of men and 19% of women)
- Around one-third of 25-44 year-olds were hazardous or harmful drinkers, compared to 13% of 16-24 year-olds and 16% of people over 64. [3]

Among 15 year-olds in the City and Hackney, 71% said they didn't drink, 19% drank only a few times a year, and only 11% once a month or more.

¹ See Appendix 1 for definitions of some terms used in this strategy

Overall, estimates suggest that there are potentially 26,492 increasing risk drinkers in Hackney, 11,529 drinking at higher-risk levels, and 26,263 binge-drinkers. [5] [6] As many as 1,800 people in Hackney may be moderately or severely alcohol-dependent, requiring medically-assisted withdrawal to stop drinking. [7]

How can we tackle alcohol misuse in Hackney?

Some measures to tackle alcohol misuse require action at national level, including certain action in relation to alcohol affordability, advertising, and licensing law. However, there is still much that we can do locally - in partnership with stakeholders across the public, private and voluntary sectors - to reduce alcohol-related harms in Hackney. Following consultation events with key stakeholder, the following objectives have been developed to help reduce alcohol-related harms in Hackney

- Encourage healthier drinking behaviours
- Commission appropriate and responsive treatment services
- Support families, carers, and young people affected by alcohol misuse
- Improve drinking environments

This strategy sets out a number of actions to meet these broad objectives over the next three years. This gives us time to make progress, review outcomes and re-calibrate priorities in step with evolving trends and best practice around tackling alcohol misuse. To ensure the delivery of actions identified in the strategy, a supporting action plan will be developed and monitored annually. Over the time period of the strategy, the health and social care landscape is likely to change significantly: with devolution and greater integration of services. By reducing levels of alcohol misuse, we can free up resources for other health and care needs, which will help to improve people's quality of life.

Guiding principles

This strategy sets out to achieve real and lasting benefits for the people of Hackney, and to do this there are several important principles that underpin our objectives:

- Reduce health inequalities by challenging the 'alcohol harm paradox' [8] whereby the poorest people are disproportionately affected by alcohol-related ill-health.
- Promote early identification and intervention in relation to alcohol misuse for adults
- Work to prevent and address alcohol consumption by children
- Respond to different patterns of alcohol misuse and support relapse prevention.
- Work with hazardous / harmful drinkers - and those close to them - to co-design interventions, and thus maximise their uptake and effectiveness.
- Bring together health and other relevant professionals who come into contact with at-risk drinkers, to 'make every contact count'.
- Focus on the health benefits of reduced drinking, rather than alcohol-related harms.
- Apply evidence-based solutions, while leaving space for innovation.

1. Encourage healthier drinking behaviours

Reducing alcohol consumption can have a positive impact on other health goals, for example better sleep, losing weight, and reducing stress. In order to encourage healthier drinking behaviours, we need to look at why people drink at levels that put their current or future health and wellbeing at risk. Personal, social and cultural factors can influence people's attitudes to alcohol, and the likelihood that they will drink at hazardous or harmful levels. [3] We need to take account of different patterns of drinking, what people drink and in what contexts. We also need to use the right language and communicate with people in a way that resonates with them, given that some disregard Government guidelines on alcohol consumption or perceive them as having little relevance to their drinking behaviour. [9]

Taking account of differing circumstances and aspirations, and fostering peer support, makes it more likely that we reach the right people in the right ways. In doing this we will work with Hackney's diverse communities to develop relevant and sustainable approaches to reducing hazardous and harmful drinking, and this underpins the range of actions identified in this section.

There are two key strands running through our approach to encouraging healthier drinking behaviours: work to boost resilience as the ability to adapt to stressful circumstances in the context of alcohol related harm, and earlier identification of hazardous and harmful drinking.

Develop prevention and outreach activity with children and young people

In Hackney, a range of prevention and outreach work is carried out by the Young Hackney Substance Misuse Service to encourage young people not to drink, delay the age at which they start drinking, and to reduce harm for those that do. This includes work with a range of education and health services and in community and youth settings. Specific work is also carried out with schools to promote effective alcohol policies.

Hackney's Education, Prevention and Outreach Strategy for children and young people sets out specific actions to tackle substance misuse. The strategy includes work to develop the knowledge and capacity of families and carers, teachers, health and care services to address drug and alcohol misuse; and also aims to involve children and young people themselves in the design and delivery of interventions that seek to increase their resilience, whether through social media, schools, colleges and community settings

Promote healthy behaviours through national and local campaigns

Public Health England promotes two large scale campaigns led by the charity Alcohol Concern: Dry January and Alcohol Awareness Week. These well-advertised national campaigns encourage conversations about alcohol and healthier drinking, and may influence social norms around drinking. By providing opportunities to discuss alcohol control measures, and to shape views about drinking at a social level, they can be pivotal in changing how people think about alcohol, and promote long-term health gains. [10]

These campaigns focus on alcohol, but by introducing healthy attitudes to drinking into other health campaigns – for example on diet and exercise, or the links between smoking and drinking for some [11], the role of alcohol across health outcomes can be reinforced. In

Hackney we will continue to ensure that national campaigns are supported and local campaigns on healthy behaviours incorporate messages around alcohol.

Promote identification and brief advice (IBA) across health services

The three-question AUDIT-C [12] is the standard health service screening tool for hazardous and harmful drinking. “Identification and Brief Advice” combines screening with motivational prompts to encourage lower-risk drinking and advice on reducing alcohol-related harm. [13] IBA can promote earlier identification of alcohol use issues for adults and is a cost-effective intervention in primary care, [14] with the long-term potential to cut the number of alcohol-related deaths and hospital admissions.

Local GPs can currently use IBA as part of the Health Check for new patients, people aged 40-74, and those with a long-term conditions such as cardiovascular disease or liver damage. Offering more patients IBA in primary care, for example where drinking adversely affects medication, patients with high blood pressure, [15] or those affected by depression or stress, [16] is likely to have positive effects on those conditions as well as reducing alcohol-related ill-health. The use of IBA is also being incentivised for use in community mental health and acute settings through the NHS England’s Commissioning for Quality and Innovation (CQUINs) payments framework.

Widespread use of community pharmacies for health issues, including Medicine Use Reviews, also presents an opportunity to sign-post people to appropriate services. [17] As such, we need to ensure community pharmacies are provided with accurate information and support to facilitate this.

Encourage advice and sign-posting in a range of settings

The ability to ‘make every contact count’ [18] in reducing alcohol-related ill-health is an opportunity. Interventions can be matched to the context and training appropriate staff to recognise alcohol-related ill-health, use simple screening tools, and signpost to services, may lead to healthier behaviours, earlier identification of hazardous and harmful drinking and more people to engaging with treatment.

There may also be opportunities to work with employers to support healthy working environments. This is part of an employer’s duty of care to their workers, and can also minimise absenteeism or ‘presenteeism’, and drive gains in productivity. Hackney is using and promoting the use of the London Healthy Workplace Charter, [19] a framework of actions on health issues, to improve the working environment and help employers to make their workplaces healthier and happier.

Promote self-help and alcohol-free alternatives

For some, self-help and social or digital resources may be appealing and help to change drinking patterns as well as providing positive reinforcement. Group activities, volunteering and peer support, are also effective in improving health, wellbeing, and social cohesion. [20] A range of options are available which may help reduce isolation and improve resilience and wellbeing of those of all ages.

There are many smartphone-apps that log alcohol consumption and give tips on healthier drinking, some offer advice on related health issues. On-line groups such as Club Soda and

Soberistas host discussions and organise activities on alternatives to alcohol, and provide mutual support in reducing drinking. These resources are evolving quickly, and we can promote and publicise those with proven appeal and efficacy.

To encourage healthier drinking behaviours, we will:



- Deliver Young Hackney's Education, Prevention and Outreach Strategy and promote the active engagement of partners in its delivery
- Engage with schools and other education bodies to promote effective alcohol policies and best practice in this area
- Promote national alcohol health campaigns in Hackney, throughout the organisation and in local media;
- Promote responsible and healthy drinking as part of other relevant local and national health campaigns
- Work with the Clinical Commissioning Group, the GP Confederation and Homerton University Hospital Foundation Trust to increase the use of IBA in primary and acute care, especially in respect of conditions impacted by alcohol misuse including mental ill health
- Support community pharmacies to signpost patients to appropriate services
- Work with partners in social care, housing, employment services and other organisations in the statutory and voluntary sector to enhance the advice and sign-posting they are able to offer.
- Work with local employers and their staff, business organisations and trade unions, to promote responsible drinking and sensitive and effective responses to harmful drinking.
- Work with voluntary and community organisations to develop responses to hazardous or harmful drinking, based on people's assets, strengths and aspirations

2. Commission appropriate and responsive treatment services

Hackney's Public Health service currently invests over £4m a year in community treatment for substance misuse for adults at the Hackney Recovery Service (HRS). Whilst over three-quarters of service users in 2014/15 were in treatment for drug misuse, 498 people received support for alcohol misuse.

However, the first treatment many people get as a result of alcohol misuse is from the emergency services: in 2014/15 there were 2,416 alcohol-related ambulance call-outs in Hackney and 1,183 local residents were admitted to hospital because of alcohol misuse. [21] [3] [5]

As such, enhancing referral routes from primary care, hospitals and social care is a priority if more people are to get the treatment they need in good time, rather than waiting until they need an emergency intervention. This will involve promoting stronger awareness of the range of responsive and relevant treatment services available and ensuring these are well coordinated and effective.

Address barriers to treatment

A lack of awareness, by individuals as well as agencies of the alcohol recovery services available can present a barrier to treatment. In addition the way services are designed and delivered, assumptions about what they offer, and perceived stigma of being in treatment, can limit people's access.

In addressing this we will need to raise the profile of effective recovery services to overcome people's reluctance to seek support for alcohol misuse, [22] offer interventions in familiar places, and seek out the views of people who don't currently access treatment: their experience of these barriers may produce the most useful insights into overcoming them.

Commission appropriate and effective community treatment

Hackney Recovery Service provides a range of evidence-based interventions from 1:1 motivational keyworking, behavioural therapies and structured group-work programmes, to assisted withdrawal and preparation for residential detoxification and rehabilitation. Pharmacological treatment can be effective alongside psychosocial support. Treatment is not 'one size fits all': interventions must be appropriate to the individual's health and social situation, and take account of their circumstances and aspirations, in order to encourage sustained engagement.

Peer support and mutual aid are central to effective treatment: people who've been through the recovery process may have more credibility with those who are apprehensive about using services. [1] Hackney Recovery Service hosts several mutual aid groups – including Alcoholics Anonymous and SMART [23] that encourage service users to support each other to sustain their recovery, prevent relapse and promote social reintegration.

Successful completion is a key measure of treatment services. In Hackney, successful alcohol treatment completions have been below the national rate for some time, however there are indications that these are now improving. Public Health and Hackney Recovery

Service are exploring ways to further improve the treatment available, looking at where and how it is offered, as well as the types of interventions offered, and this strategy will take that work forward.

Promote outreach and assertive engagement

Hackney Recovery Service regularly conduct outreach to assertively engage with those who may have complex health and social needs. This includes working alongside police and council enforcement operation to engage members of the public with complex health and social needs, as well as outreach at key events in the borough.

Those with complex health and social needs are more likely to present to hospital accident and emergency departments than to community treatment. Coordinating care across hospital departments (covering physical and mental health), community treatment services and other relevant agencies, is central to improving the welfare of 'frequent attenders'. Together with City & Hackney NHS Clinical Commissioning Group, Hackney Council has a shared commitment to reducing alcohol-related harms and addressing the needs of frequent attenders in this is key.

Strengthen care pathways and respond to multiple needs

Regardless of how and where someone's alcohol misuse is identified, access to appropriate treatment should be timely and trouble-free. No single service will have the capacity to address all a client's needs: we need to ensure coordinated care pathways are in place. Those pathways must be adaptable to the needs of a diverse client group and, while their aim is to support people to achieve recovery, also recognise that dependent drinkers may relapse before becoming stable.

People with a severe alcohol misuse disorder are likely to have other physical and/or mental health problems that may require urgent care. Particularly in the case of mental health services, there is a need to ensure strong links between treatment services. Additionally, addressing alcohol-related harms in palliative care, and as safeguarding or mental capacity issues, is likely to become more pressing with an ageing population and will require effective inter-agency cooperation.

Hackney Multiple Needs Service offers holistic and intensive support to a small number of people with needs around mental health, insecure housing, substance misuse and offending. The service is a pilot which seeks to give some stability to people by ensuring that they can access the support they need in a planned way, and in turn improve their health and wellbeing.

Build recovery capital

Recovery capital refers to the personal, physical, cultural and social assets that an individual has, or can develop, in order to successfully recover from alcohol or drug misuse. [22] Hackney Recovery Service reintegration hub offers a wide range of activities that promote education, training and employment for people who misuse alcohol. In the wider community, Hackney Council can forge links between the health services and the voluntary sector organisations that can respond to people's aspirations.

Holistic recovery means developing the strengths and assets that can protect against harmful drinking, and reinforcing self-efficacy and self-esteem. The process may entail rebuilding social connections and community involvement discussed in the previous section. Social Prescribing schemes, ranging from the arts, education and exercise on referral, to group activities and volunteering, have shown their effectiveness in sustaining recovery. [24] Public Health can play a part in publicising their existence, and supporting them to help people recover alcohol misuse

To ensure appropriate and responsive treatment services, we will:



- Promote well designed and delivered alcohol treatment services that are accessible to all
- Identify and address the barriers people face in accessing treatment
- Map the local services that have the potential to tackle alcohol-related ill-health, and strengthen the links and care pathways between them
- Strengthen the links between mental health and alcohol treatment services, and develop a formalised pathway agreed by services
- Develop responsive outreach and assertive engagement for people who misuse alcohol including those who present frequently to A&E and acute care
- Support effective community-based interventions for harmful drinkers with complex health and social needs
- Capture and act on learning from the Multiple Needs Service pilot through robust evaluation
- Work with our partners in health and social care, Hackney Recovery Service, employment and housing services, community groups and voluntary organisations, as well as current and potential service users to achieve these actions

3. Support families, carers and young people affected by alcohol misuse

Harmful drinking can affect personal and family life: people living with, or close to, someone who misuses alcohol are also likely to suffer adverse effects. These may include impacts on emotional wellbeing, physical and mental health, and financial circumstances. Alcohol misuse is often correlated within conflict and abuse, including within a domestic setting. [25] Addressing the complex impacts of alcohol misuse in a family environment requires well-coordinated services able to meet diverse needs.

Promote a whole-family approach

Where alcohol misuse is taking place, in families as with individuals, focusing on alcohol misuse in isolation from other problems is unlikely to be productive. Earlier identification of alcohol problems and better inter-agency work, as outlined in previous sections of this strategy, are both essential.

Work to address stigma is also key in supporting families, and it should be acknowledged that not all parents who misuse alcohol will have significant problems with parenting. Parents should be encouraged to seek non-judgemental help, support and treatment with alcohol misuse according to their needs. Support should be focused on reducing the harm alcohol causes to individuals and their families and this might include a range of different support, from work by substance misuse midwives with expectant mothers affected by alcohol misuse, through to work between treatment services, children's services, health services and others to meet a range of family needs.

There is also an opportunity for alcohol treatment services to work with specific initiatives in this area, such as the Troubled Families programme, to enhance their capacity to tackle alcohol misuse in a family context.

Address the impacts of parental alcohol misuse

Children and young people in particular may experience "hidden harms" from a family member's drinking: as well as the risk of immediate harm, there may be longer term impacts on their emotional health and wellbeing, social functioning and educational engagement. [26] Children and young people affected by parental alcohol misuse may also be more likely to start drinking at a younger age and engage in other risky behaviours.

There will be instances where the severity of these harms requires rapid intervention, and statutory services are in place to address this need. There are also circumstances where alternative or additional support is appropriate, to address the emotional and social impacts of parental or familial alcohol misuse on children and young people. A range of support is available through the Young Hackney Substance Misuse Service and Hackney Recovery Service to address these needs.

Provide support for families and carers affected by alcohol misuse

Friends, families and carers can play an important role in supporting their loved ones in achieving recovery from alcohol misuse. Depending on circumstances, a restorative model, with a strengths-based approach, can be used to help families become a positive social network, supportive of change. [22]

As such, there are a range of services available for adult family members or carers of those misusing alcohol. This includes a dedicated Families and Friends service at Hackney Recovery Service, catering for those who are involved in the care of someone misusing alcohol. In addition, the Young Hackney Substance Misuse Service provides support and advice to parents and carers who may be concerned about the drinking behaviour of their child or young person.

These services are in addition to more generalised carers support services offered within Hackney, and ensuring support for families and carers is well coordinated is key.

To provide support for families, carers and young people affected by alcohol misuse we will:



- Engage with partners to promote strong links between alcohol misuse services, services for children and families, and professionals in other health and care services (eg domestic abuse).
- Promote the use of alcohol screening for frontline staff working with parents and carers to support early identification and intervention
- Ensure proactive support is available through statutory services and through Hackney Recovery Service and the Young Hackney Substance Misuse Service to address the impacts of parental alcohol misuse on children and young people
- Work with a range of services to ensure coordinated support is available for families and carers affected by alcohol misuse

4.Improve drinking environments

Hackney has a vibrant evening and night-time economy that attracts many people to the borough, and balancing the social and commercial benefits of the night-time economy with potential costs is key. By involving the community, and working with licensed premises and the emergency services we can help to improve drinking environments and reduce risky alcohol use and alcohol-related assaults, injuries and accidents. [27]

Ensure Public Health engagement in the licensing process

Hackney Public Health is a “responsible authority” under the Licensing Act 2003, working with local partners to examine the impact current and potential licensed premises. Despite the lack of a specific public health objective within the Licensing Act, Hackney Public Health is able to use its data to negotiate new conditions or make representations on licensing applications in line with the four licensing objective (promoting public safety, prevention of crime, disorder, public nuisance and harm to children). Less formally, Public Health also encourages licensees to adopt voluntary licence conditions, such as a minimum unit price, safety in licensed premises and guidelines on third-party delivery services.

Public health evidence is also being submitted as part of the review of Hackney’s Statement of Licensing Policy, as evidence suggests that there are fewer alcohol-related hospital admissions in areas with robust alcohol health and licensing policies. [28] Hackney is also involved in an independent study investigating how to strengthen public health contributions to licensing processes and will learn from the findings of this once available.

We will also continue working with partners and other London councils to promote diversity in the night-time economy and hospitality sector with arts or cultural venues and restaurants alongside bars and night-clubs.

