

Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Thursday 9 December 2021

7.00 pm

Until further Notice, all Council meetings will be held remotely

Contact:

Jarlath O'Connell

☎ 020 8356 3309

✉ jarlath.oconnell@hackney.gov.uk

Mark Carroll

Chief Executive, London Borough of Hackney

Members: Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Deniz Oguzkanli, Cllr Emma Plouviez, Cllr Kam Adams and Cllr Michelle Gregory

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 AGENDA PACK** (Pages 5 - 70)
- 2 Tabled Paper** (Pages 71 - 80)
- 3 Minutes of 9 Dec HiH**

Access and Information

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm>



Public Involvement and Recording

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at <http://www.hackney.gov.uk/l-gm-constitution.htm> or by contacting Governance Services (020 8356 3503)

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.

This page is intentionally left blank

Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Thursday, 9 December 2021 at 7.00 pm

**Council Chamber
Hackney Town Hall, Mare St, E8 1EA**

The press and public are welcome to join this meeting remotely via this link: <https://youtu.be/ePLNsJAxatU>

If you wish to attend otherwise, you will need to give notice and to note the guidance below.

Contact: Jarlath O'Connell, Overview & Scrutiny Officer
01234 938784 jarlath.oconnell@hackney.gov.uk

Mark Carroll
Chief Executive, London Borough of Hackney

MEMBERS Cllr Ben Hayhurst (Chair)
Cllr Peter Snell (Vice Chair)
Cllr Kam Adams
Cllr Kofo David
Cllr Michelle Gregory
Cllr Deniz Oguzkanli
Cllr Emma Plouviez

VACANT: 2 Labour, 1 Opposition

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1	Apologies for absence	19.00
----------	------------------------------	--------------

1

2	Urgent items/ Order of business	19.01
3	Declarations of interest	19.01
4	Cabinet Member Question Time - Cllr Kennedy	19.02
5	Homerton and Covid 19 - winter pressures and elective recovery - verbal update from CE	19.30
6	Draft Health and Wellbeing Strategy 2022-2026	19.50
7	Covid-19 update from Director of Public Health	20.30
8	Minutes of the previous meeting	20.59
9	Work programme for the Commission for 2021/21	20.59
10	Any other business	21.00

Here is a back up YouTube link to view the meeting should there be technical difficulties with the one above: <https://youtu.be/oF0GaAn82Ds>

Guidance on public attendance during Covid-19 pandemic

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at <http://www.hackney.gov.uk/l-gm-constitution.htm> or by contacting Governance Services (020 8356 3503)

The Town Hall is not presently open to the general public, and there is limited capacity within the meeting rooms. However, the High Court has ruled that where meetings are required to be 'open to the public' or 'held in public' then members of the public are entitled to have access by way of physical attendance at the meeting. The Council will need to ensure that access by the public is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice.

Those members of the public who wish to observe a meeting are still encouraged to make use of the live-stream facility in the first instance. You can find the link on the agenda front sheet.

Members of the public who would ordinarily attend a meeting to ask a question, make a deputation or present a petition will be able to attend if they wish. They may also let the relevant committee support officer know that they would like the Chair of the meeting to ask the question, make the deputation or present the petition on their behalf (in line with current Constitutional arrangements).

In the case of the Planning Sub-Committee, those wishing to make representations at the meeting should attend in person where possible.

Regardless of why a member of the public wishes to attend a meeting, they will need to advise the relevant committee support officer of their intention in advance of the meeting date. You can find contact details for the committee support officer on the agenda front page. This is to support track and trace. The committee support officer will be able to confirm whether the proposed attendance can be accommodated with the room capacities that exist to ensure that the meeting is covid-secure.

As there will be a maximum capacity in each meeting room, priority will be given to those who are attending to participate in a meeting rather than observe.

Members of the public who are attending a meeting for a specific purpose, rather than general observation, are encouraged to leave the meeting at the end of the item for which they are present. This is particularly important in the case of the Planning Sub-Committee, as it may have a number of items on the agenda involving public representation.

Before attending the meeting

The public, staff and councillors are asked to review the information below as this is important in minimising the risk for everyone.

If you are experiencing covid symptoms, you should follow government guidance. Under no circumstances should you attend a meeting if you are experiencing covid symptoms.

Anyone experiencing symptoms of Coronavirus is eligible to book a swab test to find out if they have the virus. You can register for a test after checking your symptoms [through the NHS website](#). If you do not have access to the internet, or have difficulty with the digital portals, you are able to call the 119 service to book a test.

If you're an essential worker and you are experiencing Coronavirus symptoms, you can apply for priority testing through GOV.UK by following the [guidance for essential workers](#). You can also get tested through this route if you have symptoms of coronavirus and live with an essential worker.

Availability of home testing in the case of people with symptoms is limited, so please use testing centres where you can.

Even if you are not experiencing covid symptoms, you are requested to take an asymptomatic test (lateral flow test) in the 24 hours before attending the meeting.

You can do so by visiting any lateral flow test centre; details of the rapid testing sites in Hackney can be found [here](#). Alternatively, you can obtain home testing kits from pharmacies or order them [here](#).

You must not attend a lateral flow test site if you have Coronavirus symptoms; rather you must book a test appointment at your nearest walk-through or drive-through centre.

Lateral flow tests take around 30 minutes to deliver a result, so please factor the time it will take to administer the test and then wait for the result when deciding when to take the test.

If your lateral flow test returns a positive result then you must follow Government guidance; self-isolate and make arrangements for a PCR test. Under no circumstances should you attend the meeting.

Attending the Town Hall for meetings

To make our buildings Covid-safe, it is very important that you observe the rules and guidance on social distancing, one-way systems, hand washing, and the wearing of masks (unless you are exempt from doing so). You must follow all the signage and measures that have been put in place. They are there to keep you and others safe.

To minimise risk, we ask that Councillors arrive fifteen minutes before the meeting starts and leave the meeting room immediately after the meeting has concluded. The public will be invited into the room five minutes before the meeting starts.

Members of the public will be permitted to enter the building via the front entrance of the Town Hall no earlier than ten minutes before the meeting is scheduled to start. They will be required to sign in and have their temperature checked as they enter the building. Security will direct them to the Chamber or Committee Room as appropriate.

Seats will be allocated, and people must remain in the seat that has been allocated to them. Refreshments will not be provided, so it is recommended that you bring a bottle of water with you.

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.

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm>



Health in Hackney Scrutiny Commission 9 th December 2021 Cabinet Member Question Time – Cllr Kennedy	Item No 4
---	---------------------

PURPOSE OF ITEM

It is customary for each Cabinet Member to attend one Cabinet Member Question Time Session each year with their relevant Scrutiny Commission. The purpose is to allow Members to ask questions on areas separate from a review or other key work programme items being considered during that year.

OUTLINE

To make these sessions more manageable they are usually confined to three agreed topic areas but, on this occasion, Cllr Kennedy is being asked to focus on one key topic – ***The Council's role within the emerging ICS.***

There are no formal papers and the Cabinet Member makes a verbal statement which is followed by a Q&A.

Attending for this item will be:

Cllr Christopher Kennedy, Cabinet Member for Health, Social Care and Leisure

ACTION

Members are requested to give consideration to the discussion.

Health in Hackney Scrutiny Commission 9 th December 2021 Homerton and Covid – winter pressures and elective recovery	Item No 5
---	---------------------

PURPOSE

A key aspect of the Covid-19 pandemic has been the impact on acute hospitals and the Chair has asked the Chief Executive of the Homerton to update the Commission on the current situation at HUHFT in relation to Covid-19 patients, the impact of normal winter pressures on top of this and the wider work on elective recovery as all are interlinked.

Attending for this item will be:

Tracey Fletcher, Chief Executive, HUHFT and ICP Lead for City & Hackney

who will give a verbal update and answer Members' questions.

ACTION

The Commission is requested to give consideration to the briefing.

Health in Hackney Scrutiny Commission 9 th December 2021 Draft Health and Wellbeing Strategy 2022-2026	Item No 6
---	---------------------

PURPOSE

The purpose of this item is to provide input to the consultation on Hackney's new draft *Health and Wellbeing Strategy 2022-2026*.

The consultation on the Strategy is now live and can be accessed here <https://consultation.hackney.gov.uk/health-and-wellbeing/health-and-wellbeing-strategy/>

OUTLINE

Hackney Health and Wellbeing Board (HWB) has a duty to produce a health and wellbeing strategy. This will set out the health and wellbeing priorities in Hackney over the next four years.

The HWB works together to improve the health and wellbeing of people in Hackney and reduce health inequalities. The board brings together people from: health and care services; the voluntary and community sector; Healthwatch; the Council and organisations in the borough whose work might influence health and wellbeing such as housing, education, community safety, employment and the built environment.

There is also a statutory requirement to carry out a Joint Strategic Needs Assessment and that exercise, currently ongoing, provides the data which underpins the Strategy.

Attached please find:

- a) Presentation on the draft strategy and the consultation
- b) The draft Health and Wellbeing Strategy 2022-2026

Attending for this item will be **Sara Bainbridge**, Public Health Registrar

ACTION

The Commission is requested to give consideration to the briefing and the priority areas for action.



**Health and Wellbeing Strategy
development:
update for Health in Hackney Scrutiny
Commission
December 2021**



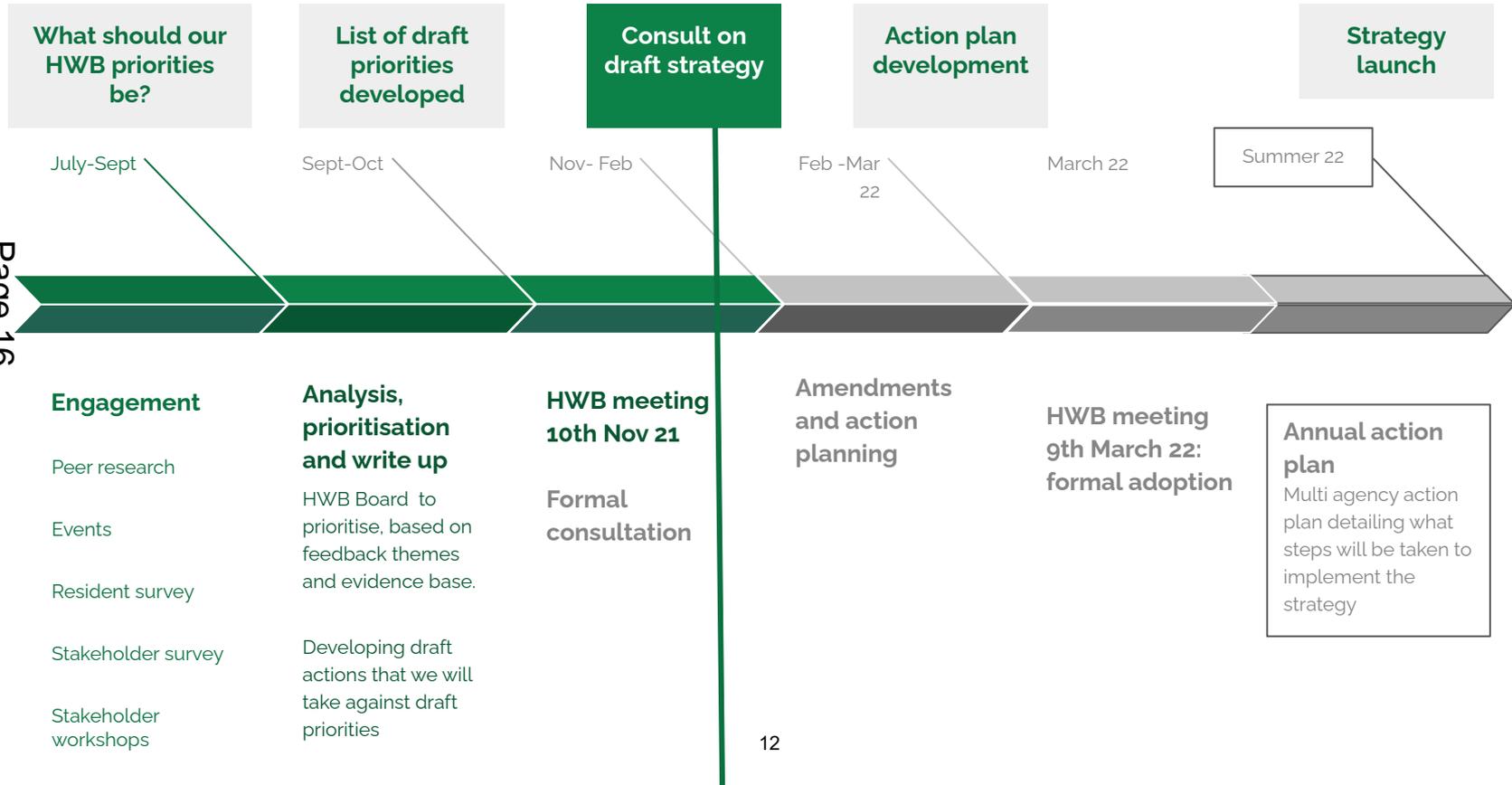
Health and Wellbeing Strategy: Background



- Strategy aims to reduce health inequalities
- In development for launch in 2022
- Is now open for consultation
- Draft written following engagement in summer 2021

Timeline

Page 16



Process to reach priorities



Analysis

Review of population health needs and mapping of existing strategies and plans

Workshop

Health and Wellbeing Board workshop with the King's Fund in May 2021

Engagement

Resident survey, peer research, stakeholder workshops - captured in an engagement insight report

