



Health & Wellbeing Board

AGENDA REPORTS PACK

MeetingDateLegal at MeetingTime

MeetingLocation

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

Dawn Carter-McDonald
Interim Director of Legal & Governance
Tel: 0208 256 6237
Legal and Governance Services

**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
Michael Kerin Chief Executive, St Joseph's Hospice representing Health and Social Care Forum	Cllr Anntoinette Bramble Cabinet Member, Children's Services
Alan Wood Corporate Director, Children's Services, Hackney Council	Kim Wright Corporate Director, Health and Community Services, 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	James Palmer Head of Public Health Services Hackney Council
Ida Scoullos Community Empowerment Network	Devora Wolfson Programme Director: Transformation and Integration

Health & Wellbeing Board

AGENDA **MeetingDateLegal**

ORDER OF BUSINESS

Item No	Title	Page No
---------	-------	---------

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?

Health & Wellbeing Board

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 Dawn Carter-McDonald, Interim Director of Legal and Governance on 020 8356 6237 or email [Dawn Carter-McDonald@hackney.gov.uk](mailto:Dawn.Carter-McDonald@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

Health &
Wellbeing
Board



AGENDA REPORTS PACK

Wednesday, 24th March, 2021 at 4.00 pm

Until further notice, all Council meetings will be held remotely and can be viewed here:
https://youtu.be/2SM82rD_F-E

Contact:	Peter Gray Governance Services Tel: 020 8356 3326 Email: governance@hackney.gov.uk Published: 16th March 2021
----------	--

Tim Shields Chief Executive	
--	--

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

Health & Wellbeing Board

<p>Mayor Philip Glanville Co-Chair, Hackney Council</p>	<p>Dr Mark Rickets Co-Chair, City and Hackney Clinical Commissioning Group</p>
<p>Dr Sandra Husbands Director of Public Health City and Hackney</p>	<p>Malcolm Alexander Interim Chair, Hackney Healthwatch</p>
<p>Councillor Christopher Kennedy Cabinet Member for Health, Adult Social Care and Leisure</p>	<p>Tracey Fletcher Chief Executive, Homerton University Hospital NHS Foundation Trust</p>
<p>Councillor Carole Williams Cabinet Member for Employment, Skills and Human Resources</p>	<p>Cllr Anntoinette Bramble Cabinet Member for Education, Young People and Children's Social Care</p>
<p>Anne Canning Group Director, Children and Education, Hackney Council</p>	<p>David Maher Managing Director of City and Hackney Clinical Commissioning Group</p>
<p>Rosemary Jawara (VCSE TLG) Formerly Health and Social Care Forum</p>	<p>Laura Sharpe Chief Executive of the GP Confederation</p>
<p>Raj Radia Chair, Local Pharmaceutical Committee</p>	<p>Councillor Susan Fajana-Thomas Cabinet Member for Community Safety (Interim)</p>

<p>Helen Woodland Group Director, Adults, Health and Integration, Hackney Council</p>	
--	--

Independent Advisers	
<p>Jim Gamble Chair, City and Hackney Safeguarding Children Board</p>	<p>Adi Cooper Chair, City and Hackney Safeguarding Adult Board</p>

Additional Attendees	
<p>Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership</p>	<p>Jackie Brett Health and Social Care Forum</p>
<p>Ida Scoullos Community Empowerment Network</p>	

AGENDA **Wednesday 24th March 2021**

ORDER OF BUSINESS

Item No	Title	
1	Welcome from the Chair (1 minute) (Chair) <ul style="list-style-type: none">• Welcome from the Chair• To consider the report on Board membership (To Follow)	
2	Apologies for absence (1 minute) (Chair)	
3	Declarations of Interests (1 minute) Chair	
4.	Minutes of the Previous Meeting (1 minute) (Chair)	
5.	Actions Log (5 minutes) (Chair)	
6.	Community Voice - Theme: Mental Health (15 Minutes) (Jon William - Hackney Healthwatch)	
7.	Health Inequalities Steering Group Update (15 minutes) (Jayne Taylor)	



Health & Wellbeing Board



8.	Health and Wellbeing Strategy Update (10 Minutes) (Donna Doherty-Kelly)	
----	--	--

Comfort Break (5 Minutes)

9.	Whole Systems Approach to Violence Reduction (25 minutes) (Jason Davis)	
----	--	--

10.	East London Foundation Trust - Mental Health Care Transformation Funding Project Update (25 Minutes) (TBC) (Presentation)	
-----	--	--

11.	City and Hackney Safeguarding Children Partnership Annual Report (10 minutes) (Rory Mc Allum)	
-----	--	--

12.	Any other business that the Chair considers urgent	
-----	---	--

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).

- ii. 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.
- iii. 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
- iv. 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

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 Dawn Carter-McDonald, Interim Director of Legal and Governance on 020 8356 6237 or email [Dawn Carter-McDonald@hackney.gov.uk](mailto:Dawn.Carter-McDonald@hackney.gov.uk)

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

Health & Wellbeing Board



FS 566728

AGENDA ITEM 4

DRAFT

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

THURSDAY, 28TH JANUARY 2021

THIS MEETING WAS HELD REMOTELY

Present:

**Mayor Philip Glanville, Hackney Council (Co-Chair)
Dr Mark Ricketts (Chair of C&H CCG) (Co-Chair) (In
the Chair)**

**Malcolm Alexander (Interim Chair of Hackney
Healthwatch)
Deputy Mayor Anntoinette Bramble (Cabinet
Member for Education, Young People and
Children's Social Care)
Anne Canning (Group Director Children and
Education - Hackney Council)
Denise D'Souza (Group Director, Adults, Health and
Integration)
Dr Sandra Husbands (Director of Public Health, City
and Hackney)
Councillor Christopher Kennedy (Cabinet Member, Health
Adult Social Care and Leisure)
Tracey Fletcher (Chief Executive of the Homerton
Hospital)
Raj Radia (Chair, Local Pharmaceutical Committee)
Lorraine Sunduza (Chief Nurse, East London
Foundation Trust)
Councillor Carole Williams (Cabinet member,
Employment, Skills and Resources)
Councillor Susan Fagana-Thomas (Cabinet member,
Community Safety)**

Officers in Attendance:

**Chris Lovitt (City and Hackney Public Health)
Donna Doherty-Kelly (City and Hackney Public
Health)
Diana Divajeva (City and Hackney Public Health)
Amy Wilkinson (City and Hackney Public Health)
Nicole Klynman (City and Hackney Public Health)
Andrew Trathen (City and Hackney Public Health)
Jane Taylor (City and Hackney Public Health)
Donna Thomas (Hackney Education - Early Years)**

**Matthew Hopkinson (City and Hackney Clinical
Commissioning Group)**

**Annie Gammon (Director of Education, Hackney
Council)**

Also in Attendance:

Jon Williams (Hackney Healthwatch)

Peter Merrifield (Hackney CVS) (Observer)

Liz Hughes (Hackney CVS) (Observer)

Lydia Mutare (Public Questions)

Rayah Feldman (Public Questions)

1 Welcome from the Chair (Chair)

1.1. The Chair welcomed everyone to the meeting.

2 Apologies for absence (Chair)

2.1 Apologies for absence were submitted on behalf of Laura Sharpe.

3 Minutes of the Previous Meeting (Chair)

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

4 Declarations of Interest - Members to Declare as Appropriate (Chair)

4.1 There were no declarations of interest.

5 Action Tracker 9 (Chair)

5.1 The Committee noted the actions taken as outlined in the action tracker.

5.1.1 Anne Canning confirmed that the establishment of the multi-agency sub-group was in progress.

RESOLVED:

To note the action tracker.

6. Community Voice (Jon Williams)

6.1 Jon Williams presented views of Ann Marie Dawkins, the Chair and co-founder of Hackney Independent Forum for Parents/Carers of Children with Disabilities. Comments focused on council plans, under consultation, which sought to embed a number of child-friendly principles into the boroughs future development, as well as challenges experienced by families in transport, education and access to services. Comments made included:

- what works for children in the borough often works against some disabled children, impacting on equity

- that any significant changes in policy should be consulted on with the families of disabled children from the outset
- children and families are fed up with being an afterthought
- disabled children experience deep inequalities, amplified by COVID-19 and families needed specialist support not special treatment
- the needs of the disabled should be taken into account
- in relation to LTNs, there was a small group of families whose children have blue badges 'hugely impacted' by the change, mainly black, asian and minority ethnic/ some with autistic children who are unable to take public transport or walk safely for long because of their severe sensory impairment
- these changes also impacted on bus travel for children's playgrounds and school gardens
- other blue badge holders should have been contacted long beforehand
- there is a need for more accessible and suitable housing for families and disabled children
- raising disabled, autistic or learning disabled children was tough and decent housing was necessary to do this
- schools played a big part in children's lives and many do not make reasonable adjustments to accommodate disabled children
- the need to put in place mechanisms to prevent the 'under the radar' discrimination against disabled children with swift access to disability-specific and informed mental health support for families

6.2 Jon Williams stressed the need to consider this issue in the context of COVID-19 and its impact on disabled people, with disabled people having had a 'brutal' experience during the pandemic with inequalities significantly worsened. In relation to the child friendly approach, he said that it was important to ensure that disabled people are involved in the development of strategy from the outset.

6.3 Mayor Glanville referred to the powerful statement from someone very experienced in the system, facing a lot of challenges that were recognised across all policy areas. Mayor Glanville stressed that he wished to channel Community Voice time into change and action and that there was a need to redouble efforts to embed equity, equalities and co-production in everything the Council did. Mayor Glanville suggested a meeting with the Council's engagement and consultation team to discuss this matter. He referred to the equalities policy development on transport being undertaken by himself and Councillor Williams. Mayor Glanville referred to the recent High Court judgement finding that City Hall's Streetspace programme had potential adverse impacts on elderly and disabled people.

6.4 Deputy Mayor Bramble said that SEND parents had been spoken to virtually and that efforts were being made to gauge the challenges that they had across the system. She confirmed the continued liaison with parents and that Councillor Woodley was always open to advocating for families. She agreed to take away the points made and stressed the need for a mechanism to follow it through so that people know that they are heard.

Action: Mayor Glanville to connect Healthwatch and Anne-Marie Dawkins with Hackney's Policy and Engagement Team to discuss the Child Friendly Borough approach in relation to parents and children with disabilities

7. Public Questions

1. Lydia Mutare

The Chair read out the question.

'I am a resident of Hackney and a qualified Mental Health First Aid Instructor (England). I am writing to find out if the Council has a strategy to roll out Mental Health First Aid training for adults in the Borough. I have been working with Croydon Council in delivering online Mental Health First Aid training and this has been very successful. It provides adults in the community with knowledge and skills to better understand mental health issues.

My experience with Croydon Council is that many people are eager and ready to learn more about Mental Health. COVID-19 has brought many challenges in the community and mental health is one of them, affecting all ages. I have been delivering training online and this has a wider reach.

I would be very grateful if the Health and Wellbeing Board could consider providing Hackney residents with the opportunities for training in Mental Health First Aid. This would help build a healthier and cohesive community. I have vast experience working in an inner City environment. Attached is my CV for your information. I would be happy to present my thinking to the Board and together agree on a way to train adults in Hackney'

Andrew Trathen, Consultant in Public Health, answered the question.

'Thank you for your email and your interest in the mental health of Hackney residents. We deliver Mental Health First Aid in Hackney through Mind. This training is aimed at frontline professionals, who are often working with some of our highest need and vulnerable groups. At the moment for some residents, these staff may be some of the few people they interact with, so this support can be vital. Participants learn to listen, reassure and respond, even in a crisis and the course includes content on:

- What mental health is and how to challenge stigma
- A knowledge of common mental health issues
- An introduction to looking after your own mental health and maintaining wellbeing
- Confidence to support someone in distress or who may be experiencing a mental health issue

With a limited budget available, we believe this targeted approach maximises the impact of the MHFA training delivered. Sadly we cannot realistically offer MHFA to all residents on our current budget and, partly because often those with the most interest or knowledge already are likely to be those who sign up, we don't feel this is the best use for this limited resource.

We have looked into view only webinars along these lines, with possible opportunity for Q&A but there are a number of issues with this, including that there is no way to support anyone who is distressed by any of the content at all, as is done in the smaller face to face training sessions. Instead we have focused on signposting to various national mental health webinars, as well as to online resources and information.

If in the future we are in a position to deliver MHFA training on a much wider basis, we would do so in line with the council's normal procurement procedures.

This section formed part of the answer but was not discussed at the meeting

The MHFA programme is also just one way the council and our partners help to promote good mental health and support residents' wellbeing. Other related programmes include:

- Staff Mental health champion programme: this is a new programme whereby Hackney Council staff are trained as workplace mental health champions. In this role they will be able to provide simple advice and signposting to colleagues who feel like they need some mental health support but are not sure what is available or perhaps unsure about accessing formal services. They will also be able to help amplify local and national campaigns and messages within their teams. If successful, we will be making all the associated resources available to other local organisations, to make it easy for them to replicate the programme in their own setting.
- Hackney Council will also be supporting the [Mayor of London's ambition to train a quarter of a million wellbeing ambassadors by 2025](#) and with our existing work on MHFA and mental health champions, we will be very well placed to do so.
- Public Health also provides MECC (Making Every Contact Count) training for frontline staff, helping to ensure that these staff are equipped with the right knowledge to signpost residents where needs are identified, including around some of the key underlying factors that influence mental health, such as housing, finance and employment, as well as wider health needs.
- Where residents need additional support, Hackney has a wide range of services that can meet these needs, including the Wellbeing Network (a collaboration of local community and voluntary services) and Talk Changes (IAPT)
- Our experienced communications team promote local and national mental health messaging through a variety of comms channels
- Public health has been working in partnership with colleagues in a wide variety of services, such as employment and temporary accommodation, on how to promote and help protect mental health for the residents who need to use them and will expand on this work in 2021'

7.1 Lydia Mutare told the Board that she was happy with developments in Hackney at present but considered that the information was not currently communicated adequately to the public. She said that she was experienced in this area and offered to be part of any initiative to increase awareness in regard to the delivery of these services.

7.2 Councillor Christopher Kennedy stated that Councillor Anna Lynch was Hackney's Mental Health Champion and that work was ongoing in rolling out mental health training for councillors in the borough. He asked how the offer of services in Croydon manifested itself. Lydia Mutare told the Board that this was provided through the Council as the need had been identified and was provided to leaders in relevant organisations and the voluntary sector and those working with people with mental health issues.

7.3 Mayor Glanville thanked Lydia for her question. He told the Board that work was ongoing in the Council on this matter and that services were already provided in this regard. The Mayor was a co-political leader for 'Thrive London' which had champions and mental health networks for Londoners, focusing on marginalised communities and

those with more challenging relationships with statutory mental health organisations, and those sectioned. There was a current focus on recruiting increased numbers of mental health champions. Further, across London a recovery mission was being developed, to train and deliver 200,000 wellbeing ambassadors by 2025. The focus was to ensure that they are equipped to shape discussion around mental health. Hackney Citizens Organisation was organising civic society in Hackney, fundraising and instigating training.

7.4 Councillor Bramble stated that she had raised the importance of including health and wellbeing as part of any recovery programme, with Cabinet agreement and work was ongoing across the system on ways to achieve this, whether through helplines, work in school, an online offer, 1:1s and through groups.

2. Rayah Feldman

7.5 The Chair read out the question.

Background

'Hackney Patients Not Passports is a group of Hackney residents and health workers who are concerned about access to Covid services for migrants, many of whom may be marginalised, not registered with GPs, and fearful of accessing NHS services because of NHS charging and data sharing and the Hostile Environment in general.

It is now well known that the Covid pandemic disproportionately affects poorer people and ethnic minority communities [1] and that "people who are socially excluded are not consistently recorded in electronic records, often making them effectively invisible for policy and service planning purposes." [2] We are concerned that the Hostile Environment is likely to affect many migrants' willingness or ability to access testing, treatment or vaccination or to engage with contact tracing.'

Question:

'Is Public Health Hackney taking action to ensure that no migrants are excluded from testing, treatment or vaccination for any of the following reasons - because they:

- are not registered with a GP?
- are fearful of accessing the NHS because of charging and hostile environment police
- lack information about how to access services?
- are misinformed about Covid and relevant service
- believe that passports and driving licences are required at testing sites as stated on the government testing website when registering for testing
- lack necessary digital access?

Such action may involve distributing materials produced either locally or nationally, by statutory or voluntary bodies, with information on Covid 19 in different languages. Such material could also explicitly challenge misinformation about vaccination.'

Answer:

7.6 Nicole Klyman, Public Health Consultant, answered the question.

'Vaccination priority list

Thursday 28th January, 2021

The order in which residents are vaccinated is determined by the JCVI (Joint Committee on Vaccination and Immunisation) JCVI advice on priority groups for vaccination. At the moment people are being prioritised in order of need. Across the country, care home staff, those aged 80 years of age and over, as well as NHS staff considered to be a risk will be offered vaccination in line with JCVI recommendations, and vaccination is now being rolled out in care homes.

The East London Health and Care Partnership are working in partnership with local councils to work out the best way to ensure all eligible people, including homeless people and those without an NHS number, will be offered the vaccine.

Vaccination and engaging with marginalised groups

City and Hackney are working with their statutory and voluntary sector partners to identify marginalised groups such as migrants, asylum seekers, and others that may not be registered with a GP to ensure that they are aware of the Covid- 19 vaccination and the testing process and ensure that communications about vaccinations and testing are accessible to a range of diverse groups.

Hackney Council's Community Champions are working with local community groups to ensure factual vaccination information is disseminated and they are also supporting work to tackle vaccine hesitancy.

East London Health and Care Partnership have confirmed that the NHS will write to people about vaccination based on their GP records, but this doesn't mean that people that don't have an NHS number or aren't registered with a GP won't be able to get vaccinated through the programme. It does however reinforce the importance of everyone being registered with a GP to help the NHS check for any reasons that someone might not be able to have a vaccine, and ensure there is a record that both doses of the vaccine have been received.

The Ministry of Housing, Communities and Local Government has provided local authorities with funds to support people experiencing homelessness to register with a GP and ensure they are factored into local area vaccination plans.

