



Health & Wellbeing Board

AGENDA REPORTS PACK

**Meeting of the Health and Wellbeing Board.
Council Chamber, Hackney Town Hall, Mare Street
London**

Thursday, 16 June 2022 at 4pm.

The Live Stream link can be view here:

Main: <https://youtu.be/ISeRt8Vh4K0>

Backup: <https://youtu.be/rkOB-XQLIYg>

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

Mark Carroll
Chief Executive
8 June 2022

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



Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Mayor Philip Glanville Co-Chair, Hackney Council	Dr Mark Rickets Co-Chair, East London Clinical Commissioning Group
Vacancy Neighbourhoods and Housing – Hackney Council	Vacancy Hackney Healthwatch
Marcus Barnett BCU Commander, Central East BCU (Hackney and Tower Hamlets) Metropolitan Police	Cllr Anntoinette Bramble Cabinet Member for Education, Young People and Children's Social Care
Jacquie Burke Group Director, Children and Education, Hackney Council	Councillor Susan Fagana-Thomas Cabinet Member for Community Safety, Hackney Council
Vacancy Chief Executive, Homerton University Hospital NHS Foundation Trust	Annie Gannon Director of Education, Hackney Council
Frances Haste Hackney Community Voluntary Sector	Stephen Haynes Strategic Director, Inclusive Economy, Corporate Policy and New Homes, Hackney Council
Dr Sandra Husbands Director of Public Health, City and Hackney	Rosemary Jawara Hackney Community Voluntary Sector
Dr Tehseen Khan NHS Primary Care Networks	Councillor Christopher Kennedy Cabinet Member for Health, Adult Social Care, Voluntary and Leisure
Susan Masters Hackney Community Voluntary Sector	Raj Radia Chair, Local Pharmaceutical Committee
Laura Sharpe Chief Executive of the GPs Confederation	Dr Kathleen Wenaden NHS – Primary Care Networks
Councillor Carole Williams Cabinet Member for Employment, Skills and Human Resources, Hackney Council	Helen Woodland Group Director, Adults, Health and Integration, Hackney Council

Independent Advisers	
Jim Gamble Chair, City and Hackney Safeguarding Children Board	Adi Cooper Chair, City and Hackney Safeguarding Adult Board

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AGENDA **Thursday 16 June 2022**

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Public Attendance

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council. We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet. We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the Livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the Agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings 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. The latest general advice can be found here - <https://hackney.gov.uk/coronavirus-support>

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. 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.

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ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to all Members of the Council, the Mayor and co-opted Members. This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- Director of Legal, Democratic and Electoral Services
- the Legal Adviser to the Committee; or
- Governance Services.

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

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

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

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

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

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

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

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



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

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the meeting, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the meeting unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the meeting whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the meeting. Once you have finished making your representation, you must leave the meeting whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Director of Legal, Democratic and Electoral Services
via email dawn.carter-mcdonald@hackney.gov.uk



DRAFT MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY 9 MARCH 2022

AT 4PM

THE MEETING WAS LIVE STREAMED AND CAN BE VIEWED HERE:

MAIN

[HTTPS://YOUTU.BE/ZoPzDAGBCA](https://youtu.be/ZoPzDAGBCA)

BACKUP

[HTTPS://YOUTU.BE/EAWf2B4GNLY](https://youtu.be/EAWf2B4GNLY)

Members Present:

In Person:

Dr Mark Rickets (North East London Clinical Commissioning Group) in the Chair
Mayor Glanville, Hackney (Co Chair)

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

Councillor Fagina-Thomas (Cabinet Member for Community Safety)

Andrew Munk (Assistant Director, Employment and Skills, Hackney Council) (Substituting for Stephen Haynes)

Virtually:

Malcolm Alexander (Interim Chair of Hackney Healthwatch)

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

Susan Masters (Community Voluntary Sector, Hackney)

Laura Sharpe (Chief Executive - General Practitioners Confederation)

Councillor Carole Williams (Cabinet Member for Employment and Human Resources)

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

Apologies:

Apologies for absence were submitted on behalf of Marcus Barnett, Paul Calaminus, Stephen Haynes and Frances Haste

Officers in Attendance:

**Donna Doherty-Kelly (Public Health Specialist –
Hackney Council)**
Peter Gray (Governance Officer – Hackney Council)

**Chris Lovitt (Deputy Director of Public Health, City
and Hackney)**
**Rory McCallum (Senior Professional Adviser –
Safeguarding and Learning – Hackney Council)**
**Rushena Mina (CHSCP Partnership Coordinator –
City and Hackney Safeguarding Children
Partnership)**
**Sarah Pedder (Senior Consultation Officer –
Consultation and Engagement)**

1 Welcome to the Formal Meeting

- 1.1 The Chair welcomed all those present to the meeting.

2 Apologies for Absence

- 2.1 Apologies for absence were submitted on behalf of Marcus Barnett, Paul Calaminus, Stephen Haynes and Frances Haste.

3 Declarations of Interest - Members to Declare as Appropriate

- 3.1 There were no declarations of interest.

4 Minutes of the previous meeting on 27 January 2022

- 4.1 The minutes of the previous meeting on 27 January 2022 were agreed as a correct record.

5 Action Log (Chair)

- 5.2 The Chair updated the Board on the Action Log. He told the Board that work was ongoing arising from the report of Connect Hackney considered at the previous meeting of the Board.

RESOLVED:

To note the action log.

6 Health and Wellbeing Strategy Update

- 6.1 The Principal Public Health Specialist introduced the report. At the November 2021 and January 2022 meetings, the Health and Wellbeing Board had agreed

to the three priorities (mental health, social connection, financial security) in the draft strategy, as well as suggestions for ways of working to deliver on them.

- 6.2 The formal consultation period opened for a 12 week period on 21st November 2021 and closed on 17th February 2022. The Public Health team attended 36 stakeholder and resident meetings, during the consultation phase, and consulted with over 370 stakeholders who attended the meetings, to gather feedback on the draft Strategy across organisations and resident groups that work with Hackney residents. There had been 300 responses to the consultation document. 100 of which were paper responses. In total over 1,400 residents and wider stakeholders had been consulted to help to shape the strategy. The responses had been supportive of the priorities in the strategy with helpful suggestions for partnership working. The final consultation document would be published in due course. The aim was to publish the report at the end of March 2022.
- 6.3 The strategy had been discussed at a closed session of the Board prior to the public section of the meeting to consider the amendments made to the Strategy after the consultation and to consider how partners would work together to deliver on the 3 priorities. An Action Planning Group will be established to deliver the priorities in the strategy and identify any gaps and identify these in the action plan. It was anticipated that the action plan would be launched in June/ July 2022.
- 6.4 The Public Health Specialist stressed that the co-production element of the strategy would be taken forward into the action planning phase, and within the monitoring and evaluation phases. There would be a need to have effective communication across the partnership in regard to the action plan and links into the Integrated Care Partnership Board, with quarterly updates to the Board, in addition to ensuring that wider partners are aware of progress on the priorities. Good suggestions had arisen from the closed session on proposed methods of working together through the partnership to champion support and implement the strategy within partner organisations.
- 6.5 The Director of Public Health thanked all those involved in developing the strategy. She confirmed that although 3 priority areas had been identified, the overarching aim was to reduce inequalities and health inequalities in particular. There was a need to pay particular attention to applying the anti-racism approach and not to just consider access to services within this approach. There was a need to consider the systemic issues that needed to be addressed.
- 6.6 Mayor Glanville referred to the collaborative work that had taken place with the community during the pandemic, with the development of strategic approaches. He concurred with the views of Dr Sandra Husbands. He referred to good discussion in the closed session of the meeting and emphasised that the strategy was a collective document. Mayor Glanville thanked all those involved in the development of the strategy, in particular in relation to the energetic work during the engagement and consultation Strategy phases to engage residents .
- 6.7 The Chair thanked all those involved in developing the strategy and stressed its importance and the future work to deliver on the priorities.

RESOLVED:

- To note the consultation progress
- To approve the Strategy document
- To agree next steps for action planning
- To accept the proposal of an action planning group, to develop the HWB Strategy action plan.
- To appoint working group members from their partnership organisations to take the planning forward.

7 City and Hackney Safeguarding Children Partnership (CHSCP) Annual Report

7.1 The Senior Professional Adviser introduced the report, outlining activity between 1 April 2020 and 31 March 2021, including the following:

- The lessons that the CHSCP has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity;
- The collective response to COVID-19 by the partnership with contingency oversight meetings with a focus on workforce efficiency, patterns of risk with a move to digital solutions for some of the difficulties faced;
- The range and impact of the multi-agency safeguarding training delivered by the CHSCP;
- An increase in head injuries to young children, locally and nationally;
- Children being less visible during the pandemic;
- The context for safeguarding children and young people in the City of London, highlighting the progress made by the City partnership over the last year;
- The CHSCP's priorities going forward and the key messages for those involved in the safeguarding of children and young people;
- The rise in domestic violence and abuse calls received;
- The exacerbation of mental health issues for those with existing mental health challenges;
- The learning and development accrued from experience and reviews;

- The governance and accountability arrangements for the CHSCP's safeguarding arrangements;
 - The context for safeguarding children and young people in the London Borough of Hackney, highlighting the progress made by the Hackney partnership over the last year;
- 7.2 The Chair thanked officers for a very thorough report on this matter.
- 7.3 Mayor Glanville thanked officers for the report and the work carried out, including the work on school exclusions. He stated that the outcome of the reviews referred to, fed into the Council's scrutiny work and political policy making, all of which strengthened practice and partnership working.
- 7.4 Susan Masters congratulated officers on the good report. She suggested that in the key roles and relationships section of the report the safeguarding partners should be widened to include community groups.
- 7.5 The Senior Professional Adviser clarified that while community groups were not specifically mentioned in the report, there was an expectation that all relevant agencies form part of a wider collective with the voluntary sector being central to what the partnership wished to achieve.
- 7.6 Deputy Mayor Bramble commended the good leadership on safeguarding, including on school exclusions, the work of Hackney Education and elected members including the Mayor. There was a need to work with young people who needed to be supported and facilitated to manage their behaviour, with training for staff who support this. There was also a need for conversation on disproportionality. She stressed the importance of the need to tackle school exclusions with the required outcomes.
- 7.7 The Senior Professional Adviser referred to the need to support the partnership in preventing children having less supervision but that this could not be achieved without considering the structural issues at play.
- 7.8 The Chair referred to the importance of the expression of the metric of school exclusions over a period of time. He stated that children were less visible during the pandemic and highlighted the challenge in this regard.
- 7.9 Councillor Fajana-Thomas thanked officers for the report and the work that they carry out on safeguarding, including work with young children and the engagement with the Police. She stressed that stop and search conducted by the Police should be considered through a safeguarding lens.
- 7.10 The Senior Professional Adviser referred to the work carried out by teams on protecting children during the challenges arising from the pandemic. He referred to the importance of driving the culture of safeguarding across the organisation, with practitioners having a sharp focus on safeguarding within their practice.

RESOLVED:

- To note the report

8 Draft Healthwatch Strategy

8.1 Malcolm Alexander told the Board that Jon Williams would no longer be the Director at Healthwatch Hackney as he has taken up another post.

8.2 Malcolm Alexander introduced the draft strategy, which is due to be published in September 2022. A consultation exercise would be carried out in the coming months. The aim was for the work of Healthwatch Hackney to become more outcome focused. One of the organisation's primary roles was to collect information from local people about their experiences of health and social care services. Healthwatch Hackney wished to enhance this role and to increase the number of volunteers who assist with 'enter and view', accessing health and social care services and discussing how services could improve.

8.3 The key priorities in the draft Strategy were:

- Mental Health Services

The 3 year plan was to consider acute services more closely with attendance at the East London Foundation Trust to speak to ward patients about their experiences on accessing services, on the wards and the discharge arrangements. Consideration would be given to issues around ethnicity, gender and age in relation to detention and the use of restraint.

- Involvement of Young People through co-production

To look more closely at the outcome from the 2021 Ofsted report. Healthwatch Hackney also wished to look at the needs of young carers and further develop the co-production charter to ensure that younger people are more fully involved in this. Consideration would also be given to young people with mental health problems being moved outside the area together with the transition from young people to adulthood.

- Influencing Primary Care Services

There were concerns over the number of GP practices that had closed in recent years and work was needed in this area, including succession planning, ensuring that primary care is not disrupted. A further piece of work would centre on patient participant group (PPG) development. Where a practice was at risk the PPG would have a much more active role, enabling patients to have empowerment and influence in practices.

- The Redevelopment of St Leonard's Hospital

It was believed that all the land at St Leonards Hospital should be used for health and social care services. There were good opportunities in St Leonards to develop the people' plan. Healthwatch was currently in the

process of employing a worker to start the work around effective involvement of local people in the development of plans for the hospital.

- Equality, Diversity and Inclusion

Many GP practices were not registering people who were migrants or refugees or did not possess proper paperwork or identification. The aim was to ensure that no one was denied registration at a GP practice and that GP websites are accessible to all.

- 8.4 Councillor Chris Kennedy thanked Jon Williams for his work on the Board together with the Integrated Commissioning Care Partnership. He considered that the priority areas outlined in the draft Strategy were good, with the exception of the focus on NHS estates such as St Leonards, in particular so early on before ownership was determined. The site would have to be developed over time with the partnership with difficult decisions to be made.
- 8.5 Mayor Glanville thanked Jon Williams for his work and achievements while Director of Healthwatch Hackney. He stressed the need for the Healthwatch Hackney Board to continue to be supported. Mayor Glanville paid tribute to the former Chair of Healthwatch Hackney, Rupert Tyson who had died this year. He stressed the need to work towards St Leonards ownership, following which there would be the co-production around services. He referred to the Holloway Prison site as an example of where a good planning document can ensure genuinely affordable housing and community facilities on a site that is in national ownership and there were lessons to learn from this.
- 8.5 Mayor Glanville stressed that Healthwatch Hackney had a crucial role in holding the system to account. He stated that there had been much reassurance around access to the health system for refugees and migrants and those without documentation. There were challenges in this regard and outcomes could be used as learning. Mayor Glanville thanked Healthwatch Hackney for the report and its strategic direction, together with the work it carried out.
- 8.7 The Chair told the Board that the Hackney Scrutiny Panel would be considering primary care in Hackney at its meeting the following week, which would focus on many of the points made in the strategy. He asked for clarification on the plans for the consultation on the strategy. The Chair confirmed that the strategy would be promoted as much as possible as part of the consultation.
- 8.8 Malcolm Alexander responded that St Leonards was an opportunity for local people to influence developments at St Leonards. There was a need for discussions to agree on how to influence the decision makers. He agreed that the transfer of NHS property to the Homerton Hospital was essential. Malcolm Alexander told the Board that the plans for consultation on the strategy were currently being drawn up.

RESOLVED:

- To note the draft Strategy 2022-25

9 Changes to the Health and Wellbeing Board Forward Plan

- 9.1 The Principal Public Health Specialist introduced the report which included an updated forward plan with agenda items, including upcoming Health in all Policies agenda items, scheduled for upcoming Board meetings in 2022. Members were asked to advise on any further thematic agenda items to include in the forward plan.

RESOLVED:

- To note the report.

10 Provisional Date of the next meeting

- 10.1 Date of the next meeting: 16 June 2022

Duration of the meeting: 5 - 6pm

Ref	Meeting Date	Agenda Item	Action	Responsible Officer	Response	Action to be completed by	Status	Notes
1	21/07/2022	Housing and health	Next steps should now be considered in relation to Housing and Health with a report back to the Board as soon as possible	Andrew Croucher	See notes	January 2022	IN ACTION	Housing will conduct work to consider how they better identify and evidence the issues and the options for response and develop a working group to take the work forward and will collate the evidence base and prepare a response paper to the HWB. Will report back at later HWB meeting. Update B3 Housing working on developing report.
2	20/09/2022	Community Engagement Plan (Hackney Healthwatch)	Healthwatch to submit a report to the Board to be made on the engagement proposals and how these would work in practice	Jon Williams	See notes	TBC	IN ACTION	Update March 22. Healthwatch are continuing to meet with Public Health, CCG and VCS colleagues to complete the review of public involvement. Further workshops to take place. It is hoped this task will be completed by April 2022. Once this is in place the Community Involvement Plan for Hackney's HWHB can be completed.
3	27/10/2022	Connect Hackney Phase 2 (Health and Impact Report (pre Covid))	A response be provided to the paper within the next 6 months with discussions on monitoring and impact during this time.	TBC		July 2022	COMPLETE	Report included as part of agenda pack for June HWB meeting. JH confirmed in post for 1 more year (March 23). Proposal for good practice mentor scheme, sharing learning to influence system change and fundraising over the next 12 months. Working on the adoption of recommendation in next 12 months. Hackney working with Aging Better! used sports to share learning. Projects at risk outlined in proposal to Hackney. Connect Hackney are exploring various routes to fund this. Some projects applying for funding through the Hackney Councillor Grants. All Connect Hackney funded activities for other people have been reported from the Older People's Committee and the media group. As part of the discussion on the Health and Wellbeing Board January meeting Hackney CVC have requested continuation funding for the OPG, media group and the Community Connector scheme. Hackney CVC will continue to work with older persons and VCS organisations to secure funds for activities for look after people.
4	27/10/2022	Connect Hackney Phase 2 (Health and Impact Report (pre Covid))	Work of Connect Hackney should be tracked if an extension is granted	Judy Harris, Connect Hackney			IN ACTION	

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TITLE OF REPORT Update on Connect Hackney findings	
HEALTH AND WELLBEING BOARD - 16 June 2022	CLASSIFICATION: Open
WARD(S) AFFECTED All Wards	
Head of Service Sonia Khan, Head of Policy and Strategic Delivery	

1. INTRODUCTION AND PURPOSE

This paper provides an update to the agenda item from January 2022 in which 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. The action from the meeting was that a response be provided to the paper within the next 6 months with discussions on monitoring and impact during this time.

2. RECOMMENDATIONS

The Board is asked to:

- consider and discuss other opportunities for these recommendations to be taken forward by partners sitting on the Board as these are cross-cutting asks.
- agree to embed the principles of these recommendations into broader work programmes undertaken by the system.
- note that an update on the Ageing Well strategy is on the forward plan for a future Health and Wellbeing Board meeting and that some of these

recommendations will fall into the broader delivery plan where updates will be provided.

3. BACKGROUND

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. The 14 recommendations they made to the Board were:

1. Consider how local, low cost and accessible leisure activities for older people can be integrated into health and wellbeing commissioning plans/strategies
2. Consider how commissioning plans/strategies can support older people's digital inclusion.
3. Consider how commissioning plans/strategies can resource community organisations working with ethnically minoritised communities
4. Include home visits in the design of system navigation services
5. Commission service navigation schemes that include provision for people who do not speak English in order to reach communities known to be at high risk of social isolation.
6. Adopt a person-centred approach in the delivery of services working with isolated older people.
7. Identify, and find ways to overcome, barriers between LBH social prescribing services and voluntary and community sector activities.
8. Identify, and find ways to overcome, barriers to referrals between the LBH learning disabilities service and voluntary and community sector activities.
9. Ensure that social care packages include support for older people with learning disabilities to attend community activities.
10. Use Ageing Better Camden's outreach toolkit to train staff undertaking resident engagement work.
11. Use Ageing Better Camden's warm welcome toolkit to train staff working with older people.
12. Consider how libraries can be used as venues to promote voluntary and community sector projects
13. Include 'increased social connections' as a default outcome of all commissioned community activities.
14. Embed Connect Hackney learning on how to maximise opportunities for social connections into the design of all commissioned community activities.

4. UPDATE AND PROPOSED NEXT STEPS

The learning from the Connect Hackney programme around what works to support older people around reducing social isolation and loneliness is one that the Council and partners are keen to implement and embed as key principles. The learning from this work and the recommendations align strongly with the Council's Ageing Well strategy and it is important that the strategy delivery is agile enough to accommodate new recommendations that come out of learning and programme pilots in the borough. The implementation and delivery of these recommendations therefore will sit in the overall delivery plan for the Ageing Well strategy and will look at bringing in key partners that contribute to meeting these recommendations, recognising it is a system effort to consider and respond to older people's needs and interests. The updates below show where we have got to in meeting these recommendations, however recognise a full discussion with partners is needed that will look at how these recommendations can be more fully met.

1. Consider how local, low cost and accessible leisure activities for older people can be integrated into health and wellbeing commissioning plans/strategies

The Council already provides local, low cost and accessible leisure activities for older people:, for instance, 50+Club, Free Swimming, New Age Games, Walking Together, Concessionary Access to Leisure Centres. The council also funds a range of resident led over 50s clubs that is funded through the resident engagement team. The Council's Ageing Well Strategy 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. 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 through leisure activities 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
- Kings Park moving Together is currently looking at a programme of activity that is specific to older people and linked to the pilot above.
- Relaunching 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*).

City and Hackney's Public Health team also commission The Sharp End to deliver low cost activities for over 55s in Hackney, and provide a number of physical activity classes each week. Public Health is currently reviewing the physical activity provision to ensure that physical activity commissioned is reaching those who experience inequalities related to physical activity.

2. Consider how commissioning plans/strategies can support older people's digital inclusion.

Digital buddies will continue to be rolled out across the borough; the Council currently have 7 sessions running. Digital Buddies is a volunteering programme offering face-to-face practical help supporting local residents providing help with online tasks ranging from paying bills, looking for jobs, creating formal documents, or filling in online forms. Residents are also supported with online tasks such as creating new emails, showing them how to block spam, or downloading or installing new software such as Zoom or WhatsApp.

The Council is also continuing to recruit volunteers to run the programme to cover additional sessions to start, including at Hoxton Hub and Hackney Central/Stamford Hill libraries. Currently the adult skills team are also working with the Resident Participation team to look at courses to be delivered at community settings and offer bespoke courses for the residents on site. The team are also currently in discussions around how staff can further support the Hackney Service Centre front of house team in dealing with resident queries and offering support to residents. There is also an active conversation with the library service to partner on delivering adult learning courses across more library sites to ensure further digital access to residents.

In terms of wider work around digital inclusion, the Council is working actively with all three broadband companies to ensure that broadband offers are made for all residents and there is free access if given to community centres in the borough.

3. Consider how commissioning plans/strategies can resource community organisations working with ethnically minoritised communities

All Grants in the [VCS Grants Programme](#) have a focus on key equalities aims which include supporting ethnically minoritised communities. Although grants are open to all eligible applicants, when scoring applications the assessors look at [information on key inequalities](#) provided by the council's corporate plan and use this to inform decision making. In addition to this, when grants panels make their final decisions on who to award funding to, they look at applications holistically to ensure that there is a spread across the borough and in key equalities groups. A recent example of this can be seen in the [Equalities Impact Assessment](#) written for the most recent round of open grants programmes in May 2022.

The council also have an inclusive economy strategy and anti-racism plan in which these factors are considered as key.

4. Include home visits in the design of system navigation services

This action will need to be followed up with discussion on what might be possible with partners, including the CCG and Neighbourhoods programme and ask that a lead for this recommendation is agreed at the Board meeting. The action can also be tracked through our Ageing Well oversight partnership group that has undergone a process of review and being stood up in the summer.

5. Commission service navigation schemes that include provision for people who do not speak English in order to reach communities known to be at high risk of social isolation.

This action will need to be followed up with discussion on what might be possible with partners, including the CCG and Neighbourhoods programme and ask that a lead for this recommendation is agreed at the Board meeting. There is a recommendation that tracking for this action happens through the Health Inequalities Steering Group.

6. Adopt a person-centred approach in the delivery of services working with isolated older people.

The Council have been focusing on preventative approaches with residents that are person-centred and strength based and this continues to be a strong aim. This example below highlights the principles the council is adopting in person-centred approaches:

A recent council pilot looked at early intervention in hoarding, by providing therapeutic decluttering and broader holistic support to low level hoarders. The project looked at a flexible process, for instance changing the eligibility criteria mid-way so that residents could self-refer themselves for support and looking at the holistic support required for someone who might have a hoarding disorder. Hoarding disorder has been a recognised mental health condition since 2013 and tends to affect older adults who experience at least one other mental health condition who live alone. We know that all the major triggers for hoarding disorder - loneliness, isolation, bereavement and other pressures on mental health - have been intensified by the pandemic.

There is an opportunity to also look at how wider learning can be cascaded, shared and discussed with Council services through our Ageing Well oversight partnership group that has undergone a process of review and being stood up in the summer.

7. Identify, and find ways to overcome, barriers between LBH social prescribing services and voluntary and community sector activities.

This action will need to be taken forward by the CCG and neighbourhood team that commission social prescribing and ask that a lead for this recommendation is agreed at the Board meeting. The action can also be tracked through our Ageing Well oversight partnership group that has undergone a process of review and being stood up in the summer.

In terms of future programmes of work relevant to this action, there are plans of the neighbourhood team working with the Council's Culture team on the relaunch of Hackney Circle (*a new Cultural Referral Pathway for Hackney, with a view to supporting isolated older residents to access the benefits of engaging in Hackney's vibrant cultural life*) representing community navigation and thinking about how to link Hackney Circle resources up with community navigation.

North East London are also currently working on a community chest to fund organisations/groups/activities that social prescribers refer to. This will be a pilot process and so roll out will be gradual across the borough.

8. Identify, and find ways to overcome, barriers to referrals between the LBH learning disabilities service and voluntary and community sector activities.

This is currently being discussed with colleagues in Adult Social Care about how this recommendation can be taken forward.

9. Ensure that social care packages include support for older people with learning disabilities to attend community activities.

The Council currently does this if there is an identified need under the care act, but only for people who are eligible for Adult Social Care. The council does aim to focus on a strengths-based approach, and look at what other provision the resident can access from non-statutory services.

10. Use Ageing Better Camden's outreach toolkit to train staff undertaking resident engagement work.

The Council's Resident Engagement team have reached out to Ageing Better Camden to understand how the toolkit can be used by the team and also commissioned providers who deliver resident engagement work to older people.

11. Use Ageing Better Camden's warm welcome toolkit to train staff working with older people.

The Council's Resident Engagement team have reached out to Ageing Better Camden to understand how the toolkit can be used by the team and also commissioned providers who deliver resident engagement work to older people.