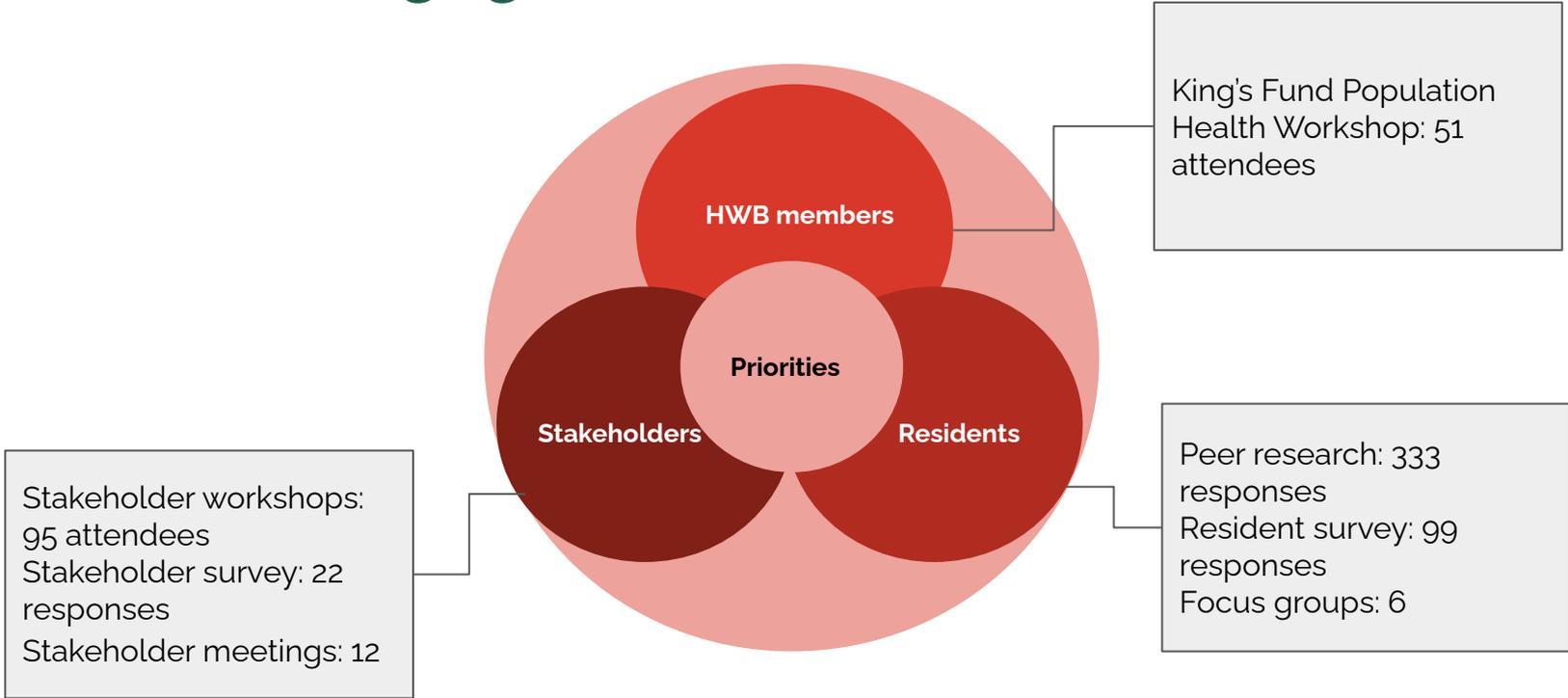
Prioritisation

Prioritisation workshop held in October

Methods of engagement



Page 18



Peer research



- Diverse group of **32** researchers trained and supported to conduct **333** surveys - well above **280** target for Hackney
- Survey took **25-30** minutes
- Researchers given a target of **10-15 surveys** - nearly all achieved this target, highest delivered **24!**



Identified priorities: the 'what'



Page 20

improving mental health and preventing mental ill-health

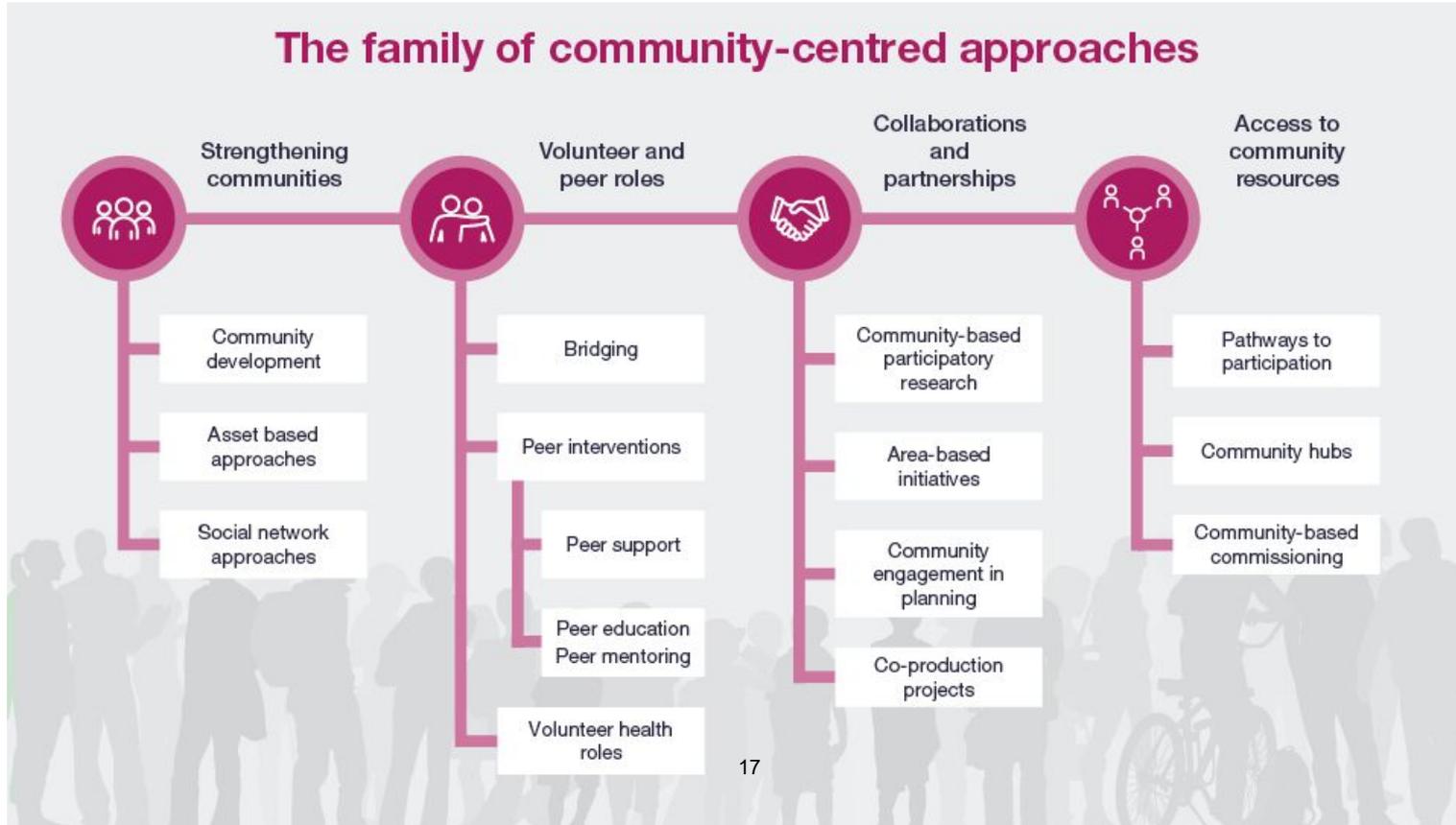
increasing social connection

supporting greater financial security and reducing poverty

Working differently: the 'how'



Page 21



Consultation Plan



Aim:

1. Hear from as many residents and wider stakeholders as possible, we reached over 570 during the engagement phase.
2. Gather feedback on actions across the 3 priorities which will address health inequalities.

Process

Page 22

1. People will need to have read the Strategy before answering the questions. Make sure there are accessible versions of the Strategy.
2. Shape our consultation plan with Peer Researchers, Healthwatch reps, working group and communications and engagement.
3. Communication support promoting the consultation.
4. Make sure we are keeping a close eye on who is engaging (through portal and paper copies), as we did throughout our engagement, and ensure we are gathering feedback from a diverse group of residents and wider stakeholders.



Today:

1. Note the HWBS process and priorities
2. Suggest groups or others to consult during the 12-week consultation, support promotion of the consultation.
3. Note ambitions and action plans to be developed in 2022.



Any questions or comments?
sara.bainbridge@hackney.gov.uk

Hackney Joint Health & Wellbeing Strategy - 2022/26

Executive summary

Who has created this strategy and why?

The Hackney Health and Wellbeing Board is a partnership that works together to improve the health and wellbeing of people in Hackney and reduce health inequalities. We have created this strategy, jointly with people who live and work in the borough, to set out our specific areas of focus between 2022 and 2026.

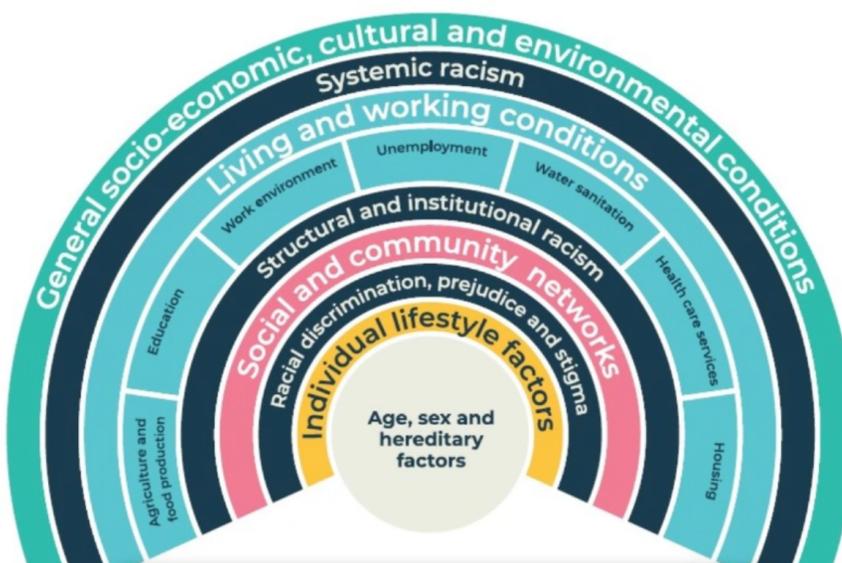
What is our aim?

Our aim is to improve health in Hackney, and reduce health inequalities - the avoidable and unfair differences in health between different groups and communities.

To achieve this, we have identified three priority areas for action- improving mental health, increasing social connection and supporting greater financial security. They will require a partnership effort over the next four years. This strategy will form part of our work but does not reflect everything we will do to improve health and reduce health inequalities in Hackney, as many other actions and activities will continue or start over this period.

Why do we need to take action on health inequalities?

Health and wellbeing can be influenced by many different things. As shown in the diagram below, there is a relationship between a person and the factors that can impact their health. Every person's health will be influenced by different factors which may overlap. Everything from an individual's behaviour and choices, to the broader social, economic, cultural and environmental conditions will affect someone's health. Racism plays a role at multiple levels.



Adapted from Dahlgren and Whitehead (1991)

Across the country, we know that people experience significant health inequalities. This is also true for Hackney. Between 2003 and 2018, an estimated 4,000 premature deaths locally were attributed to socioeconomic inequality. (*Public Health Team, London Borough of Hackney*)

How did we come up with this strategy?

We have a lot of information about health and wellbeing in Hackney, which has helped to inform this draft strategy. You can find out more about this in our health and wellbeing profile ([Joint Strategic Needs Assessment](#)) and our [review of health needs in the local population](#). These show that there are inequalities and things we need to improve, as well as work that's already started.

In developing this strategy, we have engaged with many local people who live and work in Hackney. This insight, combined with the information we already held, has been invaluable in shaping this strategy.

What are we going to do?

The strategy sets out broad areas for action, and a more detailed action plan and ambitions for each will be developed in 2022. Our focus areas for partnership action over the next four years are:



For each of these we are going to take an approach which reduces health inequalities. We will do this by using the objectives set out in the Marmot Review 'Fair Society, Healthy Lives' (2010), as a way to guide where action is needed. This involves looking at each issue from these perspectives, and asking how do we:

- Give every child the best start in life (often by recognising the role of families)
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Ensure effective action is taken to address racism and other forms of discrimination.

Doing things differently: how will we work?

It's vital we make sure that we work differently to help us achieve these goals. We are going to take a community-centred approach. This involves:

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level
- Accessing community resources

Many partnerships will be crucial in this work. It is important to balance the efforts needed to create and support good health today with the need to transform and improve for the future. One way to do this includes working both within our wider region - including our integrated care system, and a more local, neighbourhood level across Hackney. Neighbourhood working has already provided the foundation for balancing today's pressures and future improvements and will continue as part of this strategy.

We also have defined ten cross-cutting areas of work to reduce health inequalities that have arisen from, or been made worse by, the Covid-19 pandemic and we will be reinforcing this work through this strategy. This is currently being led by the City and Hackney Health Inequalities Steering Group, who will continue to be involved.

Who is going to be involved?

Recognising the broad range of influences on a population's health, the Hackney Health and Wellbeing Board is drawn from a wide range of organisations. It brings together people from:

- the local NHS and care services
- Hackney Council
- the voluntary and community sector
- Healthwatch
- organisations in the borough whose work might influence health and wellbeing such as housing, education, community safety, employment and the built environment.

We all have roles and responsibilities in improving health and reducing health inequalities, and we want this strategy to be developed and actioned jointly, alongside people who live and work in Hackney.

Although much of the Board's work goes beyond Hackney (such as in partnership with the City of London, or others in North East London), each Health and Wellbeing Board has a responsibility to develop and deliver a joint health and wellbeing strategy, and so this strategy just focuses on Hackney.