If asylum seekers are accommodated in a hotel they should be registered with a local practice, either general or specialist homeless, if this is the case they will be invited for vaccination when eligible.

Everyone who is eligible for the vaccine can get one free of charge. Even if someone is not registered with a GP they do not need to pay. Those with no recourse to public funds are also eligible for the free vaccine.

Doctors of the World UK (DOTW) have launched a Covid-19 vaccine advocacy project to ensure that everyone in the UK has access to the vaccine, regardless of immigration status. As well as producing translated Covid19 information resources, DOTW will play a proactive advocacy and coordination role in relation to the roll out of the Covid-19 vaccine programme.

Over the next 12 months DOTW will take a proactive approach to influencing the design of vaccination programmes and then monitoring programme roll out, drawing on links with health, clinicians, public health, migration and sector organisations and the experiences of patients accessing DOTW's clinical services.

DOTW has played a lead role in translating Covid-19 public health messages (working in partnership with the British Red Cross). DOTW will continue to lead production of public health materials around vaccination, as well as reinforcing messages about public health measures, test and trace and access to health care.

Testing

There is no requirement to provide photo ID at rapid testing sites in Hackney Residents can access

7.7 Rynah Feldman confirmed that registration with a GP was of utmost importance and that some individuals were keeping away at present from these health services. She asked what specific contacts were made with the Voluntary Sector and Community Groups. She expressed concerns about digital access and levels of knowledge and understanding around COVID-19. She stressed the importance of an information poster campaign and handouts in a number of languages.

7.8 Malcolm Alexander expressed the concern that a number of GPs required voluminous documentation to register at their practice and that this deterred many from registering.

7.9 Nicole Klyman stated that the concerns about the documentation requirement were known and she agreed to raise this matter to NHS colleagues with the aim of making the process more fair and accountable.

7.10 The Chair confirmed that it had been made clear that there was not the need for this level of documentation in registering with a GP and stressed the need to identify where these interactions occurred. Malcolm Alexander suggested and it was agreed that Healthwatch Hackney would carry out a review across Hackney to gain an understanding of these requirements in relation to documentation for GP registration.

Action: Healthwatch Hackney

8. Health in all Policies - Hackney's Early Years Strategy (Donna Thomas)

8.1 Donna Thomas presented on the provision of the early years service in Hackney, giving an overview of early years, the framework 'Our journey Birth to Five' to support children at these ages and the statutory functions of the Early Years service. The presentation also included key principles that would inform the refreshed strategy development. 'Hackney Early Years' have worked with health colleagues across services and had a remit around the health and wellbeing of children and their families. The intention was to consult with the under-fives strategic group which was paused during COVID-19, integrated commissioning, maternity workstream and other stakeholders. The presentation focused on:

- early years and early help
- the case for early help
- early years statutory duty
- early years focus
- principles, including access to information, partnership working, universal and targeted interventions
- childhood experience on brain development
- expected progress measure
- eYFS profile results

- emerging priorities
- those at risk of underachievement
- child health data

8.2 Mayor Glanville asked for an explanation about a decline in the Hackney overall attainment figure in comparison to the national figure. He asked about improving outcomes for Turkish, Kurdish and Cypriot young people and whether the data presented was an earlier snapshot or at 18 yrs in the comparisons between boys and girls. Donna Thomas told the Board that the figures related to children at the age of 5 years. Whilst the birth rate in Hackney had not really fallen, there was an increase in the population in the north of the Borough. There were reduced rolls in Hackney schools in early years classes. The population was increasing in the independent settings with fewer numbers in state maintained schools. Children in the independent schools were not achieving a good level of development. Donna Thomas told the Board that if more children are going to be assessed in independent schools and less in maintained schools, the trajectory will continue to fall.

8.3 Councillor Christopher Kennedy asked about further thinking on principle 8 presented in the slide deck and where the services are delivered from. There was reference to broadening the role of children's centres into children and family hubs so that the age of children who are receiving services in children's centres was increasing and asked whether consideration was given to working more closely with schools and the school estate so that more of the 0-5s receive borough services on the school estate. Donna Thomas told the Board that in targeted early help service, the Council worked with children of all ages with referrals from schools. The service did not only work with under fives but also worked with parents who have children in all age groups. Work with a wide range of children should be carried out intentionally with close working with Young Hackney, along with the delivery of outreach provision to children and working with the voluntary sector to support those children.

8.4 The Chair asked about the early thinking on shaping strategy in light of the impact of COVID-19 on children's mental health and the increase in numbers being admitted to children's mental health services at all tiers, even with well developed services in place. Donna Thomas responded that the impact of COVID-19 centred on babies during the pandemic, who may not have received the support that they required because community services were redirected to where support was needed. Work was ongoing with health visitors to reach those parents, offering support. The early years service continued to receive referrals during the pandemic. At the very early stages of the pandemic, doorstep deliveries were carried out with food packs and learning resources being provided. The toy libraries were reopened. In relation to lone parents, work was carried out to ensure that they were supported, with respite being offered during this time.

8.5 Liz Hughes asked about working with the community sector organisations and the requirement for a mechanism to feed into the strategy. Donna Thomas will contact Liz Hughes on this matter.

RESOLVED:

To note the arrangement for early years in Hackney, and consider the principles to inform a refreshed Early Years Strategy.

9. Childhood Adversity, Trauma and Resilience Approach Update (Amy Wilkinson)

9.1 Amy Wilkinson introduced the report outlining a proposed approach to tackling and addressing the root causes of and impact of adverse experience in City and Hackney. The report, 'An Approach to Childhood Adversity, Trauma and Resilience' expressed a vision and key strategic objectives, and described a programme of work for 2020-2025, focusing on system approaches and enablers; the development of an ACE and trauma-aware workforce; and the development of specific interventions which aim to prevent or reduce the impact of ACEs and build resilience in individuals, families and communities.

9.2 Matthew Hopkinson provided the Board with details of the current training programme, including:

- Two key areas to address; an introductory training module aimed at workforce who interact with children and families / developing a programme of more in depth multi disciplinary training sessions, bringing together practitioners who work with various age groups, from different disciplines, to reflect on practice through case studies and sharing ideas and problems. This was being used to build a community of practice.
- In November, work was carried out with eleven practitioners with perinatal focus to design a training programme which focused on reflective learning and shared experience. This had a child protection simulation. Outcomes included increased confidence in practice. In relation to adversity and trauma, the programme was considered a safe space to learn and that the programme enabled better working practice.
- A forum had been set up online using the online platform 'Slack', which brings the original cohort of practitioners together and contains a resource portal to include all of the training resources available and practical tools.
- Next steps: over the next two months the next cohort of training would be rolled out for 0-5s as well as the next rollout of the perinatal / further age groups training would be developed over the year / developing a trauma informed child protection conference pilot, currently launching.

9.3 Mayor Glanville welcomed the approach, involving 'collaboration between the practice, the community, and the voluntary sector.'

9.4 The Chair highlighted questions from Liz Hughes on whether the training would be available to the VCS workforce. Matt Hopkinson confirmed that the training would be available to the VCS and that the aim was to deliver the training to all of the Health and Social Care Workforce. The area of the asylum seekers was also highlighted as another area of disproportionate need.

9.5 Deputy Mayor Bramble stated that this training was coordinated across schools and age groups, informed by lived experience.

9.6 The Chair stressed that in his work he encountered the consequences of adverse childhood experiences on adults, later in life and the need to follow this throughout.

RESOLVED:

To endorse the draft approach to Childhood Adversity, Trauma and Resilience.

10. COVID-19 Update (Sandra Husbands/Diana Divajeva)

10.1 Diana Divajeva provided the the Board with an update on COVID-19 as follows:

- a sharp increase in cases and incidence rate around Christmas since early January, there has been a decrease in the number of cases with the rate of decline increasing in recent weeks - 35 % decrease in the number of cases, coming down from a very high rate

10.2 Dr Sandra Husbands highlighted the following;

- the current infection rate had reduced to 435 per 100,000
- in the over 60 age group the infection rate was still 540 per 100,000
- many people are still being admitted to hospital, with the majority of deaths being in the over 60s age group
- in past weeks there has been an increase in deaths, with the peak not yet reached
- the NHS now had more effective ways of managing people with severe COVID-19 and there were less deaths than at the start of the pandemic
- Hackney's incidence rate is now less than the London average

10.3 Malcolm Alexander asked for clarification on claims that the Oxford vaccine was not appropriate for people over 65 yrs. Dr Sandra Husbands stated that she was not aware of any scientific evidence to substantiate the claim that it was not at present.

10.4 Lydia Mutare asked if there were any specific areas within the Borough of Hackney where the rates of infection were very high. Diana Divajeva referred to the map of Hackney on the Hackney website (<https://hackney.gov.uk/coronavirus-data>), outlining how rates of infection differed throughout the borough, with the east and north of the Borough and Haggerston having higher rates. She confirmed that the incidence rates remained high throughout the Borough.

10.5 Rynah Feldman asked whether any patterns had been identified from the Test and Trace programme. Diana Divajeva told the Board that statistical analysis had been carried out on the testing data that demonstrated that the likelihood of seeking testing was lower in areas with high levels of deprivation and among those from diverse communities. The likelihood of testing positive was correlated to areas with higher deprivation.

10.6 The Chair confirmed that the vaccine programme was continuing at pace with two community hubs based in primary care. Pharmacies were commencing work in this area. The Homerton Hospital, Westfield and Excel were also bases for vaccinations. The first four cohorts of the JCVI continued. He referred to issues around vaccine hesitancy and denial with clear differences between people from ethnic groups, in particular from the Afro-Caribbean community with whom more work would be carried out to outreach and engage. Dr Ricketts thanked staff at the Homerton Hospital in regard to their work during the Pandemic.

11. Substance Misuse in the City of London and the London Borough of Hackney; The 2019/20 Director of Public Health Annual Report Update (Chris Lovitt)

11.1 Chris Lovitt introduced the report providing details about what was known about substance misuse, including alcohol, and the health harms caused by misuse, using information provided by Public Health England, based upon uptake of services, primary care and hospital data. The report was now in the public domain and stakeholders could respond. He referred the Board to the six core principles, developed using the NICE guidance:

- Prevent
- Assess
- Dual Diagnostic
- Inform
- Refer
- Excel

11.2 Councillor Christopher Kennedy thanked those involved in the production of the report. He said that it fed well into the 'health in all policies' responsibility of the Board. When the Council came to renew its licensing policy as a local authority, measures could be introduced to require that those with licenses to sell alcohol, in particular in off-licenses do not promote cheap alcohol deals. This may involve dialogue with the chains, reaching as far as possible into the areas of policy that there was control over.

11.3 Mayor Glanville stated that there was an expansive outdoors events programme throughout the borough's parks, sometimes deriving income from alcohol and how this would be managed in a way that met the objectives outlined. In relation to Excel and drug overdose, a complex recreational drugs market existed in Hackney and he asked whether the variety of drugs used was addressed within the strategy.

Chris Lovitt told the Board that there were conversations, internally within the Council and amongst stakeholders, on the importance of prevention and that the aim was to prevent harm, with responsible drinking. There would be conversations with Licensees on these recommendations with a part 2 report focusing on the outcomes of these conversations.

Chris Lovitt told the Board that in relation to recreational drugs, the market was continually evolving with new substances emerging and there was always a need for vigilance to ensure there was an awareness of what was causing the overdoses. There was a need for openness about what was known about these substances, ensuring that opiate reversal drugs are widely available. In relation to club drugs there had been a significant change in the late night economy and the role of club drugs. This was an evolving situation with a need to respond to the emerging usage and diverse need.

11.4 Macolm Alexander referred to the outreach street work in this regard.

11.5 Dr Sandra Husbands stated that there would be an opportunity to comment on a national policy consultation about the national licensing policy.

RESOLVED:

To note the recommendations within the DPHAR and that stakeholders would be involved in producing the response to the recommendations to be published as a follow up report.

12. Health and Wellbeing Strategy Update and Health and Wellbeing Development Proposal (Donna Doherty- Kelly)

12.1 Donna Doherty-Kelly introduced the report outlining the next steps in the development of Hackney's Health and Wellbeing Strategy. The paper included a proposal to deliver a development session with Hackney Health and Wellbeing Board members, after the extended Board members had joined, to redefine the Board's vision and approach to addressing the wider determinants of health and population health. Following this, it was proposed that the Hackney Health and Wellbeing Board meet with City Health and Wellbeing Board and City and Hackney Steering Group members and wider stakeholders for a further workshop to consider draft priorities for the Health and Wellbeing Strategy, using the King's Fund Population Framework to

help define draft priorities. The second workshop would be facilitated by the King's Fund. There was a plan to involve the local community in developing and co-producing the final priorities for the strategy after the workshop, in the summer months. The Board was asked to consider the workshop timetable and workshop content.

12.2 Councillor Kennedy considered that the contents of the workshop was suitable and welcomed the King's Fund involvement. He stressed the importance of new Board members being present at the workshop. With work pressures, it may be necessary to hold workshops in April. Mayor Glanville welcomed the content of the workshops, including bringing City and Hackney members together. He said that the Integrated Commissioning Board had carried out a lot of development work and in order to ensure maximum stakeholder participation the offer should be strong, outlining how its work differed from the work of the Integrated Commissioning Board. He considered that the Board meetings were much more focused now with good quality contributions and this approach would enhance this process. The Chair referred to this exciting work including the King's Fund involvement. He said that the consequences of the pandemic would be felt through the system for a long time, which may affect the timetable for this work.

12.3 Jon Williams considered that the summer engagement would be a challenge given the effects of the pandemic and that the wider community needed to be involved, in particular those affected by the inequalities arising from the pandemic. Donna Doherty-Kelly confirmed that work on the engagement models was currently being considered to ensure that local communities could be involved throughout the strategy's development .

RESOLVED:

1. To approve the proposal of both workshops and associated timelines for the development of the Health and Wellbeing Strategy.
2. To note the progress from City and Hackney's Health Inequalities Steering Group

15 Date of next meeting

15.1 The next meeting was scheduled for 24 March 2021

16 Any other business that the Chair considers urgent

16.1 There was no other business.

Duration of the meeting: 4pm to 6pm

Agenda Item 7

Report to Hackney Health and Wellbeing Board

Date:	24 March 2021
Subject:	City & Hackney Health Inequalities Steering Group - progress update
Report from:	Jayne Taylor, Consultant in Public Health
Summary:	<p>The City and Hackney Health Inequalities Steering Group has been convened to ensure our collective efforts have maximum impact through a partnership approach.</p> <p>Membership of the steering group is drawn from across the two local authorities, the voluntary sector, NHS (CCG, Homerton, Barts Health, ELFT, Primary Care Networks) and both City and Hackney Healthwatch. It is chaired by Dr Sandra Husbands, Director of Public Health.</p> <p>The Steering Group has met three times, twice in workshop sessions to rapidly develop a set of strategic priorities for mitigating further inequalities impacts of COVID-19. Ten broad areas for system-wide action have been defined, with four of these prioritised by the steering group to take a lead role in progressing over the coming 12 months:</p> <ol style="list-style-type: none">1. equalities data and insights - routine collection and analysis of equalities data and insight to inform action2. tools & resources - develop/enable system-wide adoption of tools to embed routine consideration of health equity in decision-making3. tackling structural racism and systemic discrimination - adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions4. community engagement, involvement and empowerment - build trust and adopt flexible models of engagement to work in partnership with residents to improve population health. <p>It is intended that the Steering Group will advise and support the development of the two new Health and Wellbeing strategies for the City and Hackney, as well as a population health delivery plan for the Integrated Care Partnership Board. Over time, it is expected that the work of the Steering Group and HWB Boards will increasingly align. As such, the scope and purpose of the Steering Group will need to be kept under regular review.</p>
Recommendations:	<ol style="list-style-type: none">1. The strategic priorities as defined by the steering group help shape the development of the new Health and Wellbeing Strategy.

	2. The Board works in close partnership with the steering group to mobilise system resources to ensure required actions to tackle health inequalities are progressed and have impact.
Contacts:	jayne.taylor@hackney.gov.uk

1. Context and purpose

COVID-19 is acting as a catalyst for local action to tackle long-standing health inequalities, with a huge amount of work already underway across the City and Hackney to mitigate the inequalities impacts of the pandemic, as well as longer-term plans to improve the wider social and environmental influences on health.

Box 1: Inequalities impacts of COVID-19¹

The **direct** health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men, people with underlying health conditions (especially those with multiple conditions), care home residents and staff, those working in other public facing occupations, as well as individuals and families living in socially deprived circumstances.

Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.

The **indirect** health impacts of service re-prioritisation, lockdown, social distancing and the longer-term economic consequences of the pandemic will continue to affect some of our most vulnerable residents and communities for a long time to come - including many of those described above, as well as carers, certain faith communities, people with disabilities and those with no recourse to public funds.

There is emerging evidence that women have been more likely to be furloughed or lost their jobs following the lockdown. And the longer-term social and economic impacts on already disadvantaged children and young people are also expected to be significant.

The City & Hackney Health Inequalities Steering Group has been convened to provide a focal point for this work, to ensure our collective efforts have maximum impact, and that we make best use of our combined resources to tackle long-standing health inequalities, through collaboration and partnership.

The draft objectives of the steering group are to:²

- collect and monitor information about health inequalities in the City and Hackney and the actions being taken to address these
- help prioritise further measures needed to prevent, and reverse existing, health inequalities (in the short and long-term)
- mobilise local action by working in partnership to influence decisions and empower others to act
- use our collective resources to support the effective delivery of priority actions to reduce health inequalities.

The steering group's immediate priority is to mitigate longer-term health inequalities impacts of COVID-19 through coordinated local action. Broader strategic priorities for tackling health inequalities will be developed in partnership with the Health and

¹ A fuller evidence briefing on the inequalities impacts of COVID-19 is available on request

² Terms of Reference will be signed off at the steering group meeting in March

Wellbeing Boards, as part of the HWB strategy refresh process.

2. Membership

The work of the steering group is guided by the same population health framework adopted by both Hackney and the City's Health Wellbeing Boards and the City & Hackney Integrated Care Board (ICB). Membership of the steering group has been designed to reflect all four 'pillars' of a population health system as defined by this framework (see appendix A).