Address alcohol-related anti-social behaviour and crime

Areas with a high concentration of pubs and clubs often have increased levels of violence, sexual assault and public disorder, especially at weekends. In addition, lower level antisocial behaviour, including street urination, noise and littering, can also affect other people’s wellbeing, and incur significant costs for emergency and environmental services. [1] Alcohol is often a common factor in these negative impacts.

Local services, working in partnership with alcohol outlets, can do much to reduce these harms. Hackney’s collaborative work on alcohol licensing operates in a similar way to the Local Alcohol Action Areas promoted by the Government. [29]

A key area in addressing alcohol related anti-social behaviour is work in relation to off-sales. The off-licence trade makes up an increasing proportion of alcohol sales, while having little influence over how and where people consume the alcohol they sell. There are a range of voluntary schemes focused on reducing off- sales of high strength alcohol to tackle crime and disorder problems associated with street drinking. Accompanied by assertive outreach, such schemes may encourage harmful and dependent street drinkers to access treatment.

In addition to work in addressing alcohol related anti-social behaviour, there is also a need to ensure effective interventions for people whose drinking causes, or exacerbates offending behaviour. Hackney Recovery Service provides several such interventions, including:

- Providing keyworkers in police custody suites to assess detainees' drug and alcohol use
- Working with Probation and the Community Rehabilitation Company to make recommendations for Community Orders, and delivering the mandatory Alcohol Treatment Requirements that magistrates can impose as part of such Orders;
- Working in prisons to support people 'through the gate', who may have withdrawn from alcohol during their incarceration and/or need ongoing support.

Improve the environment in pubs, bars and clubs

Pubs, clubs and bars are social spaces, with an important and positive role in reducing isolation. There are a number of ways in which we can contribute to enhancing and improving the offer to create healthier environments.

This includes work such as The Nudging Pubs project, run by Club Soda and Blenheim in Hackney, which promotes 'mindful drinking' and alcohol-free alternatives in licensed premises. It has attracted interest from a range of bars in the borough, and has produced a guide to the best venues based on their selection of low-alcohol and alcohol-free drinks. [30]

Supporting the creation of spaces with alcohol-free options is in addition to Hackney Council's role as the licensing authority: ensuring that licensees meet basic duties in acting responsibly for example by not serving people who are already intoxicated, and not promoting excessive drinking.

Better guardianship in venues can also make for safer drinking environments. Campaigns such as 'Ask for Angela' [31] can help to reduce the incidence of sexual assault, and using polycarbonate drinks containers rather than glasses can avoid serious injury. [32]

To improve drinking environments, we will:



- Promote responsible alcohol sales, by:
 - Collating and analysing health-related data in support of licensing representations
 - Encouraging licence applicants to agree voluntary conditions
 - Ensuring public health concerns are considered in the drafting of the Council's Statement of Licensing Policy
- Ensure that Public Health represented on Hackney's Hospitality Improvement Board to promote balance in the night-time economy
- Explore the feasibility of measures to reduce alcohol-related harms in relation to off-sales
- Continue to provide treatment interventions that address alcohol misuse as a factor in offending
- Encourage licensed premises to take measures that improve the safety and health of their customers and the wider community
- Promote initiatives such as Nudging Pubs

Conclusion

Attitudes to alcohol vary, but there is relative consensus on the harms caused by alcohol misuse. These affect individuals, their friends and families, and the wider community, and need to be tackled at each level.

This strategy sets out how Hackney Public Health can play its part, and the importance of working collaboratively with other actors in the borough. Government policy around health in general, and alcohol in particular, is likely to change in coming years, and positive working relationships between stakeholders will ensure that we can adapt to such change.

We will conduct a review of the delivery of actions against this strategy once a year, and update these if needed. We will evaluate our achievements in three years, by which time we hope to have realised benefits for everyone in Hackney: by reducing the potential harms caused by alcohol, and in so doing level some of the health inequalities that adversely affect many people in the borough.

Appendix 1: Definitions of drinking and risk



The National Institute for Health & Care Excellence refers to hazardous and harmful drinking, and alcohol dependence: [33]

- **Hazardous** – a pattern of alcohol use that increases someone’s risk of harm
- **Harmful** – a pattern of use that is causing damage to physical or mental health, and may in addition have adverse social consequences
- **Dependence** is defined as a strong desire to drink, difficulty in controlling alcohol use and persisting despite harmful consequences, prioritising alcohol over other activities and obligations, increased tolerance and sometimes a physical withdrawal state. Psychological therapy, with medication if needed, is used to treat mild dependence. Moderate and severe dependence generally require assisted withdrawal.

(NICE does not quantify these terms according to the amount of alcohol consumed.)

Alcohol units: one unit is 10ml of pure alcohol (ethanol), and the number of units of alcohol in any drink can be calculated using the following formula:

Units = quantity in centilitres X % Alcohol By Volume

So, for a 125ml glass of 14% ABV wine: $12.5 \times 0.14 = 1.75$ units

Or a pint (568ml) of beer at 4% ABV: $56.8 \times 0.04 = 2.27$ units

Low risk - guidelines published by the UK Government’s Chief Medical Officers in 2016 [34] set a low risk level of 14 units of alcohol a week for men and women, with no differentiation above this - except to the extent that health risks rise with the amount of alcohol consumed. Low risk means a less than 1% chance, over a lifetime, of dying from an alcohol-related condition, but the CMOs stressed that, for some cancers, there is no safe level of drinking.

In its 2016 review, [1] Public Health England defined different alcohol risk levels according to units of alcohol consumed:

- **Increasing risk** – between 14 and 50 units a week for men, and 14 to 35 units for women
- **Higher risk** – over 50 units a week for men, and over 35 units for women
- **Extreme risk** – over 75 units a week, for men and women

In addition, **binge drinking** is defined as more than 8 units on one occasion for men, and 6 for women.

This strategy uses the terms “hazardous” and “increasing risk” interchangeably, while “harmful” drinking comprises both “higher risk” and “extreme risk”.

Bibliography

- [1] Public Health England, "The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies," <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>, 2016.
- [2] British Medical Association, "The Scale of Alcohol Related Harm," 2017. [Online]. Available: <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/alcohol>. [Accessed 4 July 2017].
- [3] City & Hackney Public Health, "Health & Wellbeing Profile - Lifestyle and behaviour: alcohol," 2016. [Online]. Available: https://www.hackney.gov.uk/media/8169/JSNA-Lifestyle-and-behaviour-chapter-4-alcohol/pdf/JSNA-Lifestyle-and-behaviour-Chapter_4_Alcohol. [Accessed 4 July 2017].
- [4] City & Hackney Public Health, "Health & Wellbeing Profile - Mental Health and Substance Misuse," 2016. [Online]. Available: <https://www.hackney.gov.uk/media/7200/mental-health-and-substance-misuse/pdf/JSNA-Mental-Health-and-Substance-Misuse-2016>. [Accessed 4 July 2017].
- [5] Public Health England, "Local Alcohol Profiles England," 2009.
- [6] NatCen Social Research, in collaboration with the University of Leicester, for NHS Digital, "Adult Psychiatric Morbidity Survey 2014," NHS Digital, 2014.
- [7] Oxford Brookes University, "Projecting Adult Needs and Service Information (PANSI)," [Online]. Available: <http://www.pansi.org/>. [Accessed 4 April 2017].
- [8] Bellis, Hughes et al , "The Alcohol Harm Paradox," *Bio Med Central Public Health* , 2016.
- [9] Lovett et al , , "Lay epidemiology and the interpretation of low-risk drinking guidelines by adults in the United Kingdom," *Addiction* , vol. 110, no. 12, pp. 1912-1919, 2015.
- [10] S. Cohn, "Reconceptualising public acceptability: A study of the ways people respond to policies aimed to reduce alcohol consumption," *Health (London)*, vol. 20, no. 3, pp. 203-19., 2016.
- [11] Hilary J. Little, Ph.D, "Behavioral Mechanisms Underlying the Link Between Smoking and Drinking," *Alcohol Research and Health* , vol. 24, no. 4, pp. <https://pubs.niaaa.nih.gov/publications/arh24-4/215-224.pdf>, 2000.
- [12] World Health Organisation, *Audit Use Disorders Identification Test - Consumption (AUDIT-C)*, 1989.
- [13] Kaner et al, "Effectiveness of brief alcohol interventions in primary care populations," *Cochrane Collaboration* , London, 2007.
- [14] Angus et al , , "What are the implications for policy makers? A systematic review of the cost-effectiveness of screening and brief interventions for alcohol misuse in primary care," *Frontiers in Psychiatry* , 2014.

- [15] Pareek and Olsen , " Alcohol and blood pressure," *Lancet Public Health* , 2017.
- [16] Cornah, "Cheers? Understanding the relationship between alcohol and mental health," Mental Health Foundation, 2006.
- [17] Dhital et al , "The effectiveness of brief alcohol interventions delivered by community pharmacists," *Addiction*, 2016.
- [18] NHS England, "Making Every Contact Count," 2017. [Online]. Available: <http://www.makeeverycontactcount.co.uk/>.
- [19] Greater London Authority, "London Healthy Workplace Charter," [Online]. Available: <https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter>.
- [20] Public Health England, "Community-centred approaches for health and wellbeing," 2015.
- [21] Public Health England, "NDTMS Adult Activity Report (Partnership)," PHE, 2014/15.
- [22] Best, Bird and Hunton, "Recovery as a social phenomenon : what is the role of the community in supporting and enabling recovery?," University of Sheffield Hallam, 2015.
- [23] SMART, "Self Management and Recovery Training," [Online]. Available: <http://www.smartrecovery.org/intro/>.
- [24] The King's Fund, "What is social prescribing?," 2017. [Online].
- [25] Foster, J, , "Alcohol, domestic abuse and sexual assault,," Institute of Alcohol Studies, 2014.
- [26] ACMD, "Hidden Harm," 2003.
- [27] Bolier et al, "Alcohol and drug prevention in nightlife settings: a review of experimental studies," *Substance Use & Misuse*, vol. 46, no. 13, pp. 1569-91, 2011.
- [28] De Vocht, Heron et al , "Measurable effects of local alcohol licensing policies," 2016.
- [29] Home Office, "Modern Crime Prevention Strategy".
- [30] J. Tolvi, "Behaviour change for pubs and bars," 2016.
- [31] Metropolitan Police Service , "Ask for Angela," 2017. [Online]. Available: <http://news.met.police.uk/news/ask-for-angela-initiative-launched-229468>. [Accessed 02 June 2017].
- [32] The Guardian, *Humberside police distribute shatterproof pint glasses to pubs*, 2016.
- [33] NICE , "Alcohol-use disorders: diagnosis and management QS11 and CG115," 2011.
- [34] Department of Health , "UK Chief Medical Officers' Low Risk Drinking Guidelines," 2016.

Report to Hackney Health and Wellbeing Board

Item No:		Date:	6th Sept 2017
Subject:	2018 Pharmaceutical Needs Assessment		
Report From:	Alexander Miller, Public Health Intelligence Team Leader		
Summary:	<p>Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards to undertake at least every 3 years. Data contained within the assessment will be used to plan pharmaceutical services in the borough to best meet local health needs.</p> <p>The production of the 2018 PNA for Hackney has commenced.</p> <p>The following recommendations agreed by the Chair on 2nd August 2017:</p> <ul style="list-style-type: none"> • To note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by April 1st 2018 has commenced • To receive the Terms of Reference for the 'City and Hackney PNA Steering Group' • To receive an update on progress and the project plan timelines from the 'City and Hackney PNA Steering Group' on the production of the 2018 Hackney PNA • To formally delegate the sign-off of the draft and final PNAs to the Director of Public Health 		
Recommendations:	For information only		
Contacts:	Alexander.Miller@Hackney.gov.uk		

Introduction

1.1 The Pharmaceutical Needs Assessment is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

1.2 The PNA Steering Group held its first meeting on 12th July 2017. At this meeting a Terms of Reference (Appendix A) for the group and Project Plan (Appendix B) for the PNA were agreed.

1.3 The steering group are presently collecting information from service providers, commissioners, and Hackney public on current pharmaceutical service provision.

1.4 An external expert resource, Soar Beyond Limited, has been commissioned to support the preparation of the draft PNA 2018 report. Soar Beyond have extensive

expertise in producing PNAs, having produced 8 in 2015 (6 in London), and have been commissioned to support 11 to date in 2017/18 (9 in London).

Key Considerations and Sustainability

- 2.1 'Pharmaceutical Needs Assessments' or 'PNAs' are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area. It is a mandatory exercise. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.
- 2.2 Surveys will be undertaken with the public, commissioners in Hackney, and community pharmacy contractors in the borough, to seek opinion on current pharmaceutical services provided in Hackney. These surveys will be carried out and completed over the coming month.
- 2.3 The draft PNA 2018 is currently being provided by the external consultants, Soar Beyond Ltd, commissioned by LB Hackney to support the production of the PNA. The draft assessment will be considered by the Steering Group at a meeting on 30th November 2017.
- 2.4. Upon approval of a draft PNA by the Steering Group, the assessment will be made available for a 60-day consultation between the 11th December 2017 to 9th February 2018.
- 2.5 The results of consultation will be considered by the Steering Group at its meeting in March 2018, and a final PNA produced for publication
- 2.6 The final PNA must be published no later than 31st March 2018
- 2.7 It is proposed that the approval to publish the final PNA is delegated to the Director of Public Health for LB Hackney, and the final assessment provided for information to the Health and Wellbeing Board in April 2018

Financial Considerations

- 3.1 Funding for the production of the Pharmaceutical Needs Assessment for 2018 has already been allocated by the London Borough of Hackney.

Legal Considerations

NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the statutory requirements for Health and Wellbeing Boards Hackney to produce a PNA for the local area by 1 April 2018. Failure to produce a PNA by this date will lead to legal challenge.

5 Equality Impact Assessment

- 5.1 An Equality Impact Assessment will be produced and maintained by the provider, Soar Beyond.

Appendix A Terms of Reference

City and Hackney 2018 PNAs Steering Group – Terms of Reference

Purpose

Ensure the development of 2018 City and Hackney's Pharmaceutical Needs Assessments (PNAs) so that City and Hackney Health and Wellbeing Boards meet their statutory responsibility for publishing their PNAs in line with The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) regulations.

Objectives

- To oversee the development of the pharmaceutical needs assessments in accordance with, and ensure both the City and Hackney PNAs comply with, with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNAs take into account the local demography within City and Hackney boroughs and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services.
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, the CCGs' Commissioning Strategy Plans and other relevant strategies
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the 2013 Regulations. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in both City and Hackney boroughs are aware, engaged and involved in the development of the PNAs.
- Present the PNAs first and final draft to the Health and Wellbeing Boards.
- Publish the PNAs on the Councils' websites by April 2018.
- Develop a community pharmacy vision that is integrated across health and social care spectrum, ensuring direct link to the Health & Wellbeing vision for the boroughs
- Horizon scan for future policy direction and identify system decision makers to transform the vision into a reality for City and Hackney residents
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in City and Hackney

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWB), from 1 April 2013, with a requirement to publish a revised assessment at least every 3 years
- This Steering Group has been established to oversee the production of the 2018 PNAs for both the City of London Corporation and the London Borough of Hackney, reporting progresses and presenting the final reports to each HWBs on or before their March 2018 meetings.
- The Health and Wellbeing Boards will be informed of progress towards the production of the PNAs and relevant milestones through the HWBs Programme Manager's quarterly updates.
- If a statement or decision from the Health and Wellbeing Board is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration.
- The steering group will report directly to the Directors of Public Health and is accountable to the City of London Corporation and the London Borough of Hackney Health and Wellbeing Boards.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in late 2017/early 2018 to sign off the 2018 PNAs for submission to the Health and Wellbeing Boards.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local HealthWatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - The NHSCB
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to each Health & Wellbeing Board on both a Draft and Final PNA.
- Publish a Final PNA for each HWB by end 1 April 2018.

Membership:

Delegate	Job title	Organisation
Ian Mullan (Chair)	Associate Director	Soar Beyond Ltd
Anjna Sharma	Associate Director	Soar Beyond Ltd
Rozalia Enti	Head of Medicines Management	City and Hackney CCG
Alexander (Sandy) Miller	Public Health Intelligence Team Leader	LB Hackney
Hitesh Patel	Chief Executive	City and Hackney LPC
Dr Fiona Sanders	Chair	City and Hackney LMC
Tara Piasetski	Senior Public Health Intelligence	LB Hackney
Gurvinder Sidhu	Strategic Comms Advisor	LB Hackney
Jayne Taylor	Consultant in Public Health	LB Hackney
Sarah Thomas	Health and Wellbeing Lead	City of London Corporation
Lynn Strother	Manager	Healthwatch City of London
Jon Williams	Director	Healthwatch Hackney

Soar Beyond are not to be a core member, although the meeting will be chaired by Soar Beyond. Each core member has one vote. The Director of Public Health (or Public Health representative) of London Borough of Hackney will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with five core Members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies) attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by London Boroughs of City and Hackney to support the development of the PNAs. Other additional members may be co-opted if required

Appendix B: Project Plan for City and Hackney PNAs

One Steering Group will oversee all actions. Unless notes, actions will be same for each HWB.