What happens now?

We want to find out if people who live and work in Hackney support this strategy, and to ask for their suggestions about how it can be turned into action. The consultation

is open between November 2021 and February 2022 and you can find the survey here:

<https://consultation.hackney.gov.uk/health-and-wellbeing/health-and-wellbeing-strategy/>

The consultation feedback will be used to produce a final strategy, which if approved by the Board in March 2022, will then be published. An action plan - where we set out specific ambitions, actions and how we will measure our progress - will be developed and published in the summer of 2022.

Contents

Foreword	6
Introduction	8
What do we know about health and wellbeing in Hackney?	10
How we developed this strategy	11
Our framework for action	12
What are we going to focus on?	13
1. Improving mental health	13
2. Social connectedness	16
3. Financial security	19
How are we going to work differently?	22
Who is going to be taking action?	23
How will we know if we've been successful?	24
What next?	24

Foreword

- from Mayor Philip Glanville and Dr Mark Ricketts, co-chairs of the Hackney Health and Wellbeing Board

Health and wellbeing can help build - and be built from - a thriving place. We want everyone in Hackney to be able to live happy and healthy lives. This strategy sets out the key things that the Health and Wellbeing Board is going to focus on together over the next four years. With this work we aim to improve health and wellbeing, and close the gaps that mean some people are not able to enjoy good health. Better health has benefits for everyone in Hackney.

This strategy focuses on three key issues - mental health, social connection, and financial security - that the Board will be working on together from 2022 until 2026. However, these are not the only things that the Board and its members will do to improve health and reduce health inequalities. This strategy allows us to set out our goals and see the difference that our joint efforts will make - to create health in the future as well as dealing with the impact of ill-health that's needed today.

The Health and Wellbeing Board has members from a range of organisations given the wide array of influences on health - including those working in the voluntary and public sectors. Being part of the Board means we recognise the role that everyone can play, and the responsibilities that come with that. We are focused on Hackney with this work, but will continue to work with others around us to make sure our efforts are aligned.

Health inequalities are avoidable and unjust. Between 2003 and 2018, an estimated 4,000 people did not live as long as they could in Hackney because of differences in wealth. This is not what we want for people who are born, live and work in our borough. We aim to reduce health inequalities, which persist for many in Hackney. These inequalities take various forms and it's important we tackle them as they are unfair and negative for everyone in Hackney.

One inequality that we must address is the impact of racism on health. Hackney is privileged to be a diverse place which is home to residents from many different communities. But the stark differences in outcomes experienced by people who are from an ethnic minority group cannot be ignored. This was recently exemplified by the tragic rates of death from Covid-19. We will therefore make sure this strategy embeds anti-racist action.

We want to be ambitious with this work and make sure we're challenging ourselves to do better - if we know that there are areas where Hackney is not doing well, we must take action to close these gaps. Our action plan will show what we're trying to achieve and how we intend to get there in the next four years. We will make sure our

progress is monitored.

Health and wellbeing have been central to all of our lives during the Covid-19 pandemic. Now is the time to take further action to reduce health inequalities. By thinking about *what*, *how* and *who* we hope to go some way to show how we will be making Hackney a fairer and healthier place.

Introduction

Hackney Health and Wellbeing Board works as a partnership to improve the health and wellbeing of local residents, with a specific and strong focus on tackling health inequalities. Our partnership is broad, to reflect our 'health in all policies' approach - recognising that because the influences on health are wide ranging, we need to consider health in decisions made on many different issues.

What do we mean by health and wellbeing?

Health can be defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

We define health inequalities as the avoidable and unjust differences in health outcomes between groups of people and communities.

What is our focus going to be?

This strategy will form part of our work taking positive collective action to prevent and remove health inequalities - the avoidable and unfair differences in health between different groups and communities.

We have identified three priority areas for action that require a partnership effort over the next four years - improving mental health, increasing social connection and supporting greater financial security. This strategy does not reflect all the work we will do to improve health and reduce health inequalities in Hackney: many other actions and activities will continue or start.

Who is involved in this work?

The Health and Wellbeing Board brings together people from:

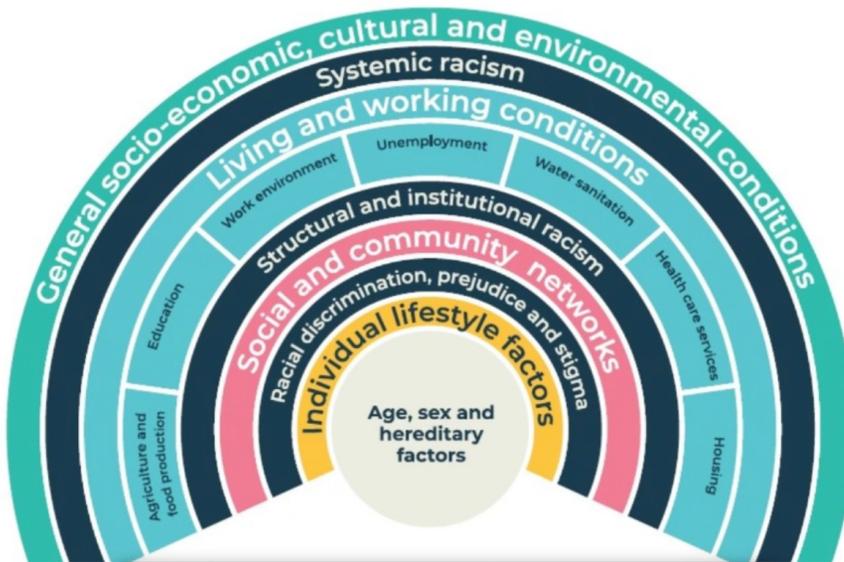
- local NHS and care services
- Hackney Council
- the voluntary and community sector
- Healthwatch
- organisations in the borough whose work might influence health and wellbeing such as housing, education, community safety, employment and the built environment.

This particular strategy just focuses on Hackney. Many members of the Board will continue to work outside Hackney too (for example including the City of London, or at a North East London 'system' level).

What can influence health and wellbeing?

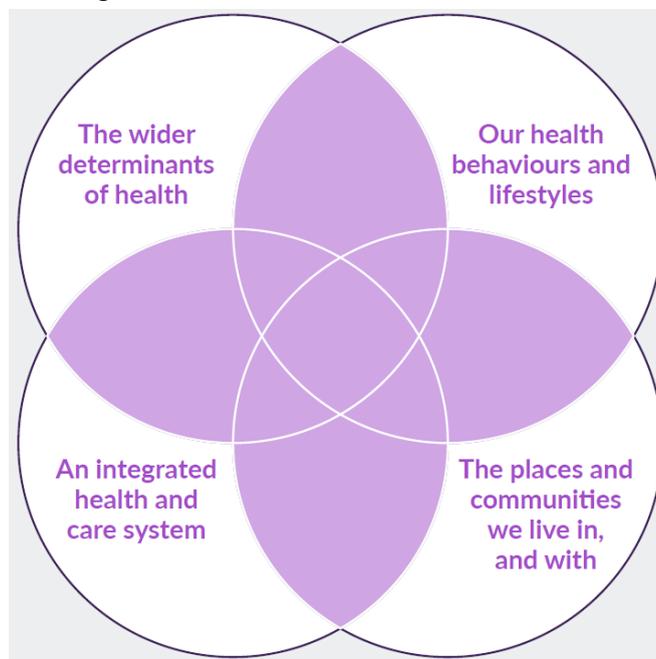
Health and wellbeing can change and be changed, and is influenced by many different things. As shown in the diagram below, there is a relationship between a

person and the factors that can impact their health. Every person's health will be influenced by various and interacting factors. Everything from an individual's behaviour and choices, to the broader social, economic, cultural and environmental conditions will affect someone's health. Racism plays a role at multiple levels.



Adapted from Dahlgren and Whitehead (1991)

During the development of this strategy, we have been using this framework to group some of the things that can influence health and wellbeing and help define who might be involved in taking action.



From The King's Fund "A vision for population health" (2018)

There is now a wealth of evidence that the wider determinants of health are the most important driver of health. These determinants include income, wealth, education, housing, transport, our physical environment (such as the built and natural

environment, air quality and green spaces) and leisure facilities and opportunities. There are many government policies that can shape these wider determinants of health.

Our health behaviours and lifestyles are another important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to good health.

There is increasing recognition of the key role that places and communities play in our health. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of cultural factors, social relationships and community networks, including on mental health.

Recent years have seen a strong focus on developing an integrated health and care system. This reflects the growing number of patients with multiple long-term conditions and the need to integrate health, care services and healthy living services around their needs rather than within organisational silos. Efforts to ensure health and care can deal with current pressures will continue to be important. This involves work to ensure access, continuity of care, joined-up communication and high quality services. It is balanced with the work to establish and improve ways of working that improve health in the future.

What do we know about health and wellbeing in Hackney?

- Hackney has a young, diverse, and a very mobile population of around 280,000 residents. A 'mobile' population is one where people will move where they live frequently.
- About a quarter of the population in Hackney are under the age of 20 and nearly 70% are between the ages of 20 and 64.
- It is predicted that Hackney's population will grow to around 300,000 in 2030. The largest proportionate increase (around 33%) is predicted among residents aged 65+.
- Hackney is an ethnically and culturally diverse area with around 40% of residents coming from a non-white background.
- The borough is relatively deprived, ranking 18th most deprived borough in England, and the 2nd most deprived borough in London.
- Many people in Hackney live with common mental health disorders: the prevalence of people with common mental health disorders aged over 16 was measured at 24% in 2017 - the highest level in England.
- Loneliness affects many people in Hackney. The percentage of adults (in Hackney and the City of London) who feel lonely often, always or some of the time was 21% in 2019/20.

More information about health and wellbeing in Hackney can be found in our health and wellbeing profile ([Joint Strategic Needs Assessment](#)) and our [review of population health needs](#). [infographic in development for final strategy]

How we developed this strategy

This strategy was developed in 2021. Three significant sources of input to the strategy were:

1. A review of population health needs, published in May 2021
This includes mapping which existing strategies and plans in Hackney include ongoing work that has relevance to the framework of population health
2. Health and Wellbeing Board workshop, with the King’s Fund in May 2021
3. Engagement with residents and other stakeholders over the summer of 2021: this engagement included a residents’ survey; recruitment and training of volunteer peer researchers to conduct surveys and focus groups; stakeholder workshops and meetings with people who work with residents in the borough.

A shortlist of priority issues was identified by analysing the themes that were raised throughout the engagement. The engagement gathered a wealth of information, and findings from residents and stakeholders can be found in more detail in the [engagement insight report](#).

These 12 ‘issues’ were the most commonly raised. The 8 issues in the green boxes were priorities identified by both residents and wider stakeholders, blue primarily by residents, grey primarily by other stakeholders.

Mental health & wellbeing (inc. stress)	Housing	Physical activity	Financial security and poverty
Food - diet, healthy eating, affordability	Social isolation / part of community	Employment	Safety
Access - to healthcare and other services	Digital inclusion	Sleep	Education

The following questions were used to narrow down the shortlist of priorities into a small number of areas that could be a focus in the strategy:

1. What is the extent of the need (considering breadth, depth, and trajectory)?
2. What do we have the ability to change (what is 'influenceable')?
3. What could make the most impact to people's health and wellbeing (when considered in terms of both costs and benefits)?
4. How far will a partnership and system-wide approach to this, via the HWB strategy, add value and/or bring a unique perspective?
5. Is this aligned with our collective values?

This prioritisation led to the choice of 3 areas to focus on (see below).

Our framework for action

There are many possible things we could do - but to reduce health inequalities, we will use a framework from the 2010 Marmot Review: 'Fair Society, Healthy Lives' which helps us consider how to focus our efforts. So for the priority issues that we have identified, we will ask how do we:

- Give every child the best start in life - and support their families with this
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

We also know that racism impacts on health too. Structural inequities lead to poorer health outcomes for many of our diverse communities. We will therefore underpin this strategy - and the other work of the Health and Wellbeing Board - with anti-racist action and an explicit anti-racist approach.

What do we mean by anti-racism?

We define structural racial inequality as the inequality that is created by the social structures that disadvantage some groups more than others, now and historically. We need to continue to work with partners proactively to redress this balance. This does not mean always treating everyone equally, it means that sometimes people need more support or focus because they are more disadvantaged.

By institutional and systemic racism, we mean the ways that systems can discriminate through often covert and unchecked prejudice, assumptions, ignorance, thoughtlessness and stereotyping about people from different ethnic minority backgrounds.

To see the ways that inequalities and racism are embedded in society takes:

- proactively and continuously working on your own beliefs, assumptions and values,
- taking action to redress inequality and
- rethinking the system to eliminate the ways that unchecked bias can disadvantage people from different ethnic minority backgrounds.

Being anti-racist does not stop at tackling conscious hatred, like racial abuse. The most damaging aspects of inequality and racism are far more embedded in society and being anti-racist takes a lot of work.

What are we going to focus on?

We have identified three priority areas for action that require a partnership effort over the next four years. These are:



In many ways, these three areas are interlinked. For some people, poverty or a lack of social connection could contribute to mental ill-health. For others, having good mental health might enable them to form strong social connections or remain in good employment. They may also be independent of each other, for example a person living with severe mental illness may not have concerns about social connections or financial insecurity but continue to need access to high quality healthcare.

For each priority area, further detail is provided to give some insight into what we know about the issue in Hackney, why it is a priority for partnership action in this strategy, and to give examples of what actions could be taken.

1. Improving mental health

Good mental health is something which we want everyone, of all ages, to be able to have: *a state of well-being in which someone realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.* ([WHO, 2001](#))

Actions to improve the mental health of people in Hackney as part of this strategy will therefore consider:

- mental health promotion
- mental illness prevention
- treatment and rehabilitation

What do we know about mental health in Hackney?