The steering group is committed to involving residents in a meaningful way in shaping its plans. Rather than appoint one or two 'resident reps' to sit on the steering group, a resident engagement framework (underpinned by a set of engagement principles) is being co-developed to guide the approach.

Table 1: City & Hackney Health Inequalities Steering Group Membership

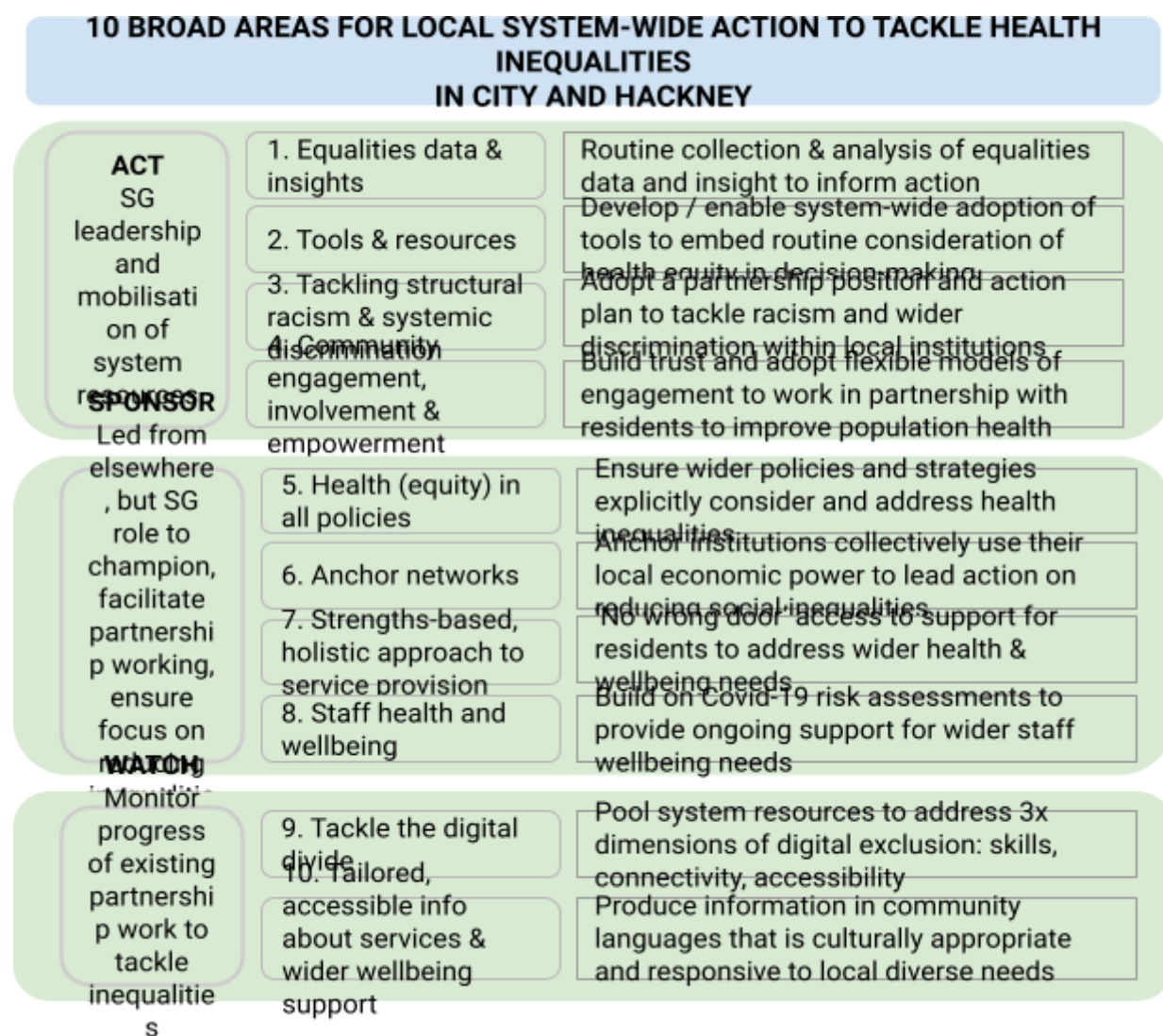
Name	Position and organisation	Role/population health system pillar representing
Sandra Husbands	Director of Public Health, LB Hackney and City of London Corporation	Chair
Malcolm Alexander	Chair, Hackney Healthwatch	Places & communities pillar
Angela Bartley	Consultant in Population Health, ELFT	Integrated health & care system pillar
Ian Basnett	Director of Public Health, Barts Health	Integrated health & care system
Gail Beer	Chair, City of London Healthwatch	Places & communities
Nick Brewer/Jenny Darkwah (shared)	PCN Clinical Directors	Integrated health & care system
Jane Caldwell	CEO, Age UK East London	Places and communities
Jake Ferguson	CEO, Hackney CVS	Places and communities
Anna Garner	Head of Performance & Integrated Commissioning Alignment, City & Hackney CCG	Integrated health & care system
Claire Hogg	Director of Strategic Implementation & Partnerships, Homerton Hospital	Integrated health & care system
Sonia Khan	Head of Policy & Strategic Delivery, LBH	Wider determinants/ Places & communities
David Maher	Managing Director, City & Hackney CCG	Integrated health & care system
Kate Smith	Head of Strategy & Performance, City of London Corporation	Wider determinants
Jayne Taylor	Consultant in Public Health, LBH and CoLC	Operational lead (PH health inequalities portfolio lead)
Resident involvement - TBC		Places and communities

3. Strategic priorities

Following two strategic priority setting workshops (in December and February), 10 broad areas for action have been defined, with four of these prioritised by the steering group to take a lead role in progressing over the coming 12 months. These four priorities were selected as areas where steering group leadership could add most value to existing work that is underway (or establish new programmes of work where needed) by collectively mobilising system resources.

A named lead for each of the four priority areas for action has been identified from the steering group membership, each of whom will be responsible for developing and overseeing implementation of detailed action plans. These plans will not start from scratch, but will build on existing programmes of work, and describe how we will explicitly address the inequalities impacts exposed by COVID-19 - e.g. which groups/communities, health outcomes and/or service areas the plans will focus on.

Figure 1: Priority areas for action



4. Governance

It is intended that the steering group will advise and support both Health and Wellbeing Boards, and the Integrated Care Partnership Board. It will provide expert advice and input to the development of the two new Health and Wellbeing strategies, as well as a population health delivery plan for City and Hackney's integrated care partnership (including Neighbourhood population health plans).

The steering group will work closely with, and provide support to, other delivery and strategic groups (at both City & Hackney and NEL level) with the relevant expertise and levers to take action to reduce health inequalities.

Governance arrangements are yet to be fully determined and will need to be flexible to wider changes within the integrated care system (including the establishment of a new City & Hackney Population Health Hub). It is also anticipated that the work of the steering group and the Health and Wellbeing Boards will increasingly align over time, as the HWB Boards take more of a leadership role in improving population health and tackling health inequalities through a 'health in all policies' approach. As such, the scope and purpose of the steering group will need to be kept under constant review.

5. Financial considerations

There are no direct financial implications arising from the recommendations of this report.

6. Legal considerations

There are no immediate legal implications arising from this report.

This page is intentionally left blank

<p>TITLE OF REPORT</p> <p>Health and Wellbeing Strategy Update and HWB member development workshop update</p>	
<p>HEALTH AND WELLBEING BOARD - 24th March 2021</p>	<p>CLASSIFICATION:</p> <p>Open</p>
<p>WARD(S) AFFECTED</p> <p>All Wards</p>	
<p>Group Director Helen Woodland - Group Director Adults, Health and Integration Sandra Husbands- Director of Public Health</p>	

1. INTRODUCTION AND PURPOSE

1.1. This paper provides an update on the development of the Health and Wellbeing Strategy and an update on the Health and Wellbeing Board member’s development session. This paper also provides an update on amended strategy consultation timelines for the Board to consider.

2. RECOMMENDATIONS

2.1. The Board is asked to:

- note the confirmed dates for the Hackney Health and Wellbeing Board Member Development Workshop (April 27th 2021) and the Joint Health and Wellbeing Strategy Prioritisation Strategy Workshop (May 21st 2021).

- consider the expansion of project timelines to integrate a longer formal consultation period.

3. BACKGROUND

3.1. In July 2020, Hackney's Health and Wellbeing Board agreed to:

- Use the opportunity of the Health and Wellbeing Strategy refresh to co-create a new strategic (population health) framework for tackling health inequalities through coordinated system-wide action, led by the Board.
- Adopt a fully co-produced approach to developing the strategy, building on existing assets and resident engagement/involvement mechanisms.
- Establish a working group to oversee the development of the new Health and Wellbeing Strategy.

3.2. In November 2020, Hackney's Health and Wellbeing Board agreed to Public Health's [proposed approach](#) to developing the HWB strategy, including an agreement to the timeline, engagement approach and working group membership.

3.3. In January 2021, the Board agreed to:

- the delivery of an externally facilitated development workshop for Hackney Health and Wellbeing Board members to ensure that an agreed set of local principles and vision are established for the Board to develop its wider remit to address the wider determinants of health within a population health framework.
- the delivery of a second workshop to bring together members from both Hackney and the City's Health and Wellbeing Boards, plus key stakeholders (including City and Hackney Health Inequalities Steering Group members), to agree a strategic framework for improving population health through two new Health and Wellbeing Strategies.

4. Workshop progress

Development session for Hackney Health and Wellbeing Board

- 4.1. In recent months, Hackney's Health and Wellbeing Board (HWB) have agreed to expand the Board's current membership to reflect its wider remit beyond the health and care system - using the King's Fund Population Health Framework to focus the Board's work on providing system leadership for improving health and reducing health inequalities. The Board have also agreed to address the wider determinants of health by taking a 'Health in All Policies' approach.
- 4.2. This approach was agreed by the Board in July 2020, and has been implemented during the coronavirus pandemic, which we know is having profound impacts on the health and wellbeing of our local communities, compounding pre-existing health inequalities.
- 4.3. Hackney Health and Wellbeing Board members have been invited to come together as a Board at the HWB Member Development Workshop in order to discuss and refine the Board's vision and approach to improving population health and tackling inequalities, in particular through partnership action on the wider social and economic drivers of health.
- 4.4. A half day virtual workshop has been booked that will take place on April 27th 2021 from 1- 5pm. This workshop will be externally facilitated by the Local Government Association and will be designed to give members the space to reflect on the impacts of COVID-19 and what this means for the future direction and priorities of the Board.
- 4.5. A workshop schedule will be sent to all members in the next two to three weeks.

Joint Health and Wellbeing Prioritisation Workshop

- 4.6. A second workshop is also scheduled to bring together members from both Hackney and the City's Health and Wellbeing Boards, plus key stakeholders (including City and Hackney Health Inequalities Steering Group members), to agree a strategic framework for improving population health through two new Health and Wellbeing Strategies.

- 4.7. This second workshop will provide members and stakeholders with an overview of population health, including the policy context and learnings from practice in other areas of the United Kingdom.
- 4.8. City and Hackney's Public Health intelligence team are currently developing an evidence pack to bring together key indicators and insights across the four pillars of the King's Fund Population Health model (outlined in image 1 below). Existing community and resident insight in relation to health inequalities in Hackney, including insight gathered throughout the current pandemic will also be reviewed and included within the evidence pack.
- 4.9. This insight and intelligence pack will be presented to delegates at the prioritisation workshop in order to consider the development of draft priorities for both City of London and Hackney Health and Wellbeing Strategies.

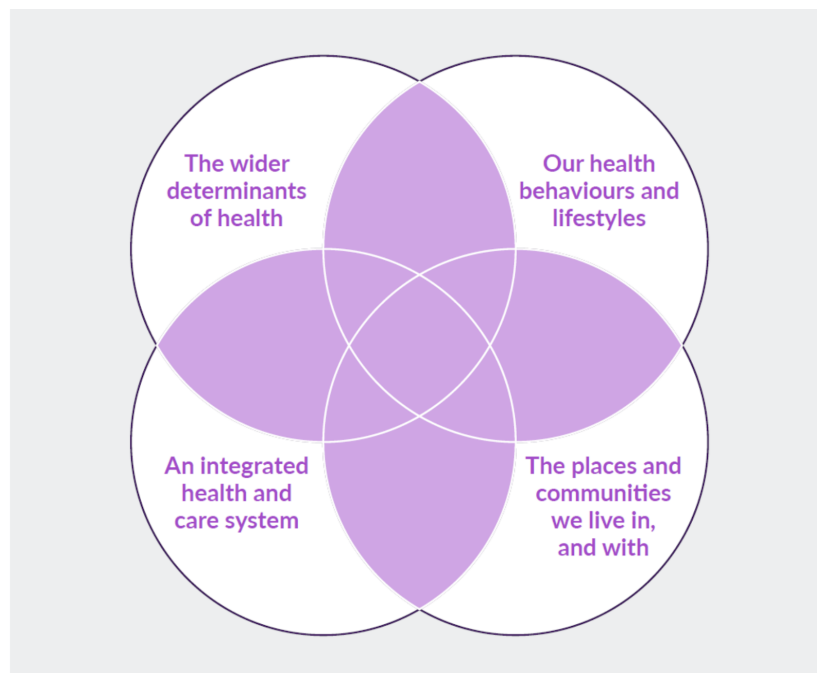


Image 1: Kings Fund Population Health Model

- 4.10. This workshop will take place on 21st May 2021, from 1 - 5pm and will be externally facilitated.

- 4.11. A workshop schedule will be sent to members and stakeholders in due course.

5. Engagement

- 5.1. After the initial draft priorities have been defined through the workshop and early stakeholder engagement, work will begin with local communities to develop an agreed set of priorities through the process of co-design and collaboration.
- 5.2. We will begin this process by working with communities and stakeholders to review the evidence and refine the draft priorities and possible actions related to these priorities together.
- 5.3. A community research model will be developed to ensure that we work with a wide range of residents and stakeholders through the engagement period to co-produce the strategy objectives, which we anticipate will take place from late May to the beginning of August.
- 5.4. Stakeholder and community events will also be delivered as part of the engagement phase.
- 5.5. A draft engagement strategy will be developed in March/April and will be sent to Board members for review.

6. Draft strategy

- 6.1. The draft strategy will be written after the engagement period has ended, incorporating/responding to resident and stakeholder feedback and contributions.
- 6.2. It is anticipated that the draft strategy will then be presented to the Health and Wellbeing Board at the September Board meeting before the formal consultation period.

7. Formal consultation

- 7.1. The formal consultation of both Health and Wellbeing Strategies was originally scheduled to take place over a two month period in

September and October 2021.

- 7.2. To ensure that all residents and stakeholders have sufficient time to respond to the consultation, we are proposing that the consultation takes place for a three month period - from September to the end of November 2021.
- 7.3. This will mean that the finalised Health and Wellbeing Strategy will be presented to the Health and Wellbeing Board at the January 2022 meeting for final approval, instead of the November 2021 meeting.

BACKGROUND PAPERS

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

Report Author	Donna Doherty-Kelly
----------------------	---------------------

<p>TITLE OF REPORT</p> <p>Developing a Whole Systems Approach to Violence Reduction</p>	
<p>HEALTH AND WELLBEING BOARD - 24th March 2021</p>	<p>CLASSIFICATION:</p> <p>Open</p>
<p>WARD(S) AFFECTED</p> <p>All</p>	
<p>Group Director Stephen Haynes, Strategic Director of Inclusive Economy, Policy and New Homes</p>	

1. INTRODUCTION AND PURPOSE

- a. 'Reducing Harm' is one of 7 strategic priorities in the Corporate Plan for 2018-2022.
- b. In Hackney, our approach to violence reduction is framed within the context of our Community Strategy, which sets out a vision for Hackney as a borough -
 - *Where everyone can enjoy a good quality of life as part of an open, cohesive, safe and supportive community.*
 - *Where children are given a good start in life, we protect and improve outcomes for the most vulnerable, and the whole community benefits from the growth and change we have experienced across the borough,*
 - *Where the community, businesses and local services work together to reduce violence and its impact so that everyone can feel healthy and safe, at home, at work, and on streets, parks, and estates.*

- c. In order to tackle the complex causes of serious violence effectively and sustainably an approach that recognises and addresses that complexity is needed. It is important to look at the whole system of causes and how they interact, develop a coherent whole partnership approach and direct attention and resources to where they will be most effective.
- d. This document pulls together all of the individual strategies and action plans that contribute towards a whole systems approach to violence reduction in Hackney. It aims to support a shared understanding of the existing strategic landscape and to serve as a basis for further analysis to identify those areas where we are directing sufficient resources and those that might require additional focus.
- e. In this document, the existing strategies and plans are also assessed against our strategic principles to highlight alignment or lack thereof between these principles and our current plans and strategies.

2 . RECOMMENDATIONS

- a) For the board to provide comment and reflection on the utility of the document and how it might be developed further.
- b) For the board to provide input on any areas that may have been omitted or require additional focus.
- c) For the board to consider how the shared strategic understanding of our approach to tackling violence in the Borough can be embedded so that it provides an effective framework that all partners recognise and adhere to.

3. BACKGROUND

- a. In June 2018 the Mayor of Hackney hosted an event in response to a spate of serious violent incidents and murders in the borough. The event brought together the voluntary and community sector (VCS), council, education, health and housing partners alongside senior politicians and young people involved in the inspirational leaders programme. The event was successful in bringing together partners to express both their concerns and commitment to tackling serious violence and its traumatic impact on our communities.
- b. A number of key issues were raised at the event, including -
 - Concern about the communication and response of authorities in the immediate aftermath of an incident.

- The need for better joined up working and co-ordination between VCS organisations, and VCS and statutory partners
 - The need to understand the partnership as a whole and the role each agency plays in the partnership to address serious violence.
- c. A subsequent mapping exercise also raised a number of issues and challenges - including the need to improve strategic join up as it relates to tackling violence in the Borough - whilst also highlighting many examples of excellent work undertaken across the partnership in Hackney.
- d. The need to take a whole systems approach to tackling violence in the Borough is also an ask of the Council by the Young Futures Commission, which consulted over 2500 young people about their lived experience in Hackney.