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Contract commencement date (15th June 2017)										
Kick off meeting with local authority Authorised Officer (AO) <ul style="list-style-type: none"> Detailed project plan shared and agreed with AO (by 30th June 2017) Agree accountabilities Identify and approach potential members for PNA Steering Group Draft Terms of Reference shared Communications Plans agreed, including frequency and mechanism for local authority checkpoint meetings Contacts list developed for key stakeholders RAG rated Risk and Issues Logs set up Assurance reports for July HWB meetings to share project plan and governance update 										
Steering Group Meeting Number 1 <ul style="list-style-type: none"> Steering Group and Project Governance established Project plan shared and agreed Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 		12 th								
Stakeholders identified <ul style="list-style-type: none"> For dissemination of information Contact details obtained and initial contact made Share project plan and brief on what the Pharmaceutical Needs Assessment is 										

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Checkpoint meeting with local authority Authorised Officer (web or face to face)										
Checkpoint meeting with local authority Authorised Officer (web or face to face)										
Collation and analysis of all information collected <ul style="list-style-type: none"> • Triangulate information received from duplicate sources, identifying and resolving any discrepancies and gaps • Comparison with information and recommendations from 2015 PNAs 										
Review and identify gaps in service, current and future <ul style="list-style-type: none"> • Identification of any changes (service provision, current and future needs etc.) • Identify potential gaps • Make recommendations 										
Draft PNAs completed <ul style="list-style-type: none"> • Complete the draft assessments, clearly articulating any gaps identified and propose recommendations • Compile specific consultation questions • Highlight any specific communities and / or providers identified as affected by the analysis of gaps 										
Steering Group Meeting Number 3 - agree draft PNAs <ul style="list-style-type: none"> • Briefing paper for Dec/Jan HWB meetings to share draft PNA and consultation plan 						30th				
				28th						
Checkpoint meeting with local authority Authorised Officer (web or face to face)										
Consultation period (11th December 2017-9th February 2018) <ul style="list-style-type: none"> • Host PNA on councils' websites (supported by local authorities) • Advertise consultations through existing consultation channels (e.g. communications and engagements leads with CCGs, HealthWatch, Patient Participation Groups etc.) • Send links of draft PNAs to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagements undertaken in the Summer • If required, hold direct stakeholder engagement events (face to face meetings, webinars, online surveys etc.) with specific populations / providers identified as potentially affected by the analysis of gaps 										
<ul style="list-style-type: none"> • Planning - housing developments and new care home developments listed and analysed for prospective impact on future pharmaceutical needs (supported by local authorities) • Pharmacies who provide advanced services • Pharmacies who provide enhanced / locally commissioned services 										

DRAFT

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Checkpoint meetings with local authority Authorised Officer to update on consultation feedback										
Consultation findings reports <ul style="list-style-type: none"> Collate, analyse and make recommendations on the consultation responses 										
Steering group Meeting Number 4 - make changes to the draft PNAs and agree final PNAs										8th
Final PNA <ul style="list-style-type: none"> Produce final documents in pdf format for uploading to councils' websites Consultation findings report and Final PNAs to HWB meetings in February 2018 for approval Send links of final PNAs to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagement undertaken in the summer 										
Checkpoint meeting with local authority Authorised Officer (web or face to face)										
PNAs published (ahead of City & Hackney deadline of 1st April 2018)										

This page is intentionally left blank

Report to Hackney Health and Wellbeing Board

Item No:		Date:	6 September 2017
Subject:	Update on East London Sustainability and Transformation Plan (NEL STP)		
Report From:	Ian Tompkins, Director of Communications & Engagement, East London Health & Care Partnership		
Summary:	<p>This report provides a further update to the Board on the development of the East London Health & Care Partnership and the NEL Sustainability and Transformation Plan (STP).</p> <p>On 21 October 2016 we submitted an updated narrative, updated summary and delivery plans to address our local priorities to NHS England.</p> <p>Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available. For more information go to http://www.eastlondonhcp.nhs.uk or email: enquiries@eastlondonhcp.nhs.uk</p>		
Recommendations:	<p>The Health and Wellbeing Board is recommended to:</p> <p>Note the verbal update on the East London Health & Care Partnership and the NEL STP</p>		
Contacts:	<p>Ian Tompkins Director of Communications & Engagement, East London Health & Care Partnership office: 020 8221 9052 or 07879 335180 E-mail address: ian.tompkins@nhs.net</p>		

1 Financial Considerations

The STP will include activities to address current financial challenges. There is a clear emphasis on reconciliation of activity and finance between organisations. Implications for estates and workforce are being considered as part of the development of the STP.

2 Legal Considerations

The East London Health & Care Partnership Board is developing a plan as stipulated by the NHS England guidance.

3 Equality Impact Assessment

An equality screening has been completed to consider the potential equality impact of the proposals set out in the STP. This can be viewed at <http://www.eastlondonhcp.nhs.uk> and includes:

- An overview of all the initiatives included in the STP narrative to determine at which level equality analyses should be undertaken i.e. East London Health & Care Partnership level, local area level, CCG/borough level or London-wide level.
- An initial assessment of the STP overarching 'Framework for better care and wellbeing'.
- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

4 Attachments

Background papers

Appendix 1: ELHCP update for Hackney Health & Wellbeing Board September 2017

Appendix 2: ELHCP transformation priorities

Appendix 3: ELHCP what we are doing and what it means for local people

Appendix 4: ELHCP governance structure

Comments of the Corporate Director of Finance and Resources	N/A
Comments of the Corporate Director of Legal, HR and Regulatory Services	N/A

Appendix 1: General update September 2017

Index

1. Background and context (our public narrative)	2
2. STP in detail.....	5
2.1 Vision and priorities.....	6
2.2 Governance.....	7
3. Engagement with local authorities.....	9
4. Involving local people and communications/engagement generally	9

1. Background and context (our public narrative)

As more and more people choose to live and work in east London, the demand on health and social care services is at an all-time high. Our doctors, nurses, paramedics and other health and care professionals are looking after record numbers of people every day as our population grows faster than in any other part of the country.

Despite immense pressures, local hospitals are continuing to treat A&E patients as fast and effectively as any major western country. Our GP, mental health and community services are among the very best in the country, and local councils are providing vital care to the most vulnerable.

It's thanks to the dedication and hard work of the professionals involved, and the support of many thousands of voluntary carers, community and charity organisations across the area that we are getting the care we need.

But change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

The NHS has constantly adapted and must continue to do so as our community and our health needs also change.

It is now able to treat people with new drugs and clinical care that weren't available in the past. With this comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions including heart disease, arthritis and Type 2 diabetes.

There are big opportunities to improve care by making common-sense changes to how the NHS has historically worked and bring it closer to the social care services run by local councils.

This a chance to deliver improvements that matter:

- to make it easier to see a GP;
- to speed up cancer diagnosis;
- to offer better support in the community for people with mental health conditions;
- to provide care for people closer to their home.

If we do nothing and carry on providing services in the way we do now, without any changes, we will not only miss out on these improvements, we will fail to keep up with the growing demand and simply won't have enough money to keep services going.

In the east London area alone, there will be a £580m shortfall in funding within four years, by 2021. Services and facilities may have to close and standards of care will suffer if not addressed urgently.

Change is required, and fast, to help keep us healthy and well in the future and to receive care when we need it.

It's why neighbouring NHS hospitals, community and mental health trusts, family doctors, pharmacies, local councils and others have come together to plan for the future and redesign local health and care services to benefit us all – now and in the years ahead.

Working as the East London Health & Care Partnership, and backed by the leaders of all the organisations involved, they are combining their expertise and resources to develop ways of giving our nurses, doctors and care staff the best chance of success to look after us when we need them to.

With a shared goal to help people live healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most and supported by the right team of staff from across health and social care, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't just to make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Attempting to improve the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a daunting and complex task, but many of the most beneficial changes can be made quite simply.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people, such as the elderly, disabled and those with mental health difficulties.

'Barrier busters'

The East London Health & Care Partnership isn't afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care providers even closer together, breaking down any barriers between them as necessary.

The good work already being done to meet more localised needs will continue. The Partnership is not there to undo what works, slash budgets or act secretly behind closed doors. Instead, it will drive forward wider benefits that can only be achieved by everyone working together, coming up with new ideas and better ways of working that can put a stop to duplication and unnecessary expense.

The Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community's needs
- To be a well-run, efficient and open Partnership

The Partnership's *NEL Sustainability and Transformation Plan (STP)* sets out how these priorities, and those of the wider health and care sector, will be turned into reality.

It describes how the Partnership will meet the health and wellbeing needs of east London by improving and maintaining the consistency and quality of care, and plugging the shortfall in funding of services.

The plan proposes improvements across the whole of east London, such as the availability and quality of specialist clinical treatments, how buildings and facilities could best be used, particularly those in need of renewal, and the introduction of digital technology to enhance services for local people.

The involvement of councils enables the vision for better health and care provision to be aligned with the development of housing, employment and education, all of which can have a big influence on people's health and wellbeing.

The Partnership is committed to being transparent and engaging fully with key stakeholders and the wider public in the development of its plans.

But the biggest single factor in the long term is to prevent ill health and the time pressure and financial pressure preventable conditions put on the NHS. This is something we can all play a part in – everyone living and working in east London. It's not just down to the authorities.

Public health information and advice will be strengthened. Information and support to help us live healthier lives will be made more widely available, online and through social media. It's up to us to enjoy life to the full by doing those little things each day that help us stay healthy and fit. We can watch what ourselves and our families eat and drink and all get more active.

Rather than immediately going to the doctor or calling for an ambulance when we don't need to, we can go to the pharmacist and get advice from telephone and online services first.

We can all do our bit and if we do this, and get behind the work of the East London Health & Care Partnership, the prize is being able to lead healthy and independent lives, and get the care we can trust and rely on when we need it

2. The STP in detail

The *NEL Sustainability and Transformation Plan (STP)* sets out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the vision of the NHS Five Year Forward View.

Forty four such plans have been developed throughout England. They are geographically set around 'footprints' that have been locally defined, based on natural communities, existing working relationships, patient flows and taking into account the scale needed to deliver the services, transformation and public health programmes required.

Twenty organisations across eight local authorities have worked together to develop the local STP. They are:

NHS

CCGs: Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

'Provider' Trusts: Barking, Havering and Redbridge University Hospitals Trust; Barts Health NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS Foundation Trust; North East London NHS Foundation Trust

Councils

Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

The STP has been defined as one for north east London (NEL) by NHS England, because it has divided the capital into five 'footprints': north east; north west; south east; south west; and north central.

Originally drawn up in June 2016, and then redrafted following engagement with key stakeholders, the STP was submitted to NHS England and NHS Improvement on 21 October 2016.

The plan is currently only a 'draft'. It will continue to evolve as the organisations concerned develop it further, agree shared solutions, and as we receive feedback from stakeholders.

The STP describes how the organisations involved in the partnership will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap.

All of the organisations involved in the STP face common challenges, including a growing population, a rapid increase in demand for services and scarce resources. By working together they will be best placed to drive change and make sure health and care services in north east London are sustainable by 2021.

The STP builds on existing local transformation programmes and supports their implementation including:

- Barking and Dagenham, Havering & Redbridge (BHR)
- City and Hackney
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme

- The improvement programmes of our local hospitals, which include supporting Barts Health NHS Trust out of special measures.
- Vanguard projects eg Tower Hamlets Together

The organisations behind the STP are actively seeking to collaborate where it makes sense to do so, sharing learning from the devolution pilots and transformation programmes.

2.1 STP vision and priorities

The vision of the NEL STP is to:

- Measurably improve health and wellbeing outcomes for the people of east London and ensure sustainable health and social care services, built around the needs of local people.
- Develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.
- Work in partnership to commission, contract and deliver services efficiently and safely.

To achieve this vision, we have identified a number of key transformation priorities:

- The right services in the right place: Matching demand with appropriate capacity in east London
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables place-based care and clearly involves key partner agencies
- Using our infrastructure better

These priorities have now been categorised under four headings:

- Healthy and independent local people
- Improving services
- Right staff, right place, right tools
- A well-run partnership

More information on this is given in Appendix 2

To deliver the STP we are building on existing local programmes and setting up eight work streams to deliver the priorities.

The work streams are cross-cutting east London-wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme.

The work streams are:

- Promote prevention and personal and psychological wellbeing in all we do

- Promote independence and enable access to care close to home
- Ensure accessible quality acute services
- Productivity
- Infrastructure
- Specialised commissioning
- Workforce
- Digital enablement

Each delivery plan sets out the milestones and timeframes for implementation.

The full STP, and eight delivery plans, can be found on our website www.eastlondonhcp.nhs.uk

The delivery plans are currently being refreshed. Updated versions are due to be published in the autumn.

A summary of what the Partnership is planning to do across services, such as urgent and emergency care, primary care and mental health, and what it means for local people, is given in Appendix 3.

2.2 Partnership governance

The launch of the Sustainability and Transformation Plan (STP) process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level. To achieve this, 20 organisations in East London have been working together to develop the East London Health and Care Partnership (ELHCP).

The Partnership governance structure is attached as Appendix 4.

Progress has been made in bringing the governance groups together.

- ELHCP Community Group – A group of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance.

A wide range of organisations and people (around 300 in total) from across east London have been invited to co-create the group.

An initial meeting was held on 4 July and attended by nearly 100 people and work to develop the group is ongoing. More information is given in section 4 on page 10 below.

- ELHCP Mayors and Leaders Advisory Group - To provide a forum for political engagement and advice to the ELHCP STP

Cabinet members (health) from the eight east London councils have held three meetings to date to discuss how this Group could develop. See section 3 on page 9 below.

- ELHCP Social Care & Public Health Group – Directors of Children’s and Adult Services and Directors of Public Health

The directors of adult services are setting up a working group to look at the current and future challenges relating to the social care workforce across east London, including recruitment and key worker accommodation

- ELHCP Assurance Group – An independent group of audit chairs and local authority scrutiny members to provide assurance and scrutiny

This Group is due to hold its first meeting soon. Borough scrutiny committees are being invited to nominate members to join the Group.

- ELHCP Finance Strategy Group -To provide oversight and assurance of the consolidated east London financial strategy and plans to ensure financial sustainability of the system.

This group is now meeting regularly. It includes council and NHS chief finance officers among its members.

The arrangements are underpinned by a Partnership Agreement (see Appendix 4) which, while not legally binding, intends to ensure a common understanding and commitment between the partner organisations of:

- The scope and objectives of the ELHCP STP governance arrangements
- The principles and processes that would underpin the ELHCP STP governance arrangements
- The governance framework / structure that would support the development and implementation of the ELHCP STP

The Partnership Agreement has now been circulated to the member organisations of the ELHCP for signature.

3. Engagement with Local Authorities

The ELHCP is engaging widely with stakeholders to shape its governance arrangements. Engagement with local authorities has been paramount and is being achieved through various forums.

There are now three local authority representatives on the Partnership board:

- Tim Shields, LB Hackney (for City and Hackney)
- Kim Bromley-Derry, LB Newham (for Newham, Tower Hamlets and Waltham Forest)
- Andrew Blake-Herbert, LB Havering (for Barking & Dagenham, Havering and Redbridge)

Cabinet members (health) from the eight east London councils have held three meetings to date to discuss how the Mayors and Leaders Advisory Group could develop.

At the most recent meeting, on 23 June, the cabinet members expressed a strong desire to be more involved in the work of the Partnership, and the shaping of ideas, especially in the development of proposals around accountable care systems and a single accountable officer role. A similar request for more involvement has come from the various Health & Wellbeing boards and some scrutiny committees.

The Partnership chair, Rob Whiteman, and exec lead, Jane Milligan, are now exploring ways of doing this. This includes having political representation on the Partnership board and in the development of transformation programmes.

The cabinet members have also been asked to nominate fellow members to join the Community Group (referred to in 2.2 on page 7 above).

Scrutiny members are being asked to join the Assurance Group. The INEL and ONEL JHOSCs have been invited to nominate members from each to join this Group, but this may end up happening on an individual borough basis.

The Partnership is also actively encouraging local authority officers to be involved in the transformation work streams listed on page 7 above.

4. Involving local people and communications/engagement generally

STPs have been widely criticised for being put together too hastily with little consultation.

The timescale set by NHS England to produce the initial plans was tight. As a consequence, there was only a limited time for engagement. Some key stakeholders felt disengaged from the process, as did patient representatives. Also, much of the detail behind the plans was initially kept under wraps giving rise to accusations of secrecy and the STPs being seen as no more than 'hit lists' and cuts to services.

NHS England acknowledges this criticism, but it caused significant reputational damage to what is a genuine and necessary attempt to deal with very real challenges.

The immediate priority of our communications and engagement strategy has therefore been to repair that damage.

Most, if not all, of our key stakeholders recognise and understand the challenge. We want to rebuild their trust and confidence and engage with them in a more positive way so they are involved in developing shared solutions.

A starting point has been to talk about a partnership rather than a plan. It is why we changed our name to the East London Health & Care Partnership.

The STP itself is still being referred to as such, but it is just one of many things the organisations involved can do together to protect and improve health and care services for the people of east London. Our plans to explore the link between health and housing, starting with a conference on 18 October, is one example

It was also felt east London was a more appropriate and familiar way of describing the area as a whole rather than north east London – the name used by the health service to denote the area.

Next is to communicate in an open and honest way; unravel the jargon, speak in plain and simple language and be accessible and transparent. Most importantly, we must listen to what people have to say.

Relevance is also important. Our communications will reflect a knowledge and understanding of the many different audiences we want to reach and be targeted to suit each group. What does it all mean for them? How are their interests being taken into account? What part can they play?

Local relevance and insight is particularly important. We will work closely with our communications and engagement colleagues in the partner organisations at borough level to make full use of their knowledge and networks.

An online Briefing Room has been set up as a central source of information and materials for members of the Partnership to adapt and use in local communications and engagement activities. This includes narratives around the STP (what it is and what it isn't); the various transformation plans and programmes (as they emerge); facts and figures; presentations (tailored for specific audience); information videos; and case studies.

At the heart of our stakeholder engagement will be the Community Group – a subgroup of the East London Health and Care Partnership.

Part of the Partnership's governance structure, the Community Group's principal purpose is to act as a reference group to support the development of the Partnership's strategies, plans and activities and recommend the most effective ways for it to communicate and engage with its many different audiences.

Nearly 100 representatives from the voluntary, business, education, health and care sectors attended an event on 4 July for stakeholders and partners that could form our Community Group.

It is in effect a 'group of groups', made up of a range of people from professional organisations, the education and business sector to voluntary organisations, local councillors, Healthwatch and other patient and public groups.

How such a wide and diverse group comes together and gets involved, and how the Community Group develops, is still 'work-in-progress'. A working group of some of those that attended the event on 4 July is helping plan the next steps.

In the meantime, some of the organisations and public and patient representatives are being invited to take part in the Partnership's activities, such as improvements to the signposting of services.

A determined effort is also being made to involve young people in the Community Group. This is currently being progressed through local councils, NHS organisations, colleges and universities.

Another key audience is, of course, frontline staff – not just those in the NHS, but in councils too. Their buy-in is key and we have started engaging with them to create understanding about what the Partnership, and the STP, means to them.

We very much want staff to be involved in shaping services and our internal communications will reflect this. They will recognise the contribution everyone has to make, encouraging and valuing people's achievements, opinions and ideas.

If we are to give staff the effective help and support they need it's vital we listen to what they have to say, and demonstrate what we do as a result.

While staff and the other key stakeholders in the Community Group are taking precedence in the immediate future, we eventually want to reach out and engage with as many people as possible, including the wider public.

The Partnership's website has been rebuilt, with an improved design. (www.eastlondonhcp@nhs.uk)

An easy guide to what the Partnership plans to do and what it means for local people is to be published on the website in early August. Printed copies will be made available for people that don't have access to the internet, with extracts placed in local publications.

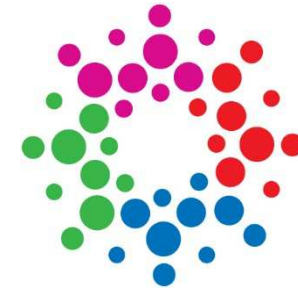
Social media and YouTube will also be used to raise awareness of the challenges to health and care in east London, promote service improvements and run prevention campaigns.