12. Consider how libraries can be used as venues to promote voluntary and community sector projects

The Libraries strategy aims to provide inclusive, flexible and innovative physical and online spaces for residents and the voluntary and community sector. Fundamentally, there are opportunities to inspire, innovate and encourage more local people to take up a broader service offering as part of an overall more inclusive approach.

In July 2021 the Council launched an extensive Libraries conversation with our residents, including current users and those that don't use libraries, to hear what those that use the service and those that do not use the service have to say - what areas of the service they value and where we can make improvements. Over 8,500 respondents were engaged in our public engagement programme which included surveys, focus groups, schools workshops, community interviews and street engagement. This also included conversations with older people's groups, including the Council's ageing well group; Hackney Older People's Co-production Committee.

Top three reasons for all respondents to use Libraries were:

1. Reading and literacy
2. Creative and cultural enrichment
3. Digital access and study/workspace

Libraries as culture and community hubs

All stakeholders were keen to attend more interactive, cultural events and arts exhibitions for children, young people and adults. Cultural organisations want to offer a variety of experiences that celebrate the cultural heritage of local people and reduce barriers to creative education. Library users of all ages wanted to make Libraries community hubs and create more comfortable spaces to socialise and network. Community groups and businesses valued the Libraries and their role as a non-judgmental community venue, providing a wide-ranging offer and access to meeting rooms and digital resources.

Commitments for Libraries in the new strategy that are relevant to encouraging healthier and happier lives are:

- Promoting the preventative role of library activities - socialisation, maintaining routine, enrichment
- Providing self-help resources (physical and digital) and structured Health and Wellbeing Resources and referrals
- Creating an affordable space in trusted settings for community groups and community-led activities
- Deliver a vibrant Community Library Service - mobile distribution of bookstock

by library officers for housebound residents

13. Include 'increased social connections' as a default outcome of all commissioned community activities.

There is an opportunity to discuss this with Council services through our inclusive economy strategy and our Ageing Well oversight partnership group that has undergone a process of review and being stood up in the summer.

14. Embed Connect Hackney learning on how to maximise opportunities for social connections into the design of all commissioned community activities.

There is an opportunity to look at how this learning can be cascaded, shared and discussed with Council services through our Ageing Well oversight partnership group that has undergone a process of review and being stood up in the summer.

BACKGROUND PAPERS

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

Report Author	Soraya Zahid
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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:

a) 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.

b) 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.

c) 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 enroute 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
- Relaunching 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.

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Joint Strategic Needs Assessment work programme 2022/23	
HEALTH AND WELLBEING BOARD - 16 June 2022	CLASSIFICATION: Open
WARD(S) AFFECTED All Wards	
Group Director: Helen Woodland Group Director Adults, Health and Integration	

1. INTRODUCTION AND PURPOSE

INTRODUCTION

- **The JSNA process has been redesigned** and approved by both Hackney and the City of London Health and Wellbeing Boards.
- The new process follows **five main principles**:
 1. Alignment with policy and commissioning cycles
 2. Hypothesis-led research
 3. Active dissemination of results
 4. Increased accountability
 5. Impact evaluation
- Given the above principles - especially the principles 1, 3, 4 and 5 - **the following updates will be presented to the Health and Wellbeing Board**:
 - Update on the annual work programme when this has been finalised.
 - 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).

PURPOSE

- This update includes the information about the JSNA reports published in 2021/22 (prior to the process redesign) and the proposed JSNA topics for the

financial year 2022/23.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note this update.

3. BACKGROUND

- The delivery of the Joint Strategic Needs Assessment (JSNA) **work programme has been severely affected by the COVID pandemic.**
- Nevertheless, the following **needs assessments have been produced in 2021/22:**
 - [0-25 needs assessment](#) to inform the re-commissioning of 0-19 services (25 years with a statutory responsibility).
 - [Oral Health](#) needs assessment to inform the re-commissioning of oral health prevention and promotion services.
 - [Early Identification Domestic Abuse](#) needs assessment to inform the commissioning of the City & Hackney early intervention domestic abuse service.
- In addition, we have published the [Annual Director's of Public Health \(DPH\) Report](#) focusing on impact of COVID-19 pandemic on children and young people in the City of London and Hackney.
- [The JSNA website](#) is being redeveloped with a purpose of becoming the **go-to resource for all information relating to public health (PH)**; it will include the key documents as well as the virtual health profiles.
- The following topics have been put forward for **the 2022/23 JSNA work plan:**

Topic	Proposed start date	Purpose	Status
Alcohol NA	April	Update the Alcohol Strategy Action Plan	In progress
Sexual Health NA	March	Inform commissioning	In progress
Tobacco NA	June	Inform commissioning	To start
Cancer NA	September	Inform strategic work on cancer prevention and the NHS commissioning plans	To start
Homelessness	September	Inform service provision	To start
Whole system obesity NA	October	Inform commissioning	To start
Substance misuse NA	October	Inform the Substance Misuse Strategy	To start
Cardiovascular disease NA	TBC	Inform commissioning	To start

- Potentially a physical activity needs assessment and a NEL-level learning disabilities needs assessment might be included in this work plan, if confirmed.

- In addition, **several research projects are underway or planned**, including:
 - Analysis of sexual health survey for City and Hackney to support the Sexual Health NA
 - Analysis of the Survey of Londoners 2021-22, City and Hackney sample boost
 - COVID-19 reinfections analysis
 - Analyses from the CENSUS 2021
- Following the new process it has been agreed that the **topics for the JSNA would be submitted once annually** so that a **programme of work could be developed and to allow for capacity planning**.
- It is possible that in the future a more flexible process will be adopted with a bulk of topics submitted early in the financial year and any essential additional topics added during the course of the year.
- While a flexible approach could work in principle, careful planning is required to ensure the delivery of the JSNA projects is not affected by additional work. Prioritisation might be necessary, as described in [the process](#).

BACKGROUND PAPERS

[Joint Strategic Needs Assessment work programme 2022/23](#)

Report Author	Diana Divajeva, Principal Public Health Analyst
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Joint Strategic Needs Assessment work programme 2022/23

Update to the Hackney Health and Wellbeing Board

Diana Divajeva | Principal Public Health Analyst
16 June 2022

JSNA process: a quick reminder

- **The JSNA process** has been redesigned and approved by both Hackney and the City of London Health and Wellbeing Boards.
- The new process follows **five main principles**:
 1. Alignment with policy and commissioning cycles
 2. Hypothesis-led research
 3. Active dissemination of results
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- While a flexible approach could work in principle, careful planning is required to ensure the delivery of the JSNA projects is not affected by additional work. Prioritisation might be necessary, as described in [the process](#).

Needs assessments completed in 2021/22

- The delivery of the Joint Strategic Needs Assessment (JSNA) **work programme has been severely affected by the COVID pandemic.**
- Nevertheless, the following **needs assessments have been produced in 2021/22:**
 - [0-25 needs assessment](#) to inform the re-commissioning of 0-19 services (25 years with a statutory responsibility).
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- In addition, we have published the [Annual Director's of Public Health \(DPH\) Report](#) focusing on impact of COVID-19 pandemic on children and young people in the City of London and Hackney.
- [The JSNA website](#) is being redeveloped with a purpose of becoming the **go-to resource for all information relating to public health (PH)**; it will include the key documents as well as the virtual health profiles.

City and Hackney JSNA work programme 2022/23

- The following topics have been put forward for **this year's JSNA work plan**:

Topic	Proposed start date	Purpose	Status
Alcohol NA	April	Update the Alcohol Strategy Action Plan	In progress
Sexual Health NA	March	Inform commissioning	In progress
Tobacco NA	June	Inform commissioning	To start
Cancer NA	September	Inform strategic work on cancer prevention and the NHS commissioning plans	To start
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Whole system obesity NA	October	Inform commissioning	To start
Substance misuse NA	October	Inform the Substance Misuse Strategy	To start
Cardiovascular disease NA	TBC	Inform commissioning	To start

- Potentially a physical activity needs assessment and a NEL-level learning disabilities needs assessment might be included in this work plan, if confirmed.
- In addition to these, **several research projects are underway or planned**, including:
 - Analysis of sexual health survey for City and Hackney to support the Sexual Health NA
 - Analysis of the Survey of Londoners 2021-22, City and Hackney sample boost
 - COVID-19 reinfections analysis
 - Analyses from the CENSUS 2021



TITLE OF REPORT: Anchor Institutions – Young People Reflections and Recommendations	
HEALTH AND WELLBEING BOARD - 16 June 2022	CLASSIFICATION: Open
WARD(S) AFFECTED ALL WARDS	
Group Director N/a	

1. INTRODUCTION AND PURPOSE

Anchor institutions are large organisations that are firmly rooted in an area and are likely to remain so. For instance, local authorities, hospitals and NHS organisations. These organisations offer employment to many people and are in a position to influence and benefit the local community.

The City and Hackney Integrated Care Partnership Young Public Representatives wanted to understand how young people perceive the anchor institutions in our local area, and explore their views about how these large organisations could better serve their local communities. The young people we spoke to broadly felt **encouraging young people into the workforce of the institutions and finding ways to allow them easier access to the workforce** was the theme that resonated the most with them. This theme links with the Hackney Health and Wellbeing Strategy priority of supporting greater financial wellbeing, as well as improving social connectivity and mental wellbeing for young people as they are supported to move into the workplace.

The North East London Integrated Care System identified Children and Young People, and employment and workforce as two of the four flagship priority themes for the area. Healthwatch Hackney identifies engaging with and working alongside Young People as a priority in its draft strategy for 2022-2025. This shows an appetite within the system for improving our local offer around opportunities for Young People.

The Young Reps decided that this report will focus on the insights around this theme, and present recommendations derived from these insights.

2. BACKGROUND

2.1 The City and Hackney Public Representatives are a group of local people that volunteer their time to feed into the C&H Integrated Care Partnership, taking part in governance meetings to bring the patient perspective and reflect the wider voice, offering engagement sessions and focus groups to influence and collaborate on ICP projects, and conducting their own outreach engagement and peer research to bring the wider voice to decision making bodies.

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 Young Public Representatives used a guided conversation/open survey approach to speak to young people within local networks, and two of the Young Reps led a session with the London Borough Hackney Young Futures group. They spoke to 27 young people, gathering over 100 comments. The prompts below were used as a guide only, and the young people were encouraged to talk in more detail about the areas they felt were important.

Guided conversation prompts used as follows:

- *How, in your opinion, do local organisations such as the NHS and the Council engage with the local community?*
- *Is there anything specific that these organisations could do differently to improve connections with the local community and involve them in their work?*
- *What sorts of things could/should large local organisations such as the Council and NHS do to use their size and scale to support a good local economy?*
- *What could/should large local organisations such as the Council and the NHS do differently to hire people in a way that helps the local community? What do you feel would be important to make this work locally? We think of hospitals as being focused on improving health, often when things go wrong for people. What ways could local hospitals and the NHS help people with their wider health and wellbeing?*
- *What practical steps should local anchor institutions take to become more environmentally sustainable?*

2.2 The Young Reps asked young people aged between 16 and 25 if they were aware of ways in which local organisations like the NHS or London Borough Hackney engaged with residents. The majority of young people felt there was little or no attempt to communicate with young people as a specific group, either to share information or to ask for their thoughts and insights. There was some awareness of literature and community discussions, but those that were aware of engagement from the NHS or LBH had only become aware of this through their volunteer roles with either LBH, Healthwatch Hackney or the Integrated Care Partnership.

"I personally feel like they don't really engage with the local community like that. They don't!"

"There is very little engagement, letters and flyers mostly."

"They look to host community discussions."

"Until I joined the Healthwatch programme, I wasn't aware of any engagement with the local community if I'm honest."

"Now that I am a [C&H ICP] Public Rep I am part of engagement and focus groups often. Before that though, I didn't see anything."

2.3 The Young Reps asked young people how local organisations could improve the way in which they engage with residents. There were some great suggestions. There was an appetite for newsletters that presented a more honest picture – acknowledging challenges and telling residents how they are being addressed. As we move out of the pandemic there was a real keenness for fun events and community discussions that residents can attend in person. There was a feeling that people are more comfortable engaging with smaller organisations and local charities, and anchor organisations might benefit from partnership working to utilise this.

“I feel like if there was somewhere that people had access to leave some sort of feedback then that would be good.”

“Newsletters, even if it’s to get across what is going on & how it’s working on being fixed.”

“These organisations could look to broaden the channels - do more outreach work in the community, digital outreach, fun-days, hosting events and community discussions, etc.”

“Emails maybe? Questionnaires, lines of communication.”

“Using local organisations, structures and community members to do engagement, through GP surgeries, ensuring they are working with communities to understand their specific needs.”

2.4 The Young Reps asked how anchor institutions could invest in the local community. Some young people suggested ways in which organisations could use their financial advantage for the good of the area. They heard ideas about big organisations like the Homerton and local authorities combining their resources to create pop-up community hubs.

“Invest in smaller community organisations, that are already doing amazing work but may lack the funding or support to deliver the works to the levels they want it.”

“Zero carbon, reducing plastic, reducing heating, double glazing, solar panels, main issue is having sustainable food options not just big supermarkets that have loads of food waste.”

“The local authority must own or control some of the empty shop premises you see. Instead of them just sitting there empty, could they use them as a place people could go to get discounted fruit and veg, baby food and other essentials?”

“They [LBH] could join up with the Homerton to pay for free gym passes or swimming sessions. That could be part of what attracts people into the hub”.

“There could be regular events at the hubs laid on by the Homerton or LBH, talking to people about ways they can get involved. Like volunteering for gardening groups to make spaces owned by Homerton or LBH more attractive. Or there could be a session about joining the Public Reps. Stuff people might not know about that is interesting and helps stop people feeling isolated.”

“They could put on afternoon teas, or group walks to local parks. People would become members of the hub to benefit from the low cost fruit and veg etc and through becoming members begin to get involved in the other activities.”

2.5 Overwhelmingly, considering how organisations could invest in the local community, young people spoke about workplace opportunities. They felt the biggest thing that local anchor organisations could offer young people was a secure income and career options.

“There should be mandates for local employment numbers, upskilling local residents to be able to get jobs in the area, additional support for people

working for them who live in the local area, invest in local companies by commissioning them to deliver services in the area, place based care.”

Young people told us the best long term approach these big organisations could take to supporting and benefiting local young people is ensuring young people are accessing employment opportunities. This will help give those young people financial stability (in line with the Hackney Health and Wellbeing strategy, which identifies this as a priority).

The young people we spoke to told us there was a lack of opportunities for internships, work experience or volunteer experience. The Young Public Reps investigated this and discovered that there are existing opportunities, some of which are listed below:

- Work experience at Homerton Hospital allows young people to shadow a variety of roles, both clinical and administrative.
- Internships are available at Homerton, including level 2 internships that would not be dependent on exam qualifications.
- Management Trainee programme at London Borough Hackney.
- Hackney Council supported internship programme
- Hackney Council supported internship programme (SEARCH project)
- Young Futures Legacy Programme (LBH)
- Youth Parliament (LBH)
- HCVS Youth Champions

The Young Public Reps conclude from this that the barrier for young people is not lack of opportunities, but lies in the way in which these opportunities are publicised and presented to young people.

The Young Public Reps wanted to understand why more local young people weren't taking up paid roles, internships or work experience with these organisations. They heard that the first barrier to bringing local young people into the workforce was overcoming trust issues and helping the young people to want to pursue roles within the organisations. Larger organisations were often associated with the government

as a whole, or with bad experiences that had affected the young person's perception of the organisation. This could be counteracted by a warm and positive interaction with staff members when residents use the organisations and services. The Community Police Officers were identified as an example of positive interactions rebuilding trust between young people and authorities/organisations.

"People my age don't jump at the chance to work for what they see as government type organisations. We feel like the local council is just the same as the government, the NHS is owned by the government. And why would we trust the government we hear how bad they are all the time."

"Young people lack trust and respect for authority figures, often because they've had bad experiences or people they know have."

"It feels like it's the people at the top that don't care. Then how can they recruit from the local young people if the young people don't trust the organisation?"

"It's always on the news how bad the pay is if you work for the NHS. Like they don't pay their nurses enough to live on. That doesn't sound like someone I want to work for!"

"If a young person has had a bad experience, like not been taken seriously at the hospital, or been messed around by the council about housing benefit, then they aren't going to trust those people. So no way will they want to work for them."

"Everyone that works for an organisation needs to really positive when they interact with residents. It really changes the way you think about an organisation of the people in it are caring and warm, then maybe you could see going to work there some day as an option."

“If even the receptionists, the nurses, the work coaches, whoever they are, if everyone that works for that organisation is positive and gives a good vibe it entices people in to want to work there.”

“When you think about trust, young people don’t trust the police. But the community police officers have really improved that situation. They are positive and they work hard to make good associations and connections with young people. There should be people like that for all these anchor organisations. People whose job it is to build up those good relationships while representing their organisations.”

The Young Reps heard that the way in which organisations communicate with young people about opportunities is pivotal to changing perceptions and encouraging young people to consider this type of career by broadening their understanding of the roles available.

“Broadcasting the opportunities - There’s such a range of jobs to promote. You need to let people know what’s out there, otherwise they get a picture stuck in their head about what working for these organisations means, and it doesn’t cover all the different things they could be doing.”

“People don’t even know what the jobs are in the NHS apart from doctor or nurse. So if you’re not super good at sciences you wouldn’t even think of working for them. How are we supposed to know that there is other stuff we could do, no one tells us?”

Young people were clear it was important that existing staff actively sought out opportunities to come to talk to them where they are. They wanted to hear real people describing the work they do, and their journey from school into that role. They wanted to hear from people that look like them and have shared some of their experiences. They wanted to hear relatable stories from relatable people.

“Go to youth hubs and talk about working for the Homerton, LBH or whatever. Get the staff to come and talk about their journey to get there. How did they go from school to where they are now, not just talk about what they are doing now, that makes it feel out of reach?”

“Build up a network of places where you meet young people - colleges, youth hubs etc. Then go back a few times, build a relationship with the young people so they start to trust you and take an interest, rather than swooping in for one assembly, talking at them then disappearing again.”

“Get people that have experience of getting into the work place in different ways. People that didn't go to uni, but spent time volunteering, or internships, whatever. Get them to talk honestly about it, the hard bits too, so the kids get that it might be difficult but it can be done and its worthwhile.”

“There must be people that lived our type of lives. You know, local school, council estate, the difficult stuff, that has found a way into good jobs. Those are the people that should come talk to us. Real people.”

“Role models are important. If these kids see a young black man they make certain assumptions. Then when they hear actually I'm working and this is what I do they are surprised and it gets them thinking. People like that need to be trailblazers, then help younger people to aspire to doing the same thing.”

“Get the representation right! Let young people see people that look like them talking about the choices they have.”

They suggested frontline staff were well placed to talk about opportunities and plant the seed around moving into the workforce when they talked to young people in the course of their work.

“Get the frontline staff to talk about the opportunities as they meet people in the course of their work. When people come in to pay their bills or council tax,

when they meet with healthcare staff, that's a face to face opportunity for someone to be talking about their own experience of working there in context, which feels meaningful."

"St John's Ambulance could do stuff to raise awareness about jobs at the hospital or with NHS. People like those guys, we trust them, they come to the school to do first aid courses."

Volunteering, work experience and short work programmes were seen as an excellent route into employment. These were seen as ways to gain experience and confidence, as well as allowing people to experience the type of work without having to make a longer term commitment. This was seen as a way to ease anxiety around committing to work that may not suit the young person.

"There needs to be more of a drive to reach young people in schools. After school clubs would also be a good place. They need to increase awareness of the local offer. Having other young people come into the school to advise, signpost them to clubs, extra courses. Say a teenager is interested in working for the NHS, it would be great to have slightly older young people that they would trust going in to tell them about what they could be doing now. Like joining Youth Parliament, Young Hackney, LBH Young Futures. To start getting experience."

"People that can't do things because they missed getting qualifications, maybe they got in trouble and have a criminal record, maybe they haven't got off to the best start in the workplace, they still want the chance to do something with their lives. Often they just don't know where to start. That's where volunteering could build up their confidence and help them find their path again."

"Get young people involved by offering them work experience. Make the work experience interesting and go and tell them about it ahead of the time they need to choose work experience at school."

“Work experience and then make sure people can follow up the work experience with something, volunteering maybe, so they can keep moving forwards with it.”

“They could offer summer programmes to shadow people at the hospital. So you can experience what it would be like and see some of the jobs in action that really you would have no idea what they do. UCLH does this, some really cool jobs like “what does an anaesthetist do?”. Gives you a real goal to work towards when you see stuff like that.”

Several young people spoke about the importance of giving young people another opportunity to gain qualifications if they did not finish school with GCSEs. There was recognition that often difficult life circumstances could interfere with people's ability to sit and pass exams, and that young people would welcome the opportunity to try again but are held back by stigma and fears around cost.

“Give people a second chance to get their GCSEs. Make it so it's easier to go back to studying and take away the stigma”.

“When you do GCSEs it's scary because they make you think if you blow this forget it, you've blown your life. It shouldn't be that way. Plenty of people just have so much to deal with at that age, and maybe a couple years later they could try again and do really well. Maybe offer funding for an incentive. Like an internship but to get your qualifications. Something that makes doing that when you are 21 a good option, not something to be ashamed of.”

“You could combine people doing retakes of maths and English if they didn't get it first time with some other type of training. A package that gets you those GCSEs that you need but something else with it, so it feels more worthwhile to people. It could even be training that leads to a job if you complete the course.”

3. RECOMMENDATIONS

The following recommendations are drawn from the themes that emerged from the young people's insights. The recommendations are intended to be taken for consideration by the anchor institutions represented on the board. The recommendations indicate consideration of wider collaboration between anchor institutions going forward could be appropriate.

- Creating a culture in which big organisations like the NHS and local authorities engage with (Informing, involving and listening to) young people as a group using an approach specifically targeted at young people. This means as well as creating resources that are aimed at the younger age group, going out to where those young people are in the community and in schools and in colleges, and talking to them to ask their opinion and tell them how they can get more involved in influencing services or decision making processes.
- Providing local people with newsletters that give a more honest picture of what the organisation is doing, what's on offer and any opportunities, whilst also talking openly about current challenges faced.
- Big organisations partnering with smaller local organisations and charities to provide fun events, community meals, training and volunteer opportunities. The smaller organisations may be more trusted and the bigger organisations have more financial resources to share. These events would tackle social isolation and food poverty, as well as offering opportunities which could improve people's employability leading to better financial wellbeing.
- Anchor organisations working together to create pop up community hubs that local people can become a member of, in empty shop front spaces, offering discounted fruit, veg, baby food and other essentials. Free gym or swimming passes. Baby/toddler clothing exchange. Community sessions letting people know what is available in their area. Group walks and gardening groups. These hubs would benefit local people by tackling social isolation and easing the effects of financial deprivation during the cost of living crisis.
- Mandates for percentage of local employment numbers for anchor institutions, with a requirement to offer training and opportunities to upskill local people to move into paid employment with them (i.e. training with a built in job-offer on completion of training).

- Building trust with young people to encourage them to consider careers with anchor institutions by ensuring any interactions they have are positive. Healthwatch could be asked to facilitate peer training sessions or events in which frontline staff are given the opportunity to meet with local young people in an informal setting to talk with them and learn what a positive interaction looks and feels like from a young person's perspective.
- Homerton/LBH/CCG to produce a series of short videos focusing on the many and varied roles available. The videos should feature real staff that are representative of the local community, and should seek to raise the profile of roles young people leaving school or college would not be aware of. For instance, roles around engagement or equalities or support roles.
- Homerton/LBH/CCG to invite staff members from a wide variety of roles to join a youth outreach campaign, to talk directly to young people about local workforce opportunities and encourage them to take up opportunities. Looking for staff that come from the local area, whose journeys will resonate with local young people, to go out to schools, colleges, youth clubs and other events to talk openly about their own journey into the role they are in.
- Existing volunteering and work experience opportunities tailored to young people to be more widely promoted through social media, outreach programmes, schools and colleges, bus stop billboards, videos. Promotional material should feature local young people to be more relevant and engaging.
- With the support of the Health and Wellbeing Board a group of local young people could take on responsibility for collating existing opportunities and co-producing a comms and engagement campaign to raise awareness of these opportunities. Named leads from ICP organisations could work in collaboration with the young people to achieve this. The Public Reps/Healthwatch Hackney could lead on recruitment and oversight of this project.

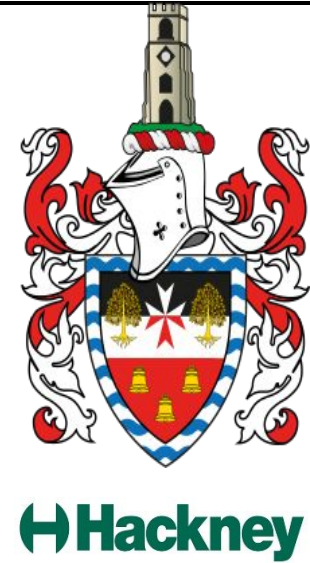
BACKGROUND PAPERS

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

NONE

<i>Report Author</i>	<i>Sally Beaven, Healthwatch David Kingsley, City & Hackney Young Public Representative</i>
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Anchor Institutions and Young People



City and Hackney Integrated Care Partnership Young Public Representatives

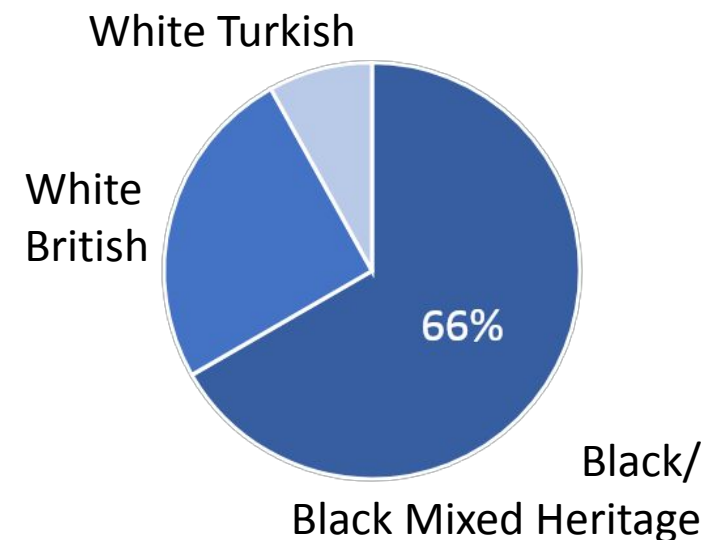
Introduction

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City and Hackney Young Public Representatives

12 local volunteers.