BACKGROUND PAPERS

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

Single Violence Plan Working Draft

Report Author	Christine Ade-Ojo, Strategic Delivery Officer, Hackney Council's Strategy and Economic Development team
----------------------	---

1. BACKGROUND AND DOCUMENT PURPOSE

1.1. Background

In Hackney, our approach to violence reduction is framed within the context of our Community Strategy, which sets out a vision for Hackney as a borough -

- *Where everyone can enjoy a good quality of life as part of an open, cohesive, safe and supportive community.*
- *Where children are given a good start in life, we protect and improve outcomes for the most vulnerable, and the whole community benefits from the growth and change we have experienced across the borough,*
- *Where the community, businesses and local services work together to reduce violence and its impact so that everyone can feel healthy and safe, at home, at work, and on streets, parks, and estates.*

In order to tackle the complex causes of serious violence effectively and sustainably an approach that recognises and addresses that complexity is needed. It is important to look at the whole system of causes and how they interact, develop a coherent whole partnership approach and direct attention and resources to where they will be most effective. This problem cannot be tackled by a piecemeal and fragmented approach. Hackney has some outstanding examples of partnership working that provide a solid foundation for developing a comprehensive whole system framework across all sectors and services. Our aim is not just to address the immediate issues at hand but to see a long term, sustainable reduction in violence, improve the health and wellbeing of individuals and communities and have a wider positive impact on the economy and society by tackling violence and its root causes. Ultimately, our ambition is to entirely eliminate violence in Hackney and its impact on individuals and communities.

Our approach is also in alignment with that of the London wide Violence Reduction Unit which emphasises the importance of the public sector institutions and communities in London acting together to help reduce violence. It's goals are to: stabilise and reduce violence across London; find the major causes of violence and co-ordinate action across London to tackle them at scale, delivering a long term reduction in crime and associated harms; involve communities in the work of the VRU and build their capacity to deliver the best long term solutions to reduce violence.

1.2. Purpose of this document

This document pulls together all of the individual strategies and action plans that contribute towards a whole systems approach to violence reduction in Hackney. It aims to support a shared understanding of the existing strategic landscape and to serve as a basis for further analysis to identify those areas where we are directing sufficient resources and those that might require additional focus. In this document, the existing strategies and plans are also assessed against our strategic principles to highlight alignment or lack thereof between these principles and our current plans and strategies.

2. VIOLENCE REDUCTION PRINCIPLES

Our violence reduction approach is underpinned by the following set of principles

<u>Strategic Principles</u> These principles set out <i>what</i> we are committed to as a Partnership as we carry out our work to reduce and ultimately eliminate violence in Hackney.	<u>Enabling Principles</u> These principles set out <i>how</i> we undertake our work across the Partnership to achieve our aim of reducing and ultimately eliminating violence in Hackney:
<ol style="list-style-type: none">1. We recognise that violence is due to a complex set of interacting causes based on multiple disadvantages including historical, political and social aspects.2. We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.3. We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.	<ol style="list-style-type: none">1. We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.2. We will respectfully hold each other to account and be responsible for understanding our role within, and how we influence and shape, the wider system to reduce violence and its impact.3. We will take an evidence informed approach to practise, utilising data, intelligence, community insight, and evaluation of current approaches and interventions.

<p>4. Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</p> <p>5. We recognise and value the many assets and strengths that exist within families and communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</p> <p>6. We are committed to the Council’s pledge to become an anti-racist organisation and recognise that challenging racist practices and policy making which creates and reinforces structural inequalities is key to eradicating violence in the Borough.</p>	<p>4. We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale.</p> <p>5. We recognise that building, repairing and maintaining trust between communities and agencies of the state is key to developing communities that are more resistant and resilient to violence</p> <p>7. We will have a clear, consistent and unified approach to communicating and proactively raising awareness of what we are doing and how we are working to reduce violence and its impact.</p> <p>8. We will work to develop a narrative which breaks down outdated stereotypes and makes clear that violence is both preventable and unacceptable in Hackney.</p> <p>9. We will work in a way that is trauma-informed, ACE-aware and resilience-focused.</p>
--	--

3. ADDRESSING THE WIDER DETERMINANTS

The strategies and programmes of work in this section reflect strategic priorities 1 and 2 - *‘We recognise that violence is due to a complex set of interacting causes based on multiple disadvantages including historical, political and social aspects’* and *‘We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems approach’*. They also align with our

overall approach to violence reduction in that they are designed to address complex problems holistically through coordinated multi-agency activity. What is important to the success of these initiatives is that partners understand their role in the overarching approach and see themselves as systems leaders rather than managers of services in silos.

3.1. [Young Black Men's Programme](#)

The Improving Outcomes for Young Black Men Programme (YBM) is an ambitious programme to tackle inequalities for black boys and young black men in Hackney. In seeking to understand what is driving the disproportionality of outcomes for this group, the programme takes a multidimensional approach and considers factors that might be linked to:

- Direct or indirect discrimination based on gender, age, ethnicity and the intersection of all three;
- Contextual or cultural drivers e.g. lack of trust between the community and state, cultural barriers;
- Poverty and socio-economic inequality – the black community is more likely to be in low-income households in Hackney and experience other socio-economic inequalities. This socio-economic inequality is a structural inequality that can ultimately be linked back to racial disadvantage and discrimination.

One of the key areas of proactive focus for the programme is '**Reducing the Risk of Harm**' for YBM within the family, school and community - this workstream addresses the disproportionality in YBM representation as both victims and perpetrators of violence.

The governance structure of the programme also provides opportunity for community oversight through an accountability board made up of interested residents and community members. The role of the board is to review and assess the work being delivered through the programme and hold leaders to account.

3.2. [Inclusive Economy](#) / Poverty Reduction

Hackney's Inclusive Economy strategy commits to providing support and offering the opportunities for individuals and communities to take advantage of the borough's changing economy by working with key anchor institutions in the public, private and voluntary sectors, maximising the

¹ [A Public Health Approach to Serious Youth Violence: Supporting Evidence, Greater London Authority \(GLA\)](#)

benefits of asset based change and community wealth building principles.

There is a clear link between poverty and risk of violence in communities - three-quarters of the boroughs in London with the highest levels of violent offending are also in the top 10 most deprived, while the same boroughs also have higher proportions of children under 20 living in poverty than the London average¹. The Hackney Labour Party Manifesto for the 2018 Mayoral and Council elections pledged that: 'We will tackle poverty, including child poverty, as well as key inequalities in health, education and employment based on a solid understanding of the barriers and needs of our different communities, listening to their concerns and expanding the use of co-design.' To address this, The Council has developed a strategic framework for poverty reduction and continues to progress work to develop and implement a poverty reduction strategy.

3.3. Voluntary and Community Sector Strategy

Hackney's commitment to a Voluntary and Community Sector strategy recognises the contribution that local voluntary and community groups, organisations and networks make to Hackney. The sector plays a vital role in maintaining strong local communities, reaching residents that statutory services may struggle to reach and empowering and supporting community and individual resilience. VCS organisations are key to fostering community cohesion and resilience in the aftermath of violent incidents. A thriving VCS is integral to facilitating community capacity and community-led responses to serious violence. This strategy also aligns with our approach to violence reduction in that it looks to develop a more collaborative way of working with the sector, thus linking to strategic principle 5 and enabling principles 1 and 5.

3.4. Health and Wellbeing

Violence has a serious detrimental impact on the health and wellbeing of the wider local community and can negatively affect the emotional and mental wellbeing of people even if they are not directly victimised themselves. For example, young people living in communities affected by gang violence may constantly fear for their safety in public places which may have an adverse effect on their mental health. Those at risk of causing violence and those at risk of experiencing violence, as well as victims of violence – are far more likely to experience poor physical and mental health than the general population². The Hackney Health and Wellbeing Board brings all parts of the local health and care system together to improve commissioning, tackle inequalities and achieve better health outcomes. The board plays a role in improving the health and wellbeing of those

² https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Violence_and_health_and_wellbeing_boards.pdf

affected by violence through effective strategic collaboration at the local level with the community safety partnership and other local partners.

Hackney CCG has also embedded a Neighbourhoods approach to improving health outcomes which brings different services together to provide more localised care to suit the needs of individual communities. The approach also emphasises working closely with individuals, families and communities to empower them to support themselves, prevent ill-health and increase their ability to sustainably manage their own wellbeing. These approaches are in alignment with strategic principle 5 and enabling principle 1

3.5. [Anti-Racism](#)

In July 2020, the Council passed a motion outlining our commitment to becoming an anti-racist organisation and to actively fight racism and discrimination in the borough. The motion acknowledges that Black people are more likely to be stopped and searched by the police, that Black children have rates of permanent exclusion about three times that of the pupil population as a whole, and that a recent Public Health England report found that the Black, Asian and minority ethnic communities have been disproportionately impacted by COVID-19. If we are to achieve our aim of eliminating violence in Hackney, we must create a borough where everyone there is equality of opportunity and where an individual's life chances are not determined by the colour of their skin. We must also challenge racist practices and policy making which creates and reinforces structural inequalities

4. COMMUNITY ENGAGEMENT AND CO-PRODUCTION

Fundamental to an effective whole systems approach is the role of the community, not just in identifying issues, but also in being empowered to work with partners to develop and lead on solutions. We need to move beyond consultation so that communities and those impacted can engage meaningfully in conversations with systems leaders that result in a shared understanding of the problem and agreement on the steps needed to address it.

4.1 Place-based approaches

Place based community led/involving approaches such as the Pembury Children's Community, provide a systems approach model for

addressing complex problems holistically in a locality. By focusing on place we are able to work with people on their own terms, building collaboration between residents, the public and private sector and civil society organisations to achieve change, united by a shared vision. It allows us to build on the existing assets in a locality and forge a long term commitment and approach to tackling the really difficult challenges affecting local people. By focusing on place, we are able to join up systems in an area, working beyond organisational boundaries so that they respond better to resident's needs. Working in this way also provides valuable lessons for the wider system and how that can be influenced to affect long term sustainable systems change. Place-based approaches are also being taken in Kings Park, Woodberry Down and through the inclusive economy work in Hoxton and the CCG neighbourhood model. Learning from these individual projects is brought together through the [Place-Based Learning Network](#).

4.2 Young Futures Commission

The Young Futures Commission is an independent, youth-led commission established in February 2018. The Commission consulted over 2500 children and young people about their lived experience in Hackney, gathering their thoughts, concerns and ideas on how to improve the lives and life chances of young people in the borough. From the findings, a [report](#) was produced which made a number of recommendations to the Council covering a variety of issues including crime and safety. Work is underway across the Partnership to respond to these recommendations and work co-productively with young people and the Commission to deliver action.

4.3 Contextual Safeguarding / Context Intervention

The work undertaken by the Context Intervention Unit (detailed in section xx) involves working with communities to enable them to better identify and respond to extra-familial harm. This includes delivery of Community Guardianship / Bystander workshops for community and voluntary organisations to enable them to provide direct support to local families and residents where young people are at risk of extra-familial harm in their neighbourhoods.

4.4 [HCVS 'My Ends' Initiative](#)

Led by HCVS, the 'My Ends' Initiative is a consortium of groups from Hackney Wick, other parts of Hackney and beyond which takes an asset-based approach to tackling violence in Hackney Wick. This approach recognises that young people and communities are best placed to bring about change and that utilising the skills and talents that exist in the local neighbourhood is key to making this a reality. Section (xx) details further some of the specific interventions driven by the initiative.

5. STRATEGIES / ACTION PLANS

Action no.	Action	Lead partner(s)	Strategic Principle alignment	Enabling Principle alignment
5.1. <u>KNIFE CRIME ACTION PLAN</u>				
Enforcement and Criminal Justice Response to Knife Crime				
Our enforcement response is multi-agency, bringing together partners in the Police, Community Safety, Adult's and Children's Services, YOT, CRC and NPS. We take a targeted approach, underpinned by thorough evidence and data analysis.				
5.1.1 Page 54	Through both weekly and monthly partnership tasking, enforcement officers are tasked to provide interventions and high-visibility patrol in known knife crime hotspots	Community Safety	<i>[Strategic Principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>	<i>[Enabling Principle 3] We will take an evidence informed approach to practise, utilising data, intelligence, community insight, and evaluation of current approaches and interventions. [Enabling Principle 1] We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i>
5.1.2	Analysis of hot spot areas, including times and types of offences and incidents, to ensure knife crime related issues and problems are identified correctly.	IGU / MPS		
5.1.3	A monthly gangs problem profile is updated by the HIGU intel team and informs the monthly IGU Intelligence meeting. A summary of this report is also presented at the GSVB.	IGU		

Keeping deadly weapons off our streets				
We collaborate across the partnership and within the community to reduce the availability and accessibility of knives and other deadly weapons				
5.1.4	A process has been implemented to support landlords and Tenants Residents Associations(TRA) to better handle weapons seized and found within their estates. This involves collaboration with the LBH enforcement officers and/or the police safer neighbourhood teams.	Community Safety / Housing	<p><i>[Strategic Principle 3]</i> We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring</p> <p><i>[Strategic Principle 5]</i> We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</p>	<p><i>[Enabling Principle 1]</i> We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</p>
5.1.5	Community weapons sweeps	Community Safety/Hackney Housing		
5.1.6	Knife crime amnesty	MPS		
5.1.7	Training for tenant management organisations and estate cleaning services to stop storage areas in housing blocks being used to store weapons.	Community Safety / Housing		
Protecting and Educating Young People				
We recognise the importance of prevention and work alongside schools to ensure that they are safe spaces for young people to learn and build resilience				
5.1.8	Safer schools officers available in every school across the borough and trained on Adverse Childhood Experiences and Trauma Informed Practice	MPS	<p><i>[Strategic Principle 3]</i> We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</p>	<p><i>[Enabling Principle 1]</i> We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</p>
5.1.9	A partnership board and officer group has	HLT / Schools /		

	formed to work on minimising school exclusions and support young people back into education, employment and training. Exclusions data is monitored through local educational arrangements and six monthly at the CSP.	Young Hackney		
Page 56	5.1.10 Appropriate referral mechanisms are in operation both from IGU to FAST and from FAST to IGU to identify at risk young people. The EFRP is a well established process providing a clear link between the IGU and other key stakeholders. Risk identified by any agency is reviewed at this meeting and action allocated to relevant agencies to monitor safeguarding activities. All schools are aware of appropriate referral pathways for any pupils at risk of serious youth violence, either as a perpetrator or as a victim	Children and Families Service, HLT, IGU		
	5.1.11 Restorative approaches offered to young people in schools and the community, with safer schools officers trained accordingly.	Children and Families Service, HLT		
	5.1.12 Educational workshops on the impact of serious youth violence are part of the Young Hackney schools offer and aim to develop critical thinking skills and empathy. Young Hackney Schools offer also includes delivery of online safety workshops	Schools, HLT, Street Doctors, Young Hackney		
Standing with communities, neighbourhoods and families against knife crime				

We work with communities to tackle knife crime and to implement appropriate programmes of community development, capacity building and structured dialogue

5.1.13	A community reassurance process is deployed in the event of a serious violent incident. This includes community partners who provide reassurance to affected communities.	MPS / Community Safety	<p><i>[Strategic Principle 5]</i> <i>We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i></p>	<p><i>[Enabling Principle 1]</i> <i>We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i></p> <p><i>[Enabling Principle 4]</i> <i>We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale.</i></p> <p><i>[Enabling Principle 5]</i> <i>We recognise that building, repairing and maintaining trust between communities and agencies of the state is key to developing communities that are more resistant and resilient to violence</i></p>
5.1.14	A Community Partnership meeting is held monthly to better inform and empower community representatives to support the reduction of gang-related serious violence and knife crime	MPS / Community Safety		
5.1.15	A joint police and local authority weekly communications report is compiled and disseminated to key stakeholders	MPS / Community Safety		
5.1.16	The Hackney Youth IAG 'Account' (facilitated by HCVS) has been constituted to monitor the use of stop and search and hold the police to account. Findings from this group feed into the Community Resilience Partnership work plan to address the issue of confidence and trust in the police.	HCVS / MPS		
5.1.17	'Breaking the Wall of Silence' is an ongoing project with the YIAG and Safer Schools Police team, this is delivered at all levels of engagement encouraging communication at any level with police.	MPS / HCVS		

Page 57

5.1.18	Detached outreach youth work is in place to build trusted relationships with young people and provide proactive and accessible support through street based engagement activity that includes embedded clinical psychology.	Young Hackney / CFS		
5.1.19	Safer Routes scheme implemented to mitigate peak robbery times for young people between 3pm-5pm	MPS		
5.1.21	Work with communities to create interrupters and implement bystander approaches			
5.1.22 Page 58	Insight from young people and young adults gathered through the Young Futures Commission used to gain a more in-depth understanding of their views on knife crime and inform the partnership response.	Young Futures Commission		
Supporting victims of knife crime				
Ensuring that improving support to victims is at the heart of a holistic response to knife crime reduction				
5.1.23	A referral process has been implemented through the IGU daily briefing process who identify young persons who are victims of gang-related serious violence and knife crime. This information informs the EFRP which meets fortnightly or immediately in urgent circumstances. A VCS representative attends the EFRP to support the victim care plan.	CFS / MPS	<i>[Strategic Principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>	

5.1.24	All young victims of knife crime to be assessed for referral to CAMHS where determined appropriate in the light of risk / harm. A CAMHS representative sits on the EFRP giving information about the clinical services offered, declined/accepted or currently in place for the young people being discussed or may make recommendations about alternative mental health support which could be offered	CFS / MPS	
5.1.25	London Trauma and A&E centres (Red Thread) to provide safeguarding information to local partnerships and maximise opportunities for "teachable moments" and rapid service referral/support	LBH	
5.1.26	Develop awareness campaigns for specific victim groups about available support - 66% of our victims and suspects of knife crime are either unemployed or in full-time education, which creates an opportunity to address these groups either through schools, colleges or job centres.	CFS / MPS	
5.1.27	Extend PTSD support for victims and perpetrators of violence to break the cycle of violence.	CFS	

Offering ways out of crime

Recognising that young people should be offered interventions which help them move away from criminality

5.1.28			
--------	--	--	--

	The NPS in Hackney provides a range of interventions with offenders to reduce the harm associated with weapons.	NPS / CRC	<i>[Strategic Principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>	
5.1.29	Work with local employers to support those with knife crime offending history in to employment			

5.2 GANGS AND SERIOUS VIOLENCE ACTION PLAN

Our Integrated Gangs Unit (IGU) works in partnership to support those involved in gang violence or those on the periphery of gangs by way of prevention, diversion and, where necessary, enforcement. Built on trust, the IGU works with individuals and communities by treating violence as a preventable public health issue. It seeks to avert violence by diverting those who are at risk of becoming either a victim or perpetrator and supporting those already ensconced in gang crime to exit their lifestyle and, where necessary, enforcing against those who commit violent crimes and pose a risk to others.

