

**MINUTES OF THE HEALTH AND WELLBEING BOARD
WEDNESDAY, 8 MARCH 2023 AT 4.00PM**

**THE COUNCIL CHAMBER
HACKNEY TOWN HALL, LONDON, E8 1EA**

- In Person:**
- Mayor Philip Glanville (Co-Chair), (Hackney Council)**
 - Cllr Christopher Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture, (Hackney Council)**
 - Susan Masters (Hackney Community and Voluntary Sector)**
 - Cllr Carole Williams, Cabinet Member for Employment, Human Resources and Equalities, (Hackney Council)**
- Officers in Attendance:**
- Mark Agnew, Governance Officer (Hackney Council)**
 - Sally Bevan (Healthwatch Hackney)**
 - Mark Carroll, Chief Executive (Hackney Council)**
 - Diana Divajeva, Principal Public Health Analyst (Hackney Council)**
 - Anna Garner (City and Hackney Integrated Care Partnership)**
 - Peter Gray, Governance Officer (Hackney Council)**
 - Donna Doherty Kelly, Principal Public Health Specialist (Hackney Council)**
 - Sonia Khan, Head of Policy and Strategic Delivery (Hackney Council)**
 - Andreas Lambrianou, Chief Executive (City & Hackney GP Confederation)**
 - Cathal Ryan, Service Manager, Domestic Abuse Intervention Service (Hackney Council)**
 - Chris Lovitt, Deputy Director of Public Health (City & Hackney)**
 - Lorraine Sunduza, Director of Nursing (East London Foundation Trust)**
 - Andrew Trathen, Consultant in Public Health (Hackney Council)**
- Virtually:**
- Jacquie Burke, Group Director, Children and Education (Hackney Council)**
 - Mary Clarke, Director of Nursing and Corporate Development (GP Confederation)**
 - Stephanie Coughlin (Co-Chair), ICP Clinical Lead (City & Hackney)**
 - Nina Griffith, Workstream Director - Unplanned Care (Homerton Hospital Foundation Trust)**
 - Cllr Susan Fajana-Thomas, Cabinet Member for Community Safety and Regulatory Services (Hackney Council)**

Dr Sandra Husbands, Director of Public Health (City & Hackney)
Rosemary Jawara (Hackney Community and Voluntary Sector)
Raj Radia (Community Pharmacies)
Helen Woodland, Group Director, Adults, Health and Integration (Hackney Council)

1 Apologies for Absence

1