Aged between 19 and 29 years.



- Our work feeds into the City and Hackney Integrated Care Partnership
- Provides insight into the patient perspective.
- Carry out engagement sessions, focus groups and peer research.

Our Focus:

Anchor Institutions:

- Large organisations
- Permanent
- Financial and social impact on the community
- E.G. local authorities, hospitals, NHS organisations.

Main Questions:

- How do young people perceive these institutions?
- How can the institutions better serve local communities?

We heard over 100 comments:

- 121 discussions within local networks.
- Surveys
- Focus groups with the LBH Young Futures group and Young Public Reps.



Aim: Present recommendations derived from the responses.

The Response:

- There is a lack of communication with young people.
- There is a desire for workplace opportunities.
- They thought there is a lack of workplace opportunities available.*

*Investigation revealed that there are paid and volunteering roles available. So why are they not used?

- Their existence is not communicated.
- Lack of trust – government association and bad experiences.

What's needed:

- Honest and improved communication.
- Positive interactions.
- Encouragement from existing staff.



Theme:

Engagement to encourage young people into the workforce of anchor institutions and find ways for this to be more easily accessible.

This links to the identified priorities of:

Hackney Health and Wellbeing Strategy	Greater financial wellbeing.
North East London Integrated Care System	Workforce Children and Young People
Healthwatch Hackney	Children and Young People

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.



Thank You for listening
Questions welcomed

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TITLE OF REPORT Learning from the City and Hackney Anchor Collaborative	
HEALTH AND WELLBEING BOARD - 21st July 2021	CLASSIFICATION: Open
WARD(S) AFFECTED ALL WARDS	
Group Director n/a	

1. QUESTIONS FOR HACKNEY HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board is asked to note this update.

Background

For the past three years, Renaisi has been working with anchor organisations in City and Hackney to explore how they can use their collective influence to achieve a more inclusive and flourishing local economy.

Anchor organisations are typically – though not exclusively – not for profit organisations that are based in a city or town and are unlikely to move location, usually because their purpose and mission is intrinsically bound up in that area.

Anchor organisations are major players in the local economy so can use this economic power to create wealth and improve opportunities for the people in that place. They can use many different strategies to benefit their local populations, including their: employment and HR practice, procurement and supply chain, investments, estates and community engagement¹. Anchor organisations are central to the 'community wealth building' agenda, an approach to economic development which aims to build and retain wealth and opportunities within the local community². The work that places across the UK such as Preston, Wigan and Birmingham have pioneered is now mainstream in policy dialogue on both sides of the political spectrum, with the recent Levelling Up White paper explicitly referring to the role of anchor organisations in economic development seven times³ and the Hackney Labour Manifesto committing to building community wealth as part of their pledge to "Step up support and help Hackney recover"⁴.

Renaisi initiated this work, and it explicitly builds on our social purpose as a Hackney-based social enterprise. We believe that working across a place-based system allows for learning, and projects that have greater impact than if organisations did this work on their own. We see our role as facilitator, coordination and system support.

Our work with the Anchors started in September 2019 when we presented an outline to the Accountable Officers Group for a City and Hackney anchor network. The paper was approved, and this has been followed with many one-to-one conversations with people across the City and Hackney health and care system representing HR, procurement and commercial services, strategy, policy, economy and public health teams.

In December we held a strategic design workshop with participants from East London NHS Foundation Trust, City and Hackney CCG, the Corporation of London, Homerton Hospital, the GP Confederation, Peabody, and Hackney Council to develop thinking on the existing strengths of the anchors; the opportunities to try new approaches, and 'moon-shots' (ambitious medium- to long-term strategic projects). Four themes emerged at this workshop: employment and skills, with a focus on apprenticeships; new infrastructure projects; childcare and serious youth violence. Since then, significant engagement with procurement and HR teams across the anchors has led to the development of two workstreams, reflecting two of the major levers that anchors have at their disposal to build community wealth:

- Procurement: how the purchasing of goods and services for the anchors could contribute towards community wealth building goals

¹ For further detail on the role of Anchor organisations in local economies see our articles <https://renaisi.com/2019/11/13/what-is-an-anchor-organisation/>

<https://renaisi.com/2020/07/22/city-hackney-anchor-procurement/>

² <https://cles.org.uk/what-is-community-wealth-building>

³ <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom>

⁴ <https://www.hackney-labour.org.uk/hackney-labour-2022-26-manifesto/>

- Workforce: how the recruitment and development of staff could also support these goals

Despite the extreme pressure on the health and care system during the pandemic, as a Collaborative we were able to make progress across both workstreams. This short report shares the learning so far on how to support system wide collaboration, and the barriers and successes that this programme has come across. In particular, we reflect on the importance of what Mark Moore calls “the authorising environment”, and how important this is in supporting collaboration across partners such as those we have worked with in City and Hackney. Moore introduced the idea of a strategic triangle, designed to enable managers in the public sector make sense of the complex environments they work within. One of the key elements of the triangle is the ‘authorising environment’ - in other words, that managers have the authority to deliver policies and programmes. This requires both legitimacy, and support from any individual or agency that could hold them to account, including legislative functions, the press, the public, or oversight bodies, for example.

Progress to date

System collaboration in the procurement workstream

We have now had ten workshops with procurement and skills leads from across the City and Hackney anchor organisations. Particular organisations who have engaged with this workstream include: Hackney Council, East London NHS Foundation Trust, Peabody Housing Association, City of London Corporation and Homerton Hospital Trust.

Each workshop took a similar structure, beginning with updates from each of the anchor representatives on their current focus alongside any challenges they would like to share with the group. We would then often facilitate a discussion to dive into a theme suggested by the group, sometimes bringing in external speakers or other colleagues from the anchor organisations, such as net zero / sustainability leads; or skills and employment leads, where useful.

The range of topics covered was wide, and included:

- understanding labour market inequalities in City and Hackney;
- policy areas such as modern slavery, social value and net zero;
- engaging with local businesses and SMEs;
- sharing best practice on changing financial regulations;
- the links between procurement and employment;
- mapping the procurement pipeline to identify areas for collaboration;
- real living wage compliance;
- Scope 3 measurement, baselining and progress.

Amongst these topics individuals discussed common dilemmas, shared strategies and celebrated good practice in progressing their agendas. The group have shared resources and found support and challenge amongst their peers, which has been hugely valuable. The regular peer-to-peer engagement via the workshops demonstrated that anchor organisations can organically begin to improve practice by coming together to:

1. **Debate and challenge** each other in thinking around policy issues to co-develop strategies on cross-cutting themes (such as net zero, social value, modern slavery)

2. Engage in **practical sharing of resources** and commonly used documentation around processes and organisational policies

More specifically, mapping exercises in the procurement workshops identified the following opportunities for collaborative working, detailed in the table below.

Opportunity	Discussion
Collectively engaging suppliers	Almost all of the anchor organisations in the collaborative have a desire to diversify their supplier base and to remove some of the barriers that exist for small and medium sized organisations, and BAME-led organisations. As they work across a shared footprint, and commission similar types of services, the anchors would be seeking to remove these barriers for some of the same providers so there is an opportunity to do this once together, rather than several times separately.
Developing common social value metrics	Social Value policies and measurement have been a recurring theme with the procurement leads. Among the NHS anchor partners there have been some efforts to align social value objectives and metrics across the North East London footprint. To take this further across all the anchors would require political agreement from the local authorities, and some dedicated resource to work up an agreed set of social value objectives and metrics.
Developing thinking and practice on green jobs / circular economy	A more recent theme which has emerged as a priority for the local authority partners is developing their work on supporting green jobs and the circular economy. Most anchor partners are at an early stage of their thinking on this and there are opportunities for commissioning shared research as a first step.

Unfortunately, these opportunities were not progressed into tangible actions beyond discussion within the workshops. Barriers to progress included:

1. **A lack of alignment in timescales and processes** impeding pursuing joint tendering for suppliers
2. **Limited engagement from the senior decision makers** needed to alter strategies and reporting requirements: this lack of the 'authorising environment' meant that the imperative to collaborate slipped behind other organisational priorities.
3. **Little will to commit to resourcing collaborative work** (such as research and strategy development) and low accountability or capacity to engage in activity beyond the day job.

System collaboration in the workforce workstream

These barriers also prevented the progress of the workforce workstream, which included HR and apprenticeship leads, in developing collaborative work around apprenticeships. Apprenticeships were identified as an opportunity to collaborate via a 'rotating apprenticeships' pilot across the organisations. A small group of leads across City of London, Hackney Council and ELFT came together to develop the idea with Renaisi, who developed a short paper to outline the project. While the leads tried to engage their broader

organisations, ultimately, a lack of the senior sponsorship needed to bring accountability and resources to this initiative halted prevented its realisation.

This group was perhaps more successful than the procurement workstream Group in developing its thinking towards a tangible piece of work. The workforce workstream had a tighter focus from the outset, and a clear idea to focus collaboration on. However, the lack of an authorising environment for participants to progress the pilot has now led to this aspect of the collaboration being paused.

Learning and recommendations

Our work supporting place-based collaboration is informed by the principles of Collective Impact, articulate by Kania and Kramer (2011)⁵.

1. Common agenda	Build a shared agenda around priorities owned at a senior level
2. Shared measurement	Track and understand progress in a similar way to allow for accountability
3. Mutually reinforcing activities and approaches	Build relationships and increase knowledge of what anchors and the wider system is doing
4. Continuous communication	Through sharing, improving and aligning practice towards common goals
4. Independent backbone support	Have a neutral, facilitating actor to hold the space, allowing learning, challenge, and system accountability

Progress in the procurement workstream has reflected elements of principles 3 and 4, supported by independent backbone support throughout. However, in absence of a common agenda and shared measurement systems agreed at a senior level, ongoing communication and mutually reinforcing approaches have remained operational, focused on incidental commonalities rather than strategic collective working.

Learning around effective collaboration

The challenges and successes encountered at different stage in this collaborative, alongside the instances of group reflection throughout, have highlighted a number of points of learning about how anchor organisations can effectively collaborate

- The importance of the **'authorising environment'**: for the delivery of public value. It is the active leadership that supports new ideas to take root and gives permission to staff to work in new ways, as well as setting expectations for delivery. Even within an environment that provides staff with a lot of autonomy, for genuinely new innovations or programmes, more active permission and sponsorship is often required to make progress.
- Collaboration should **start from a shared set of goals that reflect system priorities**. As efforts to enable collaboration have largely focused on trying to align different organisations workplans, the workstreams have felt slightly detached from the objectives and priorities of the wider health and care system.

⁵ Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review, 9(1), 36–41. <https://doi.org/10.48558/5900-KN19>

- Collaboration must be **embedded into local governance systems**. Without establishing a governance structure for the collaborative linked to systems level ambitions, individual organisational pressures have been prioritised over initiatives that emerged within the collaborative.
- Collaboration must be **resourced**. Organisations must be willing to commit staff time and financing to support and coordinate areas of shared interest, such as research, or large-scale provider engagement. This can both provide the capacity to pursue this work and build accountability and commitment into the collaborative.
- Collaboration requires **senior sponsorship and oversight**. Without the engagement of those individuals shaping strategic organisational priorities, conversations often became operational and it was challenging for those in the group to see the links between opportunities for collaborative work and the furthering of overall place-based agendas. A lack of clarity around the expectations and aspirations of senior staff for collaborative working also led to a reticence among participants to overcommit to any opportunities that emerged in the group.

Recommendations for the future

Throughout our work with the City and Hackney Anchor Collaborative, we have embedded reflection into our work via conversations with both individuals and the working groups. Reflecting on the instances of progress and primary sticking points along the way allow us to make a number of recommendations for others attempting to build collaboration across anchor organisations in the future

1. Begin by bringing senior leaders together to identify priority areas of work for collaboration and shared objectives
2. Develop a governance structure with regular ways for the collaborative workstreams to update progress and escalate any issues with clear visibility between working groups and senior leadership
3. Map out practical barriers to collaboration (such as tendering regulations, sign off processes, yearly timelines) within workshops at the beginning of the collaboration to discuss how they might be overcome and rule out activities where they will not be possible
4. Identify practical activities of value that can quickly demonstrate the benefits of collaboration, embed collaborative processes and begin to bring the anchors together to achieve the shared objectives: e.g. developing a set of common metrics or aligning action plans.
5. Identify areas of shared investment (e.g. pieces of research, supplier development funding) which could be improved via pooled resources and the input of multiple anchors in tendering processes.
6. Embed ongoing reflection and learning into the collaborative working groups to build a culture of challenge and drive which infiltrates practice outside the group
7. Engage senior leaders in ongoing evaluation to build accountability and ensure ownership of progress and challenges at all levels

BACKGROUND PAPERS

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

Report Author	Renaissi (Julia Slay and Kezia Jackson-Harman)
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TITLE OF REPORT Next steps for City and Hackney Anchor Collaborative	
HEALTH AND WELLBEING BOARD - 21st July 2021	CLASSIFICATION: Open
WARD(S) AFFECTED ALL WARDS	
Group Director Helen Woodland Group Director Adults, Health and Integration	

1. QUESTIONS FOR HACKNEY HEALTH AND WELLBEING BOARD MEMBERS

Building on the work started prior to the Covid-19 pandemic to strengthen the collective action of Hackney's anchor institutions is a **key action** in [Hackney's new Health and Wellbeing Strategy](#), as one of the '10 cross-cutting areas for action' to reduce health inequalities referenced in the Strategy - the approach supports implementation of all 3 strategy priorities. In order to agree on the next steps, Board members are asked to consider the following questions, in advance of the HWB meeting on 16th July, and a discussion will take place at the meeting.

1. As part of our HWB Strategy action plan, what steps can the HWB partnership take to ensure that local anchor organisations are working collaboratively to maximise the economic and social impact in our local community?
2. What should be our focus over the next four years?
3. How can we bring all of this work together to demonstrate collective impact?
4. Where should the governance structures sit for this work?
5. Who, in each organisation, will have delegated authority to ensure any new AI objectives are fulfilled?

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Anchor Institutions and Anchor Collaboratives

Hackney Health and Wellbeing Board
16 June 2022

Anchor Institutions

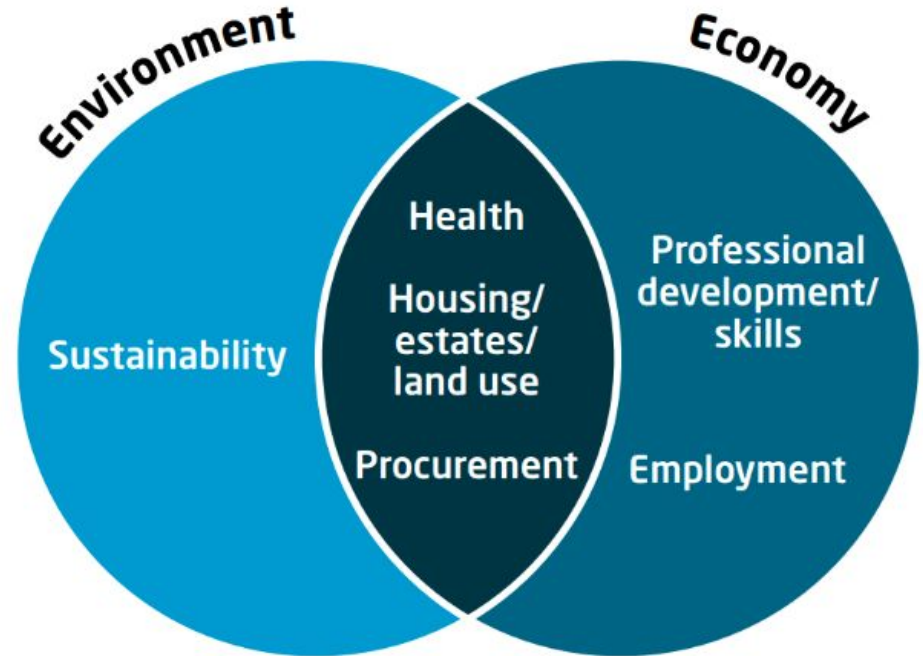
An **anchor organisation** is typically – though not exclusively – not for profit organisations that are based in a city or town and are unlikely to move location, usually because their purpose and mission is intrinsically bound up in that area. They are also often one of the major players in the local economy, and can use this economic power to create wealth and improve opportunities for the people in that place.

Impact and key areas of focus

Anchor institutions can use their influence to improve local social, economic and environmental conditions and reduce inequalities.

Page 7
Anchor institutions can have a positive impact on local communities in two main areas: the local economy and the environment.

Both these areas have the potential to improve the health of individuals and communities.



Policy context

The [NHS Long Term Plan](#) and [2020/21 NHS People Plan](#) both outlined ambitions for the NHS to create new opportunities for people from more deprived areas to enter employment within the health sector by expanding apprenticeships, providing routes into employment for volunteers and working more closely with schools, colleges and universities.

Integrated Care Systems (ICSs) offer an opportunity for NHS organisations, local authorities, voluntary sector and other local organisations to work together to address these issues.

Building on the work started prior to the Covid-19 pandemic to strengthen the collective action of Hackney's anchor institutions is a **key action** in [Hackney's new Health and Wellbeing Strategy](#), as one of the '10 cross-cutting areas for action' to reduce health inequalities referenced in the Strategy - the approach supports implementation of all 3 strategy priorities.

Hackney's [new 2022-2026 Labour Manifesto](#) has a commitment to develop a Hackney Net Zero Partnership - bringing together the Council, public sector partners and businesses to ensure that we can work together to reach a net zero borough.

Learning from the City & Hackney Anchor Collaborative

John Hitchin and Beth Stout

Hackney Health and Wellbeing Board

16th June 2022



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- Based on international research
- Connected to Inclusive Economy Strategy
- Clear hooks into NHS priorities
- Aligns with commitments in the 2022 Hackney Labour manifesto
- Instigated and part funded by Renaisi
- Potential to strengthen collaborative system behaviours across the place



Motivation:

Page 75 City and Hackney's biggest institutions can collaborate to use their resources to tackle inequalities and build an inclusive local economy. Working across a place-based system allows for learning and projects that have greater impact than if organisations did this work on their own.

Who has been engaged?

In City and Hackney **the anchors that have been directly engaged** are:

- Hackney Council
- the CCG
- ELFT
- the GP Confederation
- City of London Corporation
- Homerton Hospital.

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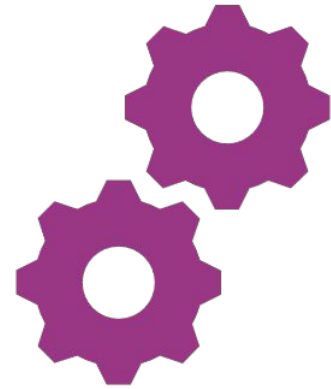
There have also been conversations with a **wider range of local and London wide stakeholders** about the work, including Peabody, Barts NHS Trust, local projects in Hackney (e.g. the Improving Outcomes for Young Black men initiative, the Sport England pilot); public health teams, Citybridge Trust, the Museum of London, the North East London Commissioning Support Unit and many others.



Definitions

An **anchor collaborative** is a formal partnership of anchor organisations that share a common geography, and have clearly defined, collective, objectives that guide their work. They are often supported by a trusted independent organisation that helps to facilitate the work, and this role is typically funded by a philanthropic partner.

Community wealth building is an approach to local economic development which prioritises benefits to the local economy and community. Anchor organisations have an important role within community wealth building as the most stable and significant local economic actors.



Collaboration as approach– collective impact

Common agenda

Build a shared agenda around priorities owned at a senior level

Shared measurement

Track and understand progress in a similar way for accountability

Mutually reinforcing activities and approaches

Build relationships and increase knowledge of what anchors and the wider system is doing

Continuous communication and relationships

Through sharing, improving and aligning practice towards common goals

Independent backbone support

Have a neutral, facilitating actor to hold the space, allowing learning, challenge, and system accountability

Progress in two streams

Workforce – apprenticeships

Apprenticeships were identified as an opportunity to collaborate via a 'rotating apprenticeships' pilot across the organisations.

A small group of leads across City of London, Hackney Council and ELFT came together to develop the idea with Renaisi, who developed a short paper to outline the project. This has been planned to be a small scale pilot with a relatively senior / skilled apprenticeship offer, but it could be adapted and rolled out much more widely.

However the apprenticeship leads were unable to gain the senior sponsorship within their organisations needed to bring accountability and resources to this initiative, which prevented its realisation.

With the group having developed the collaborative proposal it was convened for, only to face barriers at the system level, this aspect of the collaboration has now been paused.

Procurement

We have now had 10 workshops with the Procurement Group, which engages 7 -12 people from procurement, business engagement and strategy teams across the anchor organisations.

Each workshop took a similar structure, beginning with an update from each of the anchor representatives on their current focus alongside any challenges and successes they would like to share with the group.

We would then often go into a deep dive into a topic suggested by the group, sometimes bringing in external speakers or other colleagues from the anchor organisations, such as net zero / sustainability leads; or skills and employment leads, where useful.

While we were not prescriptive about the themes that the group would focus on, topics have generally fallen under the three areas of Net Zero, Social Value and Modern Slavery.

Opportunities in the procurement workstream

Opportunity	Discussion
Collectively engaging suppliers	<p>There is a common ambition across anchor organisations to diversify their supplier base and to remove some of the barriers that exist for small and medium sized organisations, and BAME-led organisations.</p> <p>As they are working across a shared footprint, and commissioning similar types of services, the anchors could engage these local suppliers collectively to build their capacity to bid for tenders and understand the main barriers they face.</p>
Developing common social value metrics	<p>Social Value policies and measurement processes has been a recurring. Among the NHS anchor partners there have been some efforts to align social value objectives and metrics across the North East London footprint.</p> <p>To take this further across all the anchors would require political agreement from the local authorities, and some dedicated resource to work up an agreed set of social value objectives and metrics.</p>
Developing thinking and practice on the circular economy	<p>Another common priority has been developing an approach to supporting green jobs and the development of skills needed for the circular economy. Anchor partners are at early stages of their thinking, which presents opportunities for commissioning shared research into the future economic needs of the area.</p>

Collaboration within the group

Regular peer-to-peer engagement around the main themes of Net Zero, Social Value and Modern Slavery in the Procurement workshops demonstrated that anchor organisations benefit from coming together to:

1. **Debate and challenge** each other in thinking around policy issues to co-develop approaches on emergent and strategic cross-cutting themes
2. Engage in **practical sharing of resources** and commonly used documentation around processes and organisational policies

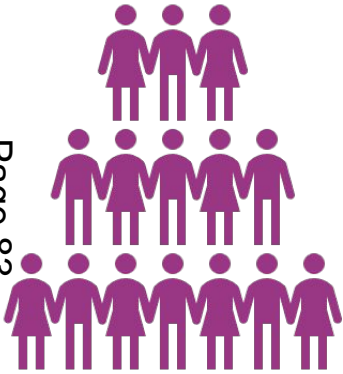
Collaboration within the system

Opportunities for collaboration have not yet progressed into tangible actions beyond discussion within the workshops. Those in the group have articulated a number of system-level barriers that they all face when trying to bring ideas to action:

1. **A lack of alignment in timescales and processes** impeding pursuing joint tendering for suppliers
2. **Limited engagement from the senior decision makers** needed to alter strategies and reporting requirements: this lack of the 'authorising environment' meant that the imperative to collaborate slipped behind other organisational priorities.
3. **Limited commitment to resourcing collaborative work** (such as research and strategy development) and low accountability or capacity to engage in activity beyond the day job.

Learning around effective collaboration

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- The importance of the ‘**authorising environment**’ for the delivery of public value. Active leadership is needed to support new ideas to take root and give permission to staff to work in new ways, as well as setting expectations for delivery.
- Collaboration should **start from a shared set of goals that reflect system priorities**. As efforts to enable collaboration have often focused on trying to align different organisations workplans, the workstreams have felt detached from the objectives and priorities of the wider health and care system.
- Collaboration must be **embedded into local governance systems**. Without establishing a governance structure for the collaborative linked to systems level ambitions, individual organisational pressures have been prioritised over initiatives that emerged within the collaborative.
- Collaboration must be **resourced**. Organisations must be willing to commit staff time and financing to support and coordinate areas of shared interest, such as research, or large scale provider engagement. This can both provide the capacity to pursue this work and build accountability and commitment into the collaborative.

Recommendations for the future

1. Begin by bringing senior leaders together to identify priority areas of work for collaboration and shared objectives
2. Develop a governance structure with regular ways for the collaborative workstreams to update progress and escalate any issues with clear visibility between working groups and senior leadership
3. Map out practical barriers to collaboration (such as tendering regulations, sign off processes, yearly timelines) within workshops at the beginning of the collaboration to discuss how they might be overcome and rule out activities where they will not be possible
4. Identify practical activities of value that can quickly demonstrate the benefits of collaboration, embed collaborative processes and begin to bring the anchors together to achieve the shared objectives: e.g. developing a set of common metrics or aligning action plans.
5. Identify areas of shared investment (e.g. pieces of research, supplier development funding) which could be improved via pooled resources and the input of multiple anchors in tendering processes.
6. Embed ongoing reflection and learning into the collaborative working groups to build a culture of challenge and drive which infiltrates practice outside the group
7. Engage senior leaders in ongoing evaluation to build accountability and ensure ownership of progress and challenges at all levels

Questions for HWB

1. As part of our HWB Strategy action plan, what steps can the HWB partnership take to ensure that local anchor organisations are working collaboratively to maximise the economic and social impact in our local community?
2. What should be our focus over the next four years?
How can we bring all of this work together to demonstrate collective impact?
Where should the governance structures sit for this work?
5. Who, in each organisation, will have delegated authority to ensure any new AI objectives are fulfilled?

About Renaisi – place is the thread

Renaisi is a Hackney social enterprise, committed to improving places for the people who live in and use them. We do that by trying to understand what drives social change, what role place has in social change, and we work with different stakeholders to achieve that. We work with:

- **individuals** experiencing economic exclusion
- **social organisations** trying to improve their impact
- **funders** looking to learn about the value and role of their investments
- **place-based systems** that want to work differently through leadership and coordination

Each of these stakeholders is an integral part of improving places and a target for our products and work as a social enterprise.