Many people in Hackney experience poor mental health, including common mental disorders such as depression and anxiety (in 2017, this was estimated to affect 53,000 people aged over 16) ([Fingertips data](#)). Just over 3,000 residents of Hackney and the City of London between the ages of 19 and 64 were recorded by their GP as having severe mental illness in 2015 ([Hackney Joint Strategic Needs Assessment](#)).

Levels of severe and enduring mental illnesses such as psychosis are relatively high in Hackney, when compared to other parts of the country. Severe mental illness (SMI) (a specific term which includes bipolar disorder, schizophrenia and other psychosis) show differences by ethnicity. Black patients are almost twice as likely as White patients to be on the GP SMI register, but over four times as likely to be receiving care from East London Foundation Trust with an SMI diagnosis. This suggests that people of Black ethnicity, especially Black men, may be underrepresented in early interventions and over-represented in secondary, especially secure secondary, mental health settings.

Mental health isn't just the absence of mental disorders, and when asked during engagement about what were the top issues impacting on their health and wellbeing, the two issues chosen most frequently were 'stress' and 'sleep'. These could both be related to mental health.

Stakeholders noted that people may not feel comfortable talking about their mental health due to stigma or concerns about repercussions, and that during the Covid-19 pandemic more people may have experienced a worsening of their mental health. Some suggested public awareness and decreasing the stigma around discussing and seeking support for mental health would be positive, especially for children, young people and their families.

Why is this a priority?

Nationally, the Covid-19 pandemic has impacted significantly on many people's mental health, as monitored by [ongoing surveillance reporting](#). For many people, their response might be temporary, disrupting what might typically be good mental health. Mental health promotion can be used to support people to take care of their mental health: as described in the WHO definition, to deal with the 'normal stresses of life'.

However, for others, managing their mental health or treating mental ill-health may need further intervention. Research shows that since the start of the pandemic there has been an increase in referrals to mental health services nationally. It is predicted that in England the demand for mental health services will increase by 33% over the next three years.

Throughout our engagement with local residents and stakeholders in developing this strategy, many people raised specific concerns about the mental health of children and young people, which also reflects the findings of the [Hackney Young Futures Commission](#) report '[Valuing the Future Through Young Voices](#)' (2020).

There is growing demand for, and inequalities in who accesses, child and adolescent mental health services (CAMHS) locally, as elsewhere. Research shows that delay in accessing CAMHS is associated with characteristics such as being male, having lower educational attainment, or being from a Black, Asian or minority ethnic group. Men from a Black ethnic background experience higher rates of admission to adult secondary care mental health services. This suggests significant unmet need in terms of addressing mental health issues at a younger age.

What does this mean to me? (from a peer researcher)

I am proud to say I was born in Hackney. I have lived here all of my 42 years and raised my two children here. I have a good support network of friends and family here. This place and those people have helped me live with my mental health conditions (anorexia, depression, anxiety and PTSD), and the majority of my treatment was received in Hackney. At the age of 15, after a serious assault, I became depressed. This led to life-threatening anorexia. The services and support I received saved my life. I hope that many more lives can be saved through research and the development of sustainable, effective mental health services for the future generations of the place I call home.

What can we work together on?

Examples for potential action are suggested below: a detailed action plan will be developed to set out clear ambitions, how we will measure success and actions. As noted, there is existing work ongoing, including a [joint mental health strategy](#). Hackney has also signed up to the [Prevention Concordat for Better Mental Health](#).

- *Give every child the best start in life:* Implementing the Children and Young People's Emotional Health and Wellbeing Strategy 2021-2026
- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* ensure there are widespread and well-communicated, accessible opportunities for people to maintain their mental health - for example, [Five to Thrive](#). This includes promoting and enabling physical activity, which can have significant benefits for someone's mental health. This may also involve continuing to support [ThriveLDN's work in Hackney](#).
- *Create fair employment and good work for all:* This can build on the employment support offer available via [Hackney Works](#) and the [local supported employment service](#).
- *Ensure healthy standard of living for all:* If employers are involved in supporting people to prevent mental ill health and get timely treatment and support, this can stop ill health disrupting employment. Embedding a 'making

mental health everyone's responsibility' approach into the work of organisations across Hackney, which could include applying the standards from the [Mayor of London's Healthy Workplace Award](#). This would build on work within Hackney Council that aims to create an approach in services and businesses where employers take steps to support mental health through processes, as well as the design of their services and spaces. It will also be important to link this work to financial security, noting that people who were economically active reported higher levels of emotional wellbeing.

- *Create and develop healthy and sustainable places and communities:* link this work to social cohesion, noting that community connections may benefit mental health.
- *Strengthen the role and impact of mental ill health prevention:* Working with the Wellbeing Network and findings of the VCS Assembly 'business case' - which identified potential unmet need and gaps in provision - continue to ensure mental ill health prevention and early intervention offers are meeting the different needs of the diverse population of Hackney. There is an intention to increase the uptake of prevention, early intervention and primary mental health services in underrepresented communities across Hackney's diverse population.
- *Tackling racism:* improving our understanding of, and our response to, reasons underpinning inequalities in use of mental health services, and to ensure provision of mental health care and wellbeing offers are culturally sensitive and tailored to specific needs. There should be a link made with the [Patient and Carers Race Equality Framework work](#) - part of the Advancing Mental Health Equalities Strategy that is ongoing at the East London Foundation Trust.

2. Social connectedness

Social isolation is detrimental for an individual's physical and mental health. For example, studies have shown that social isolation and loneliness are associated with 50% excess risk of coronary heart disease. Having strong social networks and positive social relationships is good for our health and wellbeing, and supports greater personal and community resilience, or the ability to recover from day-to-day difficulties.

Social isolation is also an inequality issue; deprivation and disadvantage are linked to many of the life experiences that increase risk of social isolation, including poor maternal health, teenage pregnancy, unemployment and illness in later life.

As suggested by the King's Fund: *'The evidence is stacking up that social relationships, norms and community networks – or the absence of them – have an impact on our health and wellbeing and on our resilience'*.

What do we know about social connections in Hackney?

In Hackney, many people are positive about their connection to the local community and to others. When asked in a previous survey, three in four Hackney residents said that they have close bonds with other residents. But one in ten say they feel isolated. Isolation is more likely to be experienced by people in semi-skilled, manual and very low income groups and by tenants of social housing, Muslim and Asian residents ([Hackney Community Strategy, 2018](#)). Loneliness affects many people in Hackney. The percentage of adults in Hackney who feel lonely occasionally or some of the time was 44% in 2019/20 ([Active Lives Adult Survey, Sport England](#)).

Resident and stakeholder engagement undertaken to develop this strategy confirmed that most people do feel part of their local community. However, the proportion of people who said they felt part of their local community was lower when asking people who were aged under 25 years old, or people who do not speak English as their first language ([Engagement insight report, 2021](#)).

Addressing social connection will need to examine causes of social isolation. These may be linked to demographic change and wider socio-economic issues such as housing costs that lead people to moving in, around and out of the borough over time. Considering the 'health in all policies' approach may mean action and further work will be needed to tackle root causes that lead to a lack of connection.

Why is this a priority?

Although many residents have said they do feel part of their community, there are some who do still experience loneliness, isolation and exclusion. Residents who helped shape this strategy gave some reasons why people feel socially isolated or don't feel part of their community. These included not having activities nearby where they could meet people, concerns about safety, health issues, language barriers, and concerns about gentrification that meant they knew fewer people in the area who they felt they had a connection with.

For many, the Covid-19 pandemic has exacerbated feelings of social isolation, especially for older people or people with a disability - as they may have felt particularly vulnerable to infection risk from Covid-19. Social isolation (irrespective of the pandemic) was also noted as an issue for people who do not speak English as their first language, and those who have hearing loss or other sensory impairment.

What does this mean to me? (from a peer researcher)

[To be written following consultation with input from a resident who has volunteered to be involved in the strategy]

What can we work together on?

Examples for potential action are suggested below: a detailed action plan will be developed in 2022 to set out clear ambitions, how we will measure success and

actions.

There are examples of ongoing and successful work to tackle social isolation, including [Connect Hackney](#). Other projects include befriending, social drop-ins and other activities. Some of these will have benefits for health in other ways - such as walking or gardening groups that enable physical activity.

Many said that although some digital projects have been in place during the pandemic, it still felt important to re-start or create face to face opportunities - and to tackle digital exclusion. To do this well, resources and safe, affordable, and accessible spaces would be needed.

- *Give every child the best start in life:* Hackney CVS are considering the next steps for Connect Hackney. This may include a programme of work called 'Community Connections', which could extend the age groups to include children, younger people and their families.
- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* Hackney Young Futures Commission highlighted a theme of 'an inclusive future', emphasising "regeneration rather than gentrification" and making asks around including young people in the regeneration in the borough, promoting intergenerational dialogue, supporting young people and the night time economy and improving communications with young people.
- *Create fair employment and good work for all:* work and volunteering are both ways to form social connections - efforts to support residents find and keep good work could focus on those who experience health inequalities, such as people with learning disabilities and poor mental health being supported by the [supported employment service](#).
- *Create and develop healthy and sustainable places and communities:* neighbourhood plans are being developed. These may emphasise social connections and ensure people feel connected to each other, depending on what residents raise.
- *Strengthen the role and impact of ill health prevention:* taking part in physical activity, for example, can be a way to form and maintain social connections as well as preventing ill health.
- *Tackling racism:* this could involve building on and linking to the work of [Improving Outcomes for Young Black Men](#), a programme of work focused on harnessing successful young black men's potential, increasing their visibility, and tackling inequalities where they exist.

3. Financial security

Financial insecurity and poverty are one of the major determinants of health inequalities. There are many ways in which financial security is linked to health.

Managing on a low income is stressful, making it very difficult to pay for basic needs such as food, warmth and shelter. If someone is living with poor health this could lead to having a low income if it prevents them from maintaining paid employment. Having poor health in childhood could affect education attainment and future earnings as a result. As noted, there are links between financial security and the other priorities of the strategy - for example, one in two adults with debts has a mental health problem ([Royal College of Psychiatrists](#)).

What do we know about financial security in Hackney?

Using the Index of Multiple Deprivation from 2019 (IMD2019), Hackney is ranked 2nd most deprived of the boroughs in London, and the 18th most deprived borough in England. This measure combines seven distinct domains of deprivation which, when combined and appropriately weighted, form the IMD2019. They are:

- income
- employment
- health deprivation and disability
- education, skills and training
- crime
- barriers to housing and services
- living environment

Income is not equally distributed among households in Hackney with some areas being more affluent than others. In 2018 net annual household income after housing costs ranged from £19,900 in the Hackney Marshes 'middle super output area (MSOA)' to £34,600 in the Clissold South MSOA¹.

In July 2021 just under 35,000 local people were claiming Universal Credit (of these, 40% were in work) compared with 13,700 in March 2020, and 8700 Hackney residents were still on furlough. The pandemic and Brexit will continue to have negative and cumulative impacts on residents, with the end of furlough, end of Universal Credit uplift, fuel costs and the deadline for applying for EU settled status which if missed could lead to people not being able to work.

Even before the pandemic Hackney Council was concerned about food poverty. The food bank alone has seen a surge of 50% and they are now supporting 13,000 people, despite a wider food effort from many community partners.

Unemployment has increased from 4.9% to 6.7% between 2020 and 2021. The proportion of unemployed 16-24 year olds increased from 4% to 11% and the proportion of unemployed 50-64 year olds increased from 6.3% to 12.3%. The

¹ Hackney can be divided into 28 'middle super output areas' - a geographical area that is smaller than other areas like wards or neighbourhoods, but can be helpful to understand differences across the borough. Using the 2011 census, the populations of each MSOA in Hackney ranged between 6000 and 13000 people.

number of people who have been unemployed for over a year has increased from 2500 to 8500.

Increasing levels of child poverty over the last three years have been recorded, including for children with working parents. There has been an increase in children eligible for free school meals in the last 3 years, which has been exacerbated by the pandemic. Before the pandemic, a quarter of children in Hackney were living in low income households (15,780 in 2018/19).

A report published by the New Policy Institute estimated that only 41% of Hackney residents were economically secure in October 2020, while 27% were supported by emergency coronavirus schemes.

Why is this a priority?

Residents and stakeholders who contributed to the development of this strategy, commonly cited a lower cost of living as one of the main factors that could have the biggest impact on their health and wellbeing. Affordable housing, affordable food and free community activities, as well as access to good employment and education opportunities, were all perceived to be important for financial security.

“Finance” was cited by many respondents as a barrier to living a healthy life. When asked *“If you could change one thing in Hackney that would improve the health and wellbeing of local residents, what would that be and why?”* Some responses relating to financial security were raised. These included suggestions around increasing pay and lowering living costs. In relation to costs, affordable housing, free activities and affordable food were also raised, as well as the need for there to be good employment and education opportunities that enable people to have financial security.

The link between financial security and health and wellbeing was raised by stakeholders, with concerns flagged about how this may have been exacerbated during the Covid-19 pandemic due to changes in employment and increasing costs. Others have reported that rent arrears are increasing and advice providers report more people are seeking help with debt. Demand for advice services is outstripping capacity.

The level of income from both welfare benefits and employment was mentioned. Stakeholders flagged that low incomes can make it difficult for people to maintain or improve their health and wellbeing, especially given increasing living costs. The processes involved in accessing the welfare benefit system were also raised as not being straightforward.

What does this mean to me? (from a peer researcher)

[To be written following consultation with input from a resident who has volunteered

to be involved in the strategy]

What can we work together on?

Examples for potential action are suggested below: a detailed action plan will be developed after the consultation in 2022.

