

Minutes of an INFORMAL meeting of the Health and Wellbeing Board
Thursday 16 June 2022

Members of the Board present:

In Person:

Mayor Philip Glanville (Co Chair)
Deputy Mayor Anntoinette Bramble (Cabinet for Cabinet Member for Education, Young People and Children's Social Care)
Councillor Susan Fajana-Thomas (Cabinet Member for Community Safety – á© é)
Stephen Haynes (Strategic Director)
Annie Gammon (Director of Education)
Rosemary Jawara (Community Volunteer Sector, Hackney)
Councillor Christopher Kennedy (Cabinet Member for Adult Social Care, Voluntary Sector and Culture)
Virtually;
Frances Haste (Community Volunteer Sector, Hackney)
Susan Masters (Community Voluntary Sector, Hackney)
Raj Radia (Chair, Community Pharmacies)
Dr Mark Rickets (North East London CCG)
Councillor Carole Williams (Cabinet Member for Employment and Human Resources)
Helen Woodland (Group Director, Adults, Health and Integration - Hackney Council)

Apologies:

Laura Sharpe, Jacquie Burke, Stephanie Coughlin, Dr Sandra Husbands

Officers in Attendance:

Diane Benjamin (Director – Children's Social Care – Hackney Council)
Peter Gray (Governance Officer – Hackney Council)
Diana Divajeva (Principal Public Health Analyst – Hackney Council)
Donna Doherty-Kelly (Principal Public Health Strategist – Hackney Council)
Merle Ferguson (Procurement Strategy and Systems Lead – Hackney Council)
Anna Garner (Head of Performance and Population Health - City and Hackney Integrated Care Partnership, NHS North East London Clinical Commissioning Group and North East London Health and Care Partnership)
Nina Griffiths (Work stream Director - Unplanned Care – Homerton Hospital)

John Hitchin (Director – Homerton Hospital (Renaissi))
Rory McCallum (Senior Professional Adviser – Safeguarding)
Andrew Munk (Assistant Director, Employment and Skills, Hackney Council)
Ellen Swartz (Consultant in Public Health – Hackney Council)

Also in Attendance:

Sean Beasley (Acting DCI, Central East Basis Command Unit)
Sally Beaven (Engagement and Co-Production Manager – Healthwatch Hackney)
Lloyd French (Interim Chair - Healthwatch Hackney)
Lorraine Sunduza (Chief Nurse and Deputy Chief Executive – East London Foundation Trust)
Catherine Pelley (Chief Nurse and Director of Governance – Homerton Hospital)

1 Welcome

1.1 The Chair welcomed all present to the meeting. It was noted that the meeting was inquorate and could only proceed on an informal basis.

2 Declarations of Interest - Members to Declare as Appropriate

2.1 There were no declarations of interests.

3 Minutes of the Previous Meeting

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

4 Action Tracker

4.1 The Chair introduced the action tracker. He referred the Board to the report on

Connect Hackney. In January 2022, Connect Hackney presented their Phase 2 Reach and Impact report and the recommendations that they wanted the Health and Wellbeing Board to accept and take forward. These recommendations were accepted by the Board and the Chair stressed the need to monitor the implementation of the recommendations in relation to social isolation. Dr Mark Rickets (Co-Chair) reiterated this view. Nina Griffiths told the Board that connections had been made, feeding into the neighbourhoods programme. She confirmed that an update on this matter would be made to a future meeting.

Action: ?

The Principal Public Health Strategist confirmed that Connect Hackney had been provided with an update on the current position

RESOLVED:

To note the report

5 Question from the Public

5.1 The Principal Public Health Strategist introduced the answer to the question from the member of public as follows. The Member of the Public was not present.

Question:

I am 67 years old and I try to keep as healthy as much possible but I find that it costs quite a bit of money to use the gym and sadly the dance classes I go to, which are very cheap, have to apply for funding on a regular basis so their future is never secure which is awful since I have found dance to be so important for keeping me fit and happy - it should be recognized as a treatment by GP's.

I was therefore asking why we don't get some direct investment for each older person - like a sort of health package - to help them remain healthy in order to prevent further expenditure on them later?

Response:

There are a number of free and reduced cost physical activities for older people in Hackney.

To encourage physical activity by older people in Hackney, the Council either delivers, commissions or offers a variety of programmes or opportunities:

Commissioned: The Council is committed to working with local community groups and organisations to increase participation in sport and physical activity by older residents. Some examples include:

The Sharp End: The Sharp End is commissioned by the Council's Public Health Team to deliver provision for older people in the borough. This currently includes 15 weekly sessions run by the Sharp End at Queensbridge Sports & Community Centre.