We aim to influence the policy and practice debate by delivering quality work, highlighting practical examples, and demonstrating our learning on the role of place-based approaches.



Contact

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TITLE OF REPORT: Role of Hackney Health and Wellbeing Board in Tackling Inequalities	
HEALTH AND WELLBEING BOARD - 16 June 2022	CLASSIFICATION: Open
WARD(S) AFFECTED All	
Group Director N/A	

1. INTRODUCTION AND PURPOSE

- City and Hackney Health Inequalities Steering Group 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 has been developed, this pack is 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 (some slides included here) includes:
 - 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
- Process and progress so far:
 - Share and work through resource pack prompts with pilot teams (above)
 - Identify key actions for each pilot team to identify and tackle inequalities

- Support to implement these actions with each team

2. RECOMMENDATIONS

- To use the health inequalities toolkit as part of the Board's work.

The Population Health Hub would like to understand what support would be most helpful to HWB to better consider health inequalities in their work as a Board, and also as individual partnership organisations.

What support would be most helpful to HWB to better consider health inequalities in their work as a Board, but also as individual partnership organisations?

Potential options of work include:

- Could the HWB use this toolkit to systematically consider health equity as part of the HWB's approach to health in all policies?
- Could these prompts be used to inform what information items have to bring to HWB, as part of their report/update to the Board?
- Could HWB use the HWB strategy and the City and Hackney Outcomes Framework to identify key outcomes and request information from leads on actions on inequalities in these areas (using the prompts presented in slide 9 of pack)?
- Population Health Hub to support bringing together partners to map existing activity and identify gaps, for identifying key actions within the Health and Wellbeing Strategy.

BACKGROUND PAPERS

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

Report Author	<i>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</i>
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Questions for Hackney Health and Wellbeing Board – June 2022

What support would be most helpful to HWB to better consider health inequalities in their work as a Board, but also as individual partnership organisations?

Potential options:

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- Could the HWB use this toolkit to systematically consider health equity as part of the HWB's approach to health in all policies?
- Could these prompts be used to inform what information items have to bring to HWB, as part of their report/update to the Board (but risk of making this just 'tick box'?)
- Could HWB use the HWB strategy and the City and Hackney outcomes framework to identify key outcomes and request information from leads on actions on inequalities in these areas (using prompts within these slides)?
- Population Health Hub to support bringing together partners to map existing activity and identify gaps, for identifying key actions within the Health and wellbeing strategy

Context: *Making inequalities everyone's business*

- City and Hackney Health Inequalities Steering Group 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 this work
- Resource pack developed, this pack is 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

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Resource pack includes:

- 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
- Process and progress so far:
 - Share and work through resource pack prompts with pilot teams (above)
 - Identify key actions for each pilot team to identify and tackle inequalities
 - Support to implement these actions with each team

Tackling Health Inequalities in City and Hackney

Strategic and delivery infrastructure

North East London ICS: Inequalities Workstream



The breadth and depth of the impacts of COVID-19 emphasise the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic.

The City and Hackney Health Inequalities Steering Group has been convened to ensure our collective efforts have maximum impact, and that we make best use of our combined resources, through collaboration and a partnership approach.

Ten broad areas for local system-wide action to tackle health inequalities in City and Hackney

Act:

SG leadership and mobilisation of system resources

1. Inequalities data and 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 and systemic discrimination

Adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions

4. Community engagement, involvement & empowerment

Build trust and adopt flexible models of engagement to work in partnership with residents to improve population health

Sponsor:

Led from elsewhere, but SG role to champion, facilitate partnership working, ensure focus on reducing inequalities

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

Watch:

Monitor progress of existing partnership work to tackle inequalities

9. Tackle the digital divide

Pool system resources to address the 3 dimensions of digital exclusion: skills, connectivity, and accessibility

10. Tailored, accessible info about services & wider wellbeing support

Produce information in community languages that is culturally appropriate and responsive to local diverse needs

The direct harms of COVID-19 disease and the indirect effects of lockdowns and other restrictions have affected some groups much more than others, including:

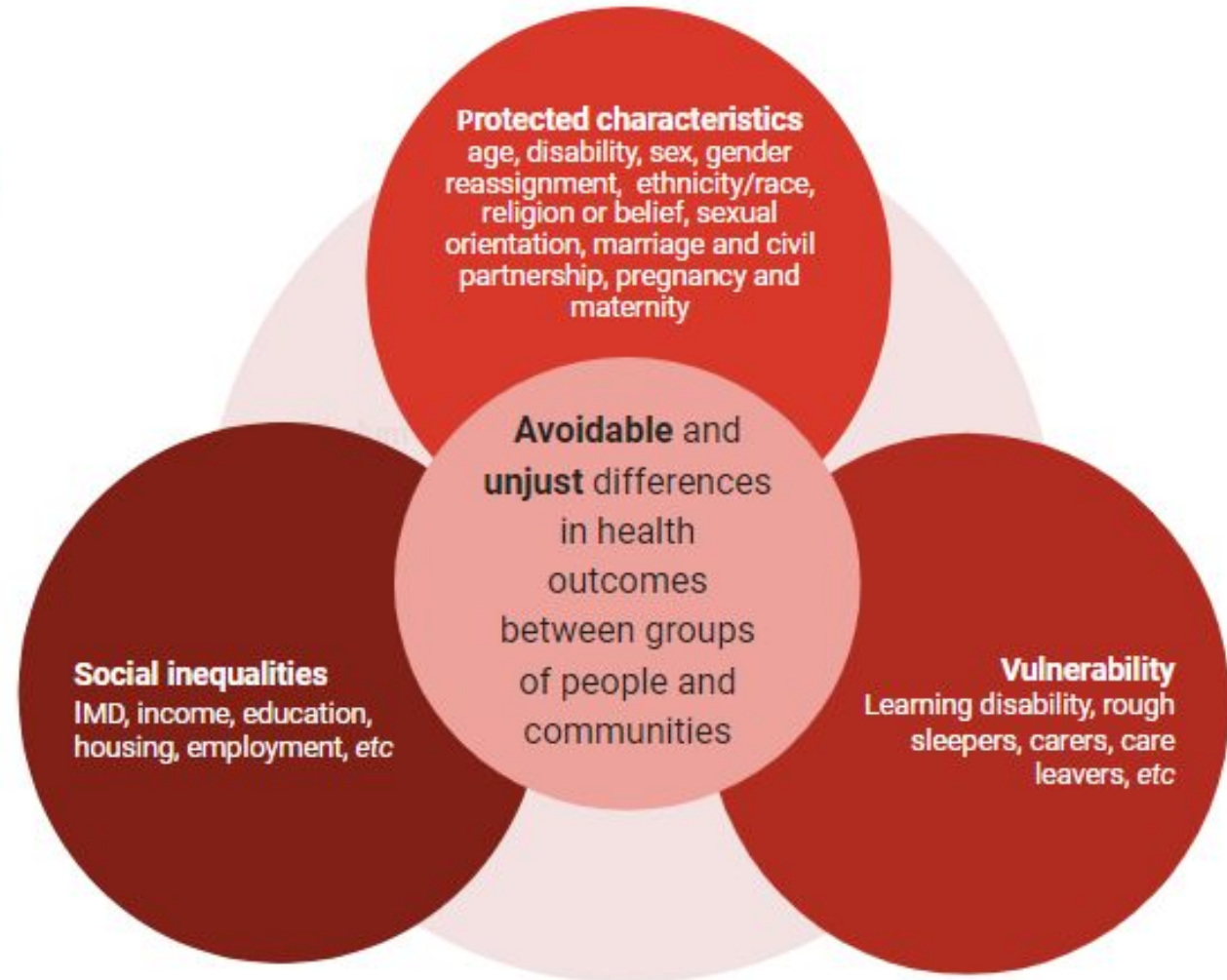
- Our diverse, ethnic communities
- Older people
- Children / young people (educational and employment impacts)
- Residents of care homes / settings
- People with pre-existing health conditions
- Men (diagnoses and deaths)
- Women (social and economic impacts)
- People living in poverty or on low incomes
- People in 'key worker' roles and / or insecure employment
- People living alone or socially isolated
- Marginalised groups such as homeless people, asylum seekers, prisoners, street-based sex workers

**What do we mean by health inequalities
and why do these matter?**

What do we mean by inequalities?

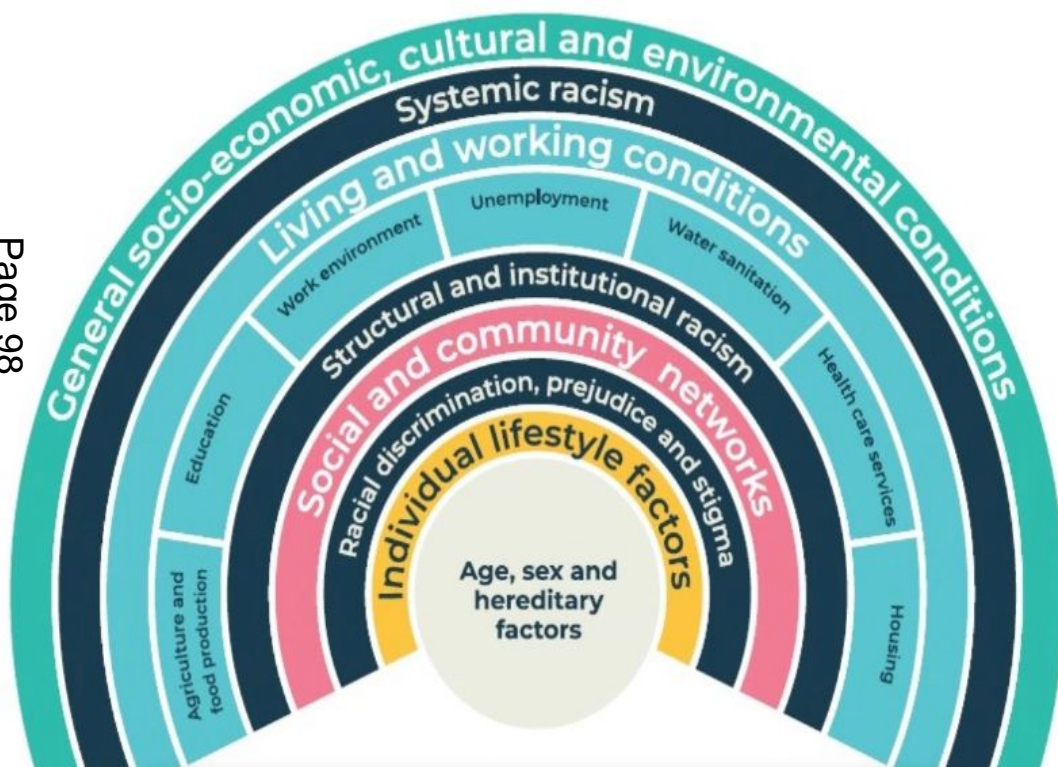
Health inequalities are avoidable and unjust differences in health status between groups of people or communities

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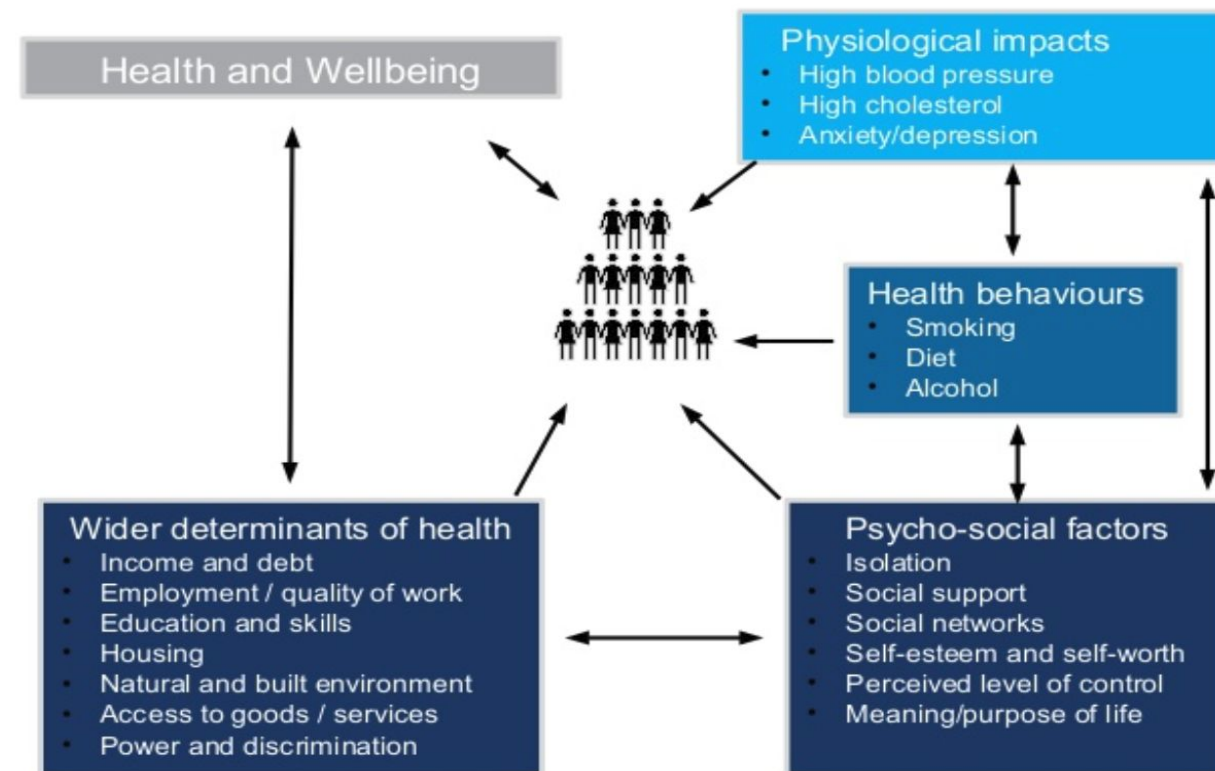


What causes health inequalities?

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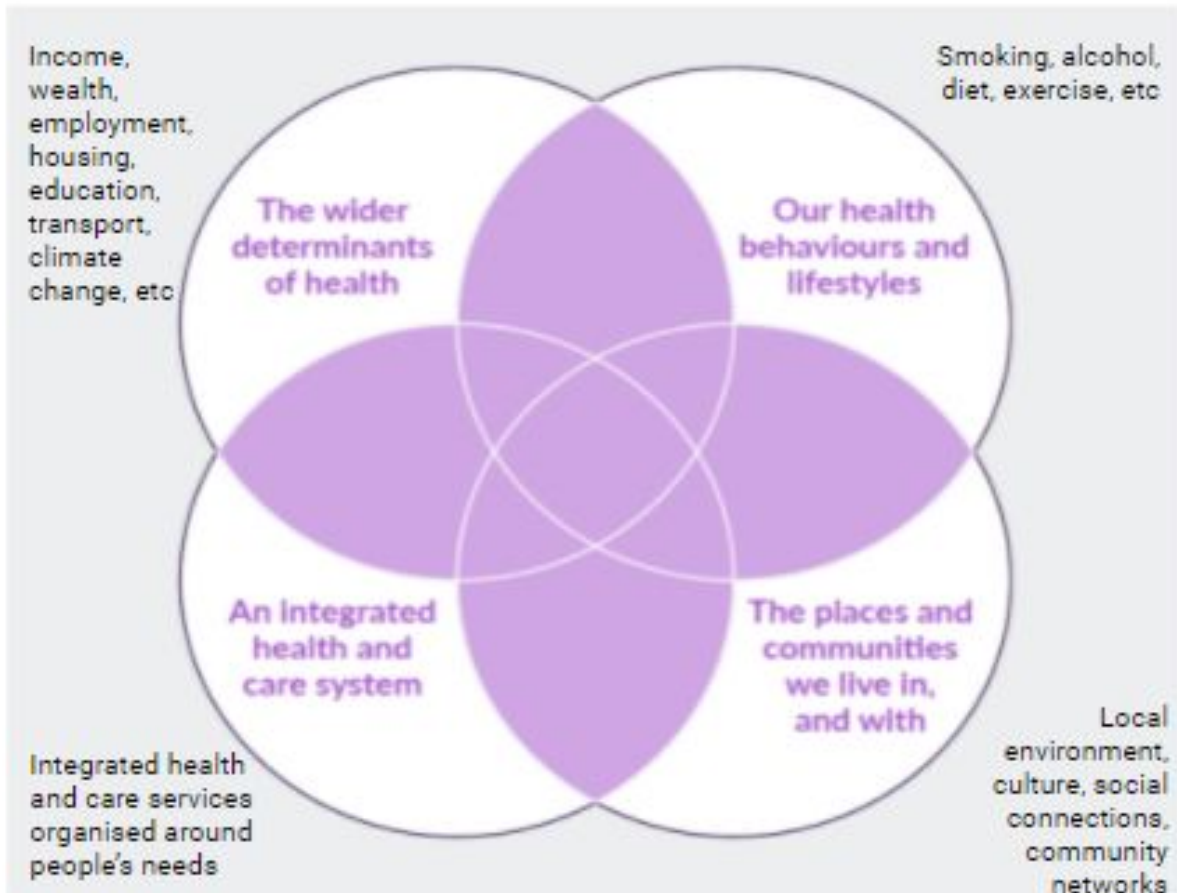
Source: Dahlgren & Whitehead (1993 – updated 2021)



Source: Public Health England, *Place-based approaches for reducing health inequalities*

What causes health inequalities: a framework for population health (King's Fund)

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Source: King's Fund

Taking action to improve population health means...

*"...an approach that aims to improve **physical and mental health** outcomes, **promote wellbeing** and **reduce health inequalities** across an entire population.*

Improving population health and reducing health inequalities requires action across all 'four pillars' of a population health system."

Effective system-wide action requires:

- a **common understanding** of population health drivers, outcomes and effective interventions.
- all partners taking **shared responsibility** to improve population health

Potential sources of inequity:



Prompts to get started ...

Specific prompts for Health and Wellbeing Board:

1. *Has this policy/strategy/plan/programme/service been developed with a focus on how it might reduce inequalities? Are there any opportunities to develop this?*
2. *Has consideration been given to how it might unintentionally widen inequalities?*
Has consideration been given to what different aspects of the policy/strategy/plan/programme/service might there exist inequalities?
4. *Has consideration been given to what data/insight/information will be collected to enable us to assess and identify any inequalities?*
5. *Has consideration been given to how to make the service truly accessible to those who need it and those experiencing most vulnerability/disadvantage?*
6. *How will we know if this policy/strategy/plan/programme/service provide equity of access, experience and outcomes to our resident, again especially those experiencing most vulnerability/disadvantage?*

Tools and resources to support service planning and delivery – selecting the right tools

What tools might be helpful?

Equity audits

[Towards-a-Health-Inequalities-Audit-Process.pdf](#)

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<https://health-inequalities.eu/wp-content/uploads/2021/01/Towards-a-Health-Inequalities-Audit-Process.pdf>

Health equity tools

[Health Equity Assessment Tool \(HEAT\)](#)

[Reducing health inequalities in your local area: a toolkit for clinicians \(bma.org.uk\)](#)

[Tools to Measure & Address Health Inequalities - Health Inequalities Portal \(health-inequalities.eu\)](#)

What can it be used for?

Assessing whether:

- your service/team/organisation enables equitable access across local population groups
- there are particular groups not accessing your service/team/organisation, or accessing but not continuing engagement, or getting worse experience or outcomes?

To:

- assess health inequalities in proposals, experience and outcomes of our service and take actions to tackle these inequalities
- To look at the bigger picture, identify potential gaps and get an understanding of whether services are delivered to where the need is high
- To inform strategy or to review the effects of a service on health outcomes.



TITLE OF REPORT: Child Q Review: Hackney Council Response	
HEALTH AND WELLBEING BOARD - 16 June 2022	CLASSIFICATION: Open
WARD(S) AFFECTED all	
Group Director Jacquie Burke Children and Education	

1. INTRODUCTION AND PURPOSE

- 1.1. The purpose of this report is to show the council's response the the [Local Child Safeguarding Practice Review](#) regarding Child Q.
- 1.2. The council supports residents as part of a wider partnership of services and agencies in the borough. The Health and Wellbeing Board is invited to review the actions and to consider how the learning from this review can be taken across our partnership so that residents can be confident that everything we do is framed by an anti-racism approach.

2. BACKGROUND

- 2.1. 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.

- 2.2. Whilst there were no direct recommendations for the council we have taken the messages from the review and applied a wider focus: listening to residents, listening to young people and listening to our staff. We are engaging with these groups to help us forge a way forward that protects our children and our communities from racist practices.
- 2.3. The Children and Education Directorate in the council had already developed a robust plan for anti-racism of which a conference, held in May 2022 was a part. This is evidence of the strength of commitment to developing work practices across the service that actively promote anti-racism in children's services.

3. RECOMMENDATIONS

- 3.1. This report does not contain specific recommendations for the Health and Wellbeing Board.

BACKGROUND PAPERS

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

Report Author	Sonia Khan, Head of Policy and Strategic Delivery
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Council Response to the Child Q Local Child Safeguarding Practice Review report

1

Council's position in relation to the Child Q Local Child Safeguarding Practice Review

In the immediate response to the release of the Child Q Local Child Safeguarding Practice Review (the Review) the Council established a weekly GOLD group, under the Council's Critical Incident Management Structure. This group was in place until the end of April 2022 in order to coordinate immediate responses to the report and the impacts of the report on the child and her family, staff and the wider community.

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.

The response which the Council leads sits alongside the formal oversight of the Review's 14 recommendations by the Independent Child Safeguarding Commissioner (ICSC) and safeguarding partners of the City and Hackney Safeguarding Children Partnership (CHCSP). The ICSC has been asked to complete a progress report in six to nine months from the report's publication (due in December 2022).

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.

Many residents do not see this as an isolated incident and the recommendations and the wider conversation that is being generated in response to the Review needs to be seen as a catalyst for wider change to policies, practices, systems and mindsets.

	<p>The leadership role of Members is key to this work and to the next phase, with the Executive providing steer and direction from the Mayor, Deputy Mayor Bramble and Cabinet Members, all Councillors engaging with residents and through Scrutiny. Much of the work that is reported on, has, however, been undertaken during the recent local election pre-election period.</p>
2	<p>Working with partners to support the implementation of recommendations</p> <p>As outlined above, this progress update focuses on the work the Council is doing to support the implementation of recommendations as well as responding to the wider issues. It is only by responding to the wider issues in tandem to implementing the 14 recommendations, that we will have an impact and start to restore trust and confidence in communities.</p> <p>The update in this section of the report covers:</p> <ul style="list-style-type: none"> • Working with the Metropolitan Police • Working with Schools • Public affairs and campaigns work in relation to the Review <p><u>Working with the Metropolitan Police</u></p> <p>1. A shared strategic action plan to restore trust and confidence</p> <p>Following the release of the Child Q Local Child Safeguarding Practice Review, the Mayor, Deputy Mayor Bramble, Cllr Fajana-Thomas and the Chief Executive (CE) wrote a joint letter to Deputy Assistant Commissioner Laurence Taylor on 17 March 2022 and asked him to respond within two weeks and outline the action the Metropolitan Police would take to assure communities that the experience of Child Q would not happen again.</p> <p>The Council received a response from the Metropolitan Police on 31 March 2022. This acknowledged the failings in the case, accepted the Review's recommendations, recognised the widespread anger that the case has caused and made a series of commitments to try to become an anti-racist organisation.</p> <p>The Chief Executive responded to this letter on 1 April 2022 (the Chief Executive responded on behalf of the Council, as by this point we were in the pre-election period). The letter welcomed the response, but requested that the Metropolitan Police work with the Council and community partners on a shared strategic plan with more specific commitments, dates and outcomes. The request was that the plan would be owned by Hackney Community Safety Partnership which is the local statutory Crime and Disorder Partnership and chaired jointly by the Borough Command Unit Commander and Council Chief Executive. The letter set out the reasons for</p>

requesting this plan to ensure that communities have confidence that the proposals will result in meaningful change, that there is transparency and accountability in policing and in this plan and that all voices are listened to and heard. It also sought to anchor this work in the wider context of rebuilding trust and confidence on policing in Hackney and London as a whole.

The letter included an offer to support a more proactive and systematic approach to engagement to help shape the shared strategic plan. A Police Action Plan Board has been established to oversee the development of the plan. The Mayor and Cllr Fajana Thomas provide the political leadership for the partnership work with the Police.

The following actions have been taken and were reported to this Board:

Council officers from the Policy and Strategic Delivery Service have worked closely with the nominated lead from the Borough Command Unit to scope out the work needed to develop the shared Police Action Plan on improving trust and confidence.

The Chief Executive has also met on a weekly basis with Central Command to review progress needed across the Metropolitan Police.

The Council recognised that there were some community organisations and residents who would not want to engage with the Police directly. Whilst this is not a position that can be sustained, there was a need to create a space to hear these voices. A series of three community stakeholder workshops were held in April to gather initial views about the shared police action plan.

One of the key findings from these workshops was that there needed to be more time spent with colleagues in the Metropolitan Police about what meaningful community engagement really means in the context of building trust and confidence.

Two independently facilitated workshops have therefore been held involving senior officers from the Council and the Metropolitan Police (Central Command and Borough Command) as well as a session between community partners, Borough Command and Council officers on relationship building and insight.

This work is now feeding into the development of the shared strategic plan on building trust and confidence in policing. It is important that this plan is iteratively developed with communities, so whilst there is a need to develop a response at pace, it is important that this is open to being shaped further over time.

The Council is also working with MOPAC on the development of the plan to ensure that it aligns with the [London wide action plan](#) on Transparency, Accountability and Trust.

The Police Action Plan Board met for the first time on 27 May 2022 to consider progress and discuss the development of the plan.

The Community Resilience Partnership (which reports to the statutory Community Safety Partnership) meets on 15 June 2022 in a key meeting to help shape the plan. This will be an independently facilitated session involving community partners (including young people), Metropolitan Police, the Council and statutory partners.

This will be followed by the meeting of the statutory Community Safety Partnership on 24 June 2022 which will be asked to ratify the plan. This is chaired by the Council Chief Executive and Borough Commander.