The Partnership is also planning to hold a series of public engagement events across east London during the autumn and winter.

Designed in collaboration with local councils and NHS organisations, with at least one major event in each borough, the events will be used to create awareness and understanding of what the Partnership is doing and what it means for local people. The larger events will feature a 'Question Time' session, and current and planned improvements to services will be showcased in a mini expo.

The Partnership communications and engagement team are working closely with their 300 plus colleagues in the member organisations to create shared opportunities to increase audience reach and give consistent messaging. They are also forging links with wider comms networks across London, including those in other boroughs, the Met Police, London Fire Brigade, TfL, professional organisations, eg Royal College of Nursing, and national charities. The Partnership's comms and engagement is seen as leading in the STP field.

This page is intentionally left blank



Transformation Priorities

Four big issues and four Priorities

1

Poor health, growing population & more demand

2

Variable access and quality of services

3

Lack of workforce, poor technology and buildings

4

Unaffordable health & social care system

Healthy & independent local people

- Preventing ill health and loss of independence
- Tackling inequalities
- Good mental well-being

Improving services

- More services out of hospital and integrated in primary, mental, social & community care
- Improved priority services: maternity, mental health, cancer, urgent & emergency care
- Strong hospital & specialist services

Right team, right place, right resources

- Healthy work places
- Skills & career development, recruitment & retention
- Housing for key workers
- Digital & online services
- Better buildings

Well run partnership

- Partnerships
- Productivity – value for money
- Better organised - new organisations bringing together providers & commissioners
- Living within our means

Our story

The transformation agenda for health and social care across East London is significant and exciting. We are challenging ourselves to be clear that more of the same isn't enough, or will provide fit for purpose health and care going forward. These are the four big challenges the ELHCP will have to tackle:

1. Healthy and independent local people

- We have one of the largest and fastest **population** growth rates in the country - 18% over the next five to ten years
- This is both growth of a younger population and also the older population
- East London also has a transient population and areas of intense **health inequalities** and deprivation
- People want their **whole health and social care needs** considered as one and we too often treat and manage people in parts, in particular not making sure that people's mental as well as physical health are treated equally. We have also traditionally focused more on resourcing physical health needs than mental and well-being needs.

2. Improving services

- **Resources** (capacity) are not necessarily in the right part of the system, often still tied up in acute hospitals rather than in the **community**, where people tell us they want them.
- Access is too often through A&E, at a point of crisis. The front door to the system should be people's own front doors with care provided by multidisciplinary teams across health and social care, supported by the voluntary sector and our strong local communities.
- The problem with accessing care in a crisis through A&E means our solutions tend to be too much about providing care around a few hundred hospital beds, rather than care around the one and half million beds in people's own homes.
- This support should be centred in the home, and using digital technology and more self-care support to prevent crisis and maintain independence.
- It's not only about demand and capacity not lining up, the **quality** of some of our services and the outcomes people get are variable –and we want the best standard for everyone across East London
- Access to primary care is **variable** and the Care Quality Commission has highlighted services, **quality** and **outcomes** across our providers that need to improve
- Some services are not as **resilient** as they could be, for example primary care and urgent and emergency care services
- We have a long history of innovation through working with patients and clinicians to co-design individual components of care, but this hasn't been easy to spread more widely.

Our story

3. Right team, right place, right resources

- We have the opportunity to innovate training, roles and ways of working. It's about the right care, at the right time, in the right place and most importantly – the right team.
- Community-based working often gives more autonomy to staff and releases them to innovate and provide whole person care- and this is important, as not only is capacity not always in the right part of the system, but we need new types of roles, development opportunities and ways of working as finding and keeping the **workforce** these days is challenging, especially with the cost of living and housing in London.
- We also have serious challenges our estates and technology. We have some of the best buildings, but also others that are not fit for purpose, such as Whipps Cross Hospital. We also have estate with old hospital buildings that could be re-purposed used for new integrated health and social care facilities, creating health campuses
- People live their lives on their smart phones now and there is an urgent need for health and social care services to become more **digital friendly**

4. Well run partnership

- Ultimately all our challenges above mean that the **financial** as well as service and quality sustainability of our health and care system is impacted. There is scope to be more productive and if we do not seize the opportunity our financial challenges and sustainability will continue and service stability will be affected.
- In recent years the system has become **fragmented**: causing duplication, not always working to the best advantage for the patient or local people and putting artificial barriers between professionals and organisations across health and local government services. We need to make sure we are organised well and working in partnership.
- Individual institutions will not address the financial or quality goals we have, and in order to get the best of our collective resources we need to transform how we work together using a **partnership** approach, rather than working with an individual organisation focus.

What are we doing?

- Providing better information to the public on where to get the most appropriate healthcare.
- Launching a new, improved NHS 111 Integrated Urgent Care (111 and Clinical Advice Service) and working towards improved links with other health services eg Mental Health, GPs, Pharmacists, Urgent Treatment Centres, ambulance services and community health professionals.
- Improving access to weekend and evening GP appointments as well as introducing the chance to be seen not just in person, but on the phone or online.
- Creating Local HealthCare Hubs bringing community nurses, GPs, mental health staff and other NHS specialists under one roof in community settings.
- Creating consistent Urgent Treatment Centres, so people understand what treatment can be given there
- Creating special areas in the hospital for specific emergency conditions so that people do not need to stay overnight in a hospital bed when there is no medical need for this.

What does it mean local people?

- You will be able to understand the range of local healthcare services available and how to access them.
- By calling or contacting NHS 111 Integrated Urgent Care (111 and Clinical Advice Service) you will be able to access the most appropriate clinical advice on where your health needs will best be treated as close to your home as possible.
- You will be able to book GP appointments more easily and these will be also be available in person during evenings and the weekends as well as over the phone and online. You will be able to be seen by a range of healthcare professionals in your community in new Local HealthCare Hubs more quickly.
- Wherever you live in east London, you will be able to be seen at our Urgent Treatment Centres for the treatment of minor injuries, including broken bones and minor burns.
- You are likely to be satisfied with your experience as a patient because we will be reducing the time you need to spend in hospital.

What are we doing?

- Improving access to weekend and evening GP appointments as well as introducing the chance to be seen not just in person, but on the phone or online.
- Creating Local HealthCare Hubs bringing community nurses, GPs, mental health staff and other NHS specialists under one roof in community settings.

Quality improvement

- Helping practices improve the experience of their patients
- Helping practices improve services for people with long term conditions
- Helping practices become a better place to work and remove administrative headaches
- Training staff in proven improvement techniques
- Sharing solutions that work across east London
- Established an east London Primary Care Partnership for Quality improvement Board which will enable acceleration of quality improvement approaches, learning and case studies across the whole area.

Provider development

- Helping GP federations develop to improve care, reduce overheads and give primary care a stronger future
- We are bringing GP federations and networks together to share learning and experience, and solve common challenges - we have recently set up an east London Primary Care Provider Forum.
- Establishing a range of online resources that GP federations and practices can use to take forwards quality improvement

Workforce development

- Working out what mix and number of staff will be needed going forwards and how to find and train them
- Working together to retain current staff for longer, making east London an attractive place to work for new recruits

What does it mean local people?

- More time with GPs to avoid rushed appointments and increased accurate diagnosis.
- Patients being able to book appointments quickly, within a reasonable timeframe and a pre-booked one if they wish.
- Patients being able to see a preferred clinician if they wish to wait longer for an appointment.
- Patient access to reliable information about the practice so that they can make their own decisions
- Patients not only being able to book appointments via telephone but by other means, such as through the internet website, emails, digital TV or by text.
- Increased access to a range of health professionals to provide care best suited to individual needs
- Better support and information to enable the public to take better control of their own health.
- A service that treats patients as people not numbers.

What are we doing?

- Enabling GP appointments to be booked online.
- Allowing people to view their own health and care records.
- Putting more services, such as some GP consultations and mental health services, online.
- Improving information systems and sharing records to allow health and care professionals to work closer together.

What does it mean local people?

- You will be able access health and care services more quickly and easily.
- You will be able to book GP appointments or talk to your GP online.
- Doctors and other care professionals will be better placed, with the right information, to help prevent illness and give you better care, should you need it.
- You will be able to get care closer to home, or in your home.
- You will have better information on how to stay healthy and well.

What are we doing?

- Working with partners to address the wider determinants of mental health eg access to accommodation, education and employment.
- Supporting the roll out of digital self-management tools such as the London Digital Mental Wellbeing Service (www.digitalwellbeing.london).
- Developing an east London-wide suicide prevention strategy.
- Supporting employers to improve staff mental health and emotional wellbeing via programmes such as Mental Health First Aid.
- Developing our talking therapies services so they are more appointments with reduced waiting times.
- Integrating mental health services into GP surgeries, A&E and General Hospitals.
- Developing perinatal mental health services for expectant mums and mums of new babies.
- Improving services for people experiencing a crisis by ensuring everyone in crisis can access mental crisis support 24/7.
- Delivering mental health treatment at home.
- Delivering specialist mental health services for children and young people closer to home.
- Developing a new Child and Adolescent Mental Health Psychiatric Intensive Care Unit here in East London.

What does it mean local people?

- Improved access to and shorter waiting times for psychological therapies.
- A wider range of mental health services to be accessible via your GP
- Your mental and physical health and social care needs treated as one, wherever and whenever necessary.
- Enhanced support to access the right education, employment and accommodation opportunities for people with mental health issues.
- People in east London will have access to the same range of mental health services wherever they live.



What are we doing?

- Ensuring that we are seeing all patients who need an urgent appointment within 2 weeks.
- Making sure that patients are receiving their tests and diagnostics on time to enhance early diagnosis and treatment and improve cancer survival.
- Educating GPs and other professionals to improve better communication with hospital consultants.
- Encouraging patients in east London to take up their screening.
- Improving IT and administrative processes to make sure the cancer referral pathway is effective and patients' care is integrated.
- Listening to patients and carers to ensure that we keep improving their care with all our partners.
- Working with Public Health services to improve prevention and lifestyle choices.

What does it mean local people?

- If you are referred urgently by your GP or another health care professional you will get seen within two weeks.
- If you have a cancer diagnosis, you will receive treatment quickly in order to improve your chances of survival.
- A number of health and social care professionals will be involved in your care to ensure your care is integrated.
- Your experience of care will be positive because we are listening and making improvements.
- If you take up screening when you get an appointment, you are likely to receive early detection and treatment.
- If we in east London improve our lifestyle choices, fewer of us will develop cancer.

What are we doing?

- Working with and listening to local women in East London to understand their needs and design care based on those needs.
- Working to ensure that unbiased information regarding choice of place of birth is available for women.
- Ensuring the workforce is sustainable in the next 5 - 10 years to cope with the level of births in East London.
- Ensuring safe and high quality care for all mothers and babies.
- Working together to ensure each woman receives continuity of care with the same staff members throughout her pregnancy and birth

What does it mean local people?

- You will be able to see one or two midwives throughout your pregnancy to ensure continuity of care.
- If you have a long-term condition such as diabetes, or you are having twins or other multiples, you will be seen by your midwife and obstetrician regularly and may be referred to a specialist
- You will be able to use a website or app to give you more information about the places available to you to give birth in East London.
- The plan for care during your pregnancy will be developed and agreed between you and your midwife or obstetrician.
- Your overall experience of care during and after your pregnancy will be positive and of high quality.

What are we doing?

- Following national recommendations from NHS England we will review the prescribing of certain medicines, where there is either limited evidence for their effectiveness or for which there are safer alternatives. This will ultimately save money for NHS reinvestment.
- Buying specific medicines (biosimilars such as anti-inflammatory medicines infliximab and etanercept) from alternative better value suppliers, which saves money for re-investment.
- Reducing medicines waste may involve the empowerment of patients, encouraging them to take charge of their overall health. This could lead to better outcomes e.g. medication reviews with pharmacists that identify medications that are no longer needed.
- Decreasing antibiotics resistance by reducing the amount and type prescribed and educating patients and prescribers on the importance of completing courses of anti-biotics in the instances where they are necessary.
- A review of the pharmacy workforce; analysing the benefits of increasing the presence of clinical pharmacists within GP practices and/ or clinics in order to help ensure the right medicines, at the right time for the right patients.

What does it mean local people?

- You will be able to get professional medical advice for all minor ailments in all pharmacies, including out of hours pharmacies.
- Pharmacists will also give you consistent advice on the nature of medicines available to buy over the counter and available on prescription and point you in the correct direction for your symptoms.
- You will not be prescribed anti-biotics unless they are essential.
- You will be less likely to be kept in hospital waiting for medicines to be prescribed.
- The cost of prescribing medicines to you as a tax-payer will be less, meaning funds can be allocated to other parts of the health and care service.

What are we doing?

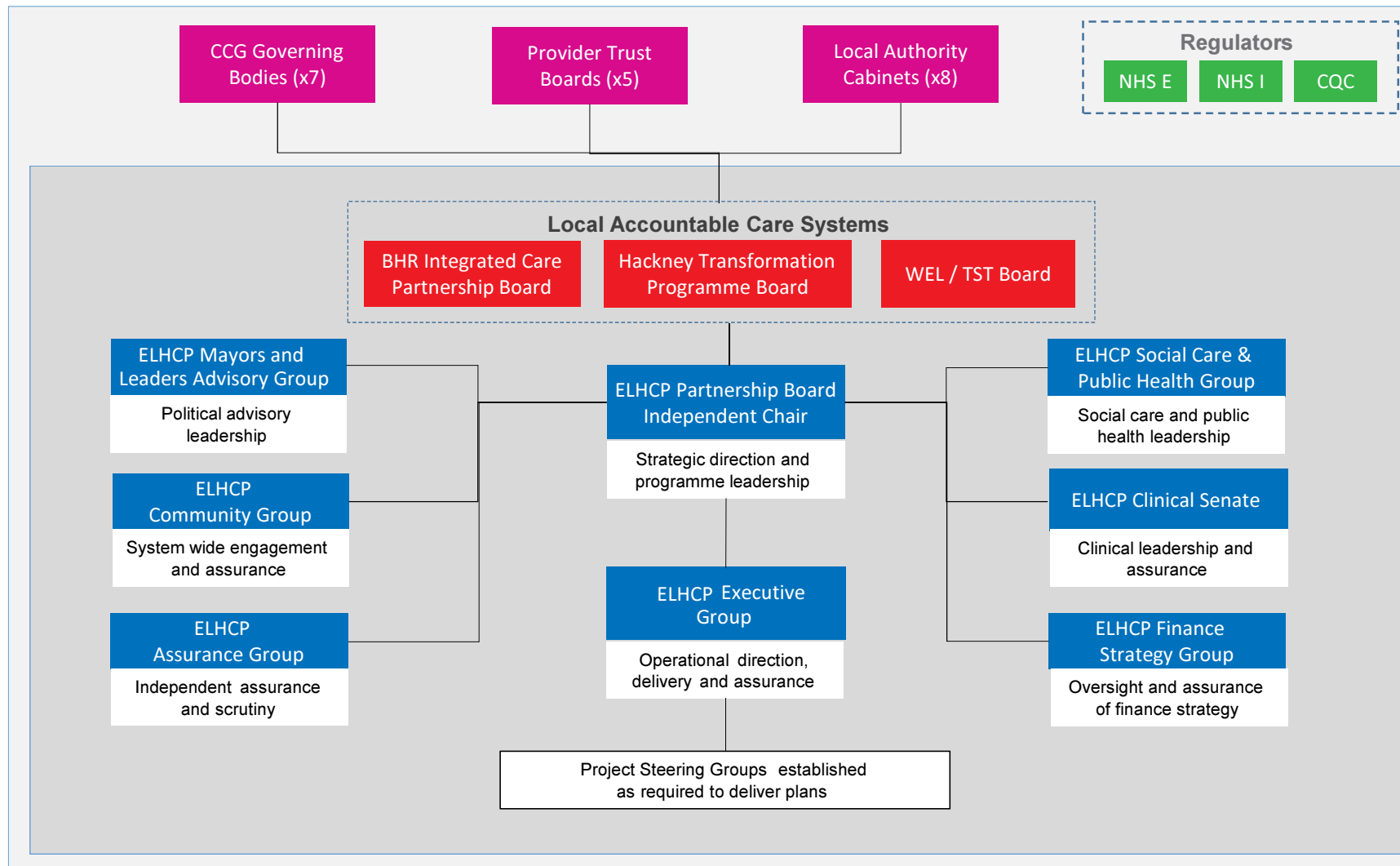
- Building better support into our hospitals, mental and community health services to help smokers quit.
- Improving workplace health across east London, starting with the NHS. Because happier, healthier NHS staff means better healthcare for patients.
- Improving screening processes to better identify those at risk of contracting Type 2 diabetes, and offering courses to help those people change their lifestyles.
- Standardising care for people with Type 1 and Type 2 diabetes in GP surgeries and hospitals across east London.
- Empowering people, through flexible self-care course, to better look after their diabetes and avoid unnecessary hospital trips.
- Working with local schools, education institutions, local employers, libraries and voluntary services, to provide better support for young people with diabetes, taking into account their social and economic context.

What does it mean local people?

- Better support to quit smoking, with help and advice available at many health and care centres, workplaces and online.
- Better screening, treatment and support for diabetes.
- New services to help young people, and pregnant women, manage diabetes better.
- Better opportunities and more support to stay healthy at work.
- Greater consistency of healthcare opportunities and support across east London.



Governance structure



This page is intentionally left blank

Report to Hackney Health and Wellbeing Board

Date: 6 th September 2017	
Subject:	Director of Public Health Annual Report
Report From:	Dr. Penny Bevan, Director of Public Health, London Borough of Hackney and City of London Corporation
Summary:	Healthy Children, Healthy Future is the Annual Report of the Director of Public Health. It focusses on children and young people in the City of London and Hackney and is brought to the Board for information.
Recommendations:	The Health and Wellbeing Board is asked: <ul style="list-style-type: none"> • To note the Annual Report of the Director of Public Health.
Contacts:	Dr. Penny Bevan penny.bevan@hackney.gov.uk

Financial Considerations

There are no direct financial considerations.

Legal Considerations

There are no legal implications arising out of this report.

Attachments

1. "Healthy Children, Healthy Future" – Annual Report of the Director of Public Health

This page is intentionally left blank

Healthy Children, Healthy Future

Annual Report of the Director of Public Health for Hackney and the City of London



Contents

Introduction from Dr Penny Bevan, Director of Public Health	4
1. A profile of young people in Hackney and the City of London	6
Inequality and deprivation moving in the right direction.....	8
Hackney’s children are ready for school.....	9
2. Early intervention for a healthy start	11
Early Years health service for Hackney and the City of London	11
Supporting young parents	12
Maternal mental health.....	12
Get Hackney Healthy: Obesity prevention programme	13
Promoting breastfeeding in Hackney and the City of London.....	14
Nutrition for a healthy start	15
A pilot project to welcome Hackney babies	15
3. Growing up healthily	16
Childhood obesity.....	16
School based health services (School Nursing) and Health Services for Looked After Children	18
Early emotional health and wellbeing	19
4. Adolescent health: Establishing health habits for life	20
Adolescents in Hackney and the City of London	20
City and Hackney’s Young People’s Service	21
A new health service for young people	22
Promoting sexual health.....	22
Ending violence, exploitation and harmful practices	23
Young people’s use of drugs and alcohol	24
Expanding the Young Hackney Substance Misuse Service	24
Mental health	25
5. A healthy place for everyone.....	27
Working towards a smoke-free Hackney.....	27
A brand new Substance Misuse Service	28
Unlocking community assets	29
Working with the voluntary and community sector.....	30
Working with local businesses for a healthier Hackney	31
Reducing harm through alcohol misuse	31
Pause: Creating space for change.....	32

Supporting health and wellbeing in the workplace32
A new strategy for mental health33
References35

Introduction from Dr Penny Bevan, Director of Public Health

Healthy, happy children and young people are a sure sign that a community invests in its future. Giving every child the best start in life is crucial to reducing health inequalities and is one of the most important public health responsibilities for Hackney and the City of London.

The foundations for a healthy life are laid in the early years. Getting it right for children at this stage can improve every aspect of a child's physical, intellectual and emotional development and is much more effective than responding to problems later.

In October 2015, the responsibility for public health services for children from birth up to the age of five years old transferred from NHS England to local authorities, completing the transfer outlined in the Health and Social Care Act 2012. This means we now have responsibility for prevention and public health services for all children and young people - starting with the health of mothers before a child is born up until a young person's 19th birthday, and beyond for the most vulnerable. For that reason, this report focuses on the theme of children and young people, but we continue to work to improve health for people of all ages, and some of our key achievements in that area are outlined in the final chapter.

Our responsibility to our youngest residents is an exciting opportunity for us to carefully examine how the needs of children and their families change as the child develops, and provide comprehensive services that meet those changing needs. This report focuses on how we are responding to that challenge and focusing our resources on children and young people. It outlines the work we are doing with our partners to ensure that every child in Hackney and the City of London gets the best start in life and has the opportunity to fulfil their potential.

The City of London has also published a Children and Young People's Plan, which sets out a vision to ensure the City is a safe place for them to live, enjoy, work and learn. We worked and consulted with children and young people, families, and partner agencies to identify what is important and how to respond.

On a national level, there are many concrete steps that have been proven to work to improve children's health; we are delivering those interventions and expanding on them where we know our residents have greater needs. We deliver the government's Healthy Child Programme and are going beyond what is required by offering additional health visits at home to those who need them. We are working to make sure all new parents feel supported, by designing comprehensive information packs and offering the dedicated support of a Family Nurse for young, first-time parents.

Childhood obesity remains one of our biggest challenges. We are moving in the right direction, albeit slowly. The causes of obesity are extremely complex so we are tackling the problem on many levels, working with parents, schools, retailers and early years providers to encourage families to eat well and move more. Children and young people in Hackney live in a borough with lots of green space and lots of opportunities and activities provided through our excellent youth service, Young Hackney. I am confident that we will continue to make significant progress.

Adolescents in Hackney and the City of London face some challenging disadvantages that come with inner city life, but are benefitting from excellent education opportunities and dedicated schemes to help them find work. Adolescence is a time when young people can develop problems with alcohol, smoking, drugs or risky sexual behaviour. It is our job to provide young people at this time in their life with the skills and information they need to avoid these risks and establish life-long healthy behaviours. Our young people's health services provide prevention, health education and outreach alongside high quality clinical services in a way that young people have said works for them.

Looking after a young person's mental health is important at every age, and this is a theme that runs through every chapter of this report. We are working with our colleagues in the City of London and Hackney Clinical Commissioning Group (CCG), local hospitals, schools, the local mental health trust and many excellent voluntary sector organisations to ensure the right support is on offer at all ages for children, adolescents and their families.

Successful partnerships are vital if we are to deliver sensible and co-ordinated services for young people. There are so many influences on a young person's life from what they see on television and the internet, to what they are given for lunch at school; only by working together with other teams in the Council and with external organisations can we make the biggest impact. I'd like to thank all our partners, providers, advisers, service users and the members and Chairs of the Health and Wellbeing Boards for their continued support.

Public health is now settling down into its new home in local government. There have been significant challenges, and there are more on the horizon, but the teams in Hackney and the City of London have risen to them. The last year has seen the public health team focus on forging strong partnerships, expanding their expertise, setting new high standards of quality and professionalism and sharing best practice with the sector. I'd like to thank my team for working hard to deliver the ambitious projects set out in this report. I was proud to be able to showcase innovative work from both Hackney and the City of London at the Faculty of Public Health conference and the Public Health England conference.

Finally, I'd like to take this opportunity to acknowledge the contribution of all of public health's partners in Hackney and the City of London who are striving to make a difference to the health of our residents, and particularly those who are working to give our youngest residents the best start in life.

1. A profile of young people in Hackney and the City of London

Hackney is a relatively young borough, with one in four residents aged under 20 years old. There are 65,300 children and young people in this age group out of a total population of 265,300 residents. [1] The number of young people is forecast to rise by 6% over the next five years. Growth is predicted to be greatest in the north of the borough where fertility rates¹ are higher amongst Charedi families, with large numbers of young children. [1] The fertility rate in the north east of the borough is around twice the average in Hackney and in England. [2]

In contrast, while the City of London has a large working population of 360,000, its resident population is far smaller at only 8,200 people. [3] [1] Of these residents there is a high proportion of young adult men, but relatively few children, with only 1,100 aged under 20 years old. [1] The fertility rate is lower than the Hackney, London or England averages, yet the number of children and young people is still predicted to rise by 27% over the next five years. [2] [1]

Figure 1: Age structure of Hackney, the City of London and England (2015)



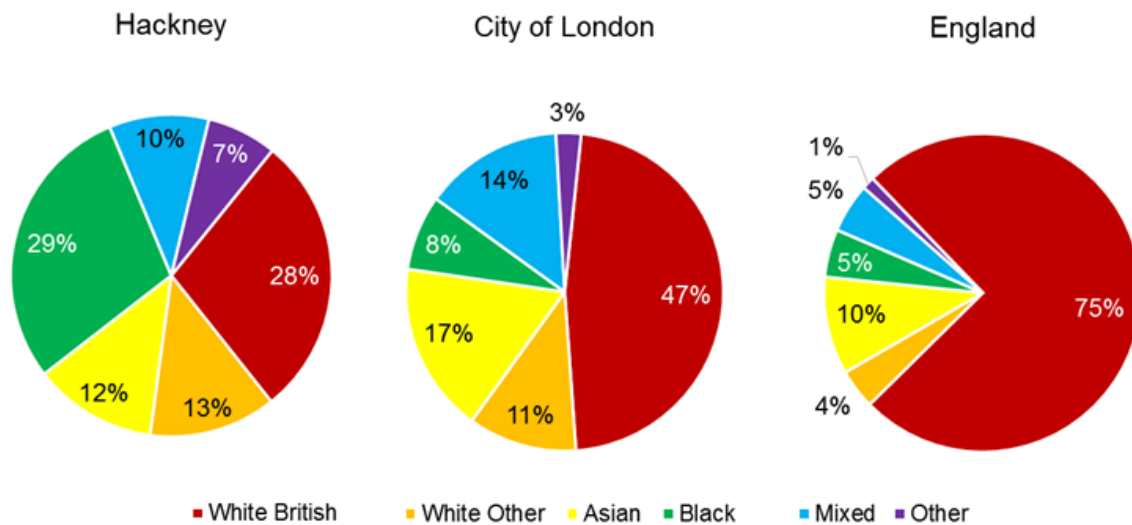
Source: 2015 mid-year population estimates, Office for National Statistics

Hackney is a densely populated and ethnically diverse inner London borough. Fewer than half of those aged under 20 years old identify as White. The most common ethnic group in Hackney's young people is White British (28%), followed by Black African (15%), Other White² (12% - of which the largest subgroup is Turkish) and Black Caribbean (8%). The City of London is less ethnically diverse than Hackney, but this is changing in the younger generation with 60% of children and young people identifying as White, compared to 80% of its whole population. [3]

¹ General fertility rate = number of live births per 1,000 women aged 15-44 years old

² 'Other White' includes those self-reporting as White but not White British, White Irish or Gypsy/Irish Traveller. Across Hackney's whole population, Turkish forms 15% of 'White Other' census responses

Figure 2: Ethnicity of 0-19 year olds of Hackney, the City of London and England (2011)



Source: 2011 Census, Office for National Statistics

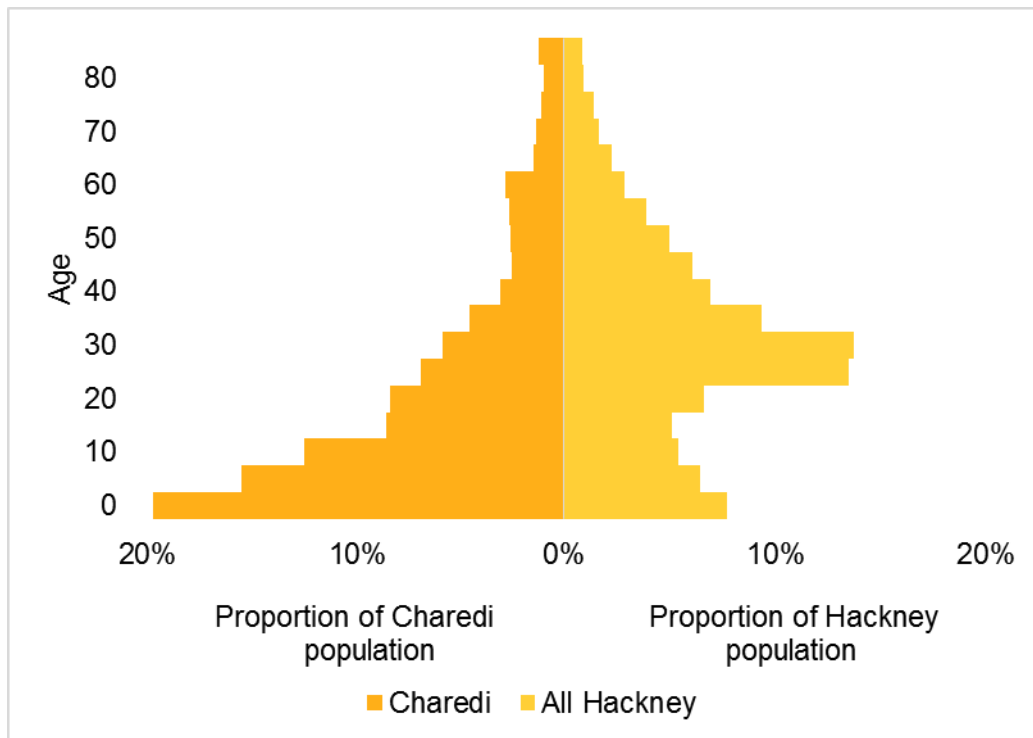
International migration into Hackney, the City of London and the whole London region is similar with almost 40% of residents having been born outside of the UK. This is almost three times the national average. [3] One in five of Hackney’s children and young people (aged 3-15 years old) report that English is an additional language to them, and Turkish is the most common first language after English. [3] However, three quarters of children who have English as an additional language speak English well or very well. One in 10 children and young people in the City of London do not count English as their first language, and this falls to one in 20 nationally.

According to the 2011 census, the most common religious beliefs in young people in Hackney are Christianity, Islam, Atheism and Judaism; in young people in the City of London, they are Christianity, Atheism and Islam. These are also the most common religious beliefs reported in the Census across England, with the exception of Judaism, with only 0.5% of respondents nationally identifying their religion as Jewish. [3] A high proportion of Hackney’s young people are Jewish and, in particular, belong to the Charedi Orthodox Jewish community³ which is centred in Stamford Hill, covering the north east of the borough. Local calculations suggest that around one fifth of under 19 year olds in Hackney belong to the Charedi community. [4] Both Hackney and the City of London also have a higher proportion of young people identifying as Muslim than is seen nationally. [3]

Surveys have shown that the vast majority of Hackney residents (90%) say it is a place where people from different backgrounds get on well together, which is higher than national surveys. [5] Overall, residents’ satisfaction with Hackney as a place to live is now higher than most other local authorities in England. Similarly, over 90% of residents, workers, executives and businesses reported being satisfied with the City of London as a place to live, work and run a business in a survey conducted in 2013. [6]

³ The term ‘Charedi’ has come to be used to describe strictly Orthodox Jews as it does not imply any criticism of other religious statuses

Figure 3: Age structure of the Stamford Hill Charedi community in comparison to the total Hackney population (2011 estimate)



Source: Counting Hackney’s Population Using Administrative Data: An analysis of change between 2007 and 2011. Mayhew, L, Harper, G, Waples, S. 2011

Inequality and deprivation moving in the right direction

Of all the local authorities in England, Hackney has seen the largest decrease in the proportion of its neighbourhoods classified as highly deprived, falling from 42% in 2010 to 17% in 2015. Hackney is now the 11th most deprived local authority district out of 326 in England⁴. [7] Furthermore, while the proportion of children living in low-income families has remained relatively constant across England, there has been a fall across London and a marked reduction in Hackney where the rate has fallen from 49% in 2007 to 28% in 2013. [8] Despite these trends, social inequality persists and creates health inequality and significant challenges for the mental and physical health and wellbeing of Hackney residents. [9]

Conversely, the City of London was ranked as the 96th most affluent local authority district out of 326 in England. [7] The proportion of children living in low-income families halved from 22% to 10% between 2007 and 2013, meaning the City now outperforms the London and national averages. However child poverty still exists in the City of London. The rate varies widely from 38% of children living in low income families in Portsoken ward to 3% in Farringdon ward in 2013. [10]

Across England, life expectancy is lower in areas of greater deprivation. [9] While men in Hackney still have a lower life expectancy than the national average, life expectancy for women in Hackney has

⁴ Rank of average score in the Index of Multiple Deprivation

increased to close the gap with the England average. The City of London has experienced a higher life expectancy for both males and females than across London and across England for many years. [8]

Hackney has seen its child mortality rate decrease from 27 per 100,000 in 2008-10 to 15.8 per 100,000 in 2012-14⁵. [11] There have been fewer than five child deaths in the City of London in the last five years⁶. Hackney had 5.6 infant deaths per 1,000 live births in 2012-14, while the City of London had

BOX: Child Death Overview Panel

The City and Hackney Child Death Overview Panel (CDOP) was set up to identify issues and trends, and make sure that every possible action is taken to prevent child deaths and improve the health and safety of children. Since its launch in 2008, the multidisciplinary panel has reviewed the deaths of 235 children and young people.

In 2016 the City and Hackney Safeguarding Children Board (which includes the work of the CDOP) became the first and only Local Safeguarding Children Board to receive an Outstanding Ofsted rating. The report stated: 'Arrangements for the review of child deaths are highly effective. The Child Death Overview Panel is well attended by the right professionals and has clear terms of reference.'

In 2015/16, the CDOP reviewed 22 deaths; half of these occurred within the first 28 days of life and 86% occurred within the first year of life (up from 66% in 2014/15). Eleven cases were defined as unexpected deaths.

The CDOP intervenes when it identifies broader trends. During 2015/16 its actions included:

- highlighting the need for additional safety nets in GP and Outpatient correspondence to advise school nurses of children who may need unexpected emergency care in the school setting
- sending leaflets with choking safety messages to nurseries, play groups and childminders
- continuing to refer parents and siblings to genetic screening and counselling where relevant
- continuing to provide universal vitamin D supplementation for pregnant women and children aged under four years old through the 'A Healthy Start for All' programme

none. [12]

[Hackney's children are ready for school](#)

The 27-month review is a national scheme to assess seven different areas of children's development to indicate how ready they are for school. Children's outcomes in the review are usually correlated with parental income but Hackney's children performed as well as, or better than average in all seven areas, despite its level of deprivation. [9] In 2015/16, 69% of child reviews in Hackney achieved a good level of development, in line with the London and England averages. [8] In the City of London in

⁵ The rate is calculated over a three year average due to the small numbers involved

⁶ Exact number suppressed due to the small numbers involved to prevent patient identification

2015/16, 79% of children achieved a good level of development, statistically in line with the London and England averages (due to the small number of pupils). [8]

Since 2009/10, Hackney's performance has improved faster than the England average in terms of the percentage of pupils achieving five A*- C grades including mathematics and English. From being statistically similar to England five years ago, Hackney now outperforms the England average by almost seven percentage points. The proportion of pupils achieving five A*- C grades including Mathematics and English in Hackney has increased from 55% in 2009/10 to 60% in 2014/15. [13] In national comparisons of education, skills and training outcomes, Hackney is in the top half of local authorities in the country, outperforming 197 local authorities. [7] On the same ranking, The City of London comes third.⁷

As young people move on from school, the majority go on to further education or find employment. In 2015, Hackney had significantly fewer 16-18 year olds not in education, employment or training (NEET) than the national average (3% versus 4%) and there were no 16-18 year olds in the City of London classed as NEET. [8]

⁷ However, given the very few schools in the City of London and that most children will attend some of their schooling outside of the borough, this data must be viewed with caution

2. Early intervention for a healthy start

Early Years health service for Hackney and the City of London

Getting it right for children in their early years is crucial to reducing health inequalities throughout a person's life. The foundations for many aspects of human development are laid in early childhood. Because of this, Hackney and the City of London have a strong focus on the early years, working with mothers-to-be and families to ensure the best and healthiest start for babies.

In October 2015, the responsibility for public health services for children from birth up to five years transferred from NHS England to local authorities. We are now able to design joined-up public health services for children from birth right up to the age of 19 years old (and up to the age of 25 years old for young people with Special Educational Needs, a Disability or those with additional vulnerabilities).

The Healthy Child Programme (HCP) is a national, universal programme to improve the health and wellbeing of children in England, through health and development reviews, health promotion, parenting support, and immunisations.⁸ In addition to the HCP, Hackney and the City of London deliver a number of other tailor-made projects, programmes and services for local children and families. These include supporting maternal mental health, providing opportunities for physical activity, and increasing healthy eating. These are delivered with partners from a range of organisations and in lots of different, accessible places so that it is easy for parents to benefit from services that their family needs.