- *Give every child the best start in life*: a new poverty reduction framework will be launched by Hackney Council in early 2022: this could be supported by wider members of the Health and Wellbeing Board.
- *Enable all children, young people and adults to maximise their capabilities and have control over their lives*: this could explore work on financial literacy for children and their families, potentially through lessons in school.
- *Create fair employment and good work for all*: the Hackney Inclusive Economy Strategy aims to connect residents to high-quality employment support and opportunities to learn new skills, get good quality, well-paid work and progress their career throughout their working life. Actions to support employment previously included in this strategy will be relevant here too.
- *Create and develop healthy and sustainable places and communities*: Building on work started prior to the Covid-19 pandemic to strengthen the collective action of Hackney's 'anchor institutions' (including the council, NHS trusts and community partners). Anchor institutions can use their influence to improve local social, economic and environmental conditions and reduce inequalities.
- *Strengthen the role and impact of ill health prevention*: this could include targeted investment in prevention in more deprived parts of the borough - and ensuring provision of tailored prevention services that are fully accessible to those with low incomes.
- *Tackling racism*: There will need to be learning from local projects being run, and where successful ensure they are scaled up. The approach proposed to the Health Inequalities Steering Group on racial inequality will also examine the structural inequality that prevents building prosperity and wellbeing.

How are we going to work differently?

Successfully reducing health inequalities will need all parts of the Health and Wellbeing Board to consider *how* we work. It's vital we make sure that we approach things in the best way to achieve these goals.

We are going to take a community-centred approach. This involves:

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level
- Accessing community resources

More detail about the components of this approach are shown in this table:

Strengthening communities	Volunteer and peer roles	Collaborations and partnerships	Access to community resources
Community development	Bridging	Community-based participatory research	Pathways to participation
Asset based approaches	Peer interventions: <ul style="list-style-type: none"> • peer support • peer education • peer mentoring 	Area-based initiatives e.g. at a neighbourhood level	Community hubs
Social network approaches	Volunteer health roles	Community engagement in planning	Community-based commissioning
		Co-production projects	

From [Community-centred public health: Taking a whole system approach \(2020\)](#)

It is important to balance the efforts needed to create and support good health today with the need to transform and improve for the future. One way to do this includes working at a neighbourhood level across Hackney, which has already provided the foundation for balancing today’s pressures and future improvements and will continue as part of this strategy.

The Health Inequalities Steering Group works across Hackney and the City of London. It has defined ten cross-cutting areas of work to reduce health inequalities which we will be reinforcing through this strategy. These areas are:

1. Inequalities and data insights: routine collection and analysis of equalities data and insight to inform action
2. Tools and resources: develop/enable system-wide adoption of tools to embed routine consideration of health equity in decision-making
3. Tackling structural racism: adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions
4. Community engagement, involvement and empowerment: build trust and adopt flexible models of engagement to work in partnership to work in partnership with residents to improve population health
5. Health (equity) in all policies: ensure wider policies and strategies explicitly consider and address health inequalities
6. Anchor networks: anchor institutions collectively use their local economic power to lead action on reducing social inequalities

7. Strengths-based, holistic approach to service provision: no 'wrong door' access to support residents to address wider health and wellbeing needs
8. Staff health and wellbeing: build on Covid-19 risk assessments to provide ongoing support for wider staff wellbeing needs
9. Tackle the digital divide: pool system resources to address the 3 dimensions of digital exclusion: skills, connectivity, and accessibility
10. Tailored, accessible information about services and wider wellbeing support: produce information in community languages that is culturally competent and takes into account the needs of diverse communities.

Many of these overlap with the approaches identified as part of the community-centred approach.

The work by the Health Inequalities Steering Group to tackle structural and systemic racism and discrimination is focused on creating the right conditions. This intends to embed the right understanding of what is driving inequality, the right approach to the actions needed, and is underpinned by commitment to be anti-racist.

Who is going to be taking action?

Due to the many ways health can be influenced, it's important that many people and organisations take on their roles and responsibilities to improve health and reduce inequalities.

During the development of this strategy, we have been using the framework of population health (as outlined in the introduction) to group some of the things that can influence health and wellbeing and help define who might be involved in taking action to improve mental health, increase social connection, and support financial security.

Our action plan will ensure that specific actions, roles and responsibilities are taken on by those involved in the Health and Wellbeing Board, and wider parts of the Hackney community. This will need action from communities themselves, who we will work with to jointly deliver the strategy. It will also need to consider the efforts of voluntary and community sector organisations, local businesses, as well as the NHS, council and other local 'anchor' institutions such as schools.

The Hackney Health and Wellbeing Board will monitor progress for the strategy being delivered. The Health and Wellbeing Board has a responsibility to develop and deliver a joint health and wellbeing strategy for Hackney, and this strategy just focuses on Hackney. There are several ways in which the work of Board members goes further than just Hackney - for example, there is a joint public health team for Hackney and the City of London, and local NHS structures mean commissioning and governance might happen at a Hackney and City level, or at a wider system level (covering the North East London Integrated Care System). The Board will continue

to work in partnership at all levels, but this strategy has been created solely for Hackney.

How will we know if we've been successful?

Our ambition for Hackney is to ensure everyone can enjoy good health, and in particular, that we reduce health inequalities.

Our action plan is going to be developed after we've heard feedback on this draft strategy, which will allow us to set out specific ambitions, outcomes and targets we would like to achieve in relation to our areas of focus on improving mental health, social connections and financial security.

Our success will also come from working differently, so some measures of success may include establishing or continuing work that involves co-production or place-based neighbourhood approaches.

What next?

We want to hear from people who live and work in Hackney to see if they support this strategy, and for their suggestions about how it can turn into action. The consultation is open between November 2021 and February 2022 and you can find the survey here:

<https://consultation.hackney.gov.uk/health-and-wellbeing/health-and-wellbeing-strategy/>

After this feedback, the final strategy - if approved by the Health and Wellbeing Board in March 2022 - will be published. An action plan - where we set out specific actions, ambitions, and how we will measure our progress -will be developed and then launched in the summer of 2022.

Health in Hackney Scrutiny Commission 9 th December 2021 Covid-19 – update from Public Health	Item No 7
--	---------------------

OUTLINE

Members are receiving monthly updates from the Director of Public Health on the Covid-19 situation.

This is a fast-evolving area and to ensure that the briefing is as up to date as possible for 9th December, it will be **TABLED** on the night and included in the Public Document Folder for the meeting on the Council's website https://drive.google.com/drive/u/0/folders/1t8Mizx5-v475iYcm7Z_GeMoCfMSyyb3

as soon as it is available.

Attending for this item will be:

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

ACTION

The Commission is requested to give consideration to the briefing.

<p>Health in Hackney Scrutiny Commission</p> <p>9th December 2021</p> <p>Minutes of the previous meeting</p>	<p>Item No</p> <p>8</p>
---	--------------------------------

OUTLINE

Attached please find draft minutes of the meeting held on 17th Nov 2021.

Matter Arising from 8 July

Action at 8.9

ACTION:	<i>Dr Mark Rickets to share with the Commission the government guidance on GDPR (General Practice Data for Planning and Research) when finally published and Dr Bhatti's response to it and advice.</i>
----------------	---

This is awaited.

Matters Arising from 17 November

Action at 5.5c

ACTION:	<i>Laura Sharpe to meet with Liam Triggs to discuss further how the HUHFT Net Zero actions might best be replicated in primary care locally.</i>
----------------	--

Action at 5.8

ACTION:	<i>TF asked that when bringing the next Net Zero update to give it an ICP wide focus.</i>
----------------	---

Action at 6.4c

ACTION:	<i>Nina Griffith to provide clarification on the number of Whole Time Equivalent (WTE) staff employed on the Neighbourhoods Development Programme.</i>
----------------	--

Action at 6.4g

ACTION:	<i>Nina Griffith to include in next update an evaluation of the loss of non-recurrent funding for the Neighbourhoods Programme and how that was managed.</i>
----------------	--

Action at 7.4h

ACTION:	<i>Helen Woodland offered Cllr Snell a meeting to go through in more detail the vaccine uptake data across the various cohorts in the care sector.</i>
----------------	--

The Actions above are being followed up with the relevant officers.

ACTION

The Commission is requested to agree the minutes and note the matters arising.

London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2021/22
 Date of Meeting: Wed 17 November 2021 at 7.00pm

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

Chair	Councillor Ben Hayhurst
Councillors in attendance	Cllr Emma Plouviez, Cllr Deniz Oguzkanli and Cllr Peter Snell
Councillors joining remotely	Cllr Kam Adams, Cllr Kofo David and Cllr Michelle Gregory
Council officers in attendance	Helen Woodland (Group Director, Adults, Health and Integration) Chris Lovitt (Deputy Director of Public Health for City and Hackney) Rob Miller (Director of Customer of Workplace)
Other people in attendance	Tracey Fletcher, Chief Executive HUHFT and IC Lead for City and Hackney Liam Triggs, Head of Facilities, Compliance and Performance, HUHFT Nina Griffith, Workstream Director - Unplanned Care, NELCCG- City and Hackney ICP Dr Mark Rickets (NEL CCG Clinical Chair for City & Hackney) Laura Sharpe (Chief Executive, GP Confederation) Jon Williams (Executive Director, Healthwatch Hackney)
Members of the public	56 views
YouTube link	The meeting can be viewed at https://youtu.be/DxCFcNyLEIo
Officer Contact:	Jarlath O'Connell jarlath.oconnell@hackney.gov.uk
<u>Councillor Ben Hayhurst in the Chair</u>	

- 1 Apologies for absence**
 - 1.1 Apologies from
- 2 Urgent items/order of business**
 - 2.1 There were no urgent items and the order of business was as per the agenda.

3 Declarations of interest

3.1 There were none.

4 What is Adult Social Care - briefing

4.1 The Chair stated that the purpose of the item was to provide an overview of the scale and range of provision of Adult Social Care and the current key challenges. This was the first in a series of three planned items which would look at look at Transformation Programme for ASC and then an overview of Capital Build Proposals in ASC.

4.2 The Chair welcomed for this item, Helen Woodland (**HW**), Group Director Adults, Health and Integration.

4.3 Members gave consideration to the following documents:

- a) Briefing on *What is Adult Social Care ? overview*
- b) *Update on the recommissioning of Homecare services*

4.4 HW took members through the first report in detail. It covered: what is Adult Social Care; who is eligible?; the national picture; workforce in England; the Hackney picture; summary of services directly or jointly provided by the council; summary of services externally commissioned; gross expenditure budget 21/22; Hackney adult social care workforce; local challenges; responding to the challenges; the transformation programme; health and social care integration in England; health and social care integration in Hackney.

4.5 HW took members through the second report which covered: background to Homecare recommissioning; key updates since July 2021; extended consultation - service review phase; project review and reframe - service review phase; next steps and timeframe.

4.6 Members asked questions and the following points were noted in the responses:

- (a) The Chair asked about how delayed discharges of care and shorter stays in acute hospitals were impacting on the system and whether budgets flows were being redesigned accordingly to make them more sustainable. HW explained that a shift of funding to more preventative services was key to the integration plans and one way this was being achieved was via the Neighbourhood Programme.
- (b) The Chair asked how integration was manifested in a practical way. HW replied that additional funding was coming into the system and there now was an integrated discharge hub and teams already in place and it was a priority to further enhance these. Cllr Kennedy (Cabinet Member) added that a draft

constitution for the new ICS was on the way and how much that talked about financial relationships and how they are laid out was still to play for. It was desirable to get as much clarity as possible about devolution of funding arrangements in this new local constitution.

- (c) Members asked how residents can secure an adult social care assessment. HW detailed the process and how it started with approaching the Contact Centre. There was a 6 week waiting list at present.
- (d) The Chair asked how the Service Centre handled communication challenges e.g with non English speaking groups. HW explained how telephone assessment doesn't work for many clients as it is, for various reasons, and scheduling face to face assessments was often vital. Signposting people onwards was also a key part of the approach.
- (e) The Chair asked whether there was a plan to do more to tackle language and culture barriers. HW described the ASC Transformation Programme and how there was a focus on improving the offer with multi disciplinary teams that can deal with the various issues at the first point of contact.
- (f) Members asked whether the increase in demand was because of 'Long Covid' and on ensuring we don't lose too many staff because of non vaccination or lack of workforce development. HW replied that the increase in demand was very little to do with long Covid but rather those who managed quite well before the pandemic, were now managing less well for various reasons. There was a strand working on vaccinations for adult social care workforce and the rates were 94% in care homes and contingency plans were in place to backfill vacancies left by those who had not wanted the vaccine offer. Rates across social care in general were 75% and they had till spring to do so. Specific plans relating to specific providers were already in place. Re workforce development, there was not as much national emphasis on the national development pathway as they would wish and so more emphasis needed to be put on it locally. They were also developing a Skills Academy locally.
- (g) The Chair asked where Adult Services was on completion of staff appraisals. HW replied that there was room for improvement but regular supervision was mandatory and they undertook supervision audits to maintain quality. Laura Sharpe (GP Confed) described her work as the Senior Responsible Officer for ICS for Workforce.
- (h) The Chair asked whether Hackney can offer better employment packages to attract a social care workforce. HW replied that this was a priority in the Transformation Programme and they had created an AD Safeguarding, Quality Assurance and Workforce Development to do this and they would be starting on 10 Jan.
- (i) Members asked about insourcing care services or having them in-borough. HW replied that the strategic aim was to have more residential services in the

borough in order to keep vulnerable people close to the communities they know.

(j) The Chair asked about progress on feasibility studies on the bringing of services in-borough. HW replied that they were thinking more laterally on this. They wanted to build homes that were part of mixed communities. The ICS also gave potential to think more broadly about the whole health and care estate within Hackney.