Intelligence gathering and sharing

5.2.1	Intelligence and analysis which identifies hotspot areas linked to gang violence, perpetrators or those requiring safeguarding is collated and disseminated through the IGU Intelligence Sharing meeting and used to inform IGU focused interventions	IGU Analyst		<i>[Enabling Principle 3] We will take an evidence informed approach to practise, utilising data, intelligence, community insight, and evaluation of current approaches and interventions.</i>
5.2.2	The IGU has a referral process which provides a single point of contact for risk analysis. Should gang-related exploitation be identified, the IGU partners will be tasked accordingly. Should there be a non-gang related safeguarding issue identified, this will feed into the EFRP for assessment and allocation	IGU Analyst		

5.2.3	Regular contact with neighbouring boroughs regarding inter-borough tensions, including general safeguarding and fast response to specific incidents. Outreach is also undertaken in border areas of Hackney, Islington, Tower Hamlets, Waltham Forest and any other area where a problem is identified.	IGU Analyst		
5.2.4	Link in with Red Thread to enhance intelligence sharing and ensure A&E hospital data forms part of the monthly HIGU intel meeting	IGU Manger		
Awareness raising and community engagement (gangs specific)				
5.2.5	Awareness training in relation to gang activity including delivery of the 6 week 'Fix-Up' programme	IGU Intel tea	<p><i>[Strategic Principle 5]</i> <i>We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i></p>	<p><i>[Enabling Principle 5]</i> <i>We recognise that building, repairing and maintaining trust between communities and agencies of the state is key to developing communities that are more resistant and resilient to violence</i></p>
5.2.6	Community gangs workers provide an immediate response to instances of gang-related serious violence to reassure to undertake community preventative interventions, collate community intelligence to inform HIGU activities and undertake outreach activities to identify and support those who of vulnerable to gang exploitation	IGU Community Co-Ordinator		
Managing and responding to the gangs cohort / a gang-related caseload				
5.2.7	Assess and proportionally respond to gang members experiencing mental health difficulties, develop trauma informed practice within the	IGU Manager/ YOS Manager/ C&F service	<p><i>[Strategic Principle 3]</i> <i>We are committed to intervening early, addressing root causes and</i></p>	

	IGU, effective intervention for gang members who have been affected by domestic violence abuse and develop evidenced interventions to address impact of violence.	manager	<i>where possible preventing violence and the resultant harm from occurring</i>	
5.2.8	Work with existing gangs cohort to support transition into ETE, access to social benefits, and undertake interventions to divert those at risk of gang violence to apprenticeships, education and employment.	DWP / IGU Link worker	<i>[Strategic Principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>	
5.2.9	Support the remit of the EFRP with information/intel sharing	Service Managers for CSC		
5.2.10	Links with prisons and secure accommodation to improve information sharing with prison authorities	Community Co-ordinator, YOS Manager, DCI		
Safeguarding Children and Young People (Gang-related CCE and CSE)				
5.2.11	Develop a process for young people who go missing from schools being mindful of the differentiation in terms of those who are registered at a school but attend infrequently, those who are registered at a school but have gone missing, and those who are without educational provision	Safer Schools Inspector/ IGU Manager/ Learning Trust	<i>[Strategic Principle 3] We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i>	
5.2.12	Minimise the impact of county lines - Through the implementation of the London wide Response & Recovery initiative, together with	IGU Manager		

	the IGU links into the MASE and EFRP, information and intelligence concerning county lines informs partnership activities			
--	---	--	--	--

5.3 VIOLENCE AGAINST WOMEN AND GIRLS

Hackney has a well developed and thorough [VAWG strategy](#) and corresponding VAWG action plan. Our approach to violence reduction acknowledges the link between witnessing and experiencing violence in the home or in interpersonal relationships early on in life and the risk being a victim or perpetrator of violence throughout an individual's life course. This section therefore includes some of the actions from the VAWG action plan which focus on prevention, early intervention and the need to recognise VAWG as an adverse childhood experience and respond accordingly.

Recognition, Prevention and Early Intervention

5.3.1 Page 63	Support in the prevention of violence and abuse against young people and children through high quality relationship education in schools and other youth settings, so that children and young people can be supported to understand what VAWG and healthy relationships are, in order to prevent future abuse.	Hackney Learning Trust	<i>[Strategic Principle 3] We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i>	<i>[Enabling Principle 1] We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i>
5.3.2	Co-create a toolkit with young people, specifically targeted at young people, professionals working with young people, and parents/carers, to help them better understand healthy relationships and where/how to access support.	Young Hackney Head of Service and VAWG Lead	<i>[Strategic Principle 5] We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence</i>	
5.3.3.	Improve awareness within all communities through partnership working with grassroots community-based organisations to deliver tailored awareness-raising to the needs of	Domestic Abuse Steering Group, VAWG Operational		

	individual communities through a range of channels including training, campaigning, social media and mainstream media	Group; VAWG Lead & HCVS		
5.3.4	Coordinate the delivery of a specialist training programme that encompasses all types of VAWG and clearly articulates our zero tolerance approach. This will include training for all professionals to develop the appropriate knowledge and skills to identify those at risk	VAWG Lead		

Protecting, Supporting and Addressing the Impact of VAWG

5.3.5 Page 64	Ensure children and young people, who have witnessed violence and abuse in the home, receive a trauma-informed response	Head of Clinical Services Children & Families Service, City & Hackney CCG and CAMHS Alliance	<i>[Strategic Principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>	
5.3.6	Improve the response to domestic abuse within children and families services, using the Safe and Together model that has a greater emphasis on working in partnership with the non-abusive parent, whilst holding the perpetrator to account, in order to increase the safety of their child/ren.	Director CFS; VAWG Lead		

5.4 YOUTH JUSTICE PLAN

Prevention and Diversion				
5.4.1	Reducing first-time entrants into the youth justice system through direct access to diversionary activities including psycho-educational, resilience-building and targeted youth programmes.	Young Hackney - Prevention and Diversion	<i>[Strategic Principle 3] We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i>	
Addressing Disproportionality				
5.4.2	Seek to understand what is driving the disproportionality of outcomes in the Youth Justice cohort by taking a multidimensional approach (See YBM Programme for further detail)	Safer Young Hackney Board	<i>[Strategic Principle 1] We recognise that violence is due to a complex set of interacting causes based on multiple disadvantages including historical, political and social aspects.</i>	<i>[Enabling Principle 3] We will take an evidence informed approach to practise, utilising data, intelligence, community insight, and evaluation of current approaches and interventions.</i>
5.4.3	Implement a staff training programme which covers: <ul style="list-style-type: none"> - Unconscious bias and cultural bias - (White and Black) racial identity development theory - Social GRACES Post traumatic slave syndrome - Cultural competency and inclusive leadership - Access to staff coaching/mentoring and leadership development for BAME staff 	Children and Families Service	<i>[Strategic Principle 2] We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.</i>	<i>[Enabling Principle 4] We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale.</i>
5.4.4	We have also identified other tools that are required in order for us to address			

	<p>disproportionality. These are:</p> <ul style="list-style-type: none"> - Dedicated analytical tools (such as a disproportionality tracker) to allow local analysis and further assist understanding of trends - Routine access to anonymised data to provide an analysis of the local picture and to enable YOT Management Boards to provide scrutiny of outcomes and challenge practice. - Performance analysts who are able to review the relationship between crime and education data 			
Restorative Justice and Victims				
5.4	Increase the uptake of restorative interventions and embed restorative thinking in the P&D staff team	Head of Service - Early Help and Prevention	<i>[Strategic Principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>	
Trauma Informed Practice				
5.4.6	Employing trauma-informed practice and approaches in our work with children and families	Children and Families Service	<i>[Strategic Principle 1] We recognise that violence is due to a complex set of interacting causes based on multiple disadvantages including historical, political and social aspects.</i>	
5.4.7	All staff in Youth Justice Service will receive Trauma Informed Practice Training	Children and Families		

Programs

		Service		
Young people and community involvement				
5.4.8	<p>Strengthen the voice of young people and facilitate an advisory panel where we meet children on a regular basis to:</p> <ul style="list-style-type: none"> - listen to their experiences - seek their views on specific topic - discuss ideas they have on how the system can be improved - provide opportunities for them to participate in projects 	Children and Families Service	<i>[Strategic Principle 5] We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i>	<i>[Enabling Principle 5] We recognise that building, repairing and maintaining trust between communities and agencies of the state is key to developing communities that are more resistant and resilient to violence</i>
Transition to adult services / transitional safeguarding				
5.4.9	Ensure that adults who were care leavers and have continued contact with the CJS are aware of the rights they are eligible to access, into early adulthood and the continued support and assistance provided by LB Hackney as their corporate parent	Children and Families Service		
Parenting work				
5.4.10	All YOT staff will be trained on NVR and Solihull tool by the end of March 2020. Once this has been completed, delivery of YOT parenting group will start during 2020.	Children and Families Service		
5.5 TRANSITIONAL SAFEGUARDING ACTION PLAN				

The transitional safeguarding task and finish group was created in November 2019 following a workshop on transitional safeguarding which focussed on the the safeguarding issues affecting young adults aged 16 – 25 years old, specifically:

- Identifying what the key safeguarding challenges affecting young people aged 16 – 25 years old
- Developing a better understanding of the needs of young people across all partnerships in City and Hackney
- Identifying a realistic expectation on what we are able to do to improve transitional safeguarding support to young people in City and Hackney
- Identifying and implementing processes and mechanisms to better support young people with safeguarding needs

5.5.1	To set up a number of awareness raising and consultation groups to better understand how young people want us to support them with safeguarding issues (using 'exchange groups' model)	CHSAB Board Manager	<p><i>[Strategic Principle 3]</i> <i>We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i></p> <p><i>[Strategic Principle 5]</i> <i>We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i></p>
5.5.2	To continue to build links with partnerships, such as Hackney Young Futures Commissions, to understand what other groups are doing to support people aged 16 – 25. Intel from these groups should be fed back to the group	CHSAB Board Manager / Policy Lead (Strategic Delivery)	
5.5.3	To work with local projects already working with young people to help them develop a Transitional Safeguarding approach to pilot a 'place-based' community approach.	Transitional Safeguarding Task and Finish group	
5.5.4	Explore options for training young people as transitional safeguarding champions or peer educators – which links into preparing for work	Kristine Wellington (HCVS) / CHSAB Board Manager	
5.5.5		Ian Tweedie	

Page 68

	Review referrals to safeguarding regarding young people to identify any gaps, challenges and patterns that can inform the work of the group			
5.5.6	Make enquiries of homelessness and housing services to understand how transitional safeguarding risks are identified for young people as this was an area raised by the survey and young people themselves	CHSAB Board Manager		
5.5.7 Page 69	Make enquiries regarding both access to mental health services and how transitional safeguarding is understood in these services as this was an area raised by the survey and young people themselves	CHSAB Board Manager		

5.6 [SAFEGUARDING VULNERABLE ADOLESCENTS STRATEGY](#)

The strategy's primary purpose is to address the risks faced by vulnerable adolescents through clear direction and effective multi-agency partnership working. The CHSCP will ensure the effective coordination of partnership activity and oversee developments in respect of the difference that they are making to the lives of young people

Knowing our problem, knowing our response

5.6.1	<p>Ensure that all professionals and volunteers working in the City and Hackney, along with parents/carers, local businesses, and young people:</p> <ul style="list-style-type: none"> - know about the problems facing adolescents in the context of exploitation - understand the signs and symptoms of exploitation and the factors that enhance risk to young people. - know what to do if they are worried about a young person - Leaders and managers understand the intelligence picture and use this to target interventions to make young people safer 	CHSCP	<p><i>[Strategic Principle 2]</i> <i>We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.</i></p> <p><i>[Strategic Principle 3]</i> <i>We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i></p>	<p><i>[Enabling Principle 1]</i> <i>We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i></p>
Strong Leadership				
5.6.2	<p>Ongoing strong leadership to successfully tackle the range of risks facing adolescents in the 21st century. Political leaders, Chief Executives and senior leaders in all organisations, together with leaders in the local community, have a responsibility to set the culture within which abuse and exploitation is not tolerated.</p>	CHSCP		<p><i>[Enabling Principle 2]</i> <i>We will respectfully hold each other to account and be responsible for understanding our role within, and how we influence and shape, the wider system to reduce violence and its impact.</i></p>
Prevention and Early Intervention				
5.6.3	<p>Partners effectively mitigate risk both before a young person reaches adolescence and when they are in the adolescence stage itself.</p>	CHSCP	<p><i>[Strategic Principle 3]</i> <i>We are committed to intervening early, addressing root causes and where possible preventing violence</i></p>	

			<i>and the resultant harm from occurring.</i>	
Protection and Support				
5.6.4	Aspects of practice that are known to be essential to the effective protection of children and young people, including areas such as: <ul style="list-style-type: none"> - information being shared appropriately - risks being assessed comprehensively - work remaining focussed on the child or young person - escalation being engaged as appropriate and case recording being contemporaneous and accurate. 	CHSCP	<i>[Strategic Principle 3] We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring</i>	
5.6	Implementation of the contextual safeguarding initiative in Hackney creates a system and approach that improves outcomes for vulnerable adolescents			<i>[Enabling Principle 4] We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale</i>
Disruption and Prosecution				
5.6.6	Ensuring a clear focus on the use of a range of disruption techniques to build the trust and confidence of victims. Such techniques need to move beyond a focus on managing an individual or a group of individuals, to developing location-based interventions through, for example, schools or shopping centres or other spaces that young people congregate.		<i>[Strategic Principle 3] We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring</i>	<i>[Enabling Principle 4] We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale</i>

				<i>[Enabling Principle 5] We recognise that building, repairing and maintaining trust between communities and agencies of the state is key to developing communities that are more resistant and resilient to violence</i>
5.6.7	Ensuring that vulnerabilities of young people engaged in the criminal justice system are effectively identified, recognising that for some young people do not neatly fit into the categories of victim / perpetrator and this needs to be better understood when considering the most effective response to their needs and/or actions			<i>[Strategic Principle 1] We recognise that violence is due to a complex set of interacting causes based on multiple disadvantages including historical, political and social aspects.</i>
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Page 2</div> <div style="background-color: #d9ead3; padding: 5px; font-weight: bold;">5.7 MPS ACTIVITY</div> </div>				
5.7.1	A dedicated team of 50 officers to focus solely on suppressing violence through community and high visibility policing.	MPS		<i>[Strategic Principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>
5.7.2	Op Continuum (drugs operations) have been progressing and strongly focussed on drugs trafficking	MPS		
5.7.3	A dedicated team to proactively focus on robbery offences	MPS		
5.7.4	'Op Lagana' to focus on the Night Time Economy (NTE) in and around Shoreditch	MPS		
5.7.5	A new Senior Leadership team within	MPS		

	Safeguarding and a renewed determination to improve service around Domestic Abuse, Child Abuse and Sexual Offences			
5.7.6	Youth Engagement Team working closely with schools, clubs and organisations to better understand, keep safe, deter and divert our young community from the dangers of crime	MPS		
5.7.7	A dedicated team looking at indecent images of children and work around modern slavery, exploitation and vulnerability, including county drug lines.	MPS		
5.7.8	A renewed drive to stamp out Hate Crime, through our safeguarding teams and the work undertaken by our dedicated hate and faith crime officers.	MPS		
5.7.9	All staff programme of work called 'Everyone Connected', which seeks to improve standards and culture. This work drives activity around four key areas - Culture, Communications, Capability and Care (Wellbeing). We also have a strong focus on Diversity, Equality, Fairness and Inclusion.	MPS		

Page 79

5.8 [CRP WORK PLAN](#)

Confidence and Trust in Police

5.8.1	Convene Confidence and Trust working group	Policy and Strategic	<i>[Strategic Principle 2] We are committed as a whole</i>	<i>[Enabling Principle 5] We recognise that building, repairing</i>
-------	--	----------------------	--	---

		Delivery	<i>partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.</i>	<i>and maintaining trust between communities and agencies of the state is key to developing communities that are more resistant and resilient to violence</i>
5.8.2	Facilitate critical conversations on anti-racism with MPS leadership team to support them to: <ul style="list-style-type: none"> - understand the systemic nature of racism and how it influences our preconceptions - understand how those preconceptions shape the way we interact with and relate to others - explore how to challenge those preconceptions and improve the way we interact with and relate to others. - identify practical steps that will support the development of well inform anti racist practice within the BCU 	Policy and Strategic Delivery / HCVS	<i>[Strategic Principle 5] We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.</i>	<i>[Enabling Principle 1] We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i>
Developing the CRP network				
5.8.3	Provide opportunities for the VCS, particularly grass-roots organisations, to be better connected together and to statutory services ie. through the development of a digital networking solution	Policy and Strategic Delivery	<i>[Strategic Principle 5] We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i>	<i>[Enabling Principle 1] We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i>
5.8.4	Explore ways to provide a systematic, ongoing interface between the VCS/wider community and the activities in the plan, ensuring that community insight and engagement is at the heart of the CRP approach	Policy and Strategic Delivery		<i>[Enabling Principle 4] We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale.</i>