The Cabinet lead for Community Safety, Cllr Fajana-Thomas, who is also the chair of the Community Resilience Partnership, and the Mayor are closely involved in this workstream and sit on the Police Action Plan Board.

2. Revising protocols and guidance on the role of police in schools

Rapid action is needed on the role of police in schools which will revise the:

- Protocols on safer schools police officers
- Guidance on how police work with schools when either the police initiate a visit to schools or the school asks for a police visit.

The working group on the revisions will include the safeguarding partnership, the police, education, headteacher representatives, Councillors.

In the three months after the Child Q incident, guidance was affirmed by the Metropolitan Police to all officers about referring to a more senior officer before carrying out a strip search.

Following the publication of the CHSCP report Hackney Education sent out local guidance in March 2022 on searches to all schools: this preempts the national guidance which is a recommendation in the report.

The working group on the revision of the safer schools police officers (SSPO) protocol has met once and has future meetings scheduled. The aim is to have agreed local additions, endorsed by stakeholders, to the SSPO London wide protocol by end August 2022. Following the first meeting, the Director of Education wrote to secondary schools with interim guidance on police in schools. Also, having reviewed the London wide protocol, it was recommended that the role of parents play a much more significant role in this protocol: Cllr Fajana-Thomas, Deputy Mayor Bramble and the Mayor have written to Sophie Linden (London Mayor's office) to this effect and

also met with Deputy Mayor Linden.

Working with schools

Hackney Education have worked closely with the schools community to respond to the review and the wider issues that the review and community response raise. The report into Child Q's experience was released on 14 March 2022. Headteachers, at their conference on 18 March 2022, and in follow up discussion, produced a core statement (see below) and are taking this forward in discussions in their school and settings. Deputy Mayor Bramble provides the political leadership to this work.

1. Immediate actions taken for the child, the school and other children

The school where the incident happened is being supported with additional leadership brokered for this coming period. The school has a wide offer of support for children and staff, involving both our parental involvement systems lead, Young Hackney and Wellbeing and Mental Health in Schools (WAMHS) teams. The Council is also in the process of beginning to offer "Thinking Spaces" sessions to the schools community, prioritising the school concerned. This is a way of creating therapeutic spaces to work through, and co-design sustainable interventions and ways of working to address themes around racism, children's rights, poverty and adultification.

Other schools have had advice, guidance and materials on talking to and listening to staff and children. Work is underway to ensure that there has been a consistent offer across all schools.

The Council also sent guidance to schools on searches, pre-empting the national guidance called for in the review.

2. Joining up secondary schools and working on inclusion

The Council recognises that the majority of secondary schools in Hackney are academies and that this can stymie the collaboration needed to ensure consistency of approaches. Secondary schools have been urged to work more closely together with a joint purpose of providing excellent care and safeguarding for every child, with the strongest possible anti-racist approach.

The steps toward this are:

- Meetings with Hackney Education leads and Councillors, secondary academy heads, executive leads and chair of governors to gain joint commitment to the headteacher statement and collaboration, as well as commitment to pupil and parent voice. May/June 2022
- A secondary headteachers conference 1 July 2022 with a focus on best

	<p>safeguarding, inclusion, anti-racism and early help to prevent exclusions.</p> <ul style="list-style-type: none"> • Continued work on our inclusion approaches and framework, going above and beyond statutory • The development of an interim role to lead on an inclusion charter for Hackney schools with a focus on secondary schools in the first instance <p>3. Sustained work on anti-racism</p> <p>We have a number of strands of support which have been a positive influence over time, including the sessions on cultural competence and the diverse curriculum. More work is planned on these.</p> <p>School staff were also invited to the Council's Four Day Anti-Racism Praxis Conference in May 2022. A further conference with more emphasis on early years, schools and colleges will be set up for Autumn 2022.</p> <p>The number of training sessions on adultification has been significantly expanded and is available to all schools.</p> <p>We now need to invest further in leadership of anti-racism in schools and will appoint a new role to lead on this, working with the Children and Family Service lead, Deborah Barnett.</p> <p>The work of the school improvement team will be reshaped so that anti-racism (commitment to and implementation), tackling disproportionality, the voice and experience of the black child is the priority within the framework of ensuring a good and improving education for all.</p> <p>4. Sustained work on the voice of the child across the borough</p> <p>We plan to build on the Young Futures work and the Youth Parliament work to make sure we can always hear the voice of the child in all our work. This needs to shift to capture the voices and views of children in schools about their schools, most particularly the voices of those who do less well or thrive less well. This will include groups for whom this is a risk: black children, children entitled to pupil premium grant (PPG) and children with SEND.</p> <p>We will, in liaison with partners, shape our work, possibly including additional staffing, so that we promote the use of the child's voice in and by every school - and to capture children's voices.</p> <p>5. Sustained work on the voice of the parent/carers across the borough</p> <p>We will build on the work of the officer who leads on parental voice across the school</p>
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	<p>system. We will work with our engagement team, our Councillors and our community and voluntary sector partners to shape work, possibly including a new role, to capture the voice of parents across the borough about their experience and their child's experience of education. In particular we will capture the voice of those parents/carers who are most likely to experience a sense of exclusion or frustration.</p> <p>This feedback will shape our actions and those of schools in making sure every parent/carers feels welcomed and supported by their child's school and by the education system in Hackney.</p> <p>The planned work on clear signposting of advocacy services for parents/carers will be accelerated and expanded.</p> <p>Deputy Mayor Bramble and Cllr Woodley will play a lead role in this area.</p> <p>6. Hackney inclusion charter</p> <p>We will build on the initial headteacher commitment and the national and cross London work on an inclusion charter for schools, as well as the White paper/Green Paper steer to scope how to take forward a Hackney inclusion charter.</p> <p>We will expect every school to have or be working towards having this charter by April 2023. The approach to this will include having metrics on some key areas.</p> <p>We will appoint a lead for this work to make rapid progress with our secondary schools during Autumn term 2022.</p> <p>This will involve governor, school leader, school staff, children and parents input.</p> <p>We will involve the Hackney Schools Group Board in this work.</p> <p>Deputy Mayor Bramble and Cllr Woodley will play a lead role in this area.</p> <p>7. Schools and staffing</p> <p>We recognise the profound distress caused by this case and other incidents of racism to our black and global majority staff.</p> <p>We will continue to provide:</p> <ul style="list-style-type: none"> - Peer listening sessions (racialised trauma support) - Information / drop in /Q and A sessions. <p>We will rapidly implement:</p> <ul style="list-style-type: none"> - With HR and our education team reporting/whistleblowing processes which lead to action, building on what is already in place
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- Induction and refresher training on anti-racism

We will continue to champion the work led by our Diversity leads so that every black and global majority staff member feels truly valued, welcomed and a sense of pride in their workplace. We expect every staff member to take an anti-racist approach.

We will emphasise through our work with schools their role in championing, recruiting and developing black and global majority staff.

8. Promoting anti-discriminatory practices with school governors

The role of governors in shaping strategy for schools and monitoring impact is key. A range of work is under way including:

1. Diversifying governing boards - expanding the young governor initiative and focusing on black and global majority governors
2. Developing a culture of Inclusive governance in how boards operate as a team, providing support to black and global majority governors
3. Understanding Equality Duties - implementing and accounting for the impact of policies
4. Refining School Exclusions training for governors, jointly facilitated with Hackney Young Futures Champions
5. Extending the development of an anti-racism across training programme for governors
6. Amplifying and ensure pupil and parent voices are include in governors' key decision
7. Strengthening training for school governors on safeguarding
8. Providing training for governors on Adulthood
9. Hosting our governors conference series in June / July 2022 Tackling Inequalities: focusing on how race and social class impacts on the education experiences of children

Public affairs and campaigns work

The Mayor, Cllr Bramble and Cllr Fajana-Thomas wrote to the Home Secretary on 17 March 2022 to ask for the following:

- Ensure that the Metropolitan Police urgently complies with and responds to the recommendations made by the City and Hackney Safeguarding Children Partnership report
- Commission an urgent review of policing guidelines and practices around the strip-searching of children to ensure that no child endures the humiliating experience that police officers subjected Child Q to
- Review the law to ensure that no child is strip-searched without their parents/guardians being notified

	<p>The Mayor also wrote to the Shadow Home Secretary - who raised a point of order in the House regarding the case - and briefed all London Labour MPs and Council Leaders, along with a wide range of stakeholders.</p> <p>The Mayor Deputy Mayor Bramble and Cllr Fajana-Thomas are signatories of the End The Adulthood Of Black Girls And Policing In Our Schools. The petition calls for:</p> <ul style="list-style-type: none"> ● Schools to partner with the Black community about how to better safeguard young Black girls. ● Training for schools to be better at inclusion. ● A review of school and teacher services that aim to protect the safety and wellbeing of children, especially Black girls and marginalised children. ● <p>On 20 May, the Mayor, CE and Jim Gamble met with Kemi Badenoch MP, Minister of State at the Department for Levelling Up, Housing and Communities, and Minister of Equalities, to discuss the case.</p> <p>The Secretary of State, Nadhim Zahawi, has written to the council, thanking CHSCP for producing the report, committing to fulfilling the recommendations and has also committed to inviting the council to a roundtable discussion with Baroness Barran and Will Quince. The date has not yet been set.</p>
2	<p>Lesson learnt from this incident and actions which have been prioritised for change</p> <p>In order to set out what has been learnt from this incident and identify actions which have been prioritised for change, it is necessary to provide some context. The Council and partners have been focusing explicitly on tackling racial inequality at an individual, system and community level for the last five years. In July 2020, a motion was passed to work towards being an anti-racist organisation and this has helped strengthen the focus in the organisation on race and racism. Since the motion was adopted, an action plan, based on the commitments has been developed and kept under review, with all the officers responsible regularly brought together to ensure that the synergies and interdependencies are achieved.</p> <p>The 2018-22 Improving Outcomes for Young Black Men Plan set out the granular data about inequality and a clear articulation of what is driving inequality and of the actions needed. This was based on the data, resident insight and stakeholder views and focused on the opportunities for change in schools, mental health and youth justice system. It has helped develop a method for understanding inequality that has now been shared across London through the London Councils workstream on tackling racial inequality. With critical challenge from an external panel of evaluators</p>

from UEL and Runnymede Trust, we were able to strengthen the focus on institutional racism. This has led to initiating work to look at leadership culture and workforce diversity corporately. There have also been specific workstreams in Children's and Education, who took the lead for the Council's Four Day Anti-Racism Praxis Conference in May 2022.

Hackney Young Futures was set up as an independent commission of the Council (but organised, funded by and accountable to the Council). The Hackney Young Futures Commission (HYFC) carried out extensive and wide ranging insight gathering with young people followed by a period of co-production. It presented its findings to Cabinet in July 2020 and formally published its report in November 2020. The findings reinforce the findings from the Young Black Men Programme, particularly with regards to inclusive mental health support, feeling excluded from regeneration and gentrification, feeling unsafe, trust and confidence in the police and concerns about educational inequality.

There has been a shared priority over the last two years between the Community Resilience Partnership, Young Futures and the Young Black Men programme to work with the Police to address low levels of trust and confidence in policing among young people and particularly young black people. The ask is that they work with us and the community, including Account, to address the issues that have clearly been identified in a series of reports locally and nationally, and proactively to tackle systemic and structural racism and understand the difference between this and tackling individual cases of racism among the police force.

The latest updates on all of this work is in the February 2022 Corporate Plan Update-link [here](#).

Many residents do not see what happened to Child Q as an isolated incident, and do not see this as unique to schools or policing or to policing in schools. The emerging themes so far cover trust and confidence in policing, the culture of schools and safety in schools (and therefore the partnerships around schools including with the police) and institutional racism and how this impacts on trust and confidence in the Council and in partners. From the work the Council has led in recent years, we would, unfortunately anticipate this would be the community response. It raises the urgency of recognising institutional racism and taking action across the system to bring about change in the following ways:

- The recommendations need to be a catalyst to wider change. Our responses cannot be limited to implementation of the 14 recommendations of the Review. Failure to engage with the underlying and wider issues could have a retraumatising impact on communities.
- To achieve change that will be sustained, the recommendations and wider themes requiring action need to be approached with humility, rigour, openness

	<p>and curiosity. Leaders need to demonstrate a willingness to change policies, practices, systems and mindsets in their respective institutions. We need to challenge assumptions about what a “good school” means or a “fair process” means.</p> <ul style="list-style-type: none"> • The focus in Children’s and Education on understanding what racism is and what is needed to tackle it, and to embed this into practice, including through the Anti-Racism Praxis Conference signals what is needed across the Council and the system. • We need to ensure we can make sense of all of the collective insight, and put in place an appropriate policy response, feedback loops and accountability.
3	<p>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</p> <p>Engagement with parents, children, staff and partners was identified as a priority from the outset. The Council’s role has been to seek to coordinate activity, which is led by a range of services and partners, to support a move from a reactive mode to a proactive role, informed by a clear stakeholder analysis and to create a framework so that all insight provided can be analysed, synthesised and inform policy responses. Two stakeholder briefings have also been circulated to inform stakeholders about the way the Council was responding and next steps.</p> <p>In agreement with the Mayor and with Cllr Bramble, the Independent Child Safeguarding Commissioner (ICSC) has led a series of workshops about the Review, the recommendations and how they will be implemented. During these sessions, as well as questions being raised about the review, a wider set of issues have been raised, as we would have expected. Workshops have been held for Members and young people reached through youth and community settings. The sessions with youth settings are ongoing. Two sessions for parents, carers and guardians and for school staff were jointly organised with the Council.</p> <p>There has also been specific engagement outlined above in schools and with community stakeholders about the shared police action plan.</p> <p>There have been a series of regular briefing sessions for staff and also sessions led by a specialist for staff experiencing racialised trauma in response to the review.</p> <p>The Council also recognises that there are many conversations being led by residents and community partners and is engaging with partners about this so we can bring this insight into our policy response.</p> <p>A Community and Stakeholder Engagement Group has now been established</p>

	<p>involving Council officers and partners to oversee the next phase of work, as we move from an initial more open exploration of issues to further detailed conversations about specific insights and solutions needed.</p> <p>Within this next phase of work, the following is planned:</p> <ul style="list-style-type: none"> • Conversations with black girls about the impact this has had. The sessions will provide a safe space for these girls to speak about their experiences of living and growing up in Hackney and their experiences of the education system and the Police. The Child Q case has highlighted themes such as the 'over sexualisation' and 'adultification' of young black girls, who are often treated as older than they are and thus not treated with the level of care and support that is afforded to their peers. • Thinking Spaces is a therapeutic intervention developed and embedded in the London borough of Haringey in the wake of the 2011 England riots as a therapeutically led space for the community. We are scoping out a similar approach, to begin in schools, but expand to engage a wider section of the community. This provides an opportunity to fill a need for an evidence-based, public health approach to communal trauma with a space for healing and collective activism. It is essential that this work is designed by and delivered with the community and the voluntary sector organisations that work closely with them.
Accountability and the monitoring structures	
4	<p>Formal accountability for implementation of the Child Q review</p> <p>Progress against the action plan covering the review's recommendations is overseen by a defined multi-agency 'Core Group'. This comprises members of the CHSCP's Case Review Sub Group and includes all safeguarding partners and key relevant agencies. The Core Group is chaired by the Independent Child Safeguarding Commissioner (ICSC) and held monthly.</p> <p>Council Strategic Response Group</p> <p>As outlined above, the Council continues to convene a Strategic Response Group which meets on a fortnightly basis to oversee the Council's response and ensure it has the intended impact. The different work streams that the group oversees have their own boards or sub groups that oversee responses more closely:</p> <p>Trust and Confidence in Police</p> <p>A Police Action Plan Board has been established to oversee the development of the shared strategic plan that the Council has asked the Metropolitan Police to work with us on. The group will be chaired by the Council Chief Executive and attended by the Mayor, Cabinet Member for Community Safety, Borough Commander Marcus Barnett,</p>

	<p>Commander Paul Brogden, Commander Ali Heydari and key police and Council officers leading the development of the work. There will also be regular meetings between the Chief Executive and Central Command at the Metropolitan Police.</p> <p>The plan is to be owned by Hackney Community Safety Partnership which is the local statutory Crime and Disorder Partnership.</p> <p>The political leadership is provided by the Mayor and Cllr Susan Fajana Thomas.</p> <p><i>Strategic objective:</i> <i>To help build trust and confidence in local policing through progressing strategic actions that are jointly owned by the Police and Council, partners and community stakeholders.</i></p> <p>Schools</p> <p>There are two key activities for the next few months that are detailed above. One is around refreshing guidance on police in schools (both Safer Schools Police Officers and other officers visiting); the other is around gaining commitment from all secondary schools, particularly academies, to the headteacher commitment and what it means for all our secondary schools.</p> <p>Longer term activities which need to be sustained include developing the work of governors, increasing the role of the parent/carers in secondary schools, increasing the role of pupil voice in all schools and taking forward an inclusion charter for Hackney schools. Throughout all this development and embedding of work there needs to be particular attention to the role of Black and global majority stakeholders in shaping this.</p> <p>Governors and school improvement partners play key roles in this work of ensuring accountability.</p> <p>Hackney Schools Board will play a role in creating a forum for a cross section of stakeholders to hear from pupils, parents/carers and headteachers about issues of inclusion and equality.</p> <p>The political leadership is provided by Cllr Anntoinette Bramble and Cllr Caroline Woodley.</p> <p><i>Strategic objective</i> <i>To build on strengths and change approaches so that the education system in Hackney, as a whole and in each of its parts, works for and cares for every black child and every black parent.</i></p>
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Staff

The Council will continue to take action to support the workforce, building on wider work that had already started to address workforce diversity at senior levels and address the impacts of racialised trauma in the workplace, focusing on:

- How we respond to discriminatory / racist behaviour, recognising it can often be unwitting and covert and therefore difficult to address.
- Supporting managers: Using the inclusive management tool kit that has been put in place we are now in a better place to respond to individuals.
- Expanding the peer support which was already in place to support staff experiencing racialised trauma.

Staff from across the Council and voluntary and community sector were invited to the Anti-Racism Praxis Conference which was held from 9 May - 12 May 2022.

The political leadership is provided by Cllr Williams.

Strategic objective:

To take comprehensive action to recognise institutional racism in the workplace, and work across the system to deliver actions which bring about change, including more diversity at senior levels.

Institutional racism and trust and confidence

Recommendations for the next phase of anti-racism work were agreed by Group Directors in late May and will be discussed further with Cabinet Members in early June. The governance needed for this will be confirmed after this meeting.

Recommendations include a strengthened role for all partners in the borough.

The political leadership is provided by Cllr Williams.

Strategic objective:

To take comprehensive action to recognise institutional racism and work across the system to deliver actions which bring about change.

Coordinating community engagement

A workstream group has been established to ensure that community engagement is co-ordinated and that insights are synthesised so they can inform the policy response. The group will meet fortnightly. The terms of reference are [here](#).

- To provide ongoing information, updates, and a space to be heard and help shape our local response to review recommendations.
- To ensure that insight about the wider issues that are raised by residents through the engagement are captured and that this insight informs a wider policy response to schools, policing, institutional racism and trust and confidence in the state.

- To help restore trust and confidence and avert an escalation of community tensions
- To learn from the engagement and recommend how we create more systematic ways to engage with children, young people and parents.

Mitigating ongoing community impacts and tensions

The Hackney Incident Plan sets out how we respond to civil disobedience. We also need to consider how we might avoid disorder and handle community tensions when they arise. We are scoping out what is needed to engage with communities to address tensions and reassure residents, working closely with Members and partners. This links closely with the community engagement workstream below.

Strategic objective

To ensure that Hackney Incident Plan (HIP) is proactively deployed as the framework for responding to civil unrest and protest. This covers strategic considerations through to coordinated tactical delivery.

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Health and Wellbeing Board Forward Plan 2022

1st September 2022

Theme: Climate change, built and natural environment

Question from the public (10 mins)
Climate Change (Health in all Policies item) (40 mins)
Parks and Green Spaces- 1 year update
Growing Up In Hackney Child Friendly SPD- 1 year update
HWB Strategy Action Plan Update (10 mins)
JSNA update (15 mins)
Children's & Families Health Framework (15 mins)
Sexual and Reproductive Health Strategy/ Framework (10 mins)

9th November 2022

Themes: Children & Young People/ Older People

TBC- Children's Partnership Plan (Health in all Policies item)
Young Black Men Project Deep Dive
Ageing Well Strategy update
Connect Hackney update
Whole System Approach To Violence Reduction Update
City & Hackney Suicide Audit 2022

Other agenda items that require scheduling

- Air Quality

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TITLE OF REPORT: Director of Public Health 2020/21	
HEALTH AND WELLBEING BOARD - 16th June 2022	CLASSIFICATION: Open
WARD(S) AFFECTED: All	
Group Director: Sandra Husbands, Director of Public Health	

1. INTRODUCTION AND PURPOSE

1.1 Each year, the director of public health is required to publish a report on “*the health of the people in the area of the local authority*”. For 2020/21, the report concerns children and Covid-19. Further to the update at the January 2022 Health and Wellbeing board (HWB) the director of public health annual report (DPHAR) was published in May 2022. The HWB is requested to note and respond to the recommendations within the report. The focus of the 2021/22 report is yet to be confirmed.

2. BACKGROUND

2.1 The annual report from the Director of Public Health provides an opportunity to assess the local population’s health and, as appropriate, make recommendations to address identified need.¹

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/860515/directors-of-public-health-in-local-government-roles-responsibilities-and-context.pdf

2.2 The report for 2020/21 was delayed due to the need to respond to the Covid pandemic but has now been finalised. It is due to be published online in April 2022.

2.3 This year, the report considers the wider impacts of the pandemic on the health of children and young people. It shows the breadth of effects that the pandemic has had, and that there is a gradient of impact.

2.4 The report was developed in liaison with stakeholders in both the City of London and Hackney, and informed by desk research. It was discussed by DLT and the Children's Senior Management Team in September 2021. A draft was also reviewed in February and March 2022 by colleagues from the Department of Community and Children's Services and considered by the City of London Health and Wellbeing Board in May 2022.

2.5 The report uses data and analysis that has been collated in the recently published 0-19 needs assessment. It goes into more detail about six issues which have impacted children during the pandemic:

- a) Poverty and deprivation
- b) Mental health
- c) Childhood immunisation
- d) Weight and physical activity
- e) Early years
- f) Access to healthcare

2.6 There are four broad areas where the report makes recommendations:
a) Controlling Covid-19 and preventing illness through vaccination. Improving all vaccination uptake and tailoring for children in specific groups is vital.

b) Catching up on what's been missed in education and healthcare - in an equitable way. Getting education and healthcare services back on track will be key.

c) Addressing obesity by supporting children and young people to eat healthily and move more, and making sure children and young people can access mental health support are both essential.

d) Closing the gaps: reducing child poverty must be a priority for all.

2.7 HWB are requested to note the report and that responses to the recommendations from partners across the City of London and Hackney are likely to arise through ongoing work.

Background Paper: Director of Public Health report - children & Covid

BACKGROUND PAPERS

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

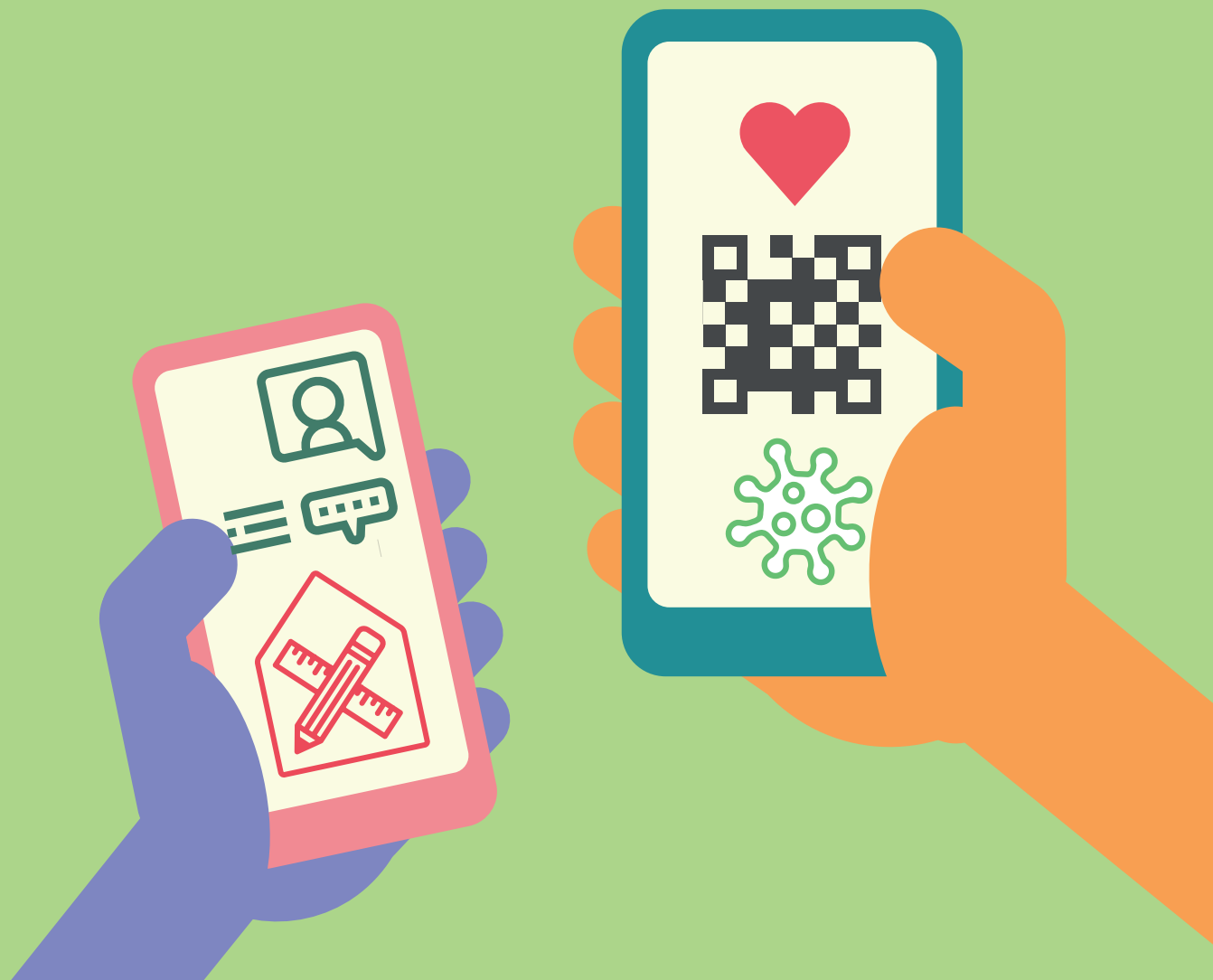
Report Author	Chris Lovitt, Deputy Director of Public Health E: chris.lovitt@cityoflondon.gov.uk
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Children, young people and COVID-19 in the City of London and Hackney

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Annual report of the Director of
Public Health for City and Hackney

2020/21



Foreword

This year my annual report is focused on children and the impact that the COVID-19 pandemic has had on them. Hackney and the City of London have young populations – three of every ten people who live in this area are under 25 years old. Each one of these local children and young people are unique. But many of them have faced shared challenges during the last two years.