(k) The Chair asked for priorities for improvement for the coming year. HW replied that she'd been in place since March and a key priority for her was to improve engagement with residents which was a big part of the transformation programme. The Chair asked how you would measure this. HW replied they were building into revised processes some clear sections asking residents what they wanted to achieve and then there would be planned follow-up on that.

4.7 The Chair thanked HW for her presentation and stated that it would provide a very useful aide memoire for future members of the Commission also.

RESOLVED:	That the report and discussion be noted.
------------------	---

5 Progress towards Net Zero at Homerton University Hospital NHS Foundation Trust

5.1 The Chair welcomed:

Tracey Fletcher (TF), Chief Executive, HUHFT and ICP Lead for City & Hackney

Liam Triggs (LT), Head of Facilities, Compliance and Performance at HUHFT

5.2 Prior to the Net Zero item the Chair asked an AOB question of TF regarding the senior management succession plan at City and Hackney ICP following the departure of Siobhan Harper who had succeeded David Maher. TF replied that in the short term a number of the MD functions had been divided up between senior members of the CCG team and she was supporting them as an overall manager. They were also recruiting a new Director of Delivery which would be a joint post between health and social care and would provide some senior support and guidance on the service side. One of the tasks was to think how partners took the SRO role on in the individual functions to make it more of a collaborative system than the old commissioner-provider model, which has been in place for the past 30 years. City and Hackney was ahead of the other two ICP areas and in a good position to provide guidance to them she added. The Chair queried whether there still was a need for a single figure in a delivery based management role and sought reassurance on this. TF replied that the appointment of the nsa joint post would provide this and would bring the important work of the ICB workstreams back to the centre of

focus. The step to make it a joint post is a really positive innovation she added. TF finished by introducing Liam Triggs and stated that she wanted to thank him for all his efforts on the Net Zero work as he was about to leave the Trust to move onto a new role.

- 5.3 The Chair stated that at the request of Scrutiny Panel, the 4 Scrutiny Commissions were planning work programme items to address the urgent issues around sustainability and the target for achieving 'Net Zero' by both the Council and its key local partners. In this first item on this theme the Commission had asked the largest acute provider in the borough to outline their strategy for achieving climate change mitigation measures within their organisation.
- 5.4 Members gave consideration to a briefing presentation from HUHFT on their '*Roadmap to Net Zero Carbon*' and Liam Triggs took Members through it in detail. The presentation covered: the carbon footprint of the NHS; sources of carbon emissions by proportion of NHS carbon footprint; sources by activity type and setting of care; what HUHFT has done so far; accreditations and future plans.
- 5.5 Members asked questions and in the responses the following was noted:
- (a) The Chair congratulated HUHFT on the excellent work thus far and asked about the governance structure for this Plan. LT replied that the Net Zero Plan would set out goals but also include specific tasks and an action plan. It would be chaired by an Exec Director and would report twice yearly into the Board. It would also have key stakeholders involved so it was not just internal.
 - (b) The Chair asked how the the Council and NHS shared ideas and collaborated. LT replied that joint meetings already take place and there was collaboration in the 'ICS Works' strand and he was in contact with the sustainability leads in the Council.
 - (c) The Chair asked Cllr Kennedy about driving a partnership approach on this. He replied it was not so much about benchmarking orgs as about working in tandem. A lot of partnership working was going on with colleagues across other organisations. Some of the expertise on this lay within the council and it was sharing that. Laura Sharpe congratulated LT on the clarity of this piece of work and asked how primary care (GPs and Pharmacists) might learn from HUH and asked to meet outside of this meeting to progress this.

ACTION:	Laura Sharpe to meet with Liam Triggs to discuss further how the HUHFT Net Zero actions might best be replicated in primary care locally.
----------------	--

- (d) Members asked about the issue of solar gain and about analysing the Energy Performance Certificate ratings across all sites. LT replied that HUHFT had a single EPC across the acute site and when buildings were leases this was done through the landlord etc. They also profiled and analysed all utility use and heat gain surveys and there hadn't yet been a switchover of maximum use from winter to summer. The main building was 30 years old and the work was very much about incremental improvements.
- (e) Members asked about transportation for staff working unsocial hours who used their own cars. LT replied that the Covid environment made this more difficult to manage. They were looking at various alternative parking and transportation solutions. They also had bike and lease schemes.
- (f) The Chair asked about 'spend to save' areas and what were top of the list. LT replied that it was about focusing on the hard equipment i.e. generators on site rather than on insulation savings. They were looking closely at chiller replacement and air handling units as well as generators.
- (g) The Chair asked whether the NHSE 'spend to save' plan was nationally based. LT replied it was and that the Public Decarbonisation Scheme was in its third iteration. He added all this would present an ongoing challenge.
- (h) The Chair asked TF on how the Homerton Plan might be replicated across City & Hackney ICP. TF replied that there definitely was potential in transferring this knowledge and learning across the whole local system and it needed to be a priority going forward.

5.8 The Chair concluded that among councillors there were debates about holding the Council to account on Net Zero and when the Commission would want updating on this, say in a year's time, they would ask TF to provide a carbon plan for City and Hackney partners as a whole and not just the constituent parts. He thanked the officers for their thorough and wide ranging report.

ACTION:	TF asked that when bringing the next Net Zero update to give it a more ICP wide focus.
----------------	---

RESOLVED:	That the report and discussion be noted.
------------------	---

6 Neighbourhoods Development Programme

- 6.1 The Chair stated that the Health and Care Partners had been implementing Primary Care Networks, known locally as the Neighbourhoods Programme in Hackney, since 2018 and the Commission had last held a discussion on it on 10 July 2019. An update, scheduled for July 2020, was superseded by pandemic issues and therefore Members have requested a briefing on the current status of that programme.
- 6.2 He welcomed to the meeting Nina Griffith (**NG**), Workstream Director – Unplanned Care, NELCCG-City & Hackney Integrated Care Partnership
- 6.3 Members gave consideration to a detailed briefing report *Neighbourhoods Programme update* and NG took Members through it in detail.
- 6.4 Members asked questions and in the responses the following points were noted:
- (a) The Chair asked how Neighbourhoods differed from PCNs. NG clarified that PCNs are groups of GPs within neighbourhoods and there was a huge amount of overlap with the Neighbourhoods programme. There was also an element of PCNs which were also solely about Primary Care and there were separate ‘asks’ on them. They had agreed to work very closely with the PCNs and were in the process of aligning programmes much more closely. They had merged the delivery groups so they were all pulling in the same direction.
 - (b) Members asked why the GP Confederation wasn’t setting standards for engagement and wasn’t central in this. NG replied that the GP Confederation were core partners in all this work e.g. the community navigation programme and in supporting the PCNs and in devising models of care. LS confirmed that they were fully involved.
 - (c) The Chair asked what the non-recurrent budget was currently and what the trajectory was. NG replied that it was £1.14m this year, dropping to £738k next year and then dropping further in the following year. NG also undertook to come back to the Chair on a question about the number of WTE employees on the programme.

ACTION:	Nina Griffith to provide clarification on the number of Whole Time Equivalent (WTE) staff employed on the Neighbourhoods Development Programme.
----------------	--

- (d) The Chair asked what roles the money had been funding. NG replied that it funded a programme lead and project managers to provide coordination and

governance and the remainder went to the provider partners. It funded a project management type post and clinical lead/practitioner post. They also funded HCVS and Healthwatch to do resident involvement work at neighbourhood level.

- (e) Members asked about PCN funding for social prescribers and how these fitted in. NG replied that the social prescribers were funded both through national monies and local funding and were right at the centre of the model of community navigation. Family Action delivered the national programme and the PCNs added further capacity also via Family Action.
- (f) Members asked how how social prescribers were managed and supervised on a day to day basis. NG replied that they spent a number of their days across the GP Practices and other days within a central team of the host organisation e.g. Family Action where they received supervision. NG added that another role that had been funded through the PCNs was 'First contact physiotherapists' who were employed and hosted by the Homerton and given professional supervision and support from them and they spent days out in practices. She described how a similar arrangement works but for pharmacists.
- (g) The Chair asked about reporting back on the evaluation of impact of the drop-off of funding.

ACTION:	Nina Griffith to include in next update an evaluation of the loss of non-recurrent funding for the Neighbourhoods Programme and how that was managed.
----------------	--

- 6.5 The Chair thanked NG for her detailed update and for attending to answer questions.

RESOLVED:	That the report and discussion be noted.
------------------	---

7 Covid-19 update from Public Health

- 7.1 The Chair stated that he had asked Public Health to provide a tabled and therefore more timely update on the Covid-19 situation. Copies had been circulated to Members earlier that day. He welcomed the meeting:

Chris Lovitt (**CL**), Deputy Director of Public Health
Rob Miller (**RM**), Strategic Director Customer and Workplace, LBH

- 7.2 Members gave consideration to two briefing reports

- a) *Covid-19 update from Director of Public Health*
- b) *Future Workplace update* (from Rob Miller)

- 7.3 RM and CL took Members through their presentations in detail. The Public Health update covered: key messages; incidence rates; details on school age populations; comparison with both NEL and national rates; bed occupancy at HUH. The future workplace presentation covered: our workspace priorities; making office spaces ready for staff; supporting leadership skills for hybrid working and continuing the engagement with service teams.
- 7.4 Members asked questions and in the replies the following points were noted
- (a) Members asked about short and long term plans for staff, on communications to residents on the future provision of services and about the new government guidance for 'night time economy' venues. RM explained that the guidance changed regularly making it difficult to provide any long term plans. They were working very hard to open up as many spaces as possible. They had commissioned specialist reports on ventilation in, for example, Hackney Town Hall. As regards in the community they offered advice on capacity limits for example or advice related to clinically vulnerable who might need to attend a particular space.
 - (b) The Chair asked how many of the new c. 600 Covid 19 cases in the past week were 18 yrs of age or under. CL replied that the majority were in 10-19 yr olds and there was also a worrying and consistent increase in over 80s.
 - (c) Members asked about high levels of mixing in venues in Hackney and how Public Health was engaging with venues on mitigation measures. CL replied that they were engaging very closely with businesses on encouraging lateral flow tests and mask wearing etc and they had just run a session with them on preparing for the party season. He added generally that the UK was out of step with Europe on many of these aspects.
 - (d) Members asked what was being done re student halls of residence. CL said they were promoting both Lateral Flow Testing for students. One challenge was that it was difficult to distinguish between cold and Covid symptoms therefore the public needed to self isolate when they had symptoms.
 - (e) The Chair asked whether the unvaccinated still made up the vast majority of those in ICU beds. CL replied that it was an ongoing challenge. He added that as people get to the 5th or 6th month on from their second jab then the need for boosters was even more important.

- (f) The Chair asked about actual engagement work to push uptake of booster shots. CL replied that the NHS system re text reminders and phone calls was very well rehearsed by now and was working well.
- (g) Members asked about vaccine uptake by domiciliary care workers and the difficulty in collecting this data. CL replied that there had been a significant amount of work targeting the care sector. It was difficult to get accurate data and more needed to be done on that. Helen Woodland added that vaccine uptake on home care workers was 76.6% locally and a whole programme of interventions with the providers was in train.
- (h) Members asked about uptake by unpaid family carers. HW clarified on the categories and stated that they were monitoring those receiving direct payments and this would pick up much of this.

ACTION:	Helen Woodland offered Cllr Snell a meeting to go through in more detail the vaccine uptake data across the various cohorts in the care sector.
----------------	--

7.5 The Chair thanked the officers for their detailed reports and attendance.

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

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 11 October 2021 and the Matters Arising.

RESOLVED:	That the minutes of the meeting held on 11 October be agreed as a correct record and that the matters arising be noted.
------------------	--

9 Health in Hackney Work Programme

10.1 Members gave consideration to the updated work programmes.

RESOLVED:	That the Commission's work programmes for 21/22 and the rolling work programme for INEL JHOSC be noted.
------------------	--

10 Any other business

10.1 There was none.

<p>Health in Hackney Scrutiny Commission</p> <p>9th December 2021</p> <p>Work Programme for the Commission</p>	<p>Item No</p> <p>9</p>
---	--------------------------------

OUTLINE

Attached please find the latest iteration of:

HiH work programme 2021/22
INEL work programme 2021/22

These are working documents and updated regularly.

ACTION

The Commission is requested to note the updated work programmes and make any amendments as necessary.

Health in Hackney SC - Rolling Work Programme for 2021-22 as at 1 Dec 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
8 June 2021	New NHS East and SE London Pathology Partnership	Update requested from Jan 2020	NEL CCG and HUHFT	ICP Lead for City & Hackney also CE of HUHFT	Tracey Fletcher	
deadline 27 May	Treatment pathways for 'Long Covid'	Briefing	NEL CCG	Director of CCG Transition - City & Hackney	Siobhan Harper	
			NEL CCG	CCG Clinical Chair for City and Hackney	Dr Mark Ricketts	
			HUHFT	Head of Adult Therapies	Fiona Kelly	
			NEL CCG - C&H	Acting Workstream Director for Planned Care	Charlotte Painter	
	Community Mental Health Transformation and Recovery from Covid-19	Briefing	ELFT	CEO	Paul Calaminus	
			ELFT	Deputy Borough Director - City and Hackney	Andrew Horobin	
	Redesign of specification for Homecare	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
	Covid-19 update	Noting only	Public Health and CCG	Deputy Director of Public Health	Chris Lovitt	
8 July 2021	Covid-19 update from Public Health	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands	
deadline 29 June			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
	Healthwatch Hackney Annual Report 20/21	Annual item	Healthwatch Hackney	Executive Director	Jon Williams	
				Chair	Malcolm Alexander	
	HUHFT Quality Account 2020/21	Annual item	HUHFT	Chief Nurse and Director of Governance	Catherine Pelley	
	Future plans for St Leonard's site	Briefing	HUHFT	Director of Strategic Implementation and Partnerships	Claire Hogg	
	Secondary use of GP patient identifiable data	Briefing	NEL CCG - C&H	CCG Clinical Chair for City and Hackney	Dr Mark Ricketts	
			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
11 Oct 2021	Relocation of inpatient dementia assessment services to East Ham Care Centre	Update requested from July 2020	ELFT	Consultant Psychiatrist and Clinical Lead for Older Adult Mental Health	Dr Waleed Fawzi	
deadline 30 Sept				Director of Strategic Service Transformation	Eugene Jones	
			NEL CCG	Programme Director Mental Health - City & Hackney	Dan Burningham	
			Healthwatch Hackney	Executive Director	Jon Williams	
Item joint with Chair and Vice Chair of CYP Scrutiny Commission	Maternal mental health disparities	Discussion	City & Hackney Integrated Care Partnership	Workstream Director - Children and Young People, Maternity and Families	Amy Wilkinson	
			City & Hackney Integrated Care Partnership	Programme Manager - Children, Maternity and CAMHS	Ellie Duncan	

			ELFT Perinatal Service	Trustwide Lead for Perinatal Mental Health	Justine Cawley	
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Mikhaela Erysthee	
			Maternity Voices Partnership	Co-chair Black and Black-Mixed Heritage Group	Rachael Buabeng	
	City & Hackney Safeguarding Adults Board Annual Report	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE	
			CHSAB	Head of Service, Safeguarding Adults	John Binding	
	Covid-19 update	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands	
			NEL CCG - C&H	Director of CCG Transition - City & Hackney	Siobhan Harper	
17 Nov 2021	What is Adult Social Care - overview of current provision	Discussion	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
deadline: 8 Nov				Director Adult Social Work and Operations	Ann McGale	
	Roadmap to Net Zero Carbon at HUHFT	Discussion	HUHFT and City & Hackney ICP Lead	Chief Executive	Tracey Fletcher	
			HUHFT	Head of Facilities, Compliance and Performance	Liam Triggs	
	Neighbourhoods Development Programme update	Briefing	NELCCG and C&H Integrated Care Partnership	Workstream Director for Unplanned Care	Nina Griffith	
	Covid-19 update from Director of Public Health	Briefing	Public Health	Dep Dir Public Health	Chris Lovitt	
			LBH	Strategic Director Customer and Workplace	Rob Miller	
9 Dec 2021	Draft Health and Wellbeing Strategy 2022-26	Discussion on consultation	Public Health	Public Health Registrar	Sara Bainbridge	
deadline: 30 Nov				Director of Public Health	Dr Sandra Husbands	
	HUHFT - update on Covid and Elective Recovery	Briefing	HUHFT and City & Hackney ICP Lead	Chief Executvie	Tracey Fletcher	
	Covid-19 update	Regular update	Public Health	Director of Public Health	Dr Sandra Husbands	
	Cabinet Member Question Time: Cllr Kennedy	Annual CQT session	LBH	Cabinet Member for Health Social Care and Leisure	Cllr Chris Kennedy	
10 Jan 2022	Public Health Spend overview	Discussion	Public Health	Director of Public Health	Dr Sandra Husbands	
deadline: 22 Dec 2021						
	King's Park Moving Together project	Briefing on Sport England project	LBH	Sport England Local Delivery Pilot Head of Programme	Lola Akindoyin	
	TBC People's Plan for St Leonard's - briefing from Healthwatch	Update from 8 July	Healthwatch Hackney	Chair	Malcolm Alexander	
			HUHFT	Director of Strategic Implementation	Julia Simon	
	TBC					
9 Feb 2022	TBC - Transformation Programme for Adult Social Care	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
deadline: 31 Jan				Director Adult Social Work and Operations	Ann McGale	

	TBC - Implementing the new system and Code of Practice for 'Deprivation of Liberty Safeguards'		CHSAB	Head of Service, Safeguarding Adults	John Binding	
	TBC					
16 March 2022	To be confirmed - full mtg on Health impacts of poor air quality	Full meeting postponed from March 2020	King's College London	Academic		
deadline: 7 March			Public Health	Public Health Consultant		
			Environment Services Strategy Team	Head Environment Services Strategy Team		
			tbc			

Note: The Local Council Elections in London take place on 5 May 2022. Purdah begins c. 20 March

ITEMS AGREED BUT NOT YET SCHEDULED

Possible date						
June 2022	Overview of capital build proposals in Adult Social Care	Briefing	Adult Services	Group Director Adults Health and Integration	Helen Woodland	
				Director Adult Social Work and Operations	Ann McGale	
June 2022	Election of Chair and Vice Chair					
June 2022	Electon of 3 members to INEL JHOSC for 2022/23					
TBC	Future of virtual consultations in primary care - next steps	Briefing requested Sept 2020	GP Confederation	Chief Executive	Laura Sharpe	
			Healthwatch Hackney	Executive Director	Jon Williams	
			NEL CCG	Primary Care Commissioner	Richard Bull	
TBC	Implementation of Ageing Well Strategy	Update requested Dec 2019	Inclusive Economy, Policy and New Homes	Head of Policy and Strategic Delivery	Sonia Khan	
Postponed from 1 May 2020	Tackling Health Inequalities: the Marmot Review 10 Years On	SCRUTINY IN A DAY	Public Health	Director of Public Health	Dr Sandra Husbands	
	Sub Focus on Objective 5: Create and develop healthy and sustainable communities		NEL ICS	MD City and Hackney		
			Planning	Head of Planning and Building Control	Natalie Broughton	
			Neighbourhoods and Housing	Head of Area Regeneration Team	Suzanne Johnson	
	How health and care transformation plans consider transport impacts	Suggestion from Cllr Snell				
	Implications for families of genetic testing	Suggestion from Cllr Snell				
	Accessible Transport issues for elderly residents	Suggestion from Cllr Snell				

INEL JHOSC Rolling Work Programme for 2020-21 as at 1 Dec 2021

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
27 January 2020	New Early Diagnosis Centre for Cancer in NEL	Briefing	Barts Health NHS Trust	Clinical Lead	Dr Angela Wong	
			NCEL Cancer Alliance	Interim Project Manager	Karen Conway	
	Overseas Patients and Charging	Item deferred				
11 February 2020	NHS Long Term Plan and NEL response	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			Barking & Dagenham CCG	Chair	Dr Jagan John	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Chief Finance Officer	Henry Black	
	New Joint Pathology Network (Barts/HUHFT/Lewisham & Greenwich)	Briefing	Barts Health NHS Trust	Director of Strategy	Ralph Coulbeck	
			Homerton University Hospital NHS FT	Chief Executive	Tracey Fletcher	
Municipal Year 2020/21						
24 June 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Chief Executive	Alwyn Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			East London NHS Foundation Trust	COO and Dep Chief Exec	Paul Calaminus	
			Newham CCG	Chair	Dr Muhammad Naqvi	
			Waltham Forest CCG	Chair	Dr Ken Aswani	
			Tower Hamlets CCG	Chair	Dr Sir Sam Everington	
			WEL CCGs	Managing Director	Selina Douglas	
	City & Hackney CCG	Managing Director	David Maher			
	How local NEL borough Scrutiny Cttees are scrutinising Covid issues	Summary briefing FOR NOTING ONLY	O&S Officers for INEL			
30 September 2020	Covid-19 update	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			East London HCP	Director of Transformation	Simon Hall	
			East London HCP	Director of Finance	Henry Black	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
			ELFT	COO and Deputy Chief Executive	Paul Calaminus	
			WEL CCGs	Managing Director	Selina Douglas	

Page 66

			City and Hackney CCG	Managing Director	David Maher	
	Covid-19 discussion panel with the local Directors of Public Health	Discussion Panel	City and Hackney	DPH	Dr Sandra Husbands	
			Tower Hamlets	DPH	Dr Somen Bannerjee	
			Newham	DPH	Dr Jason Strelitz	
			Waltham Forest	DPH	Dr Joe McDonnell	
	Overseas Patient Charging - briefings from Barts Health and HUHFT	Briefing	Barts Health NHS Trust	Group Chief Medical Officer	Dr Alistair Chesser	
25 Nov 2020	Covid 19 update and Winter Preparedness	Briefing	East London HCP	Senior Responsible Officer	Jane Milligan	
			NEL Integrated Care System	Independent Chair	Marie Gabriel	
			Barts Health NHS Trust	Group Chief Executive	Alwen Williams	
	Whipps Cross Redevelopment Programme	Briefing	Barts Health NHS Trust	Whipps Cross Redevelopment Director	Alastair Finney	
			Barts Health NHS Trust	Medical Director, Whipps Cross	Dr Heather Noble	
10 Feb 2021	Covid-19 impacts in Secondary Care in INEL boroughs	Briefing	Barts Health NHS Trust	Group Chief Executive	Dame Alwen Williams	
	Covid-19 Strategy for roll out of vaccinations in INEL boroughs	Briefing	East London HCP	SRO	Jane Milligan	
			City and Hackney CCG	Chair	Dr Mark Ricketts	
			City and Hackney CCG	MD	David Maher	
	North East London System response to NHSE consultation on ICSs	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
	Update on recruitment process for new Accountable Officer for NELCA/SRO for ELHCP	Briefing	NEL Integrated Care System	Independent Chair	Marie Gabriel	
Municipal Year 2021/22						
23 Jun 2021	Covid-19 vaccinations programme in NEL	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL CCG	Director of Transformation	Simon Hall	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
	Implications for NEL ICS of the Health and Care White Paper	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL ICS	Independent Chair	Marie Gabriel	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
	Accountability of processes for managing future changes of ownership of GP practices	Discussion item	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	

			NEL CCG	Director of Primary Care Transformation TNW ICP	William Cunningham-Davis	
			NEL CCG	Managing Director of TNW ICP	Selina Douglas	
			NEL CCG	Director of Corporate Affairs	Marie Price	
	Challenges of building back elective care post Covid pandemic	Briefing	NEL ICS	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			Barts Health	Consultant Cardiothoracic Surgeon and Chief of Surgery	Stephen Edmondson	
			Barts Health	Group Chief Executive	Dame Alwen Williams	
			HUHFT	Chief Executive	Tracey Fletcher	
13 Sep 2021	Whipps Cross redevelopment programme	Update further to item on 25 Nov	Barts Health	Director of Strategy	Ralph Coulbeck	
	Structure of Barts Health and developing provider collaboration	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
	Implementation of North East London Integrated Care System	Discussion	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Group Chief Executive	Dame Alwen Williams	
	Covid-19 vaccination programme in NEL	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
16 Dec 2021	Covid-19, winter pressures, elective recovery update	Discussion	Barts Health	Group Chief Executive	Dame Alwen Williams	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
			NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
	Overview of upcoming service changes to community diagnostic centres	Briefing	NEL CCG	Director of Transformation and NEL Covid vaccination Programme Lead	Simon Hall	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
				Clinical Director TBC		
	NEL Integrated Care System - update	Briefing	NEL ICS	Independent Chair	Marie Gabriel CBE	
			NEL ICS/ NEL CCG	Acting AO for NEL CCG and SRO for NEL ICS	Henry Black	
	Special Whipps Cross Redevelopment JHOSC - update from its Chair	Brief update from Member	Whipps Cross JHOSC	Chair of the JHOSC	Cllr Richard Sweden	
1 March 2022	TBC					
	TBC					
	TBC					
	TBC					

	Note: Purdah begins 20 March in advance of Local Elections on 5 May. No meetings in this period.					
	Items to be scheduled/ returned to:					
	NEL Estates Strategy					
	Review of Non Emergency Patient Transport					
	Digital First delivery in NHS					

This page is intentionally left blank

COVID-19 update to the Healthy in Hackney meeting

Page 71

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

8 December 2021

Agenda Item



CITY
OF
LONDON



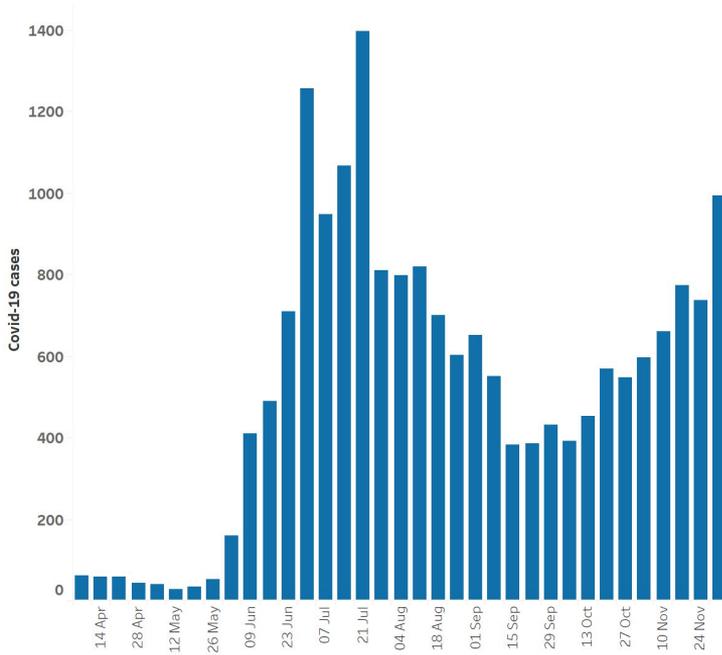
Key messages

- In the latest week of available data, ending 1 December, 353 cases were recorded per 100,000 population in Hackney, 35% more than the previous week.
- London and England both recorded lower increases in incidence rates than Hackney in the latest week. Despite this, both geographies continue to record incidence rates higher than Hackney.
- School-aged populations recorded the highest incidence rates in the latest week of available data, 49% higher than the average for Hackney and the City of London.
- Testing and positivity rates have increased for LFD and PCR tests as a whole since the beginning of September 2021.
- As of 28 November 2021, Hackney and the City of London were recording the fifth lowest first dose COVID-19 vaccination rates in England and the lowest vaccination rates for 12- to 15-year-olds. This is despite higher invitation rates than the NEL average for all major cohorts.
- While overall acute bed occupancy has remained stable over the past month across NEL, critical care bed occupancy has increased to 92%.

COVID-19 incidence rates have been steadily increasing since mid September

Page 73

Covid-19 cases by week, Hackney, 7 April to 1 December 2021



Data source: UK Health Security Agency (UKHSA) and population from NHS England National Immunisation Management Service (NIMS).

- Looking at COVID-19 cases in the third wave of the pandemic, incidence rates peaked in the week ending 20 July 2021 at 530 cases per 100,000 population.
- While incidence rates have remained lower than this peak ever since, a relatively consistent increase in COVID-19 has been recorded each week since mid September.
- In the latest week of available data, ending 1 December, 353 cases were recorded per 100,000 population in Hackney, 35% more than the previous week.
- London and England both recorded lower increases in incidence rates than Hackney in the latest week. Despite this, both geographies continue to record incidence rates higher than Hackney, at 405 and 461 cases per 100,000 population respectively.

School-aged populations continue to recorded the highest COVID-19 incidence rates

Covid-19 cases by age group and week, Hackney and the City, 13 October to 1 December 2021.



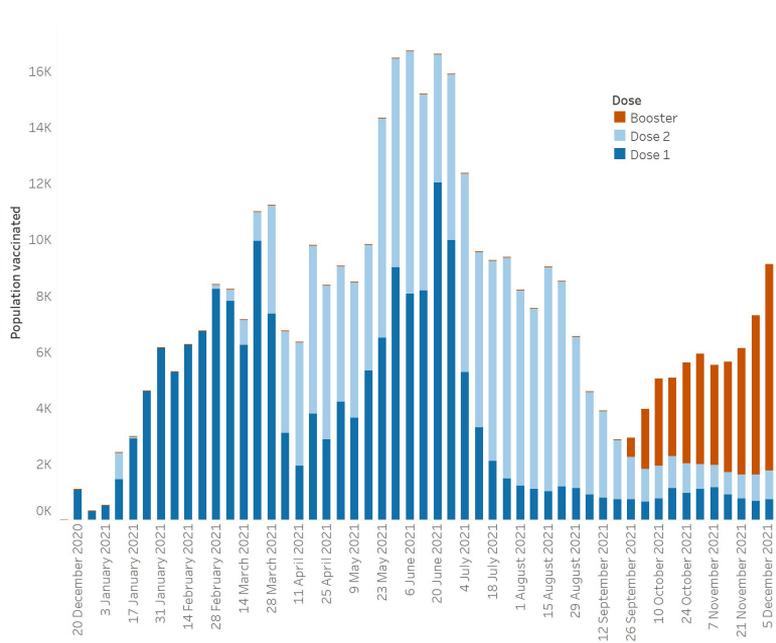
- Since the return of schools this academic year, 10- to 19-year-olds have recorded the highest incidence rates each week except the week ending 24 November 2021.
- In the week ending 1 December, 10- to 19-year-olds recorded an incidence rate of 495 cases per 100,000 population, 49% higher than the average for Hackney and the City of London.
- Between 9 September and 1 December 2021, 1.5% of tests taken through school mass testing returned a positive result in comparison to 1.4% of all LFTs. However, while total positivity rates for LFTs have increased to an average of 1.8% in the past month, positivity rates for school mass testing have remained stable.
- Positivity rates have also increased for PCR tests as a whole. In the week ending 1 December, 6.8% of PCR test taken by residents of Hackney returned a positive result, up from 3.1% in the week ending 15 September 2021.

Data source: UK Health Security Agency (UKHSA) and population from NHS England National Immunisation Management Service (NIMS).

Hackney and the City of London are recording the fifth lowest first dose COVID-19 vaccination rates in England

Covid-19 vaccinations by dose number and ending week, Hackney and the City, 15 December 2020 to 5 December 2021

Page 75

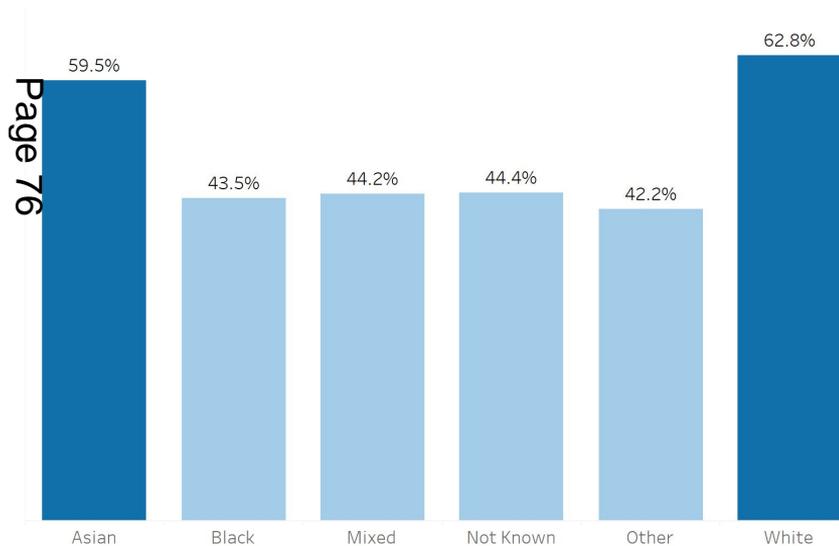


- As of 5 December, 62% of Hackney’s population aged 12+ had received a first dose of the COVID-19 vaccine, 90% of those who had received a first dose had also received a second, and 25% of those aged 18 and over who had received a second dose had also received a third or booster dose.
- While the number of booster vaccinations received by residents each week has increased relatively consistently since the end of September, with 7,377 doses administered in the week ending 1 December 2021, less than 1% (747) of completely unvaccinated populations received a first dose in the latest week.
- As of 28 November 2021, Hackney and the City of London were recording the fifth lowest first dose COVID-19 vaccination rates in England and the lowest vaccination rates for 12- to 15-year-olds.

Data source: UK Health Security Agency (UKHSA) and population from NHS England National Immunisation Management Service (NIMS). *Excluding data on third doses and booster vaccines.

Hackney and the City continue to record lower vaccination rates than the NEL average despite higher rates of invitation

COVID-19 total first dose vaccination rates by ethnic group as of 5 December 2021, Hackney.*

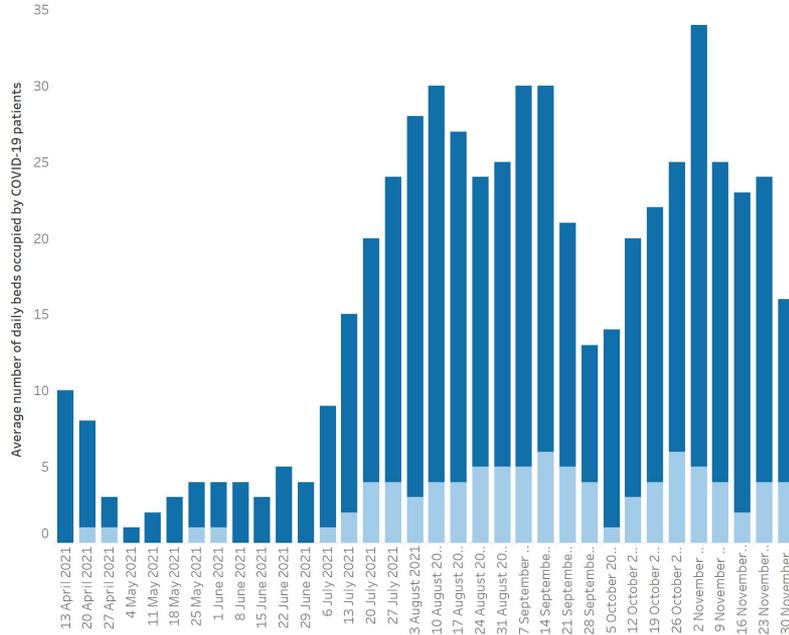


- Vaccination rates in Hackney and the City of London are lower than the average for NEL across most older and at-risk groups: As of 2 December, first dose vaccination rates:
 - **CEV or aged 70 to 74:** 81% in Hackney and the City of London vs 87% in NEL
 - **COVID-19 at risk aged 16 to 64:** 72% vs 79%
 - **Older adult residents in care homes:** 92% vs 95%
- This is despite higher invitation rates in Hackney and the City of London than the NEL average for all major cohorts.
- As of 5 December 2021, White and Asian ethnicities had the highest vaccination rates** compared to all other groups.
- The proportion of population vaccinated with at least one dose varies by ward from 46% in Springfield to 70% in Clissold. Wards in the north of the borough continue to record the lowest vaccination rates.

Data source: UK Health Security Agency (UKHSA). *Populations aged 0+.
**When excluding Arab ethnicities who have a small population size in Hackney.
CEV = Clinically Extremely Vulnerable individuals.

Overall critical care bed occupancy in NEL has increased consistently each week since the end of October

Average number of Homerton University Hospital beds occupied by Covid-19 patients each day by week, 13 Apr to 2 Nov 2021



- Since the beginning of June 2021, there have been 58 deaths recorded among residents of Hackney that were due to or involving COVID-19, averaging at 2.3 deaths a week.
- In the week ending 19 November 2021, no deaths due to or involving COVID-19 were registered among residents of Hackney. Eight were registered in the previous week.
- While overall acute bed occupancy across NEL has remained stable over the past month, critical care bed occupancy has increased to 92%. As of 6 December, 16% of of critical care beds and 7% of general and acute (G&A) beds were occupied by COVID-19 patients across NEL, up 17% and 9% respectively from the previous week.
- In the week ending 30 November, an average of 16 beds were occupied by COVID-19 patients each day at Homerton University Hospital. This is 33.3% lower than the previous week.

Data source: NHS Covid-19 Hospital Activity. NEL, Leading indicators dashboard; [NHS. COVID-19 Hospital Activity](#); ONS, [Death registrations and occurrences by local authority and health board](#)



Omicron (O) Variant

- On 26 November 2021, WHO designated Omicron, a new variant of COVID-19, as a variant of concern.
- Delta remains the predominant variant in England, accounting for approximately 99.8% of sequenced cases from 10 October to 30 November 2021
- Emerging evidence on the O variant indicates that it is likely to be more highly transmissible than Delta
- O may also be more likely to evade immunity that has been induced either by vaccination or previous natural infection
- Gene sequencing evidence also suggests that it is less likely to be amenable to treatment with therapeutic antibodies
- So far there is no evidence that this variant causes more severe disease

Notification has been received of Omicron cases in Hackney in the latest week

- Currently rising numbers cases of O across the UK, not only travel-related, indicating community transmission
- The first case of Omicron was reported in the UK on 27 November 2021. As of 11 December 2021, 568 cases had been reported in the UK & 174 London. 11 of these are in Hackney.
- To increase population protection from transmission of O, last week mask mandate re-introduced, international travel restrictions in place for countries that currently have high numbers of cases, and reintroduction of day 2 PCR testing for all incoming, international travellers, even if vaccinated
- The numbers of people infected with the Omicron variant in the UK now appears to be doubling every two to three days.
- South African experience indicates that high numbers of infections are translating to high numbers of people admitted to hospital
- As a result, the introduction of more robust measures, 'Plan B', was announced on 8 December. This includes widening the rules on wearing face coverings, use of COVID-19 vaccine passports and a requirement to work from home, where possible.

Omicron Variant Characteristics

3 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529)

UK Health Security Agency

Indicator	Red, amber or green status*	Confidence level	Assessment and rationale
Transmissibility between humans	Amber	Low	<p>At least as transmissible as currently circulating variants</p> <p>Omicron is transmitting rapidly and successfully. Increased transmissibility compared to Delta is biologically plausible with the presence of furin cleavage site and nucleocapsid changes associated in vitro with advantages for replication, as well as extensive changes to the RBD. Structural modelling suggests that the mutations present may increase human ACE2 binding affinity to a much greater extent than that seen for any other variant. Phylogeny suggests a recent emergence. Data from South Africa suggests that Omicron has a pronounced growth advantage there. However, this may be due to transmissibility or immune escape related, or both.</p>
Infection severity			Insufficient data
Naturally acquired immunity	Red	Low	<p>Mutations suggestive of reduced protection from natural immunity and limited supporting epidemiological evidence</p> <p>Based on experience with other variants, laboratory data on individual mutations, and structural modelling, the mutations present are very likely to reduce antibody binding and include changes in all 4 neutralising antibody binding sites in the RBD and also in antigenic sites in the S NTD. T cell epitope data is awaited. Analysis from South Africa suggests a reduction in protection from previous infection, including from recent Delta infection. There is no convalescent sera neutralisation data and no relative risk of reinfection analyses as yet.</p>
Vaccine-derived immunity	Red	Low	<p>Mutations suggestive of reduced protection from vaccine derived immunity, no supporting evidence</p> <p>The mutations present are likely to reduce antibody binding and include changes in all 4 RBD neutralising antibody binding sites. T cell epitope data is awaited. There is no vaccinee sera neutralisation data and no epidemiological data on vaccine effectiveness.</p>
Therapeutics	Red	Low	<p>Mutations suggestive of reduced effectiveness of a treatment in UK clinical use</p> <p>The mutations present are likely to reduce the binding of most available therapeutic monoclonal antibodies, based on structural modelling. On the same basis, they are unlikely to affect current small molecule antivirals. However, there is no laboratory or clinical data to support these predictions at present.</p>

* Refer to scale and confidence grading slide.