Page 74

5.9. HACKNEY NO PLACE FOR HATE STRATEGY

Building our understanding of hate crime and incidents

5.9.1	Listen to resident’s views and reports on hate incidents in the borough through engagement and consultation.		<p><i>[Strategic Principle 5]</i> <i>We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i></p>	<p><i>[Enabling Principle 3]</i> <i>We will take an evidence informed approach to practise, utilising data, intelligence, community insight, and evaluation of current approaches and interventions.</i></p>
5.9.2	Visit community and faith groups to listen to concerns and to promote hate crime reporting.			
5.9.3 Page 75	Our Community Safety Intelligence Hub will continue to collect data to analyse hate crime patterns, hotspots, perpetrators and victim vulnerability so that we can take action to prevent incidents and crime.	Community Safety		
5.9.4	Work with the Hackney Learning Trust, Hackney schools and Young Hackney to ensure that Young People have a clear voice in this process.	HLT / Young Hackney		

Building community resilience against hateful beliefs and attitudes

5.9.5	Celebrate diversity in Hackney by supporting and promoting community events and cohesion programmes in the borough and through increased engagement between the Community Safety Team and community partners		<p><i>[Strategic Principle 5]</i> <i>We recognise and value the many assets and strengths that exist within communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i></p>	<p><i>[Enabling Principle 5]</i> <i>We recognise that building, repairing and maintaining trust between communities and agencies of the state is key to developing communities that are more resistant and resilient to</i></p>
5.9.6	Build stronger partnership between the Hackney			

	Learning Trust and the Community Safety Team, offering curriculum compatible prejudice and hate awareness training and resources to Hackney schools			violence
5.97	Enable and support residents, schools, local businesses, faith and community groups to counter hateful narratives and actions			
Increase the reporting of hate incidents and crime				
5.9.8	Produce a 'no place for hate' reporting leaflet for use by council teams and community partners to promote reporting.	Comms team	<p><i>[Strategic Principle 4]</i> <i>Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i></p>	<p><i>[Enabling Principle 8]</i> <i>We will work to develop a narrative which breaks down outdated stereotypes and makes clear that violence is both preventable and unacceptable in Hackney.</i></p>
5.9.9	Distribute the 'no place for hate' leaflet to key partners and hate crime hotspots, including schools, hospitals, GP surgeries, supermarkets, community organisations and places of worship.			
5.9.11	Partner with third party reporting services Stop Hate UK and the Community Alliance to Combat Hate (CATCH). These organisations provide specialist expertise and victim support for one or more of the protected characteristics.			
Responding to hate incidents and crime in our communities				
5.9.12	Use our CCTV and enforcement officers to support the police in gathering evidence, tackling hate and prosecuting offenders.		<p><i>[Strategic Principle 4]</i> <i>Where violence has occurred we are committed to its curtailment and</i></p>	

5.9.13	Train Hackney Council staff to recognise and respond to any hate crime witnessed in a timely, appropriate and effective manner.		<i>adopting restorative approaches in order to reduce and mitigate harm.</i>
5.9.14	Ensure that frontline delivery departments have a consistent and clearly documented protocol for response to hate crime and will work to ensure a “joined up” approach with key partners, including housing providers.		
5.9.15	Continue to monitor perpetrator statistics and if any patterns arise preventative resource will be focused towards the appropriate demographic(s).		
Improve Support for Victims of Hate			
5.9.16	Increase partnership working with the Victim Support Service, Stop Hate UK and CATCH to offer support and reporting options to victims of hate crime. The CATCH Alliance includes partners that can offer specialist advice for individuals with any of the protected characteristics, including physical and learning disability.		
5.9.17	Ensure that Hackney Council employees are safeguarded against hate crime in the workplace through hate crime awareness training and nominated hate crime awareness champions.		

5.10 CONTEXTUAL SAFEGUARDING / CONTEXT INTERVENTION UNIT

Contextual safeguarding theory recognises that young people are increasingly being influenced by their peer groups and surroundings, which are outside the control of their families and cannot necessarily be addressed by traditional social work interventions, which focus on individual children and families. Contextual safeguarding thus considers how, for example, peer groups, social media, neighbourhoods and schools, impact on young people’s vulnerability. A successful bid was made to the Department for Education for funding to further Hackney’s strategic focus on Contextual Safeguarding for one year (September/October 2020 - September/October 2021). This funding has enabled the formation of a new unit to drive the implementation and embedding of Contextual Safeguarding in Hackney including provision of further training across all partner agencies within the City and Hackney Children’s Safeguarding Partnership, undertaking and modelling ‘context’ (e.g. peer groups, schools, locations) assessments across CFS and with statutory and non-statutory partners, sharing learning with other local areas across England and undertaking an evaluation of the impact of contextual safeguarding on practice.

Key actions

<p>5.10 Page 78</p>	<p>Design and implement models of assessment and intervention for contexts where harm is occurring (e.g. peer groups, schools, locations)</p>	<p>Context Intervention Unit</p>	<p><i>[Strategic Principle 2]</i> We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.</p> <p><i>[Strategic Principle 3]</i> We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring</p> <p><i>[Strategic Principle 5]</i> We recognise and value the many assets and strengths that exist within</p>	<p><i>[Enabling Principle 1]</i> We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</p> <p><i>[Enabling Principle 4]</i> We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale.</p> <p><i>[Enabling Principle 9]</i> We will work in a way that is trauma-informed, ACE-aware and resilience-</p>
-------------------------	---	----------------------------------	--	--

			<i>communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i>	<i>focused.</i>
5.10.2	Conduct assessments and interventions of peer groups, locations and schools where these are a source of harm to young people	Context Intervention Unit		
5.10.3	Develop systems across partner agencies and communities to respond effectively to extra-familial risk	Context Intervention Unit		
5.10.4	Deliver multi-agency harm-reduction interventions	Context Intervention Unit		
5.10.5	Deliver training to enable partner agencies and community groups to better identify and respond to extra-familial harm	Context Intervention Unit		
5.10.6	Deliver the 'Mentors in Violence Prevention' intervention in schools	Context Intervention Unit		
5.10.7	Deliver Community Guardianship / Bystander workshops for community and voluntary organisations to enable them to provide direct support to local families and residents where young people are at risk of extra-familial harm in their neighbourhoods	Context Intervention Unit		
5.10.8	Deliver group work with parents whose children experience extra-familial harm	Context Intervention Unit		
5.10.9	Undertake group work with peer groups who experience extra-familial harm	Context Intervention Unit		

5.10.10	Hold Contextual Safeguarding workshops with Council departments and through the City and Hackney Safeguarding Children Partnership	Context Intervention Unit	
5.10.11	Provide consultation and support to Contextual Safeguarding Champions across Children and Families Services and across the wider council and partnership	Context Intervention Unit	
5.10.12	Contribute to the DfE funded evaluation and sharing good practice	Context Intervention Unit	

5.11 CAMHS TRANSFORMATION PLAN (Workstream 7: Youth Offending)

Early Help and Diversion

5.11.1	<p>Engage young people and their families within an early help and diversion care pathway by:</p> <ul style="list-style-type: none"> - Providing targeted and evidence-based clinical and youth work approaches to young people aged 10-18, who are identified as being at risk of future offending or where a prevention and diversion route has been identified as appropriate within the youth justice system - Reduce risk of offending - Promote young people's psychological wellbeing - Enhance young people's social and emotional capabilities and positive social integration 	Young Hackney Prevention and Diversion / CCG	[Strategic Principle 3] <i>We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i>	
--------	---	--	---	--

First Time entrants to the Youth Justice System aged 10-17				
5.11.2	The CCG is in the process of procuring a Youth Justice mentoring pilot to evaluate opportunities for peer mentoring schemes to contribute to the objectives of the early help and diversion team. The pilot will be for one year, following which an evaluation process will be conducted to establish a business case for recurrent funding	CCG/Young Hackney Prevention and Diversion	<i>[Strategic principle 4] Where violence has occurred we are committed to its curtailment and adopting restorative approaches in order to reduce and mitigate harm.</i>	<i>[Enabling Principle 9] We will work in a way that is trauma-informed, ACE-aware and resilience-focused.</i>
5.11.3	Further roll out CAMHS-led Trauma-Informed Practice training for Youth Workers and YOT Practitioners in 2019-21. In addition, mental health screening for all First Time Entrants is a local goal for 2019-21.	CCG		
Page 81				
COACH Gangs Prevention				
5.11.4	Following on from a successful pilot funded by MOPAC, the CCG will commission a new clinical, youth work and family support team to work with children aged 7-11 years old at risk of future gang involvement, to support the embedding of a targeted, evidence-based therapeutic programme into 'practice as usual'. A public health approach will be taken, in which identified root causes of serious youth violence and risk factors are targeted through therapeutic and multi-disciplinary interventions.	CCG	<i>[Strategic Principle 3] We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i> <i>[Strategic Principle 5] We recognise and value the many assets and strengths that exist within families and communities and are</i>	<i>[Enabling Principle 1] We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i> <i>[Enabling principle 4] We will be open to innovation and prepared to trial approaches, particularly community based</i>
5.11.5	The programme uses an outreach approach,	CCG		

	<p>through the delivery of group and community based clinical psychology, parent support and youth work interventions. Working in partnership with local voluntary agencies has also been trialled, as appropriate, to increase access to hard to reach families. COACH is based on NICE recommended treatments for children with or at high risk of behavioural difficulties (NICE, 2017), and draws on the 'Coping Power' programme for conduct disorder</p>		<p><i>committed to supporting and working with them to empower and build resistance and resilience to violence.</i></p>	<p><i>approaches where there is a compelling rationale.</i></p>
--	--	--	---	---

5.12 HCVS 'MY ENDS' INITIATIVE

A Hackney CVS-led initiative

Safeguarding and Multi-Agency Working

5.12.1	<p>Use Contextual Safeguarding as the conceptual framework to drive the partnership and ensure that we tackle the drivers of the violence in the area</p>	<p>RISE UP East Hackney Wick Partnership</p>	<p><i>[Strategic Principle 2] We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.</i></p>	<p><i>[Enabling Principle 1] We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i></p>
5.12.2	<p>Encourage multi agency working but ensure that there is accountability, and work with the police and the authorities in ways that are critically aware and empowering for our communities</p>	<p>RISE UP East Hackney Wick Partnership</p>		<p><i>[Enabling Principle 2] We will respectfully hold each other to account and be responsible for understanding our role within, and how we influence and shape, the wider system to reduce violence and its impact.</i></p>
5.12.3	<p>Ensure that there is alignment with key Council departments and initiatives such as Improving Outcomes for Young Black Men Strategy</p>	<p>RISE UP East Hackney Wick Partnership</p>		

5.12.4	Work with our local Community Safety Partnership and violence reduction plans and feed in our practice and learning into these and with the VRU	RISE UP East Hackney Wick Partnership		
5.12.5	link with the NE London hospitals Information Sharing to Tackle Violence (ISTV) scheme and have key contacts at Homerton hospital which is close to the area.	RISE UP East Hackney Wick Partnership		
Risk Factors				
5.12.6	<p>Recognising the range of risk factors in Hackney Wick and ensuring that there are protective factors in place that will mitigate against these risks. This will include:</p> <ul style="list-style-type: none"> - Supporting parents, carers and guardians - Working holistically so we support the whole family and not just the individual child/young person - Building confidence and resilience in young people - Understanding the motivations and pathways to violence - Understanding how women and girls are impacted by violence 	RISE UP East Hackney Wick Partnership	<p><i>[Strategic Principle 1]</i> We recognise that violence is due to a complex set of interacting causes based on multiple disadvantages including historical, political and social aspects.</p> <p><i>[Strategic Principle 2]</i> We are committed as a whole partnership to better understanding the causes of violence and ensuring they are addressed through a whole systems Approach.</p>	<p><i>[Enabling Principle 9]</i> We will work in a way that is trauma-informed, ACE-aware and resilience-focused.</p>
5.12.7	Use the hyper local focus over a two year	RISE UP East	<i>[Strategic Principle 3]</i>	

	period to bring agencies such as ELBA and Princes Trust into the area through creating direct pathways into employment and training so we can impact on the growing number of young people out of work due to Covid-19 and lockdown	Hackney Wick Partnership	<i>We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i>	
Activities				
5.12.8	Intergenerational work with parents and carers and children and young people led by Wickers charity and supported by the Crib	RISE UP East Hackney Wick Partnership	<p><i>[Strategic Principle 3]</i> <i>We are committed to intervening early, addressing root causes and where possible preventing violence and the resultant harm from occurring.</i></p> <p><i>[Strategic Principle 5]</i> <i>We recognise and value the many assets and strengths that exist within families and communities and are committed to supporting and working with them to empower and build resistance and resilience to violence.</i></p>	<p><i>[Enabling Principle 1]</i> <i>We are committed to collaborative working with all stakeholders (both statutory and in the community), building strong lasting relationships and fostering genuine co-production.</i></p> <p><i>[Enabling principle 4]</i> <i>We will be open to innovation and prepared to trial approaches, particularly community based approaches where there is a compelling rationale.</i></p>
5.12.9	Team building across the partnership led by NCBI	RISE UP East Hackney Wick Partnership		
5.12.10	Work with Wick Award (Hackney Wick's Big Local community development organisation) via Hackney Quest	RISE UP East Hackney Wick Partnership		
5.12.11	Knife crime awareness sessions in schools delivered by Wickers Charity	Wickers Charity		
5.12.12	Together – a peer led programme exploring healthy relationships led by Immediate Theatre	Immediate Theatre		
5.12.13	Develop a new network of local residents, small businesses and stakeholders with a focus on youth violence	RISE UP East Hackney Wick Partnership		
5.12.14	Level 1/2 Youth work training and Football coaching delivered by Hackney CVS Youth team	HCVS / Hackney Wick		

Page 84

	and Hackney Wick FC	FC		
5.12.16	Plan an annual festival that brings communities together and celebrates Hackney Wick to be held on Mabley Green	RISE UP East Hackney Wick Partnership		

6. APPENDIX

6.1 SERIOUS VIOLENCE COMMUNICATIONS PLAN

This communications plan sets out how we plan to communicate the Council's public health approach to tackling serious violence in Hackney, signposting residents and professionals to key service areas, and ensure unified communications around our community safety strategy across the board. This is in alignment with strategic principles 6 and 7.

Strategy

Summary

This communications plan sets out how we plan to communicate the Council's public health approach to tackling serious violence in Hackney, signposting residents and professionals to key service areas, and ensure unified communications around our community safety strategy across the board. We will break down our public health approach into three key areas:

1. Early intervention and prevention
2. Supporting young people and adults involved in criminal activity

3. Rehabilitation

This work will fall under the **#MakingHackneySafer** communications banner. More information about this narrative can be found on page 27 of LBH's [Communications Strategy](#).

It will also link in with the Community Safety Partnership Plan 2019-2022, Youth Justice Plan 2019 - 2022, Serious Violence Action Plan, Reducing Exclusions Board, and Improving Outcomes for Young Black Men Programme, which builds on the Youth Justice Board's approach of 'child first, offender second', as well as Prevent, the Council's counter-terrorism initiative to support young people away from radicalisation.

Stakeholders

This plan brings together a range of key stakeholders, both internal and external. Key internal stakeholders are Children and Families Services, Youth Justice Team, the Integrated Gangs Unit, Safer Young Hackney and Improving Outcomes for Young Black Men. External stakeholders include the Met Police, HCVS, Hackney Young Futures Commission, neighbouring local authorities (Tower Hamlets, Islington, Haringey, City of London), voluntary and community sector organisations and CCGs.

Background

Public health approach

Hackney takes a public health approach to tackling violence, which views violence not as isolated incidents or a quintessential police enforcement issue, but as a consequence of a range of preventable factors - such as socioeconomic issues, harmful early-life experiences and mental ill health.

The public health model requires four steps:

- A problem is identified
- The risks; protective factors; and the causes are established
- Once this has been done, interventions are developed and evaluated, and finally effective policies and programmes need to be scaled up
- Once the final step has been reached, the cycle starts again from the beginning, with systematic data collection to identify the problem.

Crime in Hackney

The Council and its partners have taken great strides over the past decade in reducing crime and disorder. However, against a backdrop of austerity and police cuts, we have seen an increase in concerns about crime, including violent offences. These issues are mirrored across London and nationally, and we know that addressing them is a priority for residents.

Hackney residents' biggest crime concerns are burglary (56%), knife crime (55%) and robbery (55%). Furthermore, 51% of women feel unsafe walking alone at night, as do 48% of social renters. These statistics show that more needs to be done to reassure residents, create transparency and understanding around our public health approach, and ensure that residents are aware of the support available to them and their families.

Young people's concerns

Outdated stereotypes

As shown in our [Community Safety Partnership Plan 2019-2022](#), most young people voiced concerns about gang-related activities and behaviours. However, they also highlighted the overwhelming need to break down stereotypes surrounding gang culture and crime that weighed heavily on fear of gang crime. This corresponds with the results of our resident's survey, which showed that more residents were concerned about serious violence and gang crime than had personally witnessed or experienced it. However, it's recognised that certain sections of the community may be at higher risk of victimisation, and whilst the evidence points towards young people, the risk level could vary depending on a range of associated factors and shouldn't be generalised across whole communities. It's key that we empower young people and work with them to tackle outdated stereotypes.

Concerns around state violence

Young people in Hackney are particularly concerned with the issue of state violence, such as the use of force by the police and racial profiling, as detailed by the [Hackney Young Futures Commission](#).

Recent Met Police data reveals that black people are four times more likely to be stopped and searched than white people - and nine times more likely under Section 60 powers. According to MOPAC, confidence that the police would treat everyone fairly, regardless of who they are, has decreased significantly in the past three years - from 80 per cent agreeing in 2017 to 48 per cent in 2020.

A series of recommendations have been made by [Hackney Young Futures Commission](#) to tackle this issue and to ensure that young people are not further affected by state violence and racial profiling by the police. These include ensuring cultural competence training for police officers in Hackney, nominating young people onto the Police Recruitment Strategy Board to support and advise on improving representation within the workforce, significantly improving the use of body worn cameras and providing robust mental health support for young people affected by state violence. Further recommendations can be found

[here.](#)

We need to continue to be clear that Hackney is no place for racism - state or otherwise. It's critical that we maintain transparent and open dialogue with young people about their concerns, and about what we're doing to tackle the issue of state violence, including implementing the recommendations made by local young people in the Hackney Young Futures Commission's 70-point plan. We also need to raise awareness of the support available to those who have been affected by state violence.