Our responsibility for children in their earliest years has created the opportunity for us to design a new health service to provide regular health and development reviews. Health visitors review children at key stages in their lives to ensure that all babies and children are healthy and developing normally. The service covers becoming a parent, maternal mental health, breastfeeding, healthy weight, managing minor illness and accident prevention, and healthy two year olds and school readiness. Reviews can take place in the family home, children's centres and GP surgeries, and support children to be happy, healthy and ready to learn by the time they are of school age.

BOX: Doing what our mums told us

Feedback from mums who used services in the past was key to the new early years' health service design and delivery, along with a robust needs assessments of the community.

"[The service] is nice but it's too short, just two visits and then you have to take [your baby] to the centre or the clinic – [the health visitor] should stay longer with you, you are tired and funny in first few months, they should stay until four months before you get ready to go anywhere."

Young mother from Early Years Health Service focus group, February 2015

In response to this and similar feedback, the service will offer two additional home based visits to vulnerable families who need extra support at one month, and at 3-4 months. This will focus on maternal mental health, maintaining infant health, promoting development, and keeping safe.

⁸ Commissioning responsibility for immunisations for 0-5 year olds lies with NHS England and is provided locally by primary care

Supporting young parents

There is strong evidence to suggest that infants of young parents have poorer health and wellbeing outcomes overall. [14] The Family Nurse Partnership (FNP) is a preventative programme that aims to reduce this health inequality by working with first-time parents under the age of 20. It is an intensive, structured home visiting programme where a specially trained family nurse visits the mother regularly from early pregnancy until the baby is two years old and builds a close, supportive relationship with the family.

The programme aims to achieve life-long changes, giving young parents the support and tools to help their babies develop healthily so that they are ready for school. It works with young parents to improve their health by helping them give up smoking, as well as aiming to achieve longer term outcomes such as returning to education, training or employment. The FNP programme has been delivered in Hackney and the City of London since May 2014 and worked with 32 clients in 2015/16.

BOX: M's Story

M was 18 and leaving care when her midwife referred her to FNP. M had a difficult relationship with her mother and had gone to spend some time with her father who lived abroad. She fell pregnant to an older man and the relationship involved a high level of domestic abuse. M returned to England and joined the FNP when she was 25 weeks pregnant. Children's Services conducted an assessment because of concerns around the safety of the unborn child.

The family nurse visited M at home, at children's centres and had a joint visit with M's midwife to ensure she felt supported. The family nurse forged a therapeutic relationship to ensure M felt safe and encouraged her to discuss positive aspects of her relationship with her mother to use as building blocks for her own transition to parenthood. The family nurse helped M to draw upon friends and family for support, provided resources and advice for parenting, and liaised with her social worker.

Several months after the birth of her baby, M remains fully engaged with the FNP programme. She has attended all health appointments and is providing a warm and loving environment for her baby. M is no longer being assessed by Children's Services and plans to attend college next year.

Maternal mental health

There is a strong link between the mental health of parents, particularly mothers' mental health and that of their children. Maternal depression before, during or after birth, along with anxiety and psychosis, carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK. Nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. [15]

Enhancing existing maternal, perinatal, early years health services, and parenting programmes strengthens attachment between parent and child, helps avoid early trauma, builds resilience and improves behaviour by ensuring parents can get support. [16]

Maternal mental health is a priority for the early years' health service. Health Visitors assess and identify early maternal mental health concerns, offer appropriate support, and help families to access mental health services. Early identification of poor maternal mental health is key to the re-designed service; this will be done at all antenatal and post-birth visits so that Health Visitors make every

contact count. Identifying any issues as soon as they emerge means that mothers can be referred to mental health services early enough to get the support that they need, meaning better long term outcomes for them and their baby. Health visitors also play a role in developing and coordinating therapeutic groups in partnership with the perinatal mental health service and children's centres. [17]

BOX: Maternal mental health in the City and Hackney

Between 2013 and 2015 almost 100% of Hackney and the City of London mothers who gave birth at the Homerton University Hospital had their mental health status assessed at delivery, with 5% recorded as having 'poor' mental health. Two thirds of these went on to become perinatal mental health service clients.

In the perinatal service, women aged 40-44 years old were more likely to be recorded as having poor mental health than those aged 25-29 years old. Mixed heritage women were more likely to have poor mental health recorded.

Mental health and substance misuse are interconnected. Within the perinatal mental health service, of those with poor mental health, 6.2% also had substance misuse recorded (versus 0.5% of those with no mental health problems). Similarly, of those with substance misuse recorded, 42% also had poor mental health (versus 5% of those without substance misuse recorded). [18]

[Get Hackney Healthy: Obesity prevention programme](#)

Working with parents in the pre-natal period and until their child is five years old can help to reduce obesity. [19] Establishing healthy eating and lifestyle patterns early in a child's life is crucial. Evidence has shown that family and social factors are linked to childhood obesity. [20]

'Get Hackney Healthy' is a prevention programme aimed at 0-5 year olds and their families, placing the objective of increasing healthy eating and physical activity among children, young people and families at the heart of the Council's work. [21] It has developed a framework to guide service delivery across the Council to improve the health of children and young people by tackling childhood obesity and working with pregnant mothers and children aged under five years old, and offers a range of interventions for the early years:

- Eat Better Start Better in Hackney

The Eat Better Start Better project works with childminders, nurseries and children's centres to implement the Children's Food Trust Voluntary Food and Drink Guidelines to help children to eat more healthily by providing training and support from an early years nutrition expert. [22] It is delivered by Hackney Learning Trust (HLT) and Homerton University Hospital Foundation Trust (HUHFT). Self-assessment packs are completed by early years settings and childminders. Feedback is then provided and settings submit a good practice portfolio. In 2014/15 the programme worked with 47 settings and 15 childminders, reaching approximately 2200 Hackney children.

- HENRY

The HENRY programme works on the principle that physical activity and eating habits are shaped early in life. It is an eight week programme for small groups of parents and carers of children aged up to five years old that has proven to have great results. It provides information and skills to create a healthy family lifestyle, covering topics such as healthy eating, portion sizes, reading food labels, activity ideas, and parenting skills. In 2015/16, 15 HENRY groups were delivered across Hackney supporting 130

families to lead healthier and more active lives, including specific HENRY groups run for the Turkish and deaf communities.

- Healthy Lifestyles Grants to children’s centres

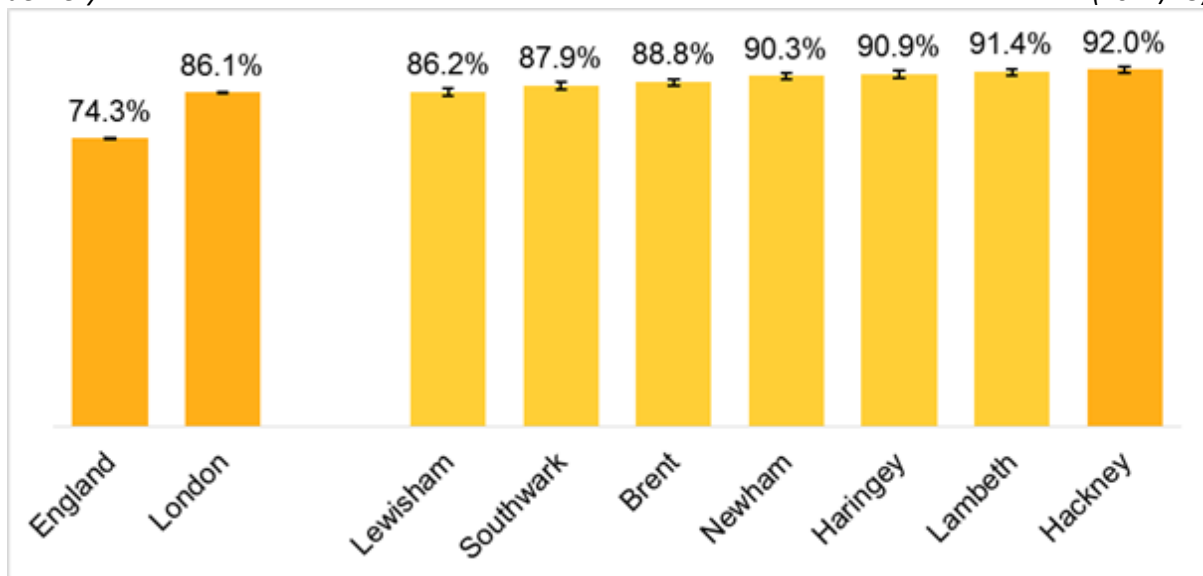
The Get Hackney Healthy grant funds projects to promote healthy eating and increase physical activity in children’s centres. Guidance has been produced to help children’s centres ensure best use of resources including details of evidence-based interventions and information on best practice that they could seek to deliver.⁹

Further details on obesity and interventions for older children are outlined in the following chapter.

Promoting breastfeeding in Hackney and the City of London

Breastfeeding is the optimal form of nutrition for infants to ensure a good start in life. In Hackney, initiation rates are high, with 92% of babies being breastfed at birth in 2014/15, compared to 86% for London. No data is available for breastfeeding initiation for the City of London. [8] At six to eight weeks, 82% of mothers in Hackney and the City still breastfeed or mixed feed¹⁰ (data from 2014/15) which is significantly higher than the England average of 44% (London average not available for data quality reasons). [8] Both Hackney and the City of London are supporting schemes to keep these numbers up.

Figure 4: Breastfeeding initiation: Proportion of all who breastfed their babies in the first 48 hours after delivery (2014/15)



Source: NHS England Breastfeeding Data, 2014/15. Accessed through Public Health England Children and Young People’s Health Benchmarking Tool

The UNICEF Baby Friendly Initiative (BFI) is a global accreditation programme which provides a proven best practice framework for public services to support breastfeeding. Local partners have set up a strategic breastfeeding steering group to work towards achieving UNICEF Baby Friendly standards for maternity units, neonatal units and in the community. The steering group brings together midwifery, health visiting, Hackney Council and the City and Hackney CCG, to increase the incidence and duration

⁹ Available at <https://hackney.gov.uk/healthy-hackney>

¹⁰ This figure is very similar to the figure calculated from local GP data of 83%

of breastfeeding of babies. HUHFT maternity services achieved Stage 1 accreditation in 2015/16, with work continuing to achieve Stages 2 and 3.

To support mothers after they have left the hospital, Homerton University Hospital and the Breastfeeding Network deliver nine drop-in breastfeeding support groups every week from children's centres and other easy to reach locations.

A breastfeeding peer support project delivered by the Breastfeeding Network has also been introduced in Hackney and the City of London. The project recruits and trains 'peer support' volunteers to work alongside health professionals providing additional support to breastfeeding mothers in hospital and community settings.

The National Childbirth Trust's Breastfeeding Welcome Scheme helps public venues to become more welcoming to breastfeeding mothers. After a concerted local effort there are approximately 100 accredited breastfeeding welcome venues in Hackney and the City.

Nutrition for a healthy start

Good nutrition is a vital element of giving children the best start in life. The UK-wide, government Healthy Start scheme provides vitamins and food vouchers to pregnant women, new mothers and children aged under four years old. This scheme is offered to families who receive certain benefits or tax credits, or if the pregnant woman is under 18 years old. Hackney and the City of London extended the national scheme and provide free vitamins to every pregnant woman, every new mum and every child aged under four years old. Despite the challenges posed in the current financial climate, we are committed to continuing to deliver this initiative to ensure as many mothers and children in Hackney and the City of London experience the benefits of better nutrition.

A pilot project to welcome Hackney babies

Hackney Council has been testing a new approach to support new parents by giving them a 'Welcome Hackney Babies' pack. The pilot, two-part pack contained a binder of leaflets promoting health guidelines and local services, and a set of products designed to support healthy behaviours supplied in a baby changing bag. For the pilot, the binder was distributed by health visitors and included a voucher for parents to collect the product pack from Daubeney Children's Centre.

The project was well received, with parents saying they appreciated the new approach to sharing key health messages at a busy time in their lives. We will carry out a full evaluation to shape the rollout of the project, working in close partnership with local stakeholders to ensure that the pack is available to all families in Hackney.



3. Growing up healthily

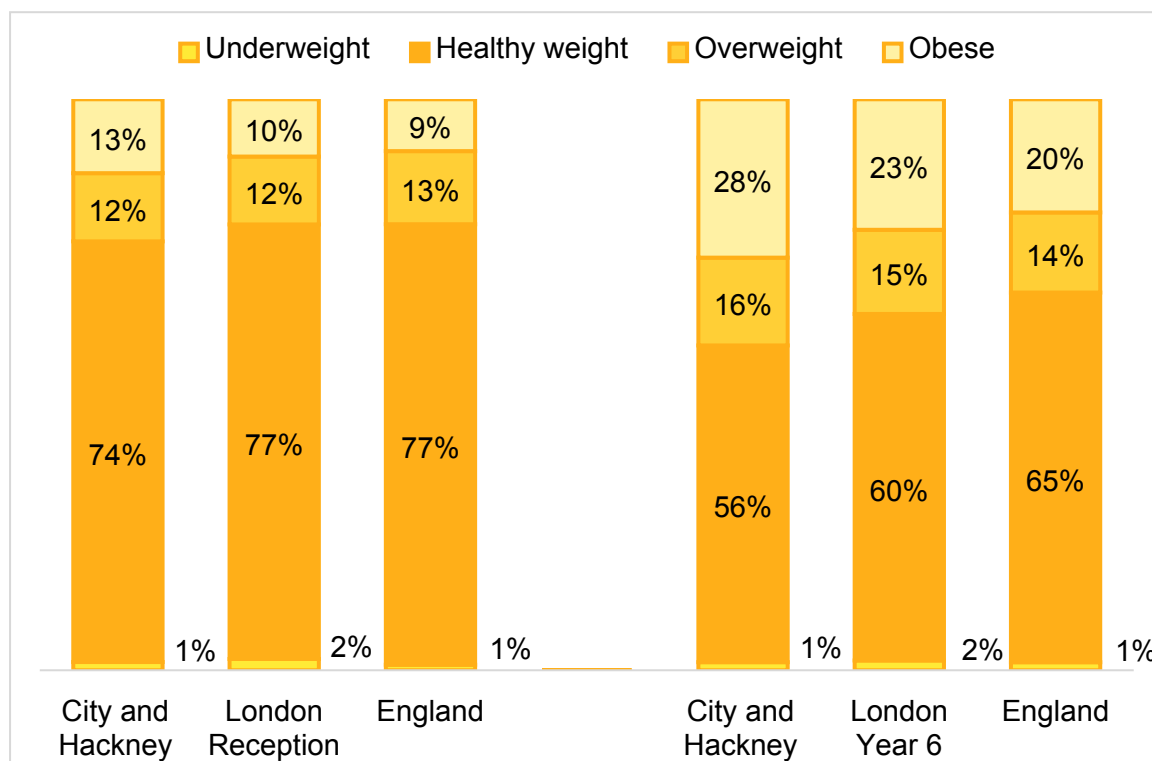
As children start formal education aged four or five years old, school becomes an environment that can hinder or help their health. Hackney and the City of London have invested in programmes to harness the power of schools to promote health, particularly around the priority areas of childhood obesity, early emotional health and wellbeing, and oral health.

Childhood obesity

Childhood obesity is one of the most pressing public health issues of our time. [23] It is also a top priority in Hackney and the City of London. Obesity can cause a host of health conditions, both physical and mental, and costs to the NHS are estimated at £5 billion every year. [24]

In 2015/16, in Hackney and the City of London, 25% of 4-5 year old state school children were above a healthy weight, compared to 22% in London and England. In 10 to 11 year olds, 43% of state school Hackney and the City of London children were above a healthy weight, compared to 38% in London, and 34% in England. [8]

Figure 5: Distribution across weight categories (YR and Y6) for state school children in City and Hackney, London and England (2015/16)



Source: National Child Measurement Programme, 2015/16

Children living in poverty are more likely to be overweight or obese and Hackney is consistently ranked amongst the (mainly London) local authorities with the highest rates of childhood overweight and obesity prevalence in England. [25] Within Hackney, more children from the most deprived areas are obese.

We have responded to the scale of the challenge with a range of initiatives designed to tackle the underlying causes. Our Health Heroes programme works with primary schools to embed a whole school approach to healthy lifestyles. It works with pupils, teachers and parents to increase options for physical activity, improve access to healthy food and support opportunities for activities such as gardening and cooking initiatives. Health Heroes seeks to influence school culture in a sustainable way; it incorporates a PE ‘train the trainer’ model as well as catering reviews to ensure school lunches are as nutritious as possible.

Gardening



“Health Heroes has been the catalyst which enabled us to fully engage our parents in becoming part of the school community. The gardening project is now coordinated and maintained by our parents who are fully committed to keeping the garden looking amazing and packed with a huge variety of fruits, vegetables and flowers throughout the year, which are now being served to the children in school dinners” – Special Educational Needs Co-ordinator

Fruit and veg co-ops

“The fruit and veg stall is a fantastic way for all us parents to buy local food, it is on my doorstep so I will have no excuses” – Parent



Cook and eat



“We can now grow the vegetables then we get to cook and eat them, we know we’ve done it so it tastes even better” - Gardening Club participant

After school and lunch time physical activity

“I am now running a lot further and I can feel that I am improving, thank you for selecting me” – Pupil

“Winning is good but taking part makes you feel good about yourself” – Pupil



The City of London worked with Sir John Cass Foundation primary school to pilot a healthy schools programme, which included joint exercise classes for parents and children during the week, family walks throughout the City on Saturdays, healthy cooking classes, and fresh food stalls held in the school playground once a week. In January 2016 the City of London's Health and Wellbeing Board approved the continuation of the project and agreed to extend the food stall to other sites in the City.

The Play Streets programme is a ground-breaking scheme enabling residents to close residential streets for a few hours to through traffic, turning them into safe places to play. Benefits include allowing children to play near home, giving children the space to play energetically, and increasing a sense of community by bringing neighbours together. There are 40 active Play Streets in Hackney.

BOX: Oral health

Children and young people's oral health is an important element of the public health service in Hackney and the City of London. Programmes being delivered include the 'Happy Smiles' health promotion scheme at children's centres, primary and secondary schools, and fluoride varnishing in nurseries, primary schools and special schools.

Future priorities include:

- increasing children's registration with dentists in Hackney and the City of London
- expanding the fluoride varnishing scheme
- delivering more promotion sessions
- providing training for the children and young people's workforce around oral health
- expanding the supervised tooth brushing scheme
- supporting the development of healthy food and drink policies in settings

School based health services (School Nursing) and Health Services for Looked After Children

Our model for school based health is based on the key principles of:

- Getting the basics right (the mandated areas – safeguarding, universal health checks, ensuring immunisations are up to date, and NCMP)
- Increased services for the most vulnerable – dedicated full time nursing provision for our special schools, an entire service dedicated to children with safeguarding vulnerabilities, and training for Learning Support Assistants in schools to support delivery of care plans and support for those with complex and additional needs
- Increased contact time with children
- Integration with our high quality universal services

School based health services have increased the number of school nurses available, and we have redefined the roles to focus on key specialist areas of strength. The model ensures vulnerable children receive a full health offer and consistency of care. The Safeguarding School Health Service is co-located with children's social care, strengthening this relationship, and works with vulnerable children of school age in Hackney and the City of London (including those home tutored and in independent schools). We have specifically invested in a dedicated service to maximise the contribution of school nurses to safeguarding and promoting wellbeing, and will continue to provide additional earmarked resource.

Our Looked After Children continue to have a dedicated health service ensuring they receive a comprehensive offer that is closely aligned to (and co-located with) our Virtual School for Looked After Children.

Box: Reception School Health Check in the Charedi Community

School health checks, including weighing and measuring children, were previously only conducted in state maintained schools as part of the National Childhood Measurement Programme by the commissioned provider HUHFT. This meant children from the Charedi community were missing from the data, resulting in an incomplete picture. Hackney Public Health worked with the community to pilot a health check in independent Charedi schools. In 2014/15, community organisations worked in partnership with HUHFT to carry out health checks in 13 boys' schools and nine girls' schools with Reception Year pupils (aged 4-5 years old). This included height, weight, vision and hearing tests.

Results

- the prevalence of overweight/obese children in the Charedi community was significantly lower overall than the general population
- more boys than girls were overweight
- prevalence of underweight was similar to the general population
- in the vision test, 30% of boys did not pass the test against 7% of girls, showing a clear disparity
- a similar disparity was found with the hearing test: 22% of boys did not pass the test compared with 4% of girls.

These results have enabled us to gain a better picture of the challenges facing the Charedi community and will allow us to work with the community to better target health interventions. The programme will be expanded to include Year 6 pupils.

"It is so important for this health check to take place for early years detection as we have previously had older girls with late diagnosis of major hearing and vision problems which can now be avoided through the health check taking place" – Head Teacher

Early emotional health and wellbeing

Emotional health and wellbeing is just as important as physical health. Hackney and the City of London coordinates an Emotional Health and Wellbeing Partnership, pulling in the expertise of partners from a range of services such as statutory CAMHS (Child and Adolescent Mental Health Services) and education services, to provide a strategic overview and identify any gaps in services.

The Public Health offer for 5-19 year olds in Hackney and the City of London, outlined in the next chapter, has a strong preventative focus; services work closely with many other providers of children and young people's services, including schools and youth hubs. A core part of the offer is the development and delivery of preventative programmes around relationships and emotional wellbeing, with a focus on developing resilience.

4. Adolescent health: Establishing health habits for life

Promoting healthy practices during adolescence, is key to keeping young people healthy and preventing them from developing future health problems as they mature into adults.

Adolescents experience significant changes to their bodies and minds that affect their relationships, and all other aspects of their lives. For some, it is the time when they first start to experiment with risky or unhealthy behaviours. Misusing drugs, alcohol or tobacco, not getting enough physical activity, eating an unhealthy diet or having unprotected sex at this age can be the beginnings of life-long habits.

Most adolescents – increasingly taken to mean those aged between 10 and 25 years old – are seen as healthy, but many experience anxiety, stress, violence, illness and disease, which can stop them reaching their full potential and thriving.

Local authorities' role with young people of this age is to focus on prevention. We must equip young people with the knowledge and skills they need to make healthy decisions for themselves. We must provide youth friendly information and advice and help young people build resilience so that they can cope with pressures from peers, parents, the media and their day-to-day challenges. At the same time, the Council has a duty to provide high-quality treatment for young people, including services for substance misuse and sexual health.

Adolescents in Hackney and the City of London

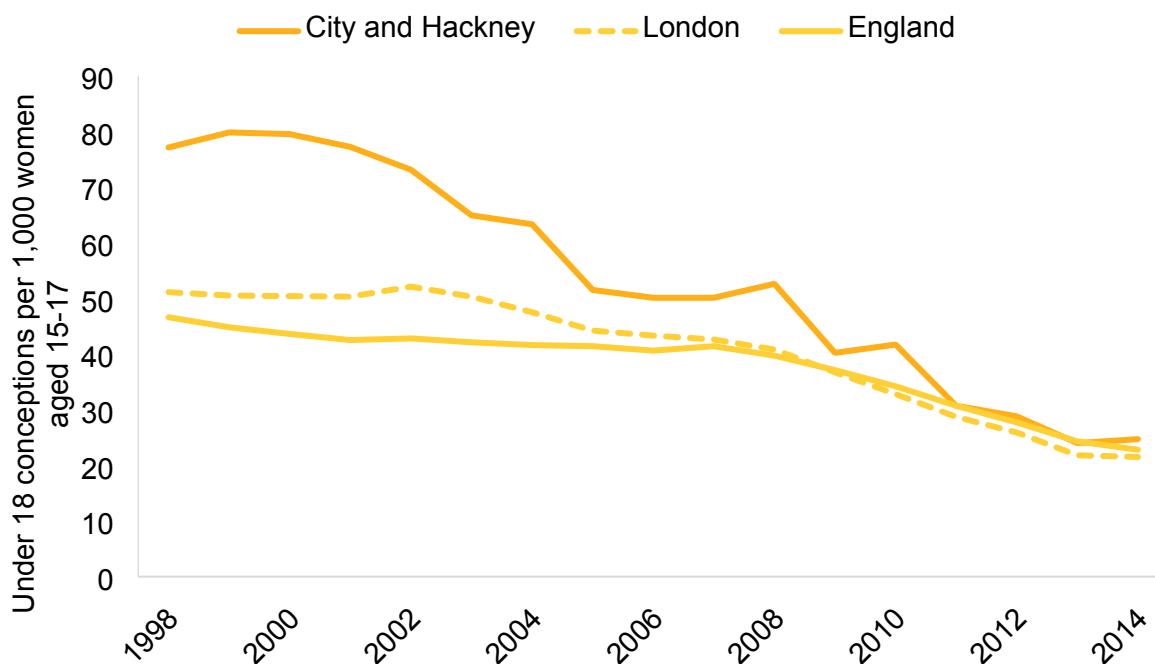
Growing up in Hackney or the City of London brings challenges and opportunities. Young people are more deprived than other local authorities and deprivation is strongly linked to worse health outcomes. Hackney is also working closely with the police and local residents to tackle serious youth crime and gang violence.

Our mental health needs assessment suggested that young people's mental health is a particular area of need, although this may be due, in part, to data recording issues. [26] Young people in families with a low household income with no parent working, or with a lone parent, are more likely to have a mental health disorder and parental mental health strongly impacts on children.

Yet there is a lot for young people to be optimistic about. Education has dramatically improved in Hackney. More than half of A-level students achieved A*- B grades in 2014/15, and the overall pass rate of 98.4% for achieving A*- E grades is above the national average, and up on 2013/2014. The overall number of pupils achieving five or more A*- C grades at GCSE in the same year rose one percentage point to 60%, bucking the national trend that saw grades flatline elsewhere. [13] Hackney Council is providing young people with new opportunities through Young Hackney, the Council's youth service that runs activities and offers advice and support on subjects like education, employment, housing and health. The Council is also increasing opportunities for young people to find meaningful work through the Hackney 100 apprenticeship scheme and Ways into Work. Connecting local people to local jobs in this way means the community can benefit from the thriving local economy and wider regeneration of the borough.

Great progress has been made in reducing the rate of teenage pregnancy, which has fallen at a much steeper rate than the overall national rate. In 2014, Hackney and the City's rate of under 18 conceptions was 24.7 per 1000 women aged 15-17, compared to the national rate of 22.8. [27] In 1998 the rates were 77.1 and 46.6 respectively. This is an overall reduction of 68% in Hackney compared with a national reduction of 51%.

Figure 6: Rate of conceptions in under-18 women over the period 1998 to 2014



Source: Conceptions in England and Wales, 2014, Office for National Statistics

City and Hackney's Young People's Service

City and Hackney Young People's Service (CHYPS Plus), delivered by Homerton University Hospital Foundation Trust, provides a range of health and wellbeing services for those aged between 11 to 19 years old. It provides:

- holistic health and wellbeing assessment for all young people seen utilising the HEADSS tool (assesses Home & Environment, Education & Employment, Activities, Drugs, Sexuality, and Suicide/Depression)
- prevention advice and information on smoking plus treatment for those who want to quit
- contraception and sexual health, including an open-access, specialist clinical sexual health service
- support for emotional health and wellbeing
- obesity and nutrition advice

CHYPS Plus operates from a number of locations including schools and alternative education providers, youth clubs, a dedicated clinic and from four Young Hackney youth hubs ensuring that services are young people friendly and taken to where young people are. The CHYPS Plus team works with health and other professionals to raise awareness of the particular health needs of adolescents and helps them work with young people more effectively. In 2015/16 the service saw a total of 1821 young people, 537 of those were new to the service.

For the financial year 2015/16 the service also delivered education and outreach activities such as Personal, Social, Health and Economic Education (PSHEe) workshops in schools, health promotion drop-in sessions and targeted group work to boost self-esteem and resilience. From 2016/17 these elements of the service will be delivered by Young Hackney, as described in the next chapter.

A new health service for young people

In 2015, Hackney and the City of London's Public Health team consulted with the community to identify needs and wants for the brand new, Young Hackney Health and Wellbeing Service, delivering from late 2016. The service will work with children and young people aged of 5 to 19 years old, and up to 25 years old for those with additional needs, as well as professionals and parents. The service will prioritise prevention by working intensively with schools to support their pupils to develop resilience and gain the knowledge and skills they need to make healthier choices. It will achieve this by supporting schools' to provide high-quality, evidence-based PSHEe through direct education work with pupils, and training and awareness for teachers and parents. Young people and community members said they wanted a stronger focus on mental health and resilience so the new service will strengthen provision in these areas.

BOX: The Public Health PSHEe Grants Scheme

All secondary schools in Hackney are eligible to apply for a PSHEe Grant to support the delivery of their existing PSHEe programmes. Schools are asked to develop an action plan that addresses public health priorities based on local need. The top priority for 2015/16 was mental health. Ten schools successfully applied and delivered a range of health promotion and prevention interventions around mental health including workshops with pupils, training for teaching staff and development of curriculum materials. School PSHEe leads consistently report the value of the scheme in supporting them to raise the profile of the subject in their school communities. The programme continues into 2016/17.

Promoting sexual health

Young people's sexuality develops during adolescence against a backdrop of bodily changes. These changes can lead to many positive experiences but can also make young people vulnerable to sexual ill health, coercion and exploitation, sexually transmitted infections (STIs) and unintended pregnancy.

Whilst Hackney and the City of London's success in reducing teenage conceptions is to be celebrated, 66% of conceptions to under 18 year olds in Hackney ended in termination in 2014. [28] This shows the need for continued investment in evidence-based interventions to reduce unwanted conceptions. The two measures with the strongest evidence of impact on teenage pregnancy rates are comprehensive information, advice and support – from parents, schools and other professionals – combined with accessible, young people friendly sexual health services. The new Young Hackney Health and Wellbeing Service will deliver support for schools to deliver age-appropriate Relationship and Sex Education as a priority, and CHYPS Plus will continue to provide an open access clinical sexual health offer from their young people friendly community sites.

Reducing the burden of STIs in young people in Hackney is also a priority. Nationally, we know that chlamydia is the most commonly diagnosed STI with young people under the age of 25 years old being one of the most affected groups. For this reason, the Government has set a target for the rate of detection of Chlamydia in 15-24 year olds of over 2,300 infections per 100,000 young people. In order to achieve this, a high proportion of all young people of this age must be screened; in 2015 Hackney screened 40.8% of all 15-24 year olds, compared to 27.4% for London and 22.5% for England. [28] This was the third highest proportion of young people screened compared to all other London local authorities. Partly for this reason, the chlamydia detection rate per 100,00 15-24 year

olds for the same period was 3,764 compared to 2,200 for London and 1,887 for England. [28] The significance of these figures is that continued investment in prevention through treatment, partner notification and opportunistic sexual health advice is critical if we are to reduce the number of young people who have the infection; this takes place through the commissioning of the CHYPS Plus service, the Young Hackney Health and Wellbeing Service and the Come Correct condom distribution scheme.

The Come Correct (or CCard) scheme provides free condoms for all young people under the age of 25 years old in locations across Hackney and the City of London. It is part of a pan-London scheme that also gives young people the opportunity to talk about their relationships and sexuality in a safe space with a trusted adult, such as a youth worker, teacher, pharmacist, housing officer and any other trained community worker. Workers trained to deliver Come Correct are alert to any safeguarding concerns and have knowledge of other wellbeing and resilience services so that they can direct young people to the right place for more help if they need it. Young people can get advice in the most appropriate way for them in a place where they feel comfortable. This approach encourages those who are less likely to access services, such as young men, to use the service. A wide range of trained professionals are involved in delivering the service, meaning that young people's sexual health really is everybody's business.

Ending violence, exploitation and harmful practices

Public Health continues to work with Council and community partners to address Child Sexual Exploitation (CSE) and violence against women and girls (VAWG). We have a seat at the table in the development of the CSE and Missing Children strategy and action plans, and the upcoming VAWG Strategy.

Estimated prevalence data suggest there are over 3,000 girls and women in Hackney and the City of London who are living with the consequences of Female Genital Mutilation (FGM), which can include psychological issues, physical pain and reproductive issues. [29] These figures also estimate that 124 girls (aged 0- 14 years old) living in Hackney have undergone this harmful practice. [29] Nationally, it is estimated that 70,000 girls in England and Wales are at risk of FGM. [30] It is difficult to estimate the number of girls at risk living in Hackney or the City of London. The school census data for 2015 showed that 3,165 girls in Hackney schools have parents who are from known FGM practising countries. This information alone does not automatically meet the risk threshold to refer to Children's Social Care, but highlights the need for greater awareness of FGM. Public Health, in conjunction with the City and Hackney Safeguarding Children's Board (CHSCB), led on the development of a high-level, strategic and multi-agency approach to address FGM. The document 'Tackling and Preventing FGM: City and Hackney Strategy 2016-2019' was published in January 2016 and its overarching aim is to promote the welfare of girls and women by preventing FGM and reducing the impact of the practice, by knowing and understanding the issue locally, providing strong leadership, prevention initiatives, protection and support to those who need it the most. The strategy focuses on the following three priorities:

- prevention and early intervention
- strong and effective leadership
- effective protection and provision

The strategy is monitored by the City and Hackney FGM Steering Group, which is chaired by the Director of Public Health and includes officers from the CHSCB, Hackney Learning Trust, VAWG specialist organisations, the CCG and HUHFT.

Young people's use of drugs and alcohol

Problematic use of drugs and alcohol can have a serious impact on an adolescent's health, education, family life, relationships and ultimately their ability to fulfil their long-term potential. That is why Hackney and the City of London are investing in services for young people that tackle substance misuse at every level, from prevention in schools to one-to-one specialist treatment.

It is estimated that 1,600 young people aged between 11 and 15 years old (12%) in Hackney and the City of London have taken drugs in the last year; 800 (6%) in the last month, and around 1,400 (10%) are estimated to have drunk alcohol in the last week. Among 16 to 24 year olds, around 5,100 (16.3%) are estimated to have taken drugs in the last year and 1,600 (5.1%) are classified as frequent users. Around 737 men (5%) and 332 women (2%) in this age group are estimated to have drunk on five or more days in the previous week. [31]

The most common substances used by young people in Hackney are alcohol and cannabis. A small number use stimulants, such as cocaine and amyl nitrate. [32] The way young people use drugs has changed dramatically in the last decade. Drugs workers are also seeing trends around new club drugs such as GHB and use of novel psychoactive substances, with Nitrous Oxide canisters an all too frequent sight around night-time hotspots.

Expanding the Young Hackney Substance Misuse Service

Specialist substance misuse interventions have been shown to improve health and educational achievement, and reduce risky behaviour, such as offending, smoking and unprotected sex. They have also proven to be value for money; every £1 invested will save £1.93 within two years and £8.38 in the long-term. [33] In October 2015 Hackney re-launched its young people's substance misuse service to expand the range of help, support and advice offered to young people and better integrate the service with Young Hackney.

The upper age limit of the service has been increased from 19 years old to 25 years old, to reach a group of young people who were previously at risk of falling through the gaps as they may not have felt comfortable accessing adult services.

The new service has increased the focus on prevention with a team of dedicated outreach workers who ensure that every young person and everyone that works with them has access to accurate, relevant, up to date and timely information about drugs and alcohol, and knowledge of where to refer young people. They work with schools to develop their policies on drugs and alcohol and raise awareness of the service with students, parents, teachers and professionals.

In 2015-16, 70% of those in local treatment services were referred from the criminal justice system for substance misuse related offending. [33] The service is seeking to expand referrals from other sources to improve prevention but will continue to work with the youth justice system, police and community safety to prevent substance misuse related crimes and to provide statutory interventions for those who are referred because of a drug related offence.

BOX: Chain Reaction theatre company

The Healthier Hackney Fund granted money to local organisations that had innovative ideas to prevent young people starting to smoke.

The Chain Reaction Theatre Company worked with six schools in Hackney in areas that have the worst levels of deprivation and the highest smoking prevalence. The project involved a performance by Chain Reaction on smoking, the development of a multimedia teachers' resource pack for a pre performance session and a post performance drama workshop.

The Challenge project worked with three cohorts of 13-14, 15-17 and 18-19 year olds in south Hackney to explore young people's perceptions of smoking, informing them of health implications and empowering them to deter peers from smoking. It was delivered at the YOH Centre which provides facilities and support for children and young people who are particularly marginalized, vulnerable and at-risk of social exclusion. As part of the project the young people designed and delivered an anti-smoking campaign aimed at other young people.

Two other projects have involved working with the Chinese community and boys from the Charedi community.



Mental health

The mental health of young people is everyone's business. Public health manages an Emotional Health and Wellbeing partnership across the two local areas working closely with the City and Hackney CCG, local mental health trust and voluntary sector organisations. The Council and the CCG prioritise spending on this area, investing more than £5.5 million into various mental health services for young people including specialist CAMHS, work with families, a targeted psychosis service and a centre for adolescent mental health that provides person and family centred care for 12-18 year olds with complex and severe mental illness.