The impact of COVID-19 has been felt by everyone, and no two experiences will be the same. The diversity of Hackney and the City of London is a huge asset – but we must acknowledge that this also means there are inequalities. Some children and young people may be more vulnerable to harm, and this has to be tackled.

This pandemic has had consequences – both directly and indirectly. By zooming in on key areas of concern that are impacting on the health of children and young people who live here, this report aims to highlight where actions are needed in response to the impact of the pandemic. There will be other issues that have been important to people and there are other

attempts at capturing these and tackling them, both in Hackney and the City and further afield.

There will be children and young people in Hackney and the City of London who have experienced trauma over the last two years. For some, this may have been the result of the pandemic and the circumstances they or their families found themselves in. For others, trauma has resulted from failings: including child Q, whose experience has come to light since this report was drafted. The role of safeguarding has therefore been hugely important, and we must recognise and address the impact that trauma has, and will have, on the children and young people who live here.

As we continue into 2022, with the publication of our children and young people's needs assessment, and the development of a public health's children's strategy on the horizon, now is the time to ensure we all reflect on the pandemic and ensure we – and our partners – are strongly positioned to take steps for tomorrow.

This report looks back on what has happened and makes high level recommendations for what needs to happen now – it is intended to be used by those who work with and for children and young people across this part of London. Next steps must be taken with the involvement of children and young people so their voices and views are heard and acted on.



Dr Sandra Husbands
Director of Public Health for City and Hackney

Executive summary and recommendations

The COVID-19 pandemic has had a significant impact on all parts of the population, and this includes children and young people who live in Hackney and the City of London. Thousands of children in the area have had COVID-19¹, but this report explores the wider impacts of the pandemic on children and young people and their health. It shows the breadth of effects that the pandemic has had, and that there is a gradient of impact. Children and young people living in more deprived communities within Hackney and the City have experienced the greatest impact, given their pre-existing vulnerabilities to poor health due to the inequalities they experience. As we know from the work of Professor Michael Marmot, giving every child the best start in life is a fundamental building block to reduce health inequalities and enable more people to live a healthy, fulfilling life². It is therefore vital that action is taken to ensure the impacts of the pandemic do not lead to even wider inequality.

The pandemic has not ended – at the time of writing, there were still over a 100 children each week testing positive for COVID-19 in Hackney and the City³. Vaccination for children is on offer. But as the country makes decisions on what to do next, these must include actions to reduce the impact of COVID-19 on our children and young people.



As we know from the work of Professor Michael Marmot, giving every child the best start in life is a fundamental building block to reduce health inequalities and enable more people to live a healthy, fulfilling life.

It is therefore vital that action is taken to ensure the impacts of the pandemic do not lead to even wider inequality.

Recommendations

As Director of Public Health, I recommend five areas of action to help address the impacts of COVID-19 on children and young people:

1 As the pandemic still has the potential to disrupt crucial services for children (such as education and healthcare) and affect children directly, it is still important to control COVID-19 and prevent illness through vaccination.

Continued, proportionate efforts to reduce transmission of COVID-19 are a first step. Cases of the virus still cause illness and disruption – some of which can impact children, whether directly, or by impacting on the services they need from care-givers, educators or healthcare professionals.

Public health efforts around infection prevention and control, such as good ventilation, can be maintained.

> Other measures (such as supporting people to stay home if they're unwell) are proportionate, evidence based and sensible. 'Living with Covid' does not mean we need to give up all forms of defence. Our other defence – the development of safe and effective COVID-19 vaccines has been an enormous asset, and I encourage people to take up that offer.

2 This opportunity must be taken to strengthen and improve our vaccination uptake from all immunisations. The value and importance of childhood immunisations for all infectious diseases should be recognised. Our vulnerability to infectious disease has been highlighted and so ensuring children and young people benefit from immunisations of all kinds is crucial.

3 To reduce inequalities that could have been widened by the pandemic, it is vital that catching up on what's been missed in education and healthcare should be approached in an equitable way.

Getting education and healthcare services back on track will be key. As noted in my report, education, early years and healthcare services for children and young people have been disrupted from their normal provision since the start of the pandemic. Many are already trying to catch up with delayed or disrupted provision, but this will need to continue and be implemented as quickly as possible. Taking into account inequalities will be important, so children and young people who have the most need are turned to first.

4 New needs have arisen as a result of the pandemic, and these should be recognised and addressed. The impact of the pandemic has not just seen a build up of work that had to be delayed – in some cases it has created new or exacerbated existing needs. This includes:

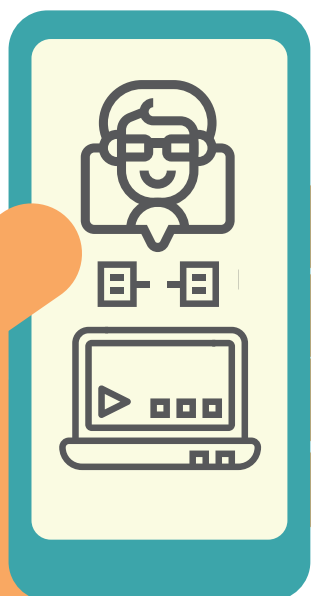
- Addressing obesity by supporting children and young people to eat healthily and move more. Interventions and system-wide efforts that can help children and young people (and their families) maintain a healthy weight will be vital.
- Making sure children and young people can access mental health support are essential, especially in the context of those who may have been impacted by trauma. Those planning and paying for mental health services in Hackney and the City of London must ensure there is adequate provision of the right support that can be accessed in a timely way. This may include improving equitable access to Child and Adolescent Mental Health Services through schools.



5 Closing the gaps: reducing child poverty must be a priority for all. Many impacts of the pandemic have worsened existing inequalities that were already on a poor trajectory – such as increasing child poverty. Partners in Hackney and the City of London must continue using evidence-based efforts to tackle poverty due to its far-reaching implications for children's health.



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Background

The COVID-19 pandemic has had a huge array of impacts on everyone in Hackney and the City of London. Children and young people are no exception. Since March 2020, the pandemic has had direct and indirect consequences on those under 25 years of age. The direct impact can be counted. There have been 20,315 cases of COVID-19 reported among populations aged 0 to 25 in Hackney and the City of London as of 20 Feb 2022: 19,673 in Hackney and 642 in the City of London.⁴ Most children and young people fortunately do not experience severe illness as a result of a COVID-19 infection.

But the ramifications of COVID-19 go beyond getting a positive test. This report examines the impact of the pandemic on children and young people in this part of London, ranging from some immediate consequences such as the closure of schools on children's mental health or their weight, to ongoing issues like levels of childhood immunisation.

Health and wellbeing can be influenced by many different things. 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 child's diet or levels of physical activity, to the broader social, economic, cultural and environmental conditions where they live will affect a child's health.

Children and young people are at the beginning of their lives. Things that affect them now often have long lasting effects. It's also true that children and young people need to be given the best start in life in order to address differences in health, education and life chances. Health inequalities are not inevitable but action needs to be taken as early as possible to ensure persistent inter generational inequalities do not continue.

With the COVID-19 pandemic ongoing into 2022, some consequences are still to be felt. But for children and young people in Hackney and the City of London, it is never too early to start considering what can be done now to tackle the inequalities, poor health and their determinants that have been worsened by COVID-19.

There have been **20,315 cases** of COVID-19 reported among populations aged 0 to 25 in Hackney and the City of London as of 20 Feb 2022.

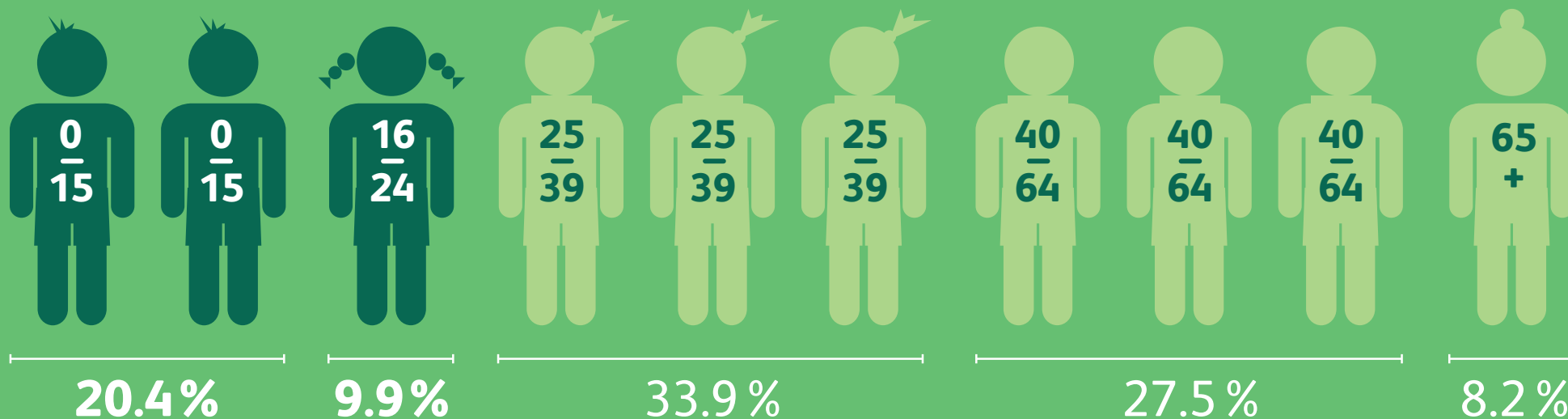
Who are children and young people in Hackney and the City of London?

In 2020, just over 88,000 children and young people (aged 0–24) were estimated to live in Hackney and the City of London: 85,339 in Hackney and 3101 in the City of London⁵.

This is about 30 % of the overall population. Since March 2020 they, along with their families, have been living through the COVID-19 pandemic.

Ages of population in Hackney and the City of London⁶

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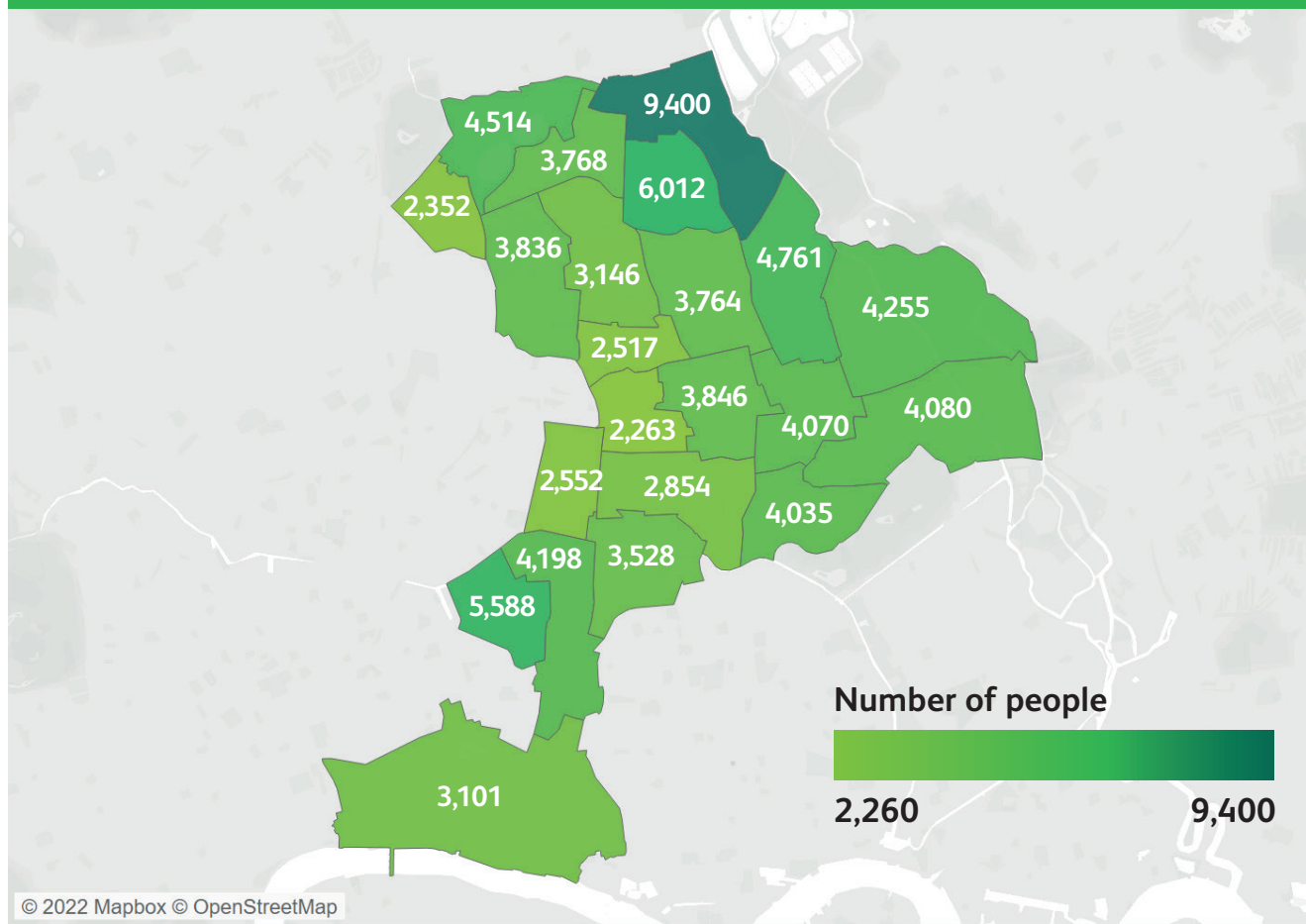
Where do these children and young people live?

The highest numbers of people under the age of 25 in the borough live in the north, with the highest numbers seen in Springfield (9,400) and Cazenove (6,012).

These wards have a significant number of Charedi residents. Charedi families have larger numbers of children in comparison with other communities, leading to an increase in child population and higher population density in the north of the borough.⁷

In contrast, far fewer young people live in Brownwood (2,352) and the City of London (3,101).

Population under 25 years old by area (wards or local authority) Hackney and the City, 2020



Source: ONS 2020 mid-year population.

What do we know about the children and young people who live in in Hackney and the City of London: Specific communities

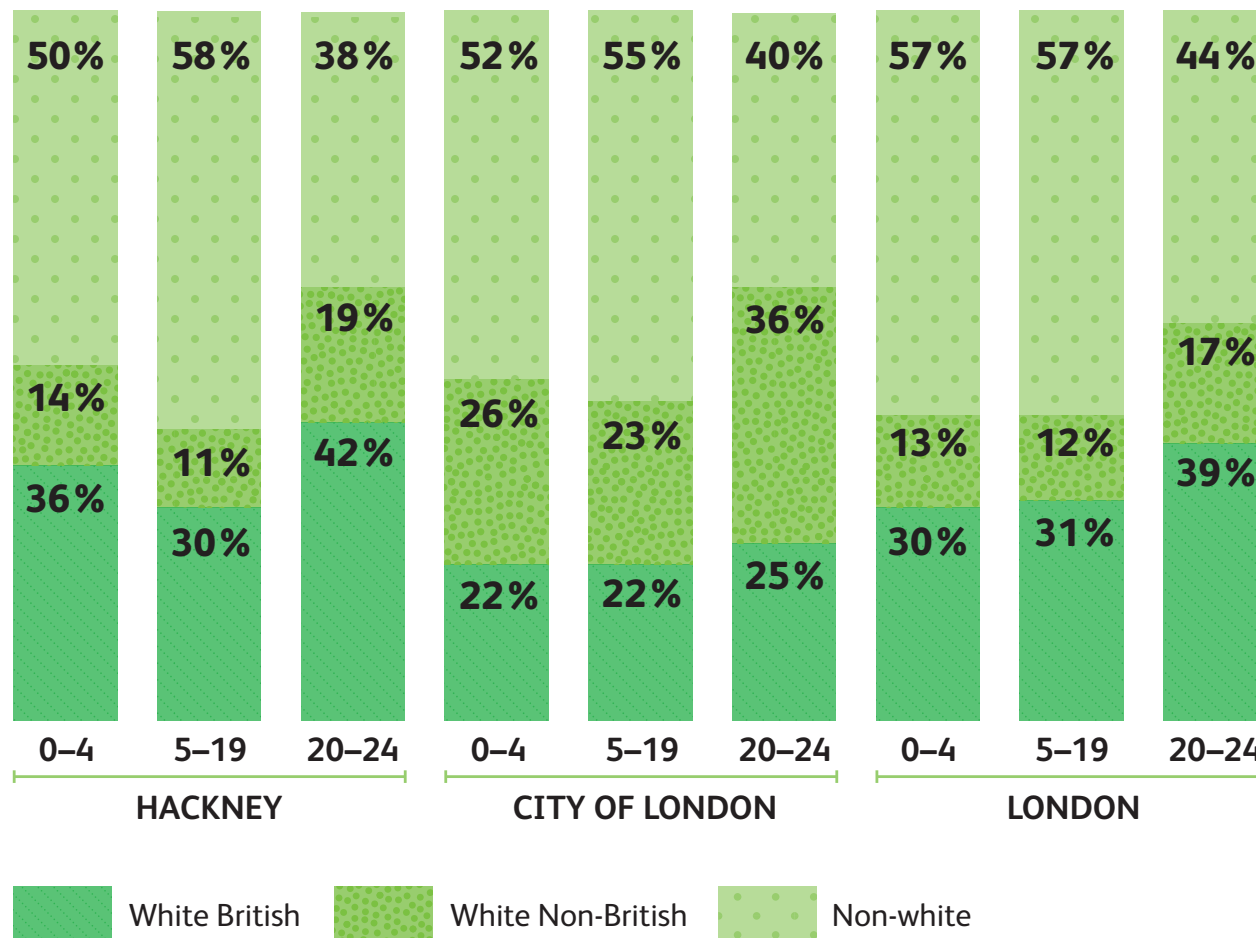
Ethnicity and cultural communities⁸

Hackney and the City of London are ethnically and culturally diverse places.

This graphic shows a breakdown of those with 'white British' ethnicity and other ethnicities for those aged 0–24 years old in Hackney, City of London and London.

In Hackney 58 % of children aged 5–19 and 50 % of children aged 0–4 have ethnicity which is described as 'non-white'. In the City of London, these proportions are 55 % and 52 % respectively. This is similar to London averages, although overall London has a larger percentage of children aged 0–4 and young people aged 20–24 from a non-white background than Hackney and the City of London. There is also a relatively large population of white non-British residents in both Hackney and the City of London.

Although these graphs suggest that ethnic diversity is similar across the City of London to Hackney, the majority of the City is not very



diverse with the exception of Portsoken ward, which has a large Bangladeshi community.

Within Hackney and the City of London there are several populations with culturally specific needs.

Source: GLA housing-led ethnic group projections 2016-based.

Charedi community

Hackney has one of the largest groups of Charedi or Orthodox Jewish people in Europe, established in the 1920s in the Stamford Hill area. The Charedi community represents 7 % of Hackney's total population, and over 22 % of the child population. Although we do not have detailed data about the age distribution among Charedi children and young people, it is known that the Charedi community is young and rapidly growing, with around half of the population under the age of 19.

Turkish Community

There is also a large Turkish community representing at least 4.5 % of Hackney's residents), mainly concentrated in the borough's south, east and central parts.

Bangladeshi Community

There is a large Bangladeshi community in the Portsoken Ward of the City of London.

Other Communities

A range of other distinct communities, many numbering over 1,000 residents, include the Chinese, Somali, Kurdish and Vietnamese.



Afghan Community

The City of London has recently welcomed a number of families from Afghanistan as part of a resettlement programme. The government,

City of London Corporation and local health services are supporting families from Afghanistan who have been housed temporarily in the City in 2021.

What languages do children and young people speak?

Hackney is one of the most diverse areas in the country, with nearly 90 different first languages spoken.¹⁰ Of the 56 % of records for which the language was known, approximately 80 % of children and young people aged 0–25 registered with a GP in Hackney and the City spoke English as their main language; the second most spoken groups of languages as a primary language were ‘languages spoken in mainland Europe’ (5 %) and Kurdish or Turkish (4.6 %). This data does not include children not registered with a GP, who may be more likely to be non-English speakers, and does not capture what second languages are spoken.

Many children and young people from the Orthodox Jewish community will speak Yiddish as their first or second language – estimates suggest over half (55 %) speak Yiddish at home as a first language and approximately 35 % speak English at home with Yiddish as their second language. Education in independent Orthodox Jewish schools is partly conducted in Yiddish in some schools, particularly boys’ schooling.¹¹

The 2011 census showed that in Hackney, 70 % of households were English language households (where all adults stated their

main language as English); 12 % were mixed households where English and other languages were both main languages and 14 % were households where English was not a main language.¹² The top ten languages spoken in Hackney and the City according to the 2011 census are listed in the table below.¹³

Please note this may have changed in the last decade but we do not yet have results from the 2021 census.



Hackney		City of London	
English	75.9 %	English	82.9 %
Turkish	4.5 %	French	2.2 %
Polish	1.7 %	Spanish	1.8 %
Spanish	1.5 %	Bengali	1.6 %
French	1.4 %	German	1.2 %
Yiddish	1.3 %	Italian	1.1 %
Bengali	1.3 %	Greek	0.8 %
Portuguese	1.2 %	Chinese (not Mandarin or Cantonese)	0.7 %
Gujarati	0.8 %	Portuguese	0.7 %
German	0.7 %	Japanese	0.6 %

Children with special educational needs and disabilities

Special Educational Needs and Disabilities (SEND) is a term referring to children who may have communication and interaction issues; cognition and learning difficulties; social, emotional and mental health difficulties; and sensory or physical needs.

Local authorities have legal duties to identify and assess the special educational needs (SEN) of children and young people for whom they are responsible. Among pupils on SEN support, speech, language and communications needs are the most common type of need, and of those with an education health and care plan (EHCP), Autistic Spectrum Disorder remains the most common primary type of need of pupils.

In the City and Hackney, it is recognised that pupils with SEND have a significant need for high quality teaching and are entitled to provision that supports achievement and enjoyment of school. During the pandemic children with SEND were seriously affected in both their care and education, as the services that families relied on, particularly speech and language services, were unavailable.

The proportion of children and young people of school age who have special educational needs was 18.5 % in Hackney (in 2018).¹⁴ The number of children and young people receiving SEN support in City of London schools has declined by 20 % between 2017 (290) to 2021 (259). These numbers include children who are not resident in the City of London. Overall, the proportion of children and young people in City of London Schools on SEN support has declined from 12.3 % in 2017 to 9.6 % in 2020.¹⁵

Trends nationally show an increasing number of children with EHCPs. This may be due to increasing awareness and identification.

- The number of children with EHCPs¹⁶ in Hackney has increased by approximately 49 % in 5 years to around 2,800.
- The City of London has seen the number of children for whom it maintains an EHCP increase from eight in 2015 to 20 in July 2021. This is approximately 0.6 % of the population of resident children and young people aged 0–25 years and is below the England average of 3.7 %.¹⁷

The number of children with an education health and care plan has increased by approximately **49%** in Hackney and in the City by **250%** over 5 years.