Leisure Centres:

Better Club 50: The Council and GLL provides discounted activities for adults that are 50+. The programme allows 50+ adults to access some of the leisure facilities for £2 a day. At Britannia Leisure Centre, the programme runs twice a week and provides a total of 34 hours of activities. At Kings Hall Leisure Centre, the programme runs every day with a total of 56 hours across 7 different activities. As part of this provision there is also 12 hours of social time, as we recognise that, for many of our 50+ users, this interaction is just as important as physical activity.

Concessions: The Council and GLL offer a significant discount for concessionary memberships (direct debit and pay-and-play). These various concessionary memberships are available to people to access the facilities off-peak who are:

In receipt of benefits (statement of proof required in the last 3 months);

A student (of any age);

Disabled or are a carer (you must have received carers allowance in last 3 months); and

Over 60 or if you are under 16 and your parent(s) or guardian are in receipt of benefits (in the last 3 months).

These various concessionary memberships demonstrate an average discount of 50% on the normal member rates. It is worth noting that neighbouring Boroughs generally offer a 30% discount for concessions.

Free Swimming: The Council and GLL still offer free swimming at Britannia Leisure Centre (excluding the leisure water area), Clissold Leisure Centre and Kings Hall Leisure Centre, to residents of the Borough with a pay-and-play card who are:

Under 18;

Over 60; and

Disabled or a Carer.

Targeted Programming or Initiatives:

New Age Games (NAG): NAG is the Council's free weekly exercise programme open to Hackney residents aged 50 +. It is currently delivering 18 sessions per week across the borough, 11 of which take place in the leisure centres.

Walking Together: The Walking Together programme offers opportunities for people to engage in free health and heritage walks. The scheme targets those who are ready to engage in a supported physical activity through offering organised, supervised and led walks from community venues, which incorporate green spaces en route within the borough.

Policy and Strategy

Hackney's Labour's new Manifesto also includes a commitment to invest in a network of new, free, outdoor gym facilities in our parks and green spaces, consulting on opportunities to develop new sports amenities, engaging with local campaigns and ensuring that we meet the needs of our local communities.

The Council has an Ageing Well Strategy that looks at how we make the borough more age-friendly and how we work with partners to consider and respond to the needs and interests of older residents. One of the priorities for this work is health and wellbeing and how this is incorporated into all of the Council's priorities with a focus on meeting the needs and interests of older residents. Part of this wider approach is also encouraging co-production. Examples of other strategies and council programmes that are considering older people's wider wellbeing include:

- gym equipment being fitted in parks through our parks strategy and ensuring they are accessible to our residents,
- Plans to pilot a health-based programme of activity in Hackney Marshes that focuses on ageing well
- Funding over 50s groups to run activities via our resident engagement programme
- Re-launching Hackney Circle (a Cultural Pathway for Hackney residents, with a view to supporting older residents to access the benefits of engaging in Hackney's vibrant cultural life).
- Physical activity is also outlined as an action within our new Health and Wellbeing Strategy, which aims to improve mental health, increase social connections and support greater financial security over the next four years. An action plan is being developed in the upcoming months.
- Encouraging residents to become more active

Locally, the NHS currently does not have a budget for prescribing exercise, although they strongly support the prevention of ill health through healthy lifestyles, including physical activity. Personal Health Budgets are only available to specific groups of people currently – including those who are eligible for Continuing Health Care, wheelchair users and some other groups including people with Mental ill health.

There are a number of professionals working in Hackney having discussions with Hackney residents about physical activity that can improve health and wellbeing. GPs, Social Prescribers and Health and Wellbeing Coaches refer and signpost residents to a number of low or no cost physical activities based within the community. There are a number of social prescribing and community connectors that refer and connect local residents to these opportunities.

5.2 The Chair stressed that the NHS voice was included in the response and that neighbourhoods and social prescribers were connecting on this matter.

5.3 Raj Radia asked for clarification on the provision for under 50a and whether the weight management service operating in partnership with community pharmacies still provided this service. He asked how signposting could be carried out in a community pharmacy setting.

- 5.4 The Principal Public Health Specialist confirmed that the weight management service continued to exist with a face to face offer, NHS digital weight programmes, cook and eat classes, etc. It was agreed that this information be circulated.

Action: The Principal Public Health Specialist

- 5.5 The Mayor referred to the 'Here to Help' section of the Council's website with details of locally based food project.

6 Joint Strategic Needs Assessment Update

- 6.1 The Principal Public Health Analyst introduced the report. The Joint Strategic Needs Assessment (JSNA) process has been redesigned and approved by both Hackney and the City of London Health and Wellbeing Boards. The new process followed five main principles:

- Alignment with policy and commissioning cycles;
- Hypothesis-led research;
- Active dissemination of results;
- Increased accountability;
- Impact evaluation.