Public Health and City and Hackney CCG were a pilot site for the Department of Health's CAMHS (Child and Adolescent Mental Health Services) Transformation Fund in 2015/16. This included delivering interventions across local CAMHS and strengthening perinatal mental health services. Delivery included training key health professionals such as health visitors, joining up existing perinatal services, making mental health support more visible and accessible for children and young people and improving public awareness and understanding of children and young people's mental health issues.

The City of London Corporation public health and children's social care teams have commissioned an enhanced CAMHS scheme for the looked after children under the care of the Corporation. Under this service all looked after children and care leavers receive a CAMHS assessment. These are undertaken in the placement and include the mental state of the child or young person. All relationships are assessed. All assessments include diagnosis of common conditions such as Attention Deficit Hyperactivity Disorder (ADHD), and Autistic Spectrum Conditions can be screened for and diagnosed if appropriate. Support is also given to foster parents and carers for crisis management on a case by case basis, as is teaching and training to foster parents and carers.

5. A healthy place for everyone

We want to ensure that Hackney and the City of London are healthy places for children to grow up, and for adults to live, work and bring up a family. We are striving to promote healthy lifestyles through reducing tobacco use, promoting physical activity and healthy eating from the heart of the community, reducing any negative health impact of our thriving nightlife, improving health and wellbeing in the workplace, and funding innovative new projects to tackle some of our priority health issues from within the community. This chapter highlights the key developments in these areas for 2015/16.

Working towards a smoke-free Hackney

Tobacco control, with an emphasis on stopping people from starting to smoke as well as helping them to quit, remains one of the four strategic priorities set out in Hackney's Joint Health and Wellbeing Strategy.

One key development for tobacco control in Hackney has been the formation of the Smoking in Pregnancy and After Childbirth Task and Finish Group. The implementation of carbon monoxide (CO) screening at booking by midwives for all pregnant women at the Homerton University Hospital is one of several pieces of work the group will do to reduce smoking from conception through to early years.



Outreach work for Stoptober by GP Confederation

In addition, joint work on reducing the availability of cheap, illegal tobacco, in collaboration with enforcement teams not only in Hackney but also across eight boroughs in North and East London, has continued and has had considerable coverage in the press. In Hackney, this has led to one premise losing its licence for three weeks, and reflects increasing collaboration with the Licensing team.

Hackney's stop smoking service (SSS) continues to perform well and has appeared to buck the national trend with increasing numbers accessing the service. In 2015/16, there were more than 3000 quit attempts with the SSS, with just under 1500 successfully quitting.



Shoreditch Trust Stop Smoking Team

[A brand new Substance Misuse Service](#)

Drug and alcohol services in Hackney were completely redesigned in 2015 with the launch of one, new integrated service. The Hackney Recovery Service has brought together innovative interventions, high quality, clinical treatment and reintegration activities into one client-focused service. The service is delivered by Westminster Drugs Project (WDP) in partnership with Central and North West London NHS Foundation Trust and St Mungo's Broadway.

The Hackney Recovery service is free and open to all Hackney residents aged 18 or over, as well as their families and carers. Service users can expect a safe, confidential and accessible place to discuss their needs and receive a wide range of support. They will be offered a range of interventions including key working, group work, counselling, substitute prescribing, tests and treatment for blood borne viruses and activities to help them reintegrate into the community including education and training. Clients have regular opportunities to get involved and contribute to the development of services through user groups and consultation.

The new service is focused on achieving the best possible outcomes for Hackney's residents and communities affected by substance misuse and is tailored to the needs of its diverse communities.

Unlocking community assets

In Hackney and the City of London residents are encouraged to live healthier lifestyles through the use of community assets such as estates, community centres, and local parks and green spaces for activities that promote healthy living. The following are examples of how this is working in practice:

Community based exercise programme

A highlight of 2015/16 was the hugely successful roll out of 'Our Parks' summer programme of free group fitness classes in parks across Hackney. The programme offered residents 29 classes including yoga, boot camp, pilates and hula fit. The programme was extended into the winter months through the use of community centres across Hackney. At its peak, around 485 residents a week were exercising for free with 24% of those not having done any exercise before.



Box Fit at Nye Bevan Community Centre

Community kitchens programme

The community kitchens programme was launched in April 2014 as a pilot on two estates and was rolled out to a further seven estates in September 2015. The programme is free for residents and is delivered by local social enterprises. Courses take place mainly in estate based community centre kitchens; they aim to improve residents' confidence and develop their knowledge of how to prepare healthy meals from scratch. As well as building understanding around the importance of a balanced diet, courses cover health issues around sugar, salt and fats, reading food labels and cooking on a budget. Surveys of service users show increased weekly consumption of fruit, vegetables and water and reduced weekly consumption of takeaways, as well as qualitative feedback around the benefits of cooking from scratch. One resident reports:

"Since I was a child, I was cooking at home. Today, I always cook for my children so it's important I cook healthy. I use less oil in curries and we've changed to eating more lentils and salads and less meat. For myself, I feel happy that I've lost weight cooking healthy."

In 2015/16, Public Health commissioned 72 free six-week cook and eat courses over nine estates with approximately 750 residents involved.



Cook and eat session in Hackney

Hackney Health Hubs

The launch of Hackney Health Hubs on four community estates in April 2015 marked another important development in promoting healthy lifestyles in the heart of the community. Hackney Health Hubs provided a professional health improvement service including stop smoking services, weight management, NHS Health Checks, sexual health advice and alcohol screening. Locally recruited health coaches also worked one-to-one with residents to help them lead healthier lifestyles.



Launch event for the Hackney Health Hub at Stamford Hill Community Centre

[Working with the voluntary and community sector](#)

In April 2015, Hackney Council launched the Healthier Hackney Fund, a community grants programme that offers voluntary sector organisations the opportunity to design and deliver unique projects and services in the borough that impact on one or more of our priority health issues. This grants scheme was developed in recognition of the fact that sometimes, groups in the community are best placed to design services to reach key communities and address some of the significant health issues that affect many in the local population.

In 2015/16, 32 groups were funded across separate funding streams: one stream for the delivery of activities that prevent the onset of poor mental health or prevent residents starting to smoke, one for testing new ways of tackling sexual health or substance misuse, and another stream for neighbourhood groups to run discrete projects that address health inequity in their area.

Some of the most innovative projects included:

- A project to tackle mental ill health called 'Posh Club', a weekly entertainment and social club for elderly and older people, to reduce social isolation and thus prevent the onset of mental ill health. This project has been confirmed to run for a further two years in Hackney after the successful pilot.
- A project to tackle substance misuse relating specifically to alcohol abuse. The charity Alcohol Concern and 'start-up' Club Soda worked with local businesses and customers to make pubs and bars more welcoming to people who want to reduce or change their drinking. This project has been confirmed to run for another year in Hackney and has been separately funded to work in the City.
- The Sebright Family Forum, an example of a small neighbourhood project, which has used the funding to run health promotion events in the south of the borough; a mini Olympics and a health awareness day.

For the second year of funding in 2016/17, the application process has been improved with the addition of a 'pitch' phase which allows short presentations by the bidders to a panel of assessors, widening access and increasing the diversity of organisations applying.

[Working with local businesses for a healthier Hackney](#)

With the proliferation of fast food restaurants and takeaways in Hackney, and the availability of cheap food with low nutritional value, Hackney Council has been striving to make changes to the high street food offer to residents to ensure that healthier options are easily accessible.

Public Health is working in collaboration with Environmental Health teams in the Council to develop and deliver schemes to improve the food environment. These include working with takeaways, restaurants, wholesalers and retailers. A Healthier Catering Commitment award pilot was completed in 2014/15 and in 2015/16, options for scale up were developed. Alongside the Healthier Catering Commitment, in 2015/16, Hackney Council ran a Healthy Retailer pilot, which involved working with local convenience stores to see if they could provide a healthier offer to residents.

[Reducing harm through alcohol misuse](#)

In 2012, changes to the 2003 Licensing Act made Directors of Public Health a Responsible Authority and as such, Public Health took on the role of reviewing all new applications from premises to be granted a new premises licence, or to vary their current licence. Reducing harm to both individuals and the wider community as a result of the misuse of alcohol is a key aim for Hackney and the City of London and it is therefore important to add a consideration of health impacts to the licensing process.

In 2015/16, Public Health began taking steps to enhance its role in licensing and to develop understanding of the process, through strengthening relations with the other responsible authorities, such as the police and licensing teams, in addition to conducting occasional site visits. Through the use of London Ambulance Service data on alcohol related incidents, Public Health officers have submitted representations against applications for premises licenses, highlighting how the licensing objectives, including the protection of children and young people from harm, could be undermined. In addition, Public Health officers have supported police reviews of premises licenses, and are starting to negotiate

voluntary agreements with applicants on setting minimum unit prices of 50p per unit of alcohol, utilising public health principles and health sector data to show the possible health impacts of a prospective license.

Pause: Creating space for change

The Pause project was first developed in Hackney in 2013. The project adopts an innovative, creative and dynamic approach designed to address the needs of vulnerable women who have had children removed from their care. Pause supports women to take a 'pause' and reflect on their lives, to tackle destructive patterns of behaviour, and acknowledges and works with women's experiences of grief and loss. Pause offers women a bespoke programme of therapeutic, practical and behavioural support through an integrated model delivered around each woman's needs. Women are encouraged to identify and prioritise their own personal goals, such as securing stable housing or accessing education. The Pause model focuses on supporting women to develop stronger foundations within their lives upon which they can aspire and fulfil their potential. Women are further supported to exercise choice around their sexual health and are supported with the programme requirement to use contraception whilst on their Pause programme, to give them the space to think about and work towards their goals.

The first cohort of women on Pause were identified by having had two or more children removed from their care. Women in this cohort reported experiencing a number of adverse childhood events and were from families with histories of social service interventions. Evaluation of this cohort found that women would have liked to have been on Pause at an earlier stage in their lives, such as after their first child was removed from their care. In 2015 the Department for Education's Innovation Fund awarded Pause funds to pilot the programme for women who have had one child removed from their care, helping younger women to break the cycle of repeat pregnancies and repeat removals of children into care. Many of these women were also care leavers.

In 2016, Pause, as a national charity, delivered practices in Doncaster, Southwark, Greenwich, Islington, Hull and Newham, as well as in Hackney. A further award from the Department for Education's Innovation Fund has supported Pause to scale up and spread to include Pause in Newcastle, and to undertake a number of new scoping exercises across the UK. Findings from evaluations of the first pilots show that 137 women chose to be on Pause in Hull, Doncaster and in London, and that without Pause these women would have been likely to have a further 27 children taken into care. The women themselves were also found to have experienced significant improvements to their health and wellbeing.

Supporting health and wellbeing in the workplace

Health and wellbeing in the workplace covers many issues, from back and neck pain, sedentary behaviour, alcohol misuse to mental ill health. In order to address these issues, the City of London has developed Business Healthy, a scheme that local business leaders committed to improving the health and wellbeing of their workforce can sign up to. The programme works across the entire spectrum of workplace health by providing members with practical support and information through expert led workshops, access to a website with useful resources including regular articles from peers and experts and best practice case studies, as well as providing well targeted networking opportunities. Business Healthy made some strong achievements throughout 2015/16, with the scheme receiving the Royal Society for Public Health 'Health & Wellbeing Award', and membership increasing to 297 businesses.

The City of London's employee wellbeing strategy 'CityWell' was introduced to the organisation in April 2016. The programme's interventions have been based on evidence gathered from focus groups run at a variety of sites, and the employee survey, which represented all departments and received a response rate of 38% in May 2015. The strategy was inspired by the New Economics Foundation's 'Five Ways to Wellbeing', which outlines simple steps to enhance people's daily lives. The framework includes: Take Notice, Learn, Be Active, Connect and Give. CityWell is a campaigns-based programme, which is underpinned by policy, guidance and training. The initiatives are introduced in three phases: mental health, physical activity and social wellbeing.

Hackney is also taking steps to improve health and wellbeing in the workplace through the development of an employee health and wellbeing programme for Hackney Council staff. In 2015, the Public Health team surveyed staff to help inform the priorities of the programme. The survey received a response rate of 15%. The programme has since developed a 'health and wellbeing champion network' across the Council and champions are responsible for promoting positive workplace health in their departments. Healthy lifestyles competitions have been promoted across all departments, including challenges to regularly take the stairs instead of a lift, to eat more fruit and vegetables, and to have standing or walking meetings to reduce time spent sedentary whilst at work. The workplace health programme also involves health promotion events for staff.

[A new strategy for mental health](#)

The City of London, in partnership with the City and Hackney CCG, has commissioned the development of a Mental Health Strategy which sets out an overarching aim for more people in the City to have good mental health, and describes how it is aimed for this to be achieved. It provides a vision and priorities for mental health activities for 2015-2018.

The Strategy has been developed to reflect the national, regional and local policy context. This includes the Joint Health and Wellbeing Strategy which has identified mental health as a key priority for City residents, workers and rough sleepers. The Board has committed to ensuring that residents get better access to effective, joined-up support for mental health issues, reducing social isolation, improving the health and wellbeing of rough sleepers and addressing issues of stress, anxiety and depression for City workers.

The City of London is also developing a Suicide Prevention Action Plan which has highlighted a need to do more to reduce suicides from bridges in the City of London. Drowning in the Thames is the most common method of suicide in the City of London and this proportion is increasing (57% in 2014). Due to this spike in suicides in the Thames, 'The Bridge Pilot' has been developed as a joint initiative between the City of London Corporation, City of London Police, the Metropolitan Police, the Samaritans and the RNLI.

'The Bridge Pilot' will be a 12 month trial to monitor the effectiveness of placing preventative measures on London Bridge. The pilot will combine the recognised approach to reducing suicide at iconic sites by encouraging help-seeking behaviour by signposting to support with training frontline staff in how to recognise someone who might be at risk.

Six signs with the Samaritan's phone number were put up on London Bridge as part of the work and the Corporation have put together a training package to be rolled out to frontline staff and the general public. The Bridge pilot began in April 2016 and it will last 12 months to see if this has an impact on

the number of suicide attempts from London Bridge. The rate of suicide calls and incidents will be monitored and compared to baseline figures from 2014 and 2015.

References

- [1] Greater London Authority, "GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections," 2015.
- [2] London Datastore, Greater London Authority, "Births and Fertility Rates," 2015.
- [3] Office for National Statistics, "Census," 2011.
- [4] L. Mayhew, G. Harper and S. Waples, "Counting Hackney's population using administrative data - an analysis of change between 2007 and 2011," 2011.
- [5] Ipsos MORI: Social Research Institute, "Hackney in 2013," 2013.
- [6] City of London Corporation, "Results of triennial opinion polling of the City of London Corporation's key audiences," 2013.
- [7] Department for Communities and Local Government, "English Indices of Deprivation," 2015.
- [8] Public Health England, "Public Health Outcomes Framework," 2016.
- [9] The Marmot Review, "Fair Society, Healthy Lives," 2010.
- [10] Department of Work and Pensions, "Households Below Average Income," 2013.
- [11] Public Health England, "National Child and Maternal Health Intelligence Network," 2016.
- [12] Data from Office for National Statistics; analysis by Public Health England, *Infant mortality data, 2012-14*.
- [13] Department for Education, "School and college performance tables," 2016.
- [14] Department for Children, Schools and Families, "Teenage parents: who cares?: a guide to commissioning and delivering maternity services for young parents," 2008.
- [15] NHS England, "Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Guidance and support for local areas," 2015.
- [16] NHS England, "Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing," 2015.
- [17] *Hackney and City Health Visiting Service Specification*.
- [18] London Borough of Hackney, "A Needs Assessment for 0-5 Year Old Residents of the London Borough of Hackney and the City of London," 2016.
- [19] L. Wen, "Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial," *BMJ*, p. 344:e3732, 2012.
- [20] M. Rudolf, "Tackling Obesity Through the Healthy Child Programme: A Framework For Action," University of Leeds, Leeds, 2009.
- [21] London Borough of Hackney, "Hackney's Joint Health and Wellbeing Strategy 2013-2014,"

2013.

- [22] Children's Food Trust, "Eat Better Start Better: Voluntary Food and Drink Guidelines for Early Years Settings in England - A Practical Guide," 2012.
- [23] Public Health England, "Child obesity," [Online]. Available: http://www.noo.org.uk/NOO_about_obesity/child_obesity. [Accessed 03 11 2015].
- [24] Department of Health, "Reducing obesity and improving diet," 2013.
- [25] "National Obesity Observatory," [Online]. Available: http://www.noo.org.uk/securefiles/151222_1112//Child_weight_factsheet_October_2015.pdf.
- [26] Solutions for Public Health and London Borough of Hackney, "A Mental Health Needs Assessment for the Residents of Hackney and City of London," 2014.
- [27] "Public Health Outcomes Framework tool," Public Health England, 2016. [Online]. Available: <http://fingertips.phe.org.uk/>.
- [28] "Sexual and Reproductive Health Profiles," Public Health England, [Online]. Available: <http://fingertips.phe.org.uk/profile/sexualhealth>.
- [29] A. Macfarlane and E. Dorkenoo, "Prevalence of Female Genital Mutilation in England and Wales: National and local estimates," City University London and Equality Now, London, 2015.
- [30] S. Davies, "Annual Report of the Chief Medical Officer, 2014, The Health of the 51%: Women," Department of Health, London, 2015.
- [31] Solutions for Public Health, "A Substance Misuse Health Needs Assessment for the Residents of Hackney and the City of London," 2014.
- [32] Home Office, "Drug misuse: findings from the 2012/13 crime survey for England and Wales," 2013.
- [33] Public Health England, "Young People's substance misuse data: JSNA support pack," 2015.
- [34] *Local data received from Hackney Learning Trust.*
- [35] Hackney Council, "Explore Hackney with a Wild Walk," [Online]. Available: <http://news.hackney.gov.uk/wild-walks>. [Accessed 10 11 2015].
- [36] Hackney Learning Trust, "Hackney Active Kids Guide," 2014.
- [37] *NHS England Breastfeeding Data*, Accessed through Public Health England Children and Young People's Health Benchmarking Tool, 2014/15.
- [38] *Local GP data*, 2015.
- [39] Foresight, "Tackling Obesities: Future Choices - Project Report," 2007.
- [40] Public Health England, "Public Health Outcomes Framework: Indicator 1.01ii - Children in low income families (under 16s)," 2015. [Online]. Available:

<http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000041/pat/6/par/E12000007/ati/102/are/E09000012/iid/10101/age/169/sex/4>.

- [41] Public Health England, "Young People's substance Misuse Data: JSNA support pack," 2015-16.
- [42] London Borough of Hackney and City of London, "FNP Annual Report," 2015.
- [43] Public Health England, *National Child Measurement Programme*, 2015.

This page is intentionally left blank