Deprivation, income and housing

Hackney is one of the most socio-economically deprived areas in England: in 2019 it had a deprivation score of 32.5 which was the 18th worst in England. In contrast, the City of London is 26th best, with a score of 14.7.¹⁸ The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. For Hackney just under a quarter of the population (24.9 %), or nearly 14,000 children fell into this category when it was last measured in 2019. For the City of London, this proportion is 7.1 %, equal to 65 children.¹⁹

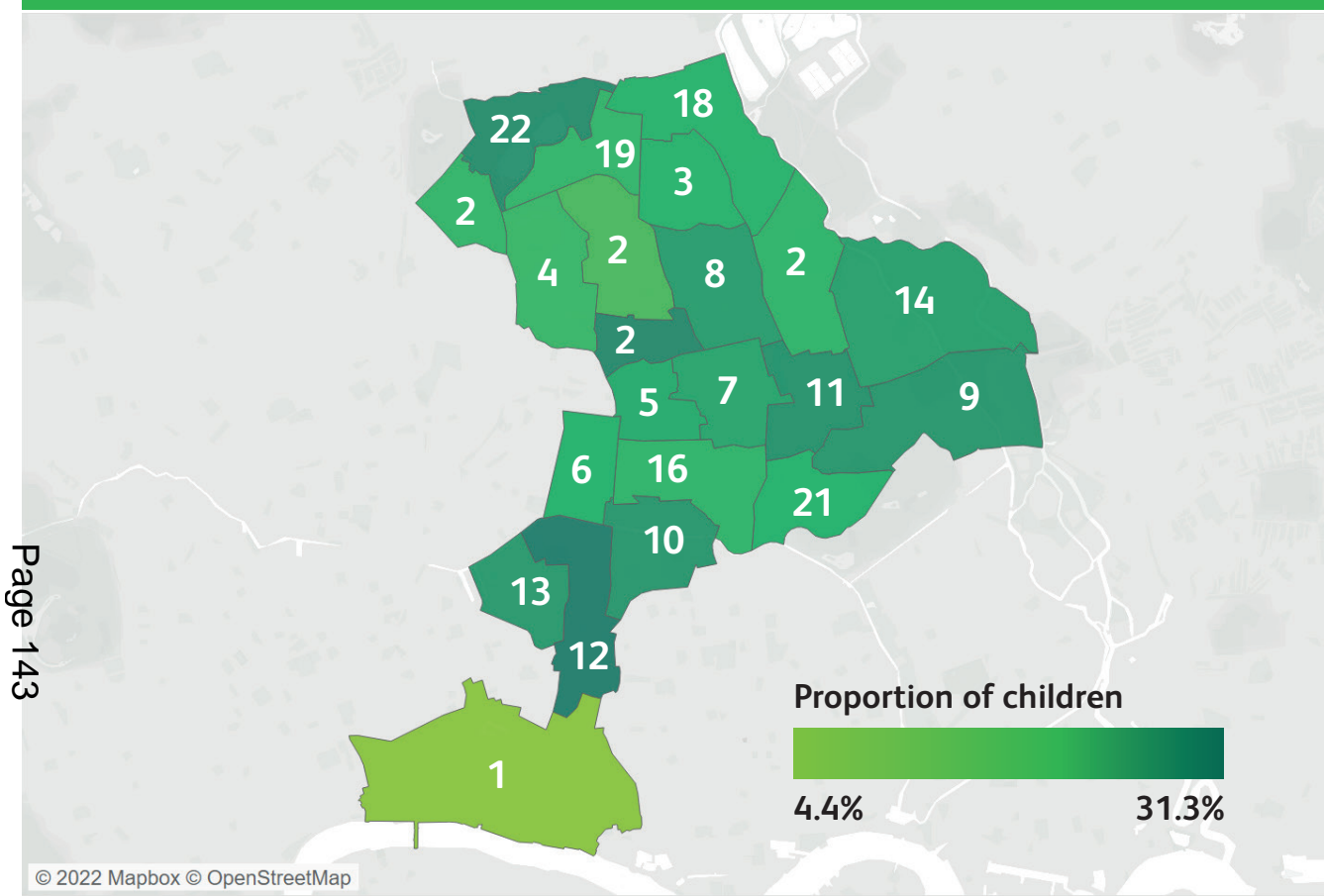
Deprivation is closely linked to child mortality for every measured increase in deprivation, there is an increase in risk of child mortality.²⁰ More than 700 child deaths could be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived. The child mortality rate for 1–17 years old in Hackney and the City in 2018–20 was 8.9 per 100,000 population, similar to London (9.8) and England (10.3) averages.²¹ A number of factors contribute to the likelihood of a child in London to be living in poverty. These include being from a

minority background, having a large family and living in a single-parent family.²² A child born into poverty is more likely to have a low birth-weight, to die in infancy and to have poor physical and mental health. These children are also more likely to do worse at school.²³

Deprivation is closely linked to child mortality: more than **700 child deaths** could be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived.



Proportion of children in relative low income families by area (ward or local authority), Hackney and the City, 2020



Source: Department for Work and Pensions, 2020

# on map	Area (ward or local authority)	Proportion of children
1	City of London	4.4 %
20	Stoke Newington	14.4 %
4	Clissold	17.4 %
2	Brownswood	18.6 %
19	Stamford Hill West	18.9 %
16	London Fields	19.3 %
15	Lea Bridge	19.6 %
18	Springfield	20.8 %
3	Cazenove	21.0 %
6	De Beauvoir	21.3 %
21	Victoria	21.6 %
5	Dalston	22.7 %
7	Hackney Central	23.8 %
14	King's Park	24.8 %
8	Hackney Downs	25.5 %
13	Hoxton West	26.2 %
10	Haggerston	26.7 %
9	Hackney Wick	26.8 %
11	Homerton	27.5 %
22	Woodberry Down	28.3 %
17	Shacklewell	29.0 %
12	Hoxton East and Shoreditch	31.3 %

Income

Income is an important determinant of health, being essential for purchasing the necessities of everyday life, such as food, heating and housing. Eligibility for free school meals can be one indicator of low income. In Hackney, the proportion of all school age pupils taking up free school meals in 2018 was 27.7 % and in the City of London 11.3 % (for London overall the level was 15.6 %).²⁴ It should be noted that this measure for the City of London is based on the level of free school meal eligibility at its one maintained state school, which is attended by many pupils who do not live in the City of London.

Housing

The risk of ill-health or disability during childhood and early adulthood is increased by 25 % by living in poor housing conditions.²⁵ In addition there is an increased risk of meningitis, asthma and poor growth, alongside mental health and behavioural problems. According to a report from 2020, 61 % of teachers had seen children who live in poor quality or overcrowded housing in the past 12 months.²⁶

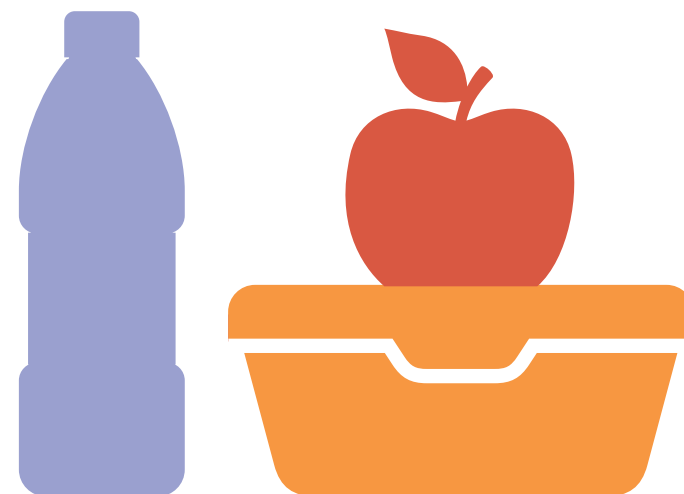
There is an increased risk in experiencing respiratory problems, such as coughing and wheezing, for children who live in overcrowded

conditions. In addition, physical conditions in the home are associated with almost half of all childhood accidents. In 2011, there were 15.6 % overcrowded households in Hackney and 7.5 % in the City.²⁷

Both proportions were higher than the England average of 4.8 % . Hackney was also higher compared to London (11.6 %) but the City had a lower level of overcrowded households in comparison to Greater London.

A review of the evidence linking fuel poverty and health indicates cold conditions and fuel poverty has a significant effect on the mental health of adults and young people, children's respiratory health, as well as infant weight gain and susceptibility to illness. Reported problems with the homes cited in Hackney are mainly associated with cold, mould and damp, and overcrowding was a major concern in both the City and Hackney.²⁸

Eligibility for free school meals can be one indicator of low income: the proportion of all school age pupils taking up free school meals in 2018 was **11.3%** in the City of London and **27.7%** in Hackney.



Children in care and looked after children

In 2021 there were 69 children in care per 10,000 in City & Hackney²⁹ which compares similarly to the England average, but is above the average rate in London.

- 78 % of looked after children (LAC) are placed out of borough.
- 45 % of LAC are of black ethnicity and are overrepresented in comparison to children of white ethnicity who are underrepresented.

The majority of the City of London's looked after children are unaccompanied asylum seeking children.

Young carers

Young carers are children and young people who are the main carers of a relative with a long-term illness or disability. In Hackney, 1.21 % of children aged 0–15 years old provided unpaid care in 2011, which was significantly more than London (1.07 %) and England (1.11 %). In the City of London, this corresponded to 1.45 % of children 0–15 years old.³⁰ Hackney's estimated number of young carers supported by the local authority was 250 in 2019/20, at a rate of 5.7 per 1,000

5–17 year olds. There were no young carers recorded as being supported by the City of London.³¹

In the older age group (16–24 years old) the percentage of young people providing unpaid care³² in 2011 was 6.3 % in Hackney, also significantly more than London (5.4 %) and England (4.8 %). The City of London had 3.4 % young people aged 16–24 years old providing unpaid care. Unfortunately this information is old and new data from Census 2021 are due to be published later in 2022 and 2023.

In 2021 there were **69 children in care per 10,000.**



What happened in 2020 and 2021 to children and young people during the COVID-19 pandemic?



20 March: Schools closed, except for children of key workers or vulnerable children

22 March: First national lockdown ordered.

11 May: Phased 're-opening' plan allows for more children to attend schools and paid childcare

14 May: Department for Education publishes infection control guidance.



August 2020: Issues with exam results and approach to examinations

1 October: schools now have a legal duty to provide remote education for children unable to attend school due to COVID-19 and provision of 100,000 additional laptops.

21 October: Labour motion to extend free school meals over school holidays until Easter defeated in House of Commons.

December 2020: Tier restrictions in place.

30 December: Delays to the reopening of schools in areas with the highest infection rates announced.

2020

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7 April: Department for Education financial support put in place for schools up to the end of the summer term, including to support free school meals for eligible children who are not attending school.

1 June: Schools begin phased reopening: from 1 June 2020 with some children able to return to school (and more children returned on 15 June).

17 June: Government extends voucher scheme for children on free school meals during the summer holidays.

19 June: Government announces £1bn COVID-19 catch up fund for children in England.

1 September: Schools and colleges in England start to reopen.



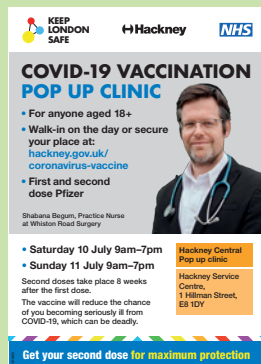
5 November: New four-week national lockdown comes into force, including school closures (with some exceptions).

8 November: Government announces a new £170m Covid Winter Grant Scheme and extends the Holiday Activities and Food programme to cover Easter, summer and Christmas in 2021.

01 — 03 — 06 — 08 — 09 — 10 — 12



January 2021: No return to face-to-face teaching after school break due to third lockdown.



June 2021: 18–25 year olds invited to be vaccinated.

September 2021: JCVI do not recommend vaccinating children 12–15.



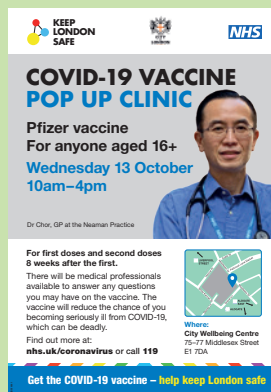
December 2021: High level of cases of COVID-19 in children, some school mitigation measures available in guidance.



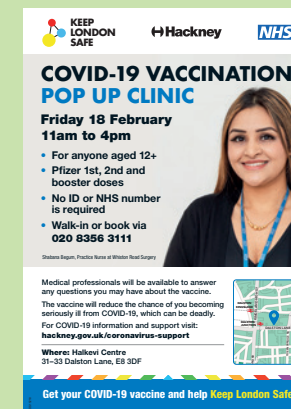
March 2021: Schools reopening.



August 2021: 16 and 17 year olds in England offered COVID-19 vaccine.

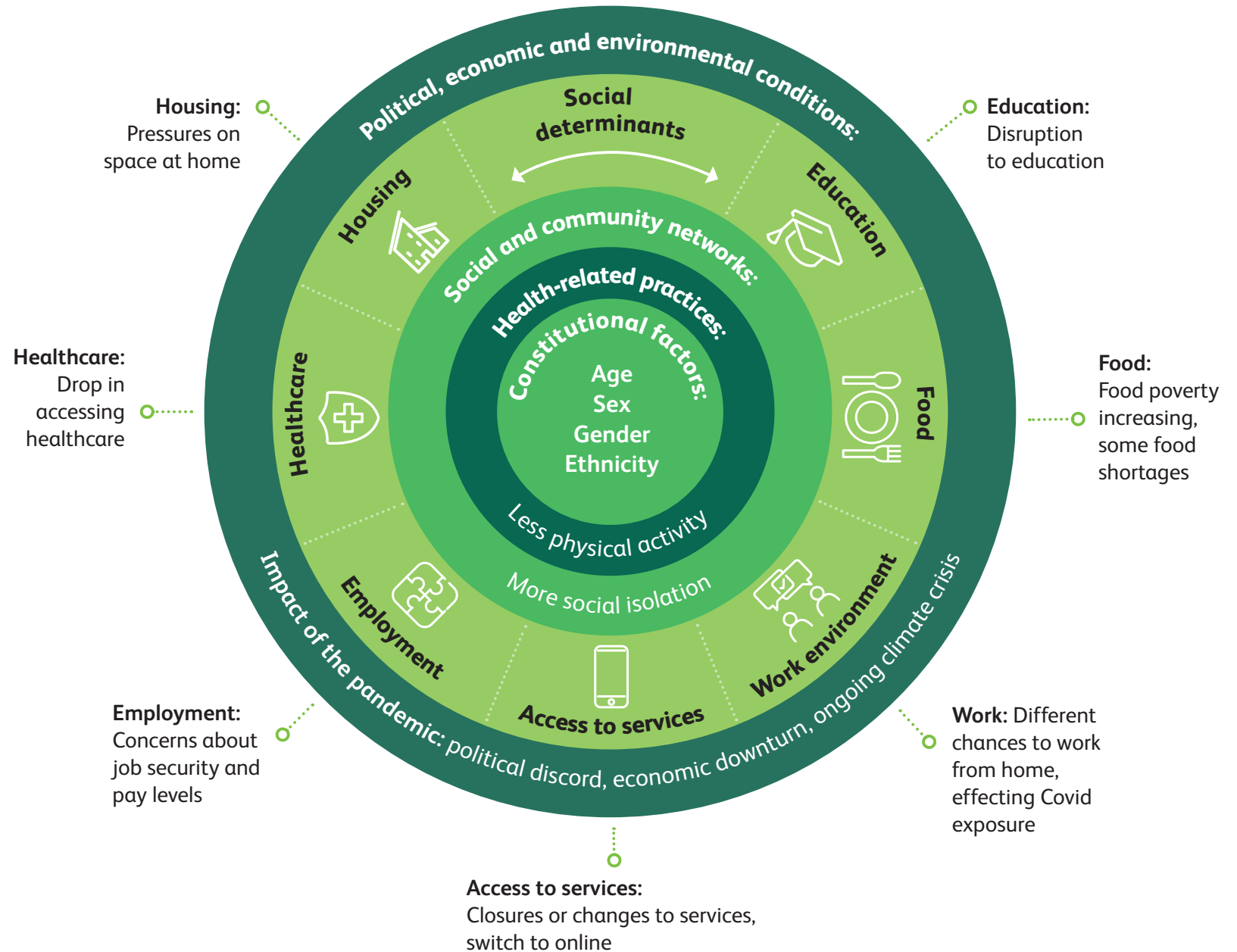


October 2021: Vaccinating children 12–15 commences.



Zoom out:

a wide array of issues that have impacted on children's health during the pandemic



Zoom in:

6 things we are going to examine in more detail

1. Poverty and deprivation
2. Mental health
3. Childhood immunisations
4. Weight and physical activity
5. Early years
6. Access to healthcare



1. Poverty and deprivation

Why is child poverty an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Deprivation has impacts on children's health. Child poverty and deprivation were already impacting thousands of children in Hackney and the City of London, and the economic and social implications of the pandemic has worsened levels of poverty – for instance, due to a family member losing a job or income from a zero hours contract.

In London, out of work benefits claims have increased by 148 % (274,000) and families report struggling to meet basic needs. Young adults have been more likely than older adults to lose their jobs. Young black people were three times more likely to be unemployed than young white people. The impacts of the COVID-19 pandemic have been worse for those in lower incomes, who have been more likely to lose their jobs and their income, catch (and die from) COVID-19 and less able to support children with homeschooling.³⁵

Lockdown measures

Measures to reduce transmission of COVID-19, such as 'lockdown' restrictions, have disproportionately affected low income families with young children.

One example of the impact on low income families was through disruption to education and the consequences of digital poverty. As many schools moved to provide lessons at home, households without internet access, sufficient data/bandwidth or a limited number of suitable devices meant that children often missed out on the ability to continue their education.

“It's difficult to initiate discussions about health when many of our parents are concerned about basic issues such as housing, employment and poverty.”

Headteacher

Although steps were taken to distribute laptops, there was a huge amount of disruption to learning.

Limited space in households – in some cases linked to overcrowding – also meant that children and young people would not have suitable space to continue their education.

Benefits

During the pandemic, there has been a notable increase in childhood poverty. In London, the number of households receiving Universal Credit payment has nearly doubled, from 369,413 households in March 2020 to 691,893 in November 2021. 44.5 % of these households have children.³⁶ The temporary expanded special safety net (an increase of universal credit payments by £20 a week) was not enough to limit a rise in poverty for children. This uplift has since been removed, which was predicted to move 300,000 children into poverty nationally.³⁷

Food poverty

Emergency food parcels issued by Trussell Trust foodbanks (one of many providers) to children in London more than doubled from 75,000 in 2019/20 to 159,000 in 2020/21.

For Hackney specifically, food parcels issued to children by the Trussell Trust appeared to peak in 2020 (see graph overleaf).³⁹ It may be that other sources of food support were found in 2021.

In 2020, a food poverty network was established in Hackney in response to the pandemic and has grown to include over 60 partners.⁴⁰ A survey sent to organisations in the network reported over 380,000 food parcels and cooked meals were delivered between March 2020 and April 2021.⁴¹ This is likely to be an underestimate as not all organisations responded to the survey.

For some specific parts of the community, this was tailored support: for example, funding was split between 12 Orthodox Jewish organisations and largely in place of the free school meal funding from central government, which Charedi Independent school pupils are not eligible for.

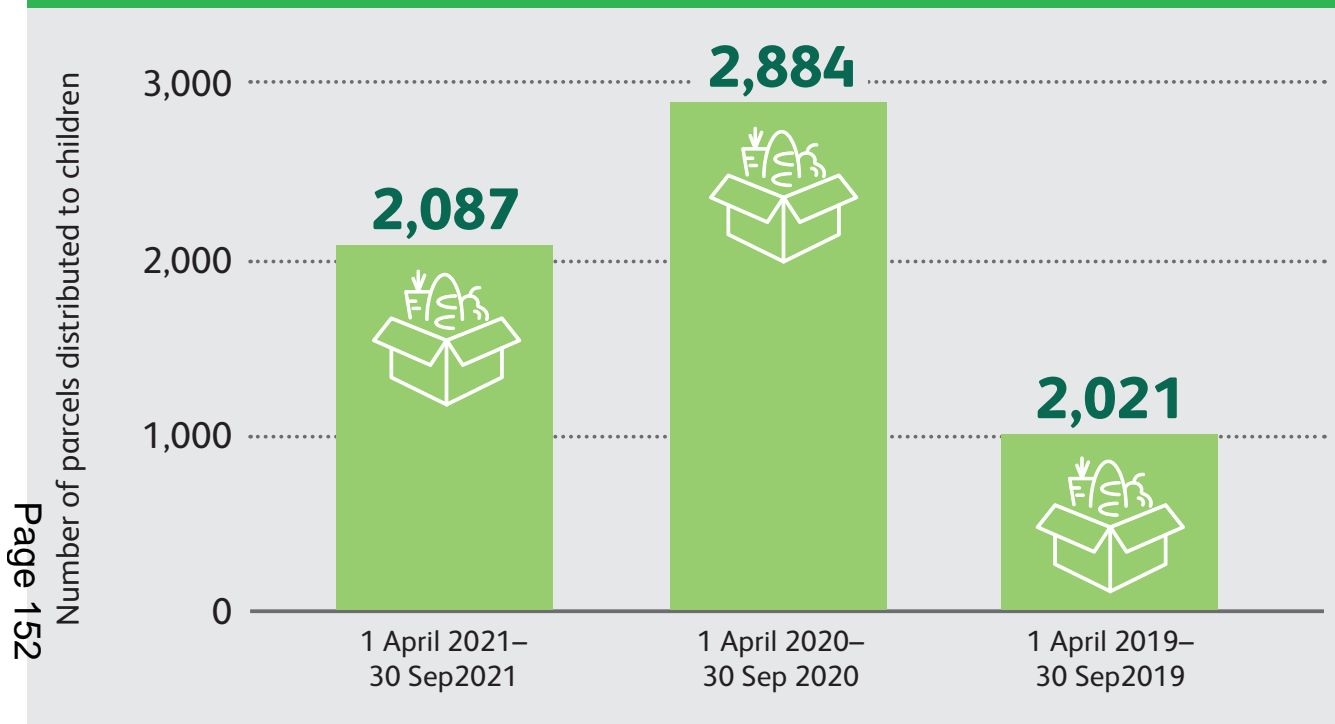
In the City of London, the First Love Foundation (FLF) has been supporting vulnerable families since 2020. From June 1st 2021 to February 28th 2022 the FLF fed a total of 16 City of London residents. Four of these 16 people were children. Covid support funding (later named household support funding) included provision of food vouchers and food parcels.

The level of need due to food poverty impacting children in the City of London is not clear. A service was established during the pandemic but had no eligibility criteria and current usage of a commissioned foodbank within the City is low. This work will need to be carefully evaluated to ensure it has achieved positive and cost-effective outcomes.

During the pandemic, there has been a notable increase in childhood poverty.

In London, the number of households receiving Universal Credit payment has nearly doubled, from **369,413** households in March 2020 to **691,893** in November 2021.

Number of Trussell Trust parcels distributed to children in Hackney (in 2019, 2020 and 2021)



The resulting financial hardship is expected to contribute to family tensions, as well as psychological and emotional distress. These are factors that can be associated with child maltreatment and neglect, including physical, emotional and domestic abuse. The disproportionate impact of the pandemic on low income families and those from culturally and ethnically diverse backgrounds, must be addressed in recovery plans and service provision so that the long term consequences for children are reduced.

Long-term

Lost learning will cause the greatest damage to the education and employment outcomes of pupils who are already disadvantaged. 'Catch up' efforts for education are still a concern, and this is ongoing as schooling continues to be disrupted due to ongoing cases of COVID-19.

As a result of the pandemic, nearly 6 in 10 families said they are struggling to cover the cost of 3 or more basic essentials, including food, utilities, rent, travel or child-related costs.⁴² The increasing cost of living has been well-documented and impact is increasing.

2. Mental health

Why is mental health an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Mental health illnesses are a leading cause of poor health in children and young people (CYP) and can have detrimental and long-lasting effects. Poor mental health is a significant contributory factor to poor education, health and social care outcomes including poor physical health, reduced educational attainment, alongside increased risk of smoking, substance and alcohol misuse, involvement with youth justice services, increased risk of self-harm, eating disorders and suicide ideation.⁴³

In 2020, in Hackney, 3.2 % of school pupils had social, emotional and mental health needs (higher than London (2.5 %) and England (2.7 %)). In the City, 2.9 % of primary school pupils had social, emotional and mental health needs.⁴⁴

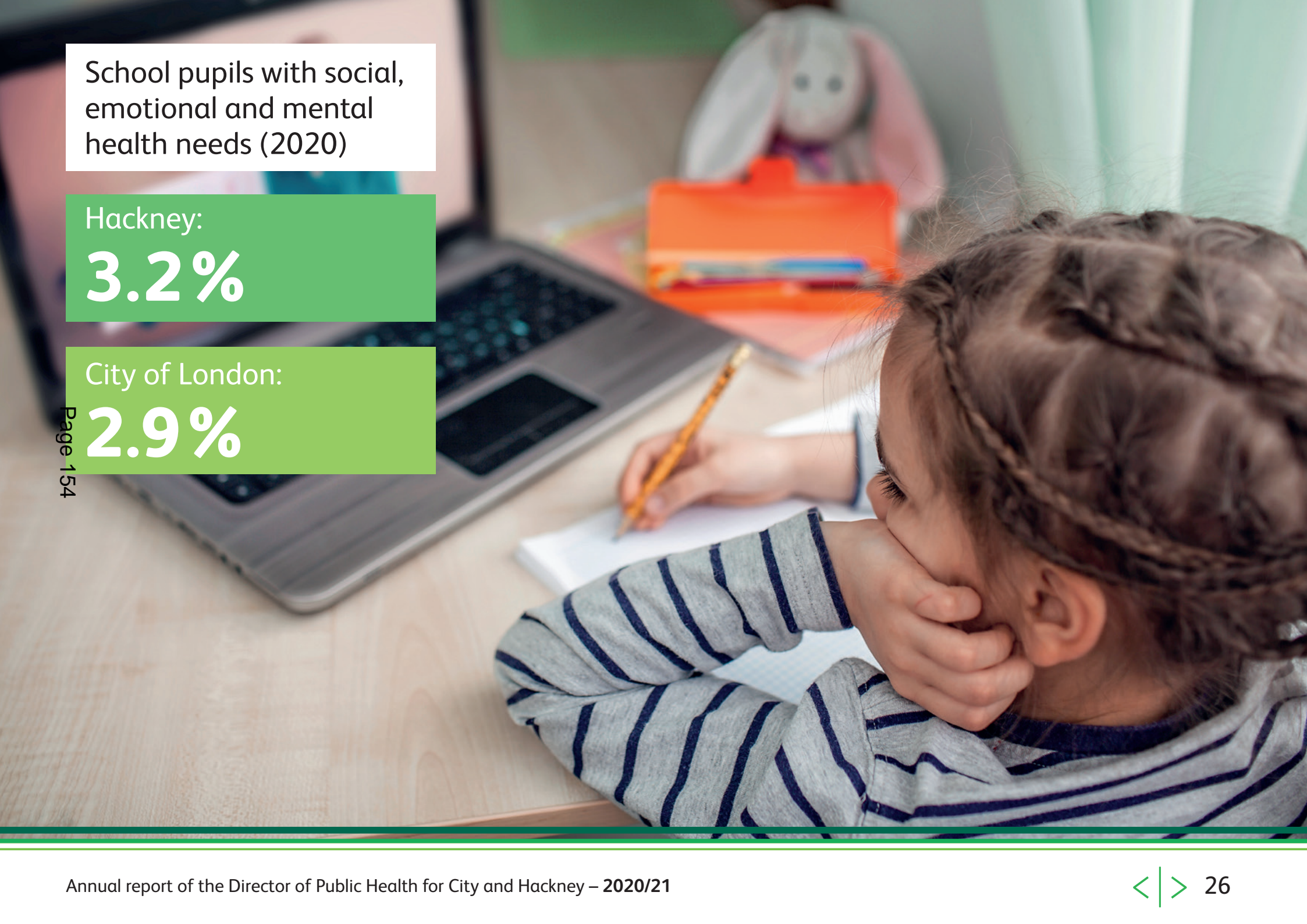
There were 2,929 Wellbeing and Mental Health in Schools (WAMHS) activities conducted in City and Hackney schools in 2020/21. Across City and Hackney CCG in 2020/21, 4.6 % of children (under 18 years old) have been referred to Child and Adolescent Mental Health Services (CAMHS).⁴⁵

There is an unequal impact of mental ill-health – some CYP have experienced greater negative impacts on their mental health and wellbeing. This includes girls, young carers, CYP from poorer households, CYP with preexisting mental health needs, CYP from black and other minority ethnic groups.⁴⁶ The percentage of looked after children whose emotional wellbeing is a cause for concern was 34.4 % in Hackney in 2019/2020 (there was no data available for the City of London).⁴⁷ This was similar to London and England and there were no significant changes in the last five available years.