The Principal Public Health Analyst presented to the Health and Wellbeing Board, highlighting the following:

- Update on the annual work programme when this has been finalise;
- Update on the findings and recommendations from the completed needs assessments;
- Update on the findings from the evaluation/impact assessment following the recommendations (usually after at least 12 months from the implementation of the recommendations).

- 6.2 The Mayor referred to the ongoing work updating the website Portal, ensuring a more public facing set of data. He referred to the good engagement and responses with promotional work to ensure engagement with the services.

- 6.3 Nina Griffiths asked how the JSNA linked in and empowered the work of the Health and Wellbeing Board and the Health and Wellbeing Strategy.

- 6.3 The Principal Public Health Analyst confirmed that some assessments were directly linked to the strategy. Assessments were used to assist commissioning using the most up to date data and evidence. She confirmed that most topics related to commissioning. There was ongoing work on mental health and inequality, etc.

7 Community Voice- Anchor Institutions Research - Young Peoples Reflections and Recommendations

- 7.1 Sally Beaven and David Kingsley presented to the Board on Anchor Institutions and Young people, highlighting:

- The young Public Representatives are a sub-group of the C&H Public Representatives, made up as follows:
 - 12 Young Public Reps
 - Age range - 19 - 29 yrs.
 - 5 female, 7 male
 - 66% Black/Black Mixed Heritage, 25% White British, 8% White Turkish;
- The work carried out feeds into the City and Hackney Care Partnership and represented patients and residents;
- 100 comments had been received from questions posed on how young people perceive anchor institution and how can the institutions better serve local communities;
- Responses:
 - There was a lack of communication with young people.
 - There was a desire for workplace opportunities.
 - The respondents thought there a lack of workplace opportunities available.
 - Investigation revealed that there were paid and volunteering roles available. So why are they not used?
 - Lack of trust – government association and bad experiences.
- The need for engagement to ensure the young people in to the workforce of Anchor Institutions, considering ways for this to be easier and more accessible;
- Recommendations:
 - Honest newsletters and informational videos
 - Partnering with small organisations to put on events and provide volunteer placements
 - Collaboration between large organisations to run pop up community hubs
 - Minimum requirements of local employee figures for anchor organisations
 - Connecting frontline staff and local young people
 - Opportunities specifically for young people

- 7.2 Sally Beaven told the Board that young people were not aware of the opportunities that were available at anchor institutions with concerns about how the availability of these opportunities is communicated. She referred to the young people's projects considering opportunities available with the production of an engagement plan. There was also the suggestion that 2 members of the Board should mentor the young people.
- 7.3 Councillor Fajana-Thomas stressed that young people did not feel that they were communicated with on opportunities and asked what forums were being used for engagement. He asked for clarification on the use of the newsletter as a way of communicating and what the expectation was in relation to the use of frontline staff in communication.
- 7.4 Deputy Mayor Bramble asked that the recommendations in the report be shared with the relevant forums such as the Youth Parliament to assist in shaping how young people are engaged with.

- 7.5 The Assistant Director, Skills and Employment agreed to discuss how the service could engage and communicate with young people on available opportunities in partnership with the Community and Voluntary Sector.
- 7.6 The Chief Nurse and Director of Governance at the Homerton Hospital stresses that the Hospital had work experience policies targeted at young people in City and Hackney. However, this fact was not clear to young people and there was a need to communicate the opportunities in a more effective way.
- 7.7 Councillor Williams stressed the importance of the forums used to communicate on opportunities. She stressed the importance of volunteering and the need for young people to be placed in good well paid jobs with career progression and training.
- 7.8 Sally Beaven and David highlighted:
- The importance of the Newspaper being honest to help establish trust;
 - That there was a need to communicate with young people in youth based places and schools; taking different approaches and encouraging the young people to come forward;
 - The suggestion that the relevant forums meet regularly to share experience;
 - The suggestion of working with the Homerton to better communicate the opportunities available;
 - It was proposed that frontline staff in the institutions should make young people aware opportunities in any face to face contact.
- 7.9 The Chair outlined the actions arising as follows:
- The need to co-ordinate the response to the recommendations;
 - To engagement members in relation to the mentorship of the young people;
 - To convene the relevant forums to discuss experience and engagement;
 - • Employment and Skills team, Healthwatch and Communication to discuss communication and engagement with Young People in job opportunities.