Objectives

- Create transparency and understanding of our approach to tackling serious violence in the round: SMART[1] XX% impressions through social media posts, with focus on click-throughs to webpages
- Empower professionals and members of the community to reach out for support and to signpost people to the correct services. SMART [1] XX increase in people accessing/contacting our services. SMART [2] XX% increase in reports to police following campaign on specific issue (i.e. child exploitation - XX% increase in suspected child exploitation reports)
- Work closely with our stakeholders to ensure that we are using clear and transparent communications regarding crime and community safety in our borough to break down the barriers that stop people from reaching out for help [SMART: XX% increase in people contacting our services for advice & support]
- Ensure that we're working with key partners to develop a unified response to crisis situations: SMART [1], XX% increase in reports following crisis incident/key issue (i.e. an increase in robbery reports following letter sent to affected area with a reporting CTA).
- Raise awareness of how we are working with communities and statutory partners to tackle serious violence, including through neighbourhood forums, The City & Hackney Safeguarding Children Board (CHSCB), Health and Wellbeing Board and City and Hackney Safeguarding Adults Board. [SMART objective required].
- Ensure open, transparent dialogues between ourselves, partners and local young people about how we are working to tackle systemic racism and inequality. [SMART objective required]

Narrative and key messages

Narrative

Hackney Council is committed to tackling all forms of violent crime, taking a public health approach that treats violent crime as a preventable public health issue

and recognises the importance of working in partnership with the community, and putting residents at the heart of issues that shape their lives.

Through working with our partners, we can address the root causes of serious violence and gang crime and the factors that might lead people down a path of violence crime, such as socioeconomic, education, employment and/or mental health issues.

Key Messages

General:

- Tackling violence is a long standing priority for the Council and our partners in the police, voluntary sector and youth organisations.
- We recognise the major impact that violence can have on the community as a whole, not least our young people who have the right to grow up feeling safe.
- By working together over the past ten or more years, the Council and voluntary and community organisations have made huge progress in tackling gangs, violent crime and youth crime in Hackney. We work closely with these groups by commissioning services, providing community grants and meeting regularly to share intelligence.
- Violent crime is preventable and should be treated as such - every child deserves the right to grow up in a safe environment. This is the ethos behind Hackney's public health approach to tackling violent crime, which aims to tackle the risk factors that may lead young people to become involved in illicit activities. Find out more at: hackney.gov.uk/serious-violence-support
- We want to keep our young people safe, alive and out of prison. By supporting those who are involved in crime, or at risk of becoming involved, we can help them choose different paths and improve their futures. This is not about delivering soft justice, but rather smart justice which identifies and addresses the complex factors that lead, or have led, people to become involved in violent crime. By taking a proactive approach, we can create a safer Hackney for everyone.
- Our Integrated Gangs Unit (IGU) works with 150 people involved in gangs at any one time, supporting them to change their behaviour and diverting them away from gang involvement. The IGU's work goes hand-in-hand with our wider approach to preventing serious violence through contextual safeguarding, community outreach and investment in frontline voluntary services.
- we have increased the outreach work we do in local communities, expanded the community engagement work of the Integrated Gangs Unit with greater links with schools, community organisations and the wider community. We're transforming how we do social care, through contextual safeguarding which looks beyond the family home, and we invest in front line voluntary sector services.

Tackling state violence and discrimination:

- Hackney has a strong tradition of standing up to racism and we are a proud, diverse borough, but saying that isn't enough – the injustices and systemic racism faced by black people are more apparent than ever. Their voices must be heard.
- Tackling racism and inequality is the core of our politics, and we have run programmes to listen to and improve the life changes of [young black men](#),

campaigned against the [injustices faced by the Windrush generation](#) and established local forums for young people to raise concerns about and influence council and police policies - such as the [Hackney Young Futures Commission](#), who recently handed us their 70-point plan for change. We will continue working with local young people and our partners to stamp out systemic racism and state violence.

Call to actions:

- Don't be afraid to reach out if you are concerned about your welfare or the welfare of someone else - we can help you.
- If you have any concerns about a young person, groups of young people, or a location where you feel children are unsafe and would like guidance and support, contact the Council's First Access & Screening Team (FAST) on 020 8356 5500 (out of hours 020 8356 2710) or fast@hackney.gov.uk. FAST links professionals from our children and families services and the police, health and probation service to support young people and families in need.
- There are a range of free activities for young people in Hackney to get involved in where they can channel their energy in a positive manner, such as Young Hackney's youth hubs and summer arts' festival Discover Young Hackney. Visit www.younghackney.org for more information.

Approach

We will split our serious violence approach into three key areas: prevention, working with people involved in crime, and rehabilitation. Through working closely with service areas, we will communicate our approach through:

Overarching communications

- A dedicated webpage with clear signposting and information for both residents and professionals
- A separate webpage for the Integrated Gangs Unit (IGU) - linked via the Serious Violence webpage
- A series of animations and graphics to be seeded out through our social channels and partner channels, including information about our public health approach to serious violence (how we're tackling SV in the round and our service areas, CFS, IGU, YOT etc.), information on reporting methods, where to seek help and links to our website/s. Hero content could be supported by above the line.
- An infographic detailing our public health approach to serious violence (similar to the [MHCLG Early Help System honeycomb graphic](#) (found on page 7))
- Leaflets tackling specific issues, such as child exploitation, knife crime and state violence (with input from a range of service areas - IGU, CFS, YOT, Young Hackney, HLT) and also, if possible, from local young people (e.g. Safer Young Hackney Board)
- Identifying news hooks to enable us to talk about our approach to tackling serious violence in the round, such as the upcoming appointment of a mental health worker to sit in the IGU

- Continuing to link up with Islington Council on their Finsbury Park Together newsletter, providing news stories and call to actions (CTAs)
- Utilising digital screens on vans to broadcast hyperlocal or borough-wide key messages
- Time-sensitive spokesperson blogs to be hosted on website addressing concerns around specific issue (i.e. police brutality, knife crime, terrorism), following hyperlocal, regional or national incident - or international in some cases
- Summer holidays safety messages for young people and their parents - ensuring parents are aware of clear pathways for accessing help and support

Building trust with young people

- Studies show that peer-to-peer communications that ‘show’ rather than ‘tell’ work best with a younger audience. With this in mind we will work within the community to identify champions who can communicate the dangers of knife crime to younger people.
- Effectively communicate that young people who wish to seek help and/or have been involved in gangs or knife crime feel confident and comfortable in reaching out to our services for advice and support, using language that is supportive, as opposed to threatening.
- We will **not** post any images of seized knives/weapons on social media, as studies show that the publication of seized weapons such as ‘zombie knives’ can encourage aggressive behaviour and increase fear, particularly in younger people. These negative effects have been detailed in [Psychology Today](#) and [MOPAC’s Youth Voice Survey Report](#).
- Any campaigns around violent crime will be developed in collaboration with local young people and involve community groups, to ensure that messaging is inclusive and relatable. It’s essential that young people are the driver in conversations about their own experiences.

Page 91

Crisis communications

- Working with partners in crisis situations to ensure a joint communications approach, including developing joint letters with clear CTAs, joint reactive press lines and joint statements.
- Dependent on magnitude, media requests for interviews may be a possibility. In this case, we will identify a spokesperson and prepare a briefing document to ensure that our key messages and information are conveyed during the interview, using the ‘[bridge](#)’ technique.

Seasonal Campaign Bursts

Below are a list of key seasonal periods that have been identified for targeted communications opportunities and campaign activity. Campaign-specific communications plans, project timelines, and content calendars will be created for individual campaigns, following the Government Communication Service’s [OASIS framework](#): Objectives, Audience, Strategy/Insight, Implementation and Scoring/Evaluation.

- Spring tips - Respect our parks and be mindful of residents: take your litter with you, stay hydrated throughout the day, don't play music loud, no public urination
- Summer holidays - Activities for young people and tips to make sure your child is safe - sent to schools and youth hubs for distribution
- Festive tips (Xmas/NYE) - Keeping safe when out after sunset, using well-lit routes

Days of the year

Below are a list of national and international days/weeks/months of the year for which we could do campaigns/communications around:

- International Youth Day, 12 August
- World Mental Health Day, 10 October
- National Hate Crime Awareness Week, 10th October - 17th October
- International Day for the Elimination of Racial Discrimination, 21 March 2021
- Stephen Lawrence Day 2021, 22 April 2021
- International Day of non-Violence, 2 October 2021

Page 92

Success measures

- An increase in referrals to our support services, particularly at the early stage of risk
- An increase in reports of crime in the borough, particularly specific crime following a targeted campaign - i.e. an increase in reports of burglary following a campaign tackling this issue
- Social media reach, engagements, and click-throughs to our webpages
- Increased awareness in our services and our public health response to tackling violent crime. This could be measured through feedback from service areas who attend meetings with members of the community and/or work with professionals.

London Borough of Hackney Health and Wellbeing Board

Community Mental Health Transformation

24 March 2021



Introduction

These slides set out how mental health transformation in City and Hackney is making a reality of the vision in the [Community Mental Health Framework for Adults and Older Adults](#)

We started out transformation work in autumn 2019, building on the Neighbourhoods Programme. We were due to go live in March 2020 with the new care model but this was delayed due to the pandemic. We re-started the work in the summer and went live in our 3 pioneer sites in Hackney Marshes, Clissold Park and Well Street Common, between Oct 20- Jan 21.

Page 94

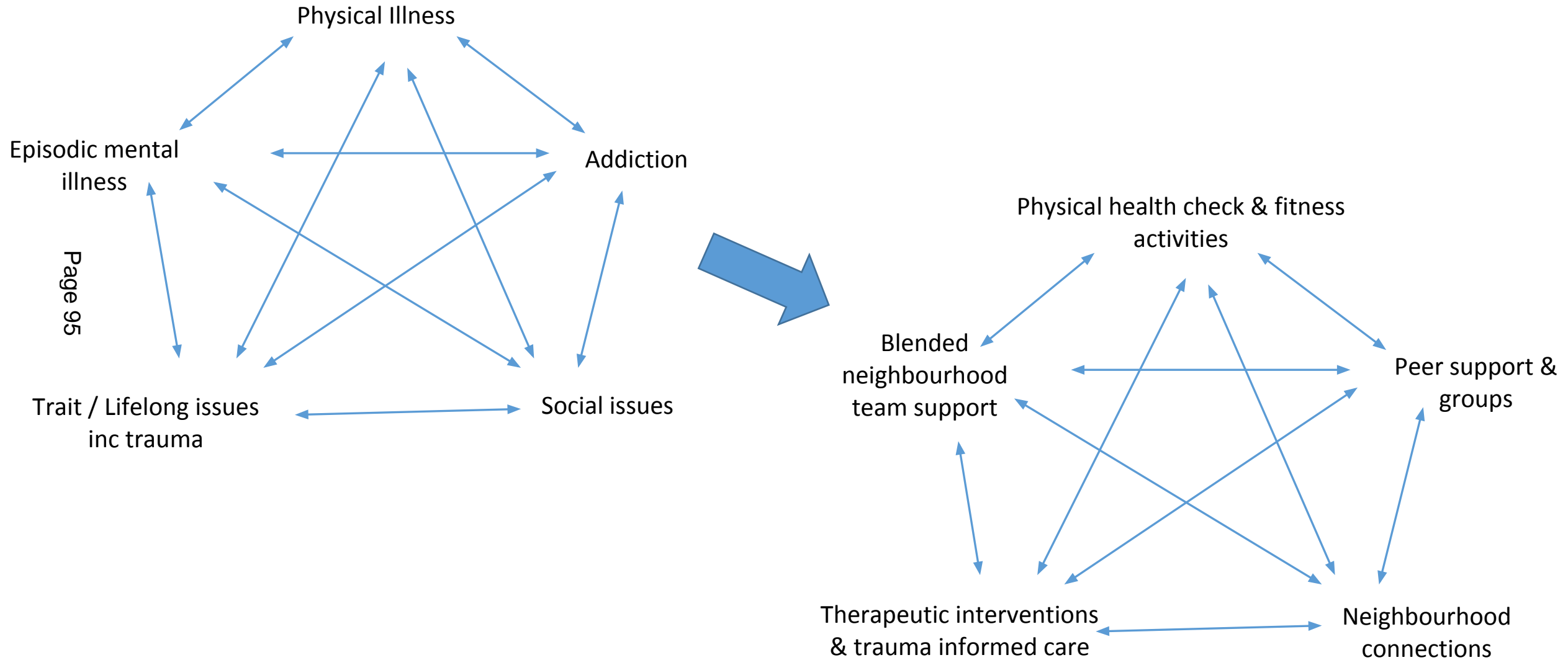
The slides highlight what's different in the new approach, looking at:

1. [A focus on what matters to the resident](#)
2. [A new flexible model of care focused on social factors](#)
3. [An increased offer of community support](#)
4. [More support and blended team working](#)
5. [A more responsive service](#)

The next 2 slides describe the neighbourhood vision for mental health, moving from a web of complex factors that impact on people's mental health to a web of support, provided through neighbourhood teams involving voluntary sector, primary and mental health colleagues.

Slides 5 - 9 focus on what's different and the final slide captures some feedback.

Our Aim – Moving from Web of Complexity to Web of Support



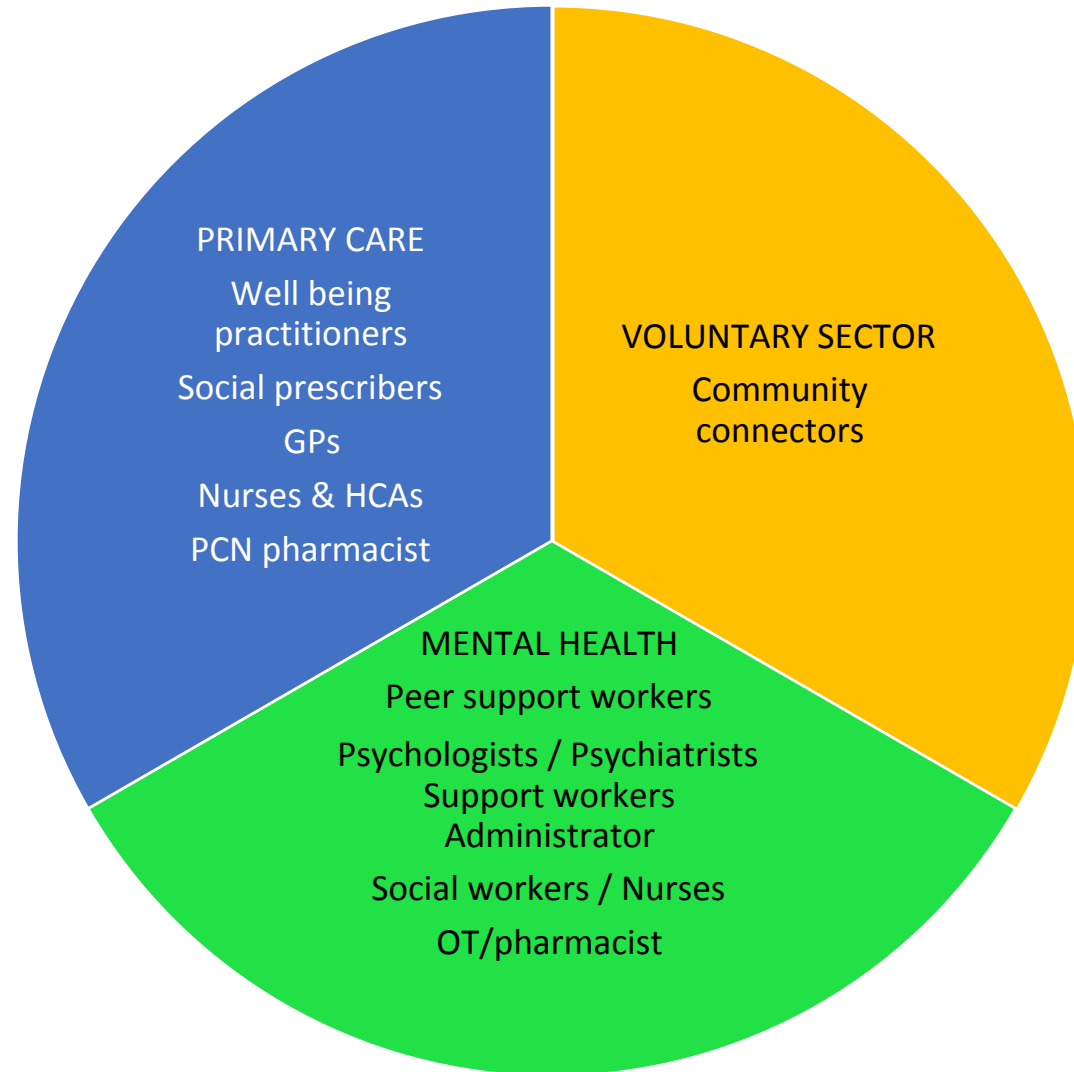
By creating Neighbourhood Mental Health Teams

The Neighbourhood Mental health team brings together colleagues in primary care, the voluntary sector and mental health in one blended team.

We have 3 pioneers sites: Hackney Marshes, Clissold Park & Well Street Common and plan to roll out to all neighbourhoods by July 2021.

The Health & Wellbeing Network is our voluntary sector partner, providing community connectors and wider links.

Turning Point, Core Arts, Riverside Housing and the Portman & Tavistock NHS Foundation Trust are all members of the team also.



1. A focus on what matters to the resident



- Resident innovation club formed so that residents co produce changes with services
- Residents co producing information, videos, pathways etc
- A range of neighbourhood based activities and clubs are being set up including cycling, football, table tennis, gardening and cookery
- Dialog+ outcome tool being used to ensure a focus on what matters to the resident
- Co produced recovery focused care plan will be used in the neighbourhood teams
- A new web and app based resident held record, called Patient Knows Best, being developed

2. A new flexible model of care focused on social factors

- Focus on complexity and wider social factors that impact on mental health – as well as diagnosis
- Trauma informed care approach and more psychological therapies in neighbourhoods
- Moving away from culture of closing cases so that people don't have to be re-referred but can access support quickly when it's needed
- No rejection culture – the team will try to find support and solutions
- People are offered support tailored to their strengths & needs rather than a rigid set of 4 contacts a year
- A wider and more flexible range of support, where people can be flexed up into higher or lower levels of care



3. An increased offer of community support



- Community connectors supporting people to make links in their neighbourhoods and access community and voluntary sector support
- A range of new groups led by connectors, peer support workers, social workers, OT and psychology staff
- Plans to hold activities in community halls and spaces once Covid restrictions permit
- Forming more partnerships with the voluntary sector to co-design and deliver new services
- More integrated support available with health and social care partners via the Neighbourhood Programme e.g. the Neighbourhood Conversations, which bring together the community, voluntary and statutory sector partners

4. More support and blended team working



- Blended neighbourhood team includes voluntary sector, primary care, mental health and colleagues from other partners
- Daily and weekly meetings, as well as using MS Teams, encourages team members to talk to each other for support and joint solutions
- The ethos is about the team working together to come up with formulations and support packages rather than handing off to an individual professional
- A wider range of support is available such as pharmacy input

5. A more responsive service



- Residents are getting faster and more responsive service
- Daily meetings have regular input from wide range of team members including community connector, psychologists and doctors
- GP able to drop into daily and weekly meetings to discuss a referral for either supporting in the practice or accessing the team for more support
- Professionals from the wider virtual neighbourhood team, such as housing or substance misuse, can drop in

Feedback

Page 102

'I thought the patient we discussed today in the daily blended team meeting was a good example of the blended team/neighbourhood doing a great job – in the past this man would simply have been 'rejected' by the secondary psychology service (SPS) and sent back to GP; but now with the new way of working I phoned him and discovered someone at risk of suicide in the near to medium term; we formed a plan, and I phoned him just now.

He was immensely grateful at having been thought about and for the plan we put in place. His mood has improved considerably as a result.

Worth it!'

The City & Hackney Safeguarding Children Partnership Annual Report 2019/20	
HEALTH AND WELLBEING BOARD - 24 March 2021	CLASSIFICATION: Open
WARD(S) AFFECTED All Wards	
Group Director: Anne Canning	

1. INTRODUCTION AND PURPOSE

The [City & Hackney Safeguarding Children Partnership annual report for 2019/20](#) provides an overview on the effectiveness of safeguarding arrangements in the City of London and the London Borough of Hackney. It sets out the following:

- The governance and accountability arrangements for the CHSCP. This section covers details about the new safeguarding arrangements in the City of London and Hackney, progress made and the immediate actions taken following the Covid-19 lockdown in March 2020.
- The context for safeguarding children and young people in the City of London, highlighting the progress made by the City partnership over the last year.
- The context for safeguarding children and young people in the London Borough of Hackney, highlighting the progress made by the Hackney partnership over the last year.
- The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.

- The range and impact of the multi-agency safeguarding training delivered by the CHSCP.
- The priorities going forward and the key messages for those involved in the safeguarding of children and young people.

2. RECOMMENDATIONS

That the Health and Wellbeing Board note the contents of the report and the strategic priorities of the CHSCP going forward.

3. BACKGROUND

In line with statutory guidance, Working Together 2018, in order to bring transparency for children, families and all practitioners about the activity undertaken, the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

The CHSCP Annual Report 2019/20 is available [HERE](#).

BACKGROUND PAPERS

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

Report Author	Jim Gamble QPM, Independent Child Safeguarding Commissioner
----------------------	---



THE MEETING WAS HELD REMOTELY AND LIVE STREAMED AND CAN BE VIEWED HERE: [HTTPS://YOUTU.BE/2SM82rD_F-E](https://youtu.be/2SM82rD_F-E)

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY 24TH MARCH 2021

Present:

**Mayor Philip Glanville, Hackney Council (Co-Chair)
(In the Chair)
Dr Mark Rickets (Chair of City & Hackney CCG)
(Co-Chair)**

Malcolm Alexander (Interim Chair of Hackney Healthwatch)

Deputy Mayor Anntoinette Bramble (Cabinet Member for Education, Young People and Children's Social Care - Hackney Council)

Anne Canning (Group Director - Children and Education - Hackney Council)

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

Helen Woodland (Group Director, Adults, Health and Integration - Hackney Council)

Cllr Christopher Kennedy (Cabinet Member for Health Adult Social Care and Leisure - Hackney Council)

Catherine Pelley (Chief Nurse - Homerton Hospital)

Raj Radia (Chair, Local Pharmaceutical Committee)

Councillor Carole Williams (Cabinet Member for Employment, Skills and Resources - Hackney Council)

Councillor Susan Fagana-Thomas (Cabinet member for Community Safety - Hackney Council - Interim)

Officers in Attendance: Donna Doherty-Kelly (Principal Public Health Specialist - City and Hackney Public Health)
Jayne Taylor (Public Health Consultant - City and Hackney Public Health)
Diana Divajeva (Senior Public Health Intelligence Officer - City and Hackney Public Health)
Jason Davis (Policy and Partnerships - Hackney Council)
Rory McCallum (Senior Professional Adviser - Childrens and Social Care - Hackney Council)

Also in Attendance: Jon Williams (Director - Hackney Healthwatch)
Paul Gilulley (Chief Medical Officer - East London NHS Foundation Trust)
Dean Henderson (Borough Director - East London NHS Foundation Trust)
Graham Dunning (Community Connector - East London NHS Foundation Trust)
Siobhan Harper (City and Hackney Clinical Commissioning Group)

1 Welcome from the Chair (Chair)

1.1. The Chair welcomed everyone to the meeting.

2 Apologies for absence (Chair)

2.1 Apologies for absence were submitted on behalf of Laura Sharpe and Tracey Fletcher.

3 Minutes of the Previous Meeting (Chair)

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

4 Declarations of Interest - Members to Declare as Appropriate (Chair)

4.1 There were no declarations of interest.

5 Action Tracker 9 (Chair)

5.1 Donna Doherty-Kelly updated the Board on progress in regard to the action tracker. In regard to action 3, from the January 2021 meeting of the Board, Malcolm Alexander told the Board that, of 45 GP Practices consulted, 28 asked those wishing to register at their practice for evidence of address, with 19 asking for identification. One practice did not accept asylum seekers. It was considered that these registration processes blocked access to GP services. Malcolm Alexander told the Board that other general practices adopted an approach that was more consistent with the regulations.

5.2 Mayor Glanville told the Board that this matter had been raised at a recent meeting of the City and Hackney Outbreak Board in the context of vaccinations and health protection. Mayor Glanville asked that interim findings be submitted to members of the Board for investigation. Malcolm Alexander told the Board that sufficient data was available to demonstrate that a serious issue existed in this regard and that an interim report would soon be submitted with interim findings. Dr Husbands suggested that the report would also inform discussion at the SOEG where this matter would be raised.

**Action: Healthwatch Hackney
Dr Sandra Husbands**

RESOLVED:

- To note the action tracker.

6. Community Voice (Jon Williams)

6.1 Jon Williams told the Board that it had not been possible to identify a speaker for the Community Voice Section of the meeting. Malcolm Alexander had submitted questions in relation to a shortage of mental health beds for young people and it was agreed that given short notice of submission, that these questions be answered separately.

Action: Donna Doherty-Kelly

6.2 Paul Gilluley reported that this shortage of beds for children and adults was a national issue with London being worst affected. However, better performance in this area existed in East London.

7. Health Inequalities Steering Group Update (Jayne Taylor)

7.1 Jayne Taylor introduced the report. The City and Hackney Health Inequalities Steering Group had been convened to ensure that collective efforts to address health inequalities had maximum impact through a partnership approach. Membership of the Steering Group was drawn from across the two Local authorities, the Voluntary Sector, NHS - Clinical Commissioning Group, Homerton Hospital, Barts Health, East London Foundation Trust, Primary Care Networks and both City and Hackney Healthwatch and was chaired by Dr Sandra Husbands, Director of Public Health. The Steering Group had met three times, twice in workshop sessions, to rapidly develop a set of strategic priorities for mitigating further inequalities impacts of COVID-19.

7.2 Jayne Taylor told the Board that the Group would be considering ten broad areas, with four priorities that the group will focus on:

- Inequalities data
- Having appropriate tools and resources
- Tackling structural racism
- Community engagement

The other six areas of work were to be considered by the Steering Group at an upcoming meeting. Jayne Taylor told the Board that over time the work of the Steering

Group and the Board would start to align and the scope of the Group would require to be kept under review.

7.3 Mayor Glanville referred to the fact that individuals moved around the system and left the system and expressed concerns at the possibility of duplication of discussion. In relation to the Community Strategy Board, he stressed the need for appropriate connections, in particular in the area of anti-racism work to ensure effective co-productivity. Mayor Glanville further stressed, in relation to 'health in all policies' that the Board should consider these strategies in the early stages of their development.

7.4 Councillor Williams asked how the Council would respond to public questions on those areas that did not sit within the four priority areas, such as housing, as it related to health. Councillor Kennedy asked for further detail on the resident engagement framework. He asked for clarification on who was to replace David Mayor as the Clinical Commissioning Group representative on the Board, following his departure. Deputy Mayor Bramble asked for clarification on how the policies considered at the Board and the Steering Group would filter across the system.

7.5 Jayne Taylor told the Board that David Maher's replacement on the Board was yet to be confirmed. Work was ongoing on the development of resident engagement on the four priority areas, looking at what this engagement would look like in practice. Jayne Taylor clarified that there was also a focus on those areas that fell outside the four priority areas, including housing and that this sat firmly within the remit of the Health and Wellbeing Board. The Board was assured that shared membership between bodies was limited and all efforts would be made to avoid duplication of discussion. Dr Husbands reiterated that those areas that were not one of the four priorities, such as housing and work around anti-racism were areas of importance to the Board. She told the Board of the need to have a discussion on the capacity and membership of the Steering Group with a report back to the Board as part of an update on future developments.

Action: Jayne Taylor

RESOLVED:

- i. That the strategic priorities as defined by the steering group help shape the development of the new Health and Wellbeing Strategy.
- ii. That the Board works in close partnership with the steering group to mobilise system resources to ensure required actions to tackle health inequalities are progressed and have impact.

8. Health and Wellbeing Strategy Update (Donna Doherty Kelly)

8.1 Donna Doherty-Kelly introduced the report providing an update on the development of the Health and Wellbeing Strategy and on the Health and Wellbeing Board member's development session. The report also provided an update on amended strategy consultation timelines for the Board to consider.

8.2 Donna Doherty-Kelly reported progress in relation to the upcoming development workshops, the first of which was to be on 27th April, a virtual event that will be facilitated by LGA, designed to give members space to consider the impact of

COVID-19 and the future development of the Board. The second of the workshops on 21st May would bring together members from Hackney and the City's Health and Wellbeing Boards, together with stakeholders (including City and Hackney Health Inequalities Steering Group members), to agree a strategic framework for improving population health through two new Health and Wellbeing Strategies. Consideration was being given to what wider stakeholders would be invited to the workshops. Engagement on the draft strategy would be carried out with the community, with submission to the Health and Wellbeing Board in September 2021. The period of consultation was to be extended to three months. An Engagement Strategy was being developed and would be circulated for feedback.

Action: Donna Doherty-Kelly

8.3 Mayor Glanville stated that the work already carried out in this area by HCVS and the Hackney policy team should be drawn on in the development of the strategy and that current discussions should add to the current process with a considered plan and framework for the three month consultation period. He suggested a speaker to attend the workshop to assist with providing challenges at sessions. Mayor Glanville stressed that the Health and Wellbeing Strategy should be submitted to full Council for consideration.

8.4 Councillor Kennedy stressed the need for rigorous research at all stages of the development of the strategy, with peer review and consideration being given to the involvement of an academic partner. He concluded that a three month consultation period was correct. Councillor Fagan-Thomas considered that the consultation period was the correct duration and stressed the need to consult the community on the strategy. Donna Doherty-Kelly confirmed that the intention was to consult both the community and stakeholders.

RESOLVED:

- To note the confirmed dates for the Hackney Health and Wellbeing Board Member Development Workshop (April 27th 2021) and the Joint Health and Wellbeing Strategy Prioritisation Strategy Workshop (May 21st 2021).

9. Whole Systems Approach to Violence Reduction (Jason Davis)

9.1 Jason Davis introduced the report pulling together all of the individual strategies and action plans that contribute towards a whole systems approach to violence reduction in Hackney. It aimed to support a shared understanding of the existing strategic landscape and to serve as a basis for further analysis to identify those areas where the Council was directing sufficient resources and those that may require additional focus. The existing strategies and plans were also assessed against strategic principles to highlight alignment or lack thereof between these principles and current plans and strategies. Jason Davis highlighted the following areas in a presentation to the Board:

- Bringing the community and stakeholders together and agreeing a shared vision in relation to the violence reduction
- Strategic principles
- Enabling principles
- Key Initiatives focused on wider determinants
- A consolidated overview of partnership activities

- Embedding the approach - systems leadership and thinking
- Next steps

9.2 Mayor Glanville thanked all those involved in the preparation of the report, welcoming the approach taken and stressing that the Board could shape this approach with joint working in place. Mayor Glanville referred the Board to the work carried out in the John Holmes Centre on violence reduction in relation to staff and patients, resetting expectations around violence and what was considered to be acceptable. Mayor Glanville asked for a further report back to the Board at a further stage of development.

Action: Jason Davis

9.3 Siobhan Harper supported the need for a whole systems approach to violence reduction and its impact on victims of crime with preventative steps taken and early intervention, coordinated by the partnership.

9.4 Dr Mark Rickets referred to the work on intervention in the children and families workstreams to manage individuals who suffered from trauma as a result of adverse childhood experience

9.5. Catherine Pelley told the Board of the work of the Homerton Hospital in providing care to victims of crime and adverse childhood experience, together with considering the impact of violence on staff at the Hospital which had recently increased with work ongoing on delivering a message on what was considered to be 'not acceptable behaviour'.

9.6 Rosemary Jawara raised the issue of prison sentencing on young people and its impact on their lives and asked about what work could be carried out with these young people when released from prison.

9.7 Councillor Fagana-Thomas referred the Board to the work of the Youth Offending Service with young people released from prison and that work was currently ongoing in relation to violence against Hackney Council Staff.

9.8 Jason Davis confirmed that the Policy Unit would convene the discussions on the approach to violence reduction with partners, holding community events with stakeholders.

RESOLVED:

- To note the report

10. East London Foundation Trust - Mental Health Care Transformation Funding Project - Update (Paul Gilluley)

10.1 Dr Paul Gilluley told the Board of work of the East London Foundation Trust (ELFT) in relation to Mental Health Inequalities, being asked to participate in the recent mental health initiative. A series of workshops had been set up to help in making the Trust an anti-racist organisation with work being carried out with UCL on this. A report back to the Board would be made as work developed.

Action: Dr Paul Gilluley

Four pilots had been set up across the country to improve data. The Primary Care Racial Equality Framework would be working to develop a competency based framework for Mental Health Trusts to demonstrate that they are responsible to the racial community. A survey would be carried out over April 2021 with service users, staff and communities, seeking feedback on these competencies. Paul Gilluley told the Board that three years previously the Trust had produced a strategy to improve the lives of those it served and to improve population health outcomes. COVID-19 had revealed increased inequalities. Work with staff had started on concerns around COVID-19 with workshops on race and privilege.

10.2 Graham Dunning told the Board of his role as Community Connector working in Hackney Marshes within the Neighbourhood Mental Health team. He told the Board of his involvement in the transformation programme and the social determinants of mental wellbeing with daily screening meetings, with referrals to other parts of the NHS service.

10.3 Dean Henderson told the Board that mental health multi-disciplinary teams had been set up at neighbourhood level, together with primary care teams with three pilot sites underway. Eight ELFT neighbourhoods had been set up. The transformation programme was moving at pace, given impetus by the Pandemic. The programme considered the needs of people as individuals with a large shift in work to primary care in the NHS.

10.3 Councillor Williams welcomed the programme and stressed that Dr Jacqui Dyer had wished for Hackney to be an exemplar in regard to community involvement. Mayor Glanville highlighted other partnership areas, including contact points with the police, welcoming and supporting the initiatives.

11. City and Hackney Safeguarding Children Partnership Annual Report (Rory McCallum)

11.1 Rory McCallum introduced the report providing an overview on the effectiveness of safeguarding arrangements in the City of London and the London Borough of Hackney. It set out the following:

- The governance and accountability arrangements for the CHSCP. This section covers details about the new safeguarding arrangements in the City of London and Hackney, progress made and the immediate actions taken following the Covid-19 lockdown in March 2020.
- The context for safeguarding children and young people in the City of London, highlighting the progress made by the City partnership over the last year.
- The context for safeguarding children and young people in the London Borough of Hackney, highlighting the progress made by the Hackney partnership over the last year.
- The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.
- The range and impact of the multi-agency safeguarding training

delivered by the CHSCP.

- The priorities going forward and the key messages for those involved in the safeguarding of children and young people.

11.2 Rory McCallum told the Board of the move away from Safeguarding Children Board arrangements with three statutory safeguarding partners being Hackney Council, the Police and the Clinical Commissioning Group. Partner organisations had risen to the challenges arising from COVID 19. Contingency Oversight meetings had focused on workforce, theme, patterns and threads, together with interoperability. Workforce capacity was considered to be a risk at present. Rory McCallum stressed that the aim was to make safeguarding the first principle and that the effective sharing of information was important in this approach. Dr Sandra Husbands further stressed that the timely and effective sharing of information was a crucial element of the partnership working, in particular in relation to safeguarding, to ensure child safety.

11.3 Siobhan Harper told the Board that safeguarding represented a good model for partnership working and stressed the need to consider what collaboration meant in practice.

11.4 Mayor Glanville thanked Anne Canning, who was to retire soon, for her work at the Council, including support to the Board. Anne Canning reported that there had been a large reduction in Hackney's school exclusions, to 3 at present. Deputy Mayor Bramble reported that exclusions in Hackney's primary schools were lower than the national average. Deputy Mayor Bramble thanked Anne Canning for all her work at Hackney Council.

RESOLVED:

- To note the contents of the report and the strategic priorities of the CHSCP going forward.

12. Any other business that the Chair considers urgent.

There was no urgent business.