“The key health issues for the (Hackney) Youth Parliament are mostly around mental health. It’s interesting because general health (other health issues) don’t come up.

When I say to them, oh do you think we should talk about broader health issues?

They’re like, no, we want to talk about mental health... it always goes back to mental health.”



School pupils with social,
emotional and mental
health needs (2020)

Hackney:

3.2%

City of London:

2.9%

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How COVID-19 impacted on the mental health of children during the pandemic?

The pandemic has had a significant impact on children and young people's mental health. They have had to cope with disruption to their education, as well as cope with bereavement, social isolation and lockdown restrictions.

The pandemic has worsened existing mental health and wellbeing problems among young people. There has been unprecedented levels of demand for emotional health and wellbeing, and mental health support across North East London, and in City and Hackney.

A local survey of children and young people in City and Hackney found that nearly half of the respondents felt that their mental health had stayed the same, 39 % had felt it had got worse while 14 % felt it had improved: but it should be noted this was a small and unrepresentative sample.⁴⁸

Educational disruption

Changing attendance to school and disruption to education has impacted on wellbeing. Although exceptions were made (for example, children of key workers and children deemed vulnerable were able to attend school, and in the second and third lockdowns independent

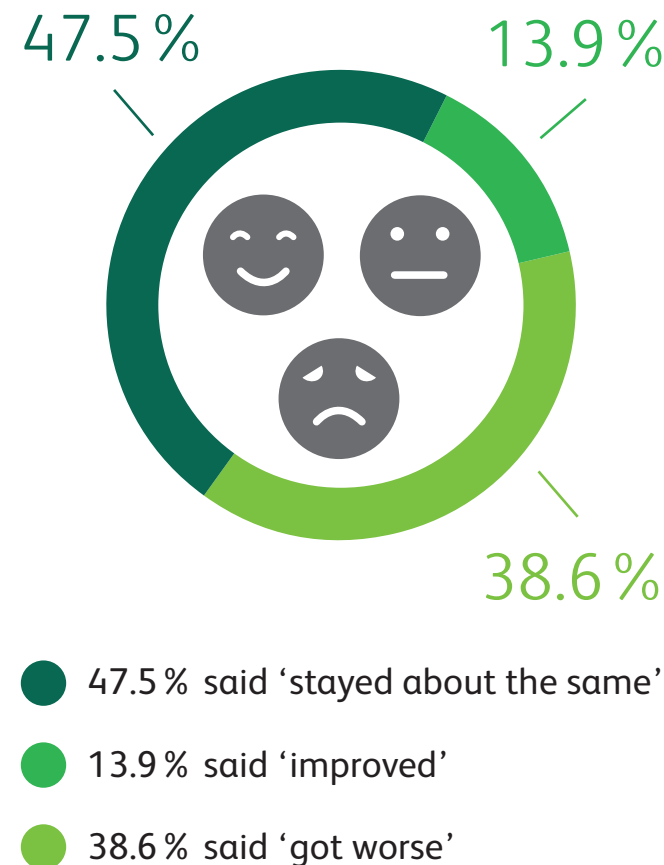
Charedi schools remained open in line with Department for Education guidelines which stated that if pupils did not have a quiet place to study or no remote access online they could remain open) school closures caused disruption for many children.

Going back to school in September 2020 had a positive impact on some CYP's mental health and wellbeing, particularly primary school children and pupils who spoke English as an additional language. Behavioural and difficulties with attention have increased throughout the pandemic up until February 2021, particularly for primary school children (4 to 10 years old).⁵⁰

Locally, the pandemic has led to an accumulation of a waiting list for autism assessments owing to a reduction in face-to-face services in CAMHS and the ability to observe children and young people in school settings or similar as part of the assessment process.⁵¹

National evidence shows that the COVID-19 pandemic has led to a sharp increase in numbers of young people with eating disorders and this has been anecdotally reported for CYP in the City of London and Hackney too.

Perceived impact of the COVID-19 pandemic on participants' mental health



3. Childhood immunisations

Why are immunisations an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

After clean water, immunisation is one of the most effective public health interventions. It protects children and others against serious infectious diseases and reduces community transmission.

The routine childhood immunisation programme provides early protection against vaccine-preventable infections from 8 weeks of age, with boosters offered at 12 months and before starting primary school.⁵² Further vaccines are scheduled in adolescence to tackle diseases such as cervical cancer (via the Human Papillomavirus (HPV) vaccine) and meningitis, as well as boosters against tetanus, diphtheria and polio.

Vaccine uptake tends to be lower in more deprived populations, black, Asian and minority ethnic groups, CYP with learning disabilities, lone parent families and large families.⁵³ It is vital that these pre-existing inequalities do not widen as a consequence of the COVID-19 pandemic. There are also inequalities existing for the Charedi community and looked after children.

How COVID-19 impacted on childhood immunisations?

Possibly due to disruptions in normal use of healthcare (and for older age groups, children not attending school in person) since the start of the COVID-19 pandemic, there has nationally been a significant drop in the numbers of children being vaccinated at the right time. For example, the number of MMR (measles, mumps, and rubella) vaccines delivered in England dropped by 20 % during the first three weeks of the lockdown in March/April 2020.⁵⁴

Reasons behind this decrease may have been due to a lack of clarity around whether vaccination services were operating as usual, parental difficulties in organising vaccination appointments, or parental concerns about contracting COVID-19 while attending a healthcare setting. With less social interaction, cases of infectious disease may have been less likely and therefore parents may have perceived there to be lower risks to their children.

This decrease has been seen in Hackney and the City of London and has exacerbated pre-existing low rates of immunisation coverage, which puts many children at risk.

In 2020/21, 63.7 % of children in Hackney had received two doses of the measles, mumps and rubella vaccine (MMR) by age 5.⁵⁵



“Our low immunisation rates have continued for too long.”

There does not appear to be data on this coverage specifically to the City of London population, but at the primary care network level, Shoreditch Park and City (which includes all of the City of London) had a level of 72.7 %.

These levels are below the World Health Organization’s (WHO) target of 95 % needed to achieve and sustain measles elimination.

The Neaman Practice (the only GP practice located in the City) has recorded that 97.5 % of registered children becoming 5 in 2020/21 had their MMR first and second doses.

School-based immunisation includes vaccination against human papillomavirus (HPV) (given at ages 12 and 13); and at age 14 the MenACWY vaccine and the 3-in-1 booster against tetanus, diphtheria and polio. HPV is a cause of cervical and other cancers. HPV vaccine coverage has declined from a high of 97.1 % in 2015/16; HPV vaccination coverage for one dose in girls was 77.6 %, and 70.1 % in boys in City & Hackney. The MenACWY vaccination protects against 4 strains of the meningococcal bacteria – A, C, W and Y – which cause meningitis and blood poisoning. In 2019/20 (the last year data was available) the 14–15 year old population coverage for MenACWY in Hackney was 22.2 %, and there is no data available for the City of London.⁵⁶

School-based immunisation is not offered in independent schools, which includes faith-based Charedi schools that educate 22 % of the children in Hackney. Due to low immunisation levels in the Charedi community, work in 2016–18 using the WHO's Tailoring Immunisation Programme model was instigated.⁵⁷ This involved working with the Charedi community to address barriers experienced or perceived by parents, and any concerns about vaccination.

Vaccination coverage for childhood schedule (%), the City and Hackney, 2020/21

Primary care network	DTaP/IPV/Hib/HepB at 12 months	DTaP/IPC/Hib at 24 months	MMR at 24 months	MMR (1 dose) at 5 years	MMR (2 doses) at 5 years
Woodberry Wetlands	77.2	83.8	77.1	88.4	71.8
Clissold Park	89.0	93.9	90.6	90.1	86.1
Hackney Marshes	84.9	91.0	80.2	90.4	74.5
Well Street Common	84.2	90.5	82.8	84.3	63.9
London Fields	86.8	91.1	80.5	86.9	61.9
Shoreditch Park & City	88.8	87.2	79.8	90.6	72.7
Springfield Park	33.7	53.0	51.5	81.4	52.3
Hackney Downs	54.2	67.3	60.8	81.5	61.0
Hackney and the City of London	68.9	77.7	71.5	85.8	65.5

Source: Clinical Effectiveness Group dashboard, 2021

Continuing recommendations include a nurse role within Hatzola (a Jewish emergency medical response charity that also provides an ambulance service) who is involved in immunisation and a vaccination clinic offer at a local children's centre.

Children in Care immunisations

Looked after children are at higher risk of missing out on routine childhood immunisations. The proportion immunised in Hackney in 2020 was 58 % which is significantly lower than the London and England averages and has steadily declined over the last 5 years.

4. Weight and physical activity

Why are weight and physical activity issues during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Overweight or obese children are more likely to experience bullying, stigmatisation and low self-esteem, while the physical health effects have a profound impact on overall morbidity and mortality. It is estimated that obesity-related conditions cost the NHS £6.1 billion per year, with the total cost to society estimated to be around £27 billion per year.⁵⁸

Childhood and young adulthood are a good time to establish healthy routines and habits. It is important to consider the wider environment in which the opportunities for healthy lifestyles exist and to not view health behaviours solely as individual choices. The environment and system that children and young people live in has been increasingly obesogenic for a number of years.

Recommended levels of moderate-to-vigorous physical activity for children aged 5 to 18 is an average of at least 60 minutes per day across the week.⁵⁹ Regular physical activity and being a healthy weight have huge health benefits for children.

These include:

- Improved bone health and development
- Improved cardiovascular fitness
- Positive mental health and wellbeing outcomes
- Social benefits

Prior to the pandemic, 41.9 % of London's CYP were physically active in 2019/20, which is worse when compared to England (44.9 %).⁶⁰

Excess weight among reception children in Hackney and the City is above the London average. Severe obesity among this age group is however significantly higher than the proportion among statistical neighbours and London and England averages.⁶¹

- The proportion of children in Hackney and the City who are overweight, obese or severely obese are much higher in year 6 pupils than reception pupils. Hackney and the City has the highest proportion of severe obesity in this age group, of any statistical neighbour.
- In reception and year 6 pupils, children of black ethnicity have the highest proportion of obesity.

In both age groups, proportions are also highest among those living in the most deprived areas.

“The implementation of a whole system approach is really, really, important. It won't work without that – no single intervention, even a tier two is going to solve the problem.”

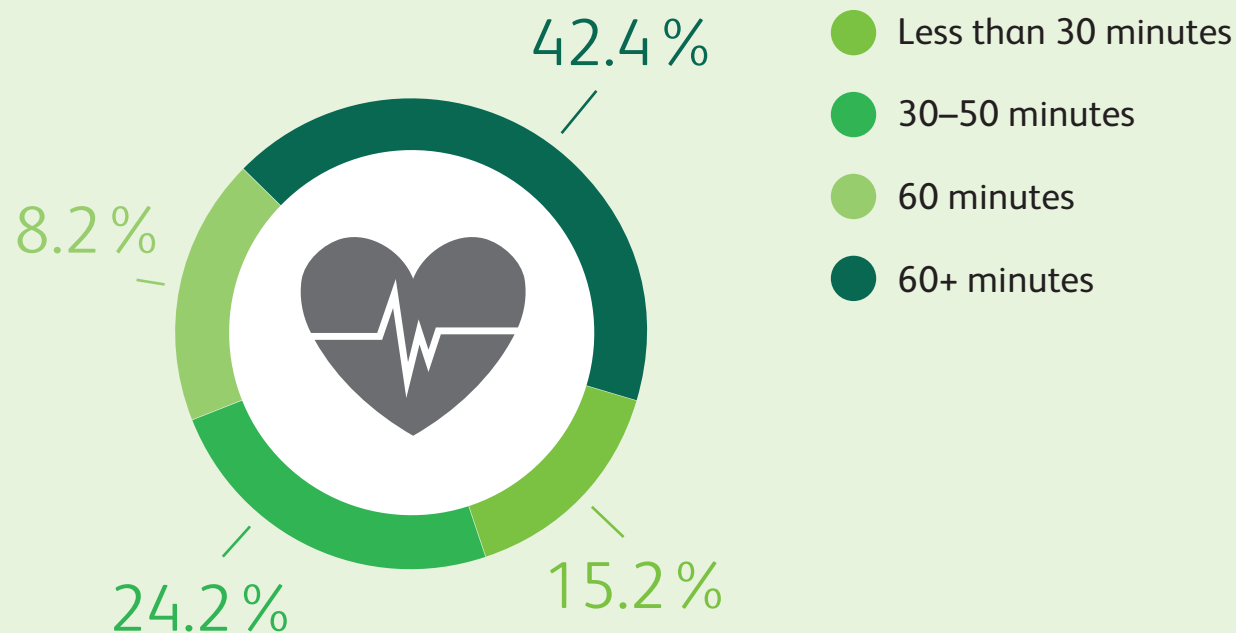
How has COVID-19 impacted on children and young people, their weight and levels of physical activity?

There has been a record rise in children classed as overweight or obese during the COVID-19 pandemic. Obesity levels in England have risen dramatically among reception-age children during the COVID-19 pandemic, from 9.9 % in 2019/20 to 14.4 % in 2020/21 (and for London, from 10.0 % to 15.3 %).⁶²

School closures and the pausing of recreational sports and athletics activities during the pandemic have disrupted or removed physical activity routines, including the chance for active travel. This disrupted the amount and type of activity undertaken by CYP and their families. A survey was sent in the winter of 2021⁶³ and of the children responding to this survey, 5 (15 %) participants shared that they did less than 30 minutes of physical activity per day.

For London in the academic year 2020–21, the Active Lives survey found that over half of children were not reaching this recommended level.⁶⁴

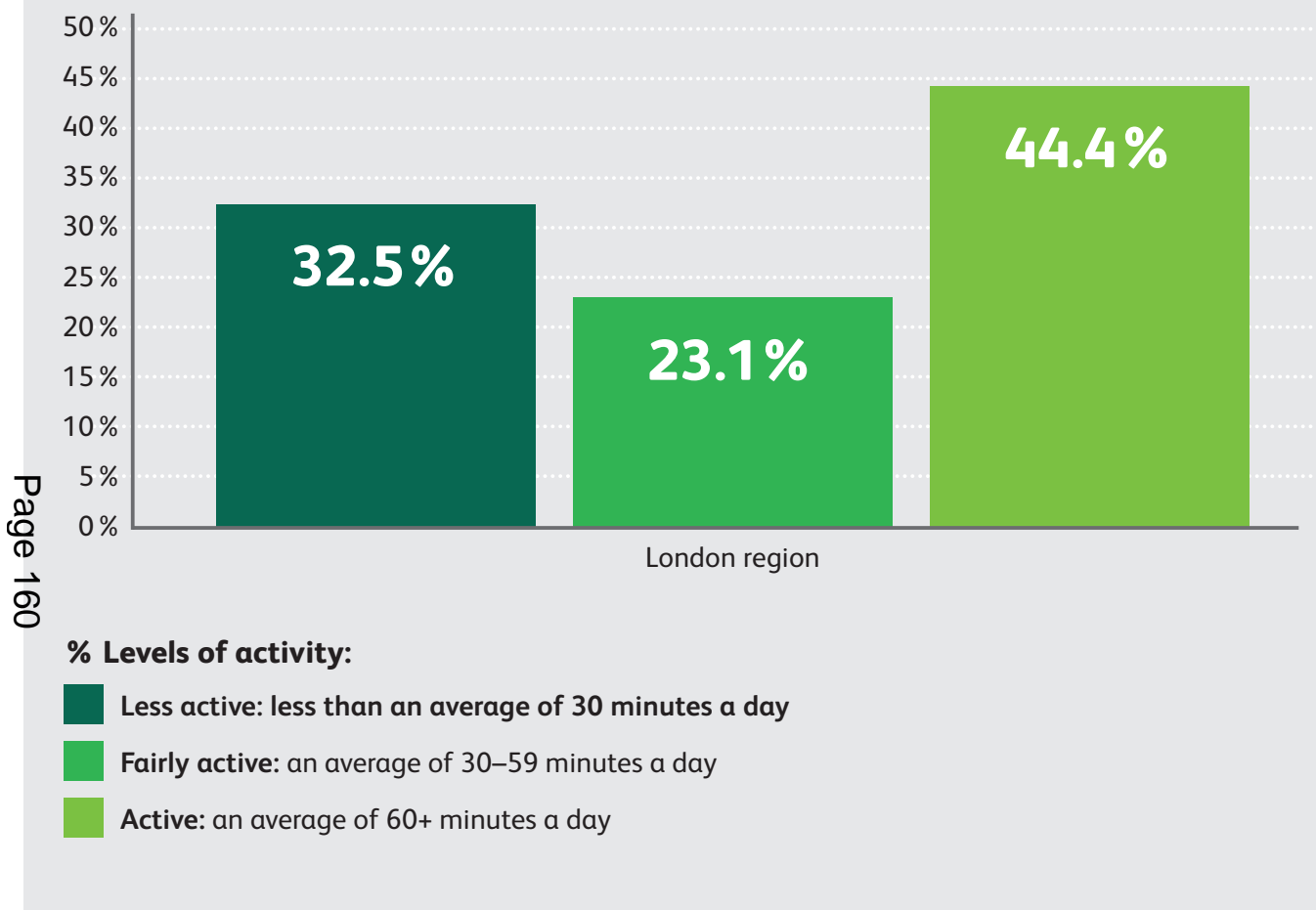
Amount of time spent doing physical activity per day (including at school):



Physical activity levels in London

- 7 % of children aged 7 to 16 years reported being not active during the national lockdown.⁶⁵
- There were fewer active CYP between May to July 2020 compared to 2019.⁶⁶
- When children returned to school in September 2020, 75 % teachers surveyed by the Youth Sport Trust had noticed low levels of physical fitness among their pupils.⁶⁷

Levels of activity, Academic Year 2020–21



Inequalities

Certain groups were more impacted than others during the pandemic:

- Boys aged 9 to 11 years old
- CYP from black, Asian and other minority ethnic groups
- CYP from the most affluent background had the largest decrease in activity levels, but importantly activity levels for CYP from the least affluent background remains lower⁶⁸
- Over one third of CYP reported that they had less chances to be active when they were not at school⁶⁹
- CYP from poorer families were more likely to rely on school playgrounds for exercise and are less likely to have access to space or additional resources to support mental or physical wellbeing⁷⁰
- 61 % of clinically vulnerable CYP, including those with a disability, reported a reduction in physical activity levels for June to July 2020. Reasons included shielding, lack of access to facilities and lack of equipment.⁷¹

5. Early years

Why are early years an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

A child's early years have an important effect on the outcomes in their later life. This can include how well they do in education, as well as their physical, mental and emotional wellbeing.⁷² High quality early education and childcare in their formative years contributes to reducing health inequalities.⁷³

Age 161
Health visitors are tasked with doing five 'mandated reviews' that start in pregnancy and finish when a child is aged between two and two and a half.⁷⁴ Hackney Children's Centres (previously known as Sure Start Centres) focus on supporting children before they start school. The City of London has 1 Children's Centre and Hackney currently has 20.

What was the impact of the COVID-19 pandemic on early years interventions?

The partial closure of early years settings is likely to have had significant implications for the wellbeing, learning and development of children including:

- Exacerbating existing inequalities and widening of the 'attainment gap'
- Increased risk of safeguarding concerns going unrecognised.

Early years settings

In 2019, around 78 % of children aged two

to four year olds in England accessed formal education or childcare.⁷⁵ This dropped hugely during the first lockdown. Only 7 % of parents of two to four year olds reported to have continued attending these settings throughout the first lockdown period (between March and June 2020).⁷⁶



As early years settings were closed, one impact of the pandemic was that children from disadvantaged backgrounds had less access to resources, learning and play space. National figures suggest that there were reductions in children aged two to four receiving funded early education (e.g. nursery places) in the term ending July 2021.⁷⁷

Health visiting services

Health visiting services provide vital support to all families with babies and small children as part of the Healthy Child Programme to ensure that they get the best start in life. COVID-19 placed significant pressure on health visiting services.

Public Health England examined the impact of COVID-19 on health visiting (and school nursing) in London, with a focus on the first lockdown in 2020. Their survey found that 76 % of all respondents reported that during the lockdown members of the team had been redeployed to areas outside health visiting and school nursing.⁷⁸ Despite this 97 % of respondents continued to undertake health assessments during this time.

The City and Hackney health visiting service report the following metrics:

Health Visitor Service Delivery Metrics (Experimental Statistics), Hackney and the City of London, 2020/21			
Metric	City & Hackney	London*	England*
Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	87	26,862	229,959
New Birth Visits (NBVs) completed within 14 days (%)	95.4 %	94.3 %	88.0 %
New Birth Visits (NBVs) completed after 14 days (%)	3.7 %	3.9 %	9.7 %
6 to 8 week reviews completed (%)	56.1 %	75.0 %	80.2 %
12-month development reviews completed by the time the child turned 12 months (%)	80.7 %	52.7 %	66.3 %
Percentage of 12-month development reviews completed by the time the child turned 15 months	90.7 %	67.6 %	76.1 %
Percentage of 2 to 2½ year reviews completed	87.2 %	63.3 %	71.5 %

6. Access to healthcare

Why is access to healthcare an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Being able to access healthcare and routine check-ups can have an impact on children and young people – this can include dental care for oral health, as well as auditory and hearing checks.

Good oral health is essential to children's physical, social, educational and psychological well being. The impact of poor oral health disproportionately affects the most socially disadvantaged children. Although generally oral health in England is improving, the 2019 oral health survey of 5 year olds⁷⁹ showed that 28 % of all five year olds in the City and Hackney with visually obvious tooth decay (higher than the national average). Hackney and the City also have higher rates of hospital admissions for tooth decay amongst 0–5 year-olds compared to the England average.

Among Charedi school children in Hackney, data from 2017–18 showed that twice as many children had tooth decay compared to the Hackney average. The Charedi Needs Assessment undertaken in 2018, identified that 4 in 10 children from the Charedi community had incisor decay compared to 1 in 10 in Hackney. Qualitative research has shown that one of the main barriers to good oral health for this community is access to reliable information and advice, with many people reliant on health information distributed through family and friends, and a limited understanding of dietary risk factors.

Access to healthcare is important throughout childhood to promote health as well as identifying and treating health problems. The disruption to healthcare and reduced capacity to treat people for conditions other than COVID-19 is likely to have affected the health of CYP. This includes not being able to access routine hearing checks (part of newborn hearing screening) or get specialist hearing assessments. Other serious physical health issues require engagement with primary care and subsequent referral to hospital – this too has been impacted.



What was the impact of the COVID-19 pandemic on children's access to healthcare?

The number of City and Hackney CYP aged 0–19 who accessed dental care in the 12 months prior to 2019–20 and 2020–21 showed 41 % accessed dental care in the 12 months prior to 2019–20, which dropped to 14.6 % the following year (during the pandemic).⁸⁰

Of the City and Hackney looked after children, 69 % had a dental check in 2019–20 however during 2020–21 this percentage dropped during quarters 2 and 3 due to the impact of COVID-19, to 30 % and 15 % respectively, before increasing to 53 % in quarter 4.⁸¹

Reduced home visits during the pandemic resulted in coverage of newborn hearing screening in East London reducing from 99% to 87%. The programme was also affected by the closure of audiology departments during the first wave.⁸²

At the beginning of the pandemic there was a huge reduction in referrals from GPs to hospital care for children and young people – possibly as a result of people wanting not to add pressure to the NHS by being reluctant to come forward. A 79 % drop in urgent GP referrals was seen in April 2020. There have, since then, been high levels of demand for primary care.

The waiting list for planned paediatric hospital care grew by 22 % in seven months (between April and November 2021), leaving 300,465 in England children and young people waiting for their care. Waiting times targets have been missed – including for 16 % of under 16 year olds with urgent suspected cancer referrals, who have not seen a specialist within the stipulated 2 weeks.⁸³

Early intervention and treatment is especially important for young people, so difficulties accessing timely healthcare can have long term consequences.

41 % accessed dental care in the 12 months prior to 2019–20, which dropped to **14.6 %** in 2020–21.

Conclusion

Children and young people in Hackney and the City of London have lived through or been born into the COVID-19 pandemic – and will continue to do so, feeling its impact for many years to come. The challenges and issues that this has created, or made worse, will be seen in a range of ways, as this annual report has sought to demonstrate.

Given the long-lasting implications for our children and young people, it is hugely important that steps are taken to make sure no one is left behind as the world attempts to adjust to the ongoing presence of COVID-19.

This comes at a time of other threats: the climate emergency and increasing cost of living will add to pressures felt by children and their families.

But public health is, by its nature, a discipline and community of optimists as we seek to prevent harm and grow health. We will continue to find ways to meet the needs of children and young people in Hackney and the City of London.



We are also collaborators – and will need the ongoing commitment and dedication from all those involved to make sure the pandemic’s impact on children and young people are mitigated against.

Our recommendations include actions for ourselves, which we will be implementing through our 0–25 needs assessment and recommissioning process in 2022 onwards. We hope others will ensure they are likewise taking steps for children and young people.

Further reading and relevant background

- [Health needs assessment for the population aged 0 to 19 in City of London and Hackney](#)
 - [The impact of COVID-19 on London's children and young people June 2021](#)
 - [Policy Brief: The Impact of COVID-19 on children](#)
 - [Children's perspectives and experiences of the COVID-19 pandemic and UK public health measures – Thompson, 2021](#)
 - [Pandemic babies: how COVID-19 has affected child development](#)
 - [Children of the Pandemic](#)
 - [Coronavirus and schools](#)
- Page 166
- [COVID-19 Policy Tracker](#)
- [Wider Impacts of COVID-19 on Health – OHID](#)
- [Rebuilding a better Hackney](#)
- [Understanding the Impact of COVID-19 on Health Visiting and School Nursing services during the first wave of lockdown in London](#)



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