8 Learning from the City and Hackney Anchor Collaborative

- 8.1 The Principal Public Health Specialist introduced the report, highlighting the following:
- Definition of Anchor Groups;
 - Impact and key areas – environment and economy with a reduction in Inequality;
 - Impact on social conditions;
 - Policy context. It was a national priority to create new opportunities, apprenticeships;
 - There was a need to work together to benefit local residents, maximising land, etc;
 - Key way to decrease inequalities;
 - Achieving net zero in the Borough.
- 8.2 John Hitchin told the Board that he represented Renasi, an organisation focusing on the concept of collaboration between anchor institutions. He highlighted the following:

- With current changes to the NHS structure there was an opportunity to consider new ways forward;
- Definition of an Anchor Collaboration;
- Motivation to work across a place based system allows for learning and projects that have a greater impact;
- There had been progress in 2 streams – workforce and procurement;
- There was collaborative debate between institutions, practical sharing of resources;
- There were difficulties in achieving alignment in timescales;

8.3 The Strategic Director highlighted the following:

- Difficulties in relation to accountability and governance;
- There was no structure in place to agree targets;
- It would only be possible to make progress in defined areas if partners work closely together;
- There was a need for an accountable structure in place that was adhered to;
- There was a need for senior level support;
- The need for more practical working.

8.4 The Chair asked whether the initiative would be driven under the sponsorship of the Health and Wellbeing Board or another forum. He referred to the fact that the Homerton had received £4m in decarbonisation funding. He stressed the need to agree on where resources were deployed.

8.5 The Consultant in Public Health stressed that there was a strength of evidence between good employment and health and social cohesion. There was an opportunity to support the main priorities of the Board and the Health and Wellbeing Strategy and link into place based workforce planning strategy. It had been proposed that the Health Inequality Steering Group discuss next steps on this matter. The Consultant in Public Health stressed that the initiative had not progressed at the desired pace and that there was a need for senior management support.

8.7 The Chair stressed the need to scope out the next steps and respond in the context of health inequality. He recommended that the report be noted with the development of an action plan and a report back to the September meeting of the Board on a way forward with a sign up to the anchor principle and the impact of good employment on good health.

8.8 Dr Rickets considered that the Health Inequality Steering Group was well placed to discuss this matter and that it should also be discussed at the Integrated Care Partnership Board in a development session.

RESOLVED:

To note the report

9 Next Steps for City and Hackney Anchor Collaborative

9.1 This item was deferred to future meeting.

10 Role of Hackney Health and Wellbeing Board in Tackling Inequalities- Health Inequalities Toolkit

10.1 The Head of performance and population (City and Hackney Clinical Commissioning Group) introduced the report. The Health Inequalities Steering Group and the City and Hackney Health Inequalities Steering Group had identified the need to identify tools and resources to support different teams/organisations to better consider health equity as one of its ten priorities. City and Hackney Population Health Hub delivering some of the work for this project. A resource pack had been developed and was being piloted with various teams/organisations/system groups (NEL clinical network, library service, planning teams, primary care, VCSE), to coproduce the pack and include elements that are most useful to different parts of system. The full resource pack included:

- Background on drivers of inequality and population health
- Sources of information on local inequalities;

Prompts to consider how to start to understand inequalities for different levels (teams/organisations/system);

Examples of tools which might support identifying and tackling Inequalities.

12.3 The Population Health Hub wished to understand what support would be most helpful to the Board to better consider health inequalities in its work.

12.4 Annie Gammon asked what information was available on what the key health inequalities areas were.

12.5 Councillor Kennedy stressed that the questions should be applied to the delivery for the health and wellbeing strategy, ensuring that the entire work plan is inequalities focused.

12.5 The Chair asked for clarification on prioritisation suggestion. He stressed the need to identify key actions within the strategy that overlap with work of the Health Inequalities Steering Group. There was a need to be clear on what work Hackney was carrying out in relation to health inequalities and outcomes with a mechanism to measure progress.

12.6 The Head of Performance and Population Health confirmed that the questions could be applied to the delivery plan for the strategy. Outcomes for Hackney health and wellbeing had been identified. The Board would ask for a response from relevant partners on progress on each outcome. Some work was progressing on the broad areas that came out of the prioritisation process from the Health Inequalities Steering Group with cross cutting to make relevant across partners and teams.

12.7 Councillor Fajana-Thomas asked how the toolkit communicated to the circumstances of Hackney and how the tools differed from the BMA.

12.8 The Head of Performance and Population Health confirmed that an attempt was made to encompass all the tools available, distilling these to helpful prompts to assist in considering health inequalities. The prompts could be distilled into the options discussed at the meeting.

- 12.9 Dr Mark Rickets consider the at the prompts were helpful and confirmation would be should on whether these were considered as a part of ongoing planning, shaping work as it emerges.
- 12.10 The Consultant in Public Health stressed the need to consider current patterns and identify inequalities.
- 12.11 Rosemary Jawara stressed the need to work more collaboratively in relation to health inequalities, working towards a shift in the power structure, making room for growth and investment in young people and disadvantaged communities through the equitable distribution of assets.
- 12.12 The Head of Performance and Population Health stated that shifting the balance of investment and power was raised at the Health Inequalities Steering Group, together with engagement and empowerment. Consideration was being given to assessing the impact of initiatives and changing course when necessary. The role of the Health and Wellbeing Board would be built into the system to ensure accountability. Options would be compiled with a way forward decided upon.

Action: The Head of Performance and Population

- 12.13 The Principal Public Health Strategist stressed that the Joint strategic needs assessment process included impact assessment of programmers and policy.

11 Child Q Safeguarding Report

11.1 The Director of Children's Social Care introduced the report. On 14th March 2022 City and Hackney Safeguarding Children Partnership (CHSCP) published a Local Child Safeguarding Practice Review about the intimate body search of a fifteen year old black girl in a school in Hackney. The report highlighted significant concern about both school and police response to this child's presentation in school whereby a criminal rather than safeguarding lens was applied. The report concluded that racism was a likely factor in how Child Q was treated and made 14 recommendations for change.

11.2 Since May 2022, a Strategic Response Group has met on a fortnightly basis to continue to oversee the Council's response. This is chaired by the Chief Executive and attended by the Mayor, Deputy Mayor Bramble, Cllr Fajana Thomas and key senior officers. A fortnightly group is also in place to coordinate community and stakeholder engagement activity, chaired by the Head of Policy and Strategic Delivery.

11.3 The Council is not named in any of the 14 recommendations and the oversight of the recommendations is undertaken by the ICSC. The Council's role focuses on:

- Ensuring that partners implement the recommendations with rigour and openness that leads to substantive change and that progress and outcomes are communicated widely;
- Understanding and responding to the impact of the Review on staff and communities;
- Engaging with the wider issues that are being raised in response to the Review and ensuring that these are recorded, analysed and can inform wider policy responses;
- Identifying the national policy issues and engaging with central government departments on key asks directly and through wider campaigns

11.4 The Director of Children's Social Care highlighted the following:

- Working with partners to support the implementation of recommendations;
- Working with the Metropolitan Police;
- A shared strategic action plan to restore trust and confidence;
- Revising protocols and guidance on the role of police in schools;
- Working with schools;
- Sustained work on anti-racism;
- Sustained work on the voice of the child across the borough;
- Sustained work on the voice of the parent/carer across the borough;
- Hackney inclusion charter;
- Schools and staffing;
- Promoting anti-discriminatory practices with school governors;
- Public affairs and campaigns work;
- Lesson learnt from this incident and actions which have been prioritised for change;
- Actions and plans to engage, involve and reassure the community and other key stakeholders (e.g. parents, children etc) in response to concerns arising from the review;
- Mitigating ongoing community impacts and tensions.

11.5 The Senior Professional Adviser highlighted the following:

- The challenge of embedding the lessons learned. A number of these were linked to policy guidance;
- The challenge relating to the themes emerging from the report on how to build a culture of safeguarding first across the systems;
- Frontline staff were working with young people on safeguarding;
- Active anti-racist practice
- Working collaboratively with partners and engaging the children in the community;

11.6 The Chair stressed that the health system played a crucial role in identifying harm and making safeguarding referrals. He referred to the Public Health trauma response for the community around the issues involved. He welcomed that IOPC investigation and the uplift from misconduct to gross misconduct. He asked for an update report in January 2023.

Action: Director of Children's Social Care

11.7 Deputy Mayor Bramble thanked officers for their work in this area. She stressed that this was a safeguarding issue that occurred in a school setting with a missed opportunity in the system with a negative impact on a young person's health and wellbeing. She stressed that all had the opportunity to challenge racism.

12. Health and Wellbeing Board Forward Plan 2022

12.1 The Principal Public Health Strategist introduced the report.

RESOLVED:

To note the report.

13 Any other business that the chair considers urgent - Director of Public Health 2020/21

13.1 The Chair introduced the report to be taken under any other business. It was noted that the Director of Public Health's Annual Report had been published with high level recommendations for next steps around children and young people.

2 Date of next meeting - 1 September 2022

Meeting Closed at 6.06pm

Chair: Mayor Philip Glanville
Contact: Peter Gray, Governance Officer
020 8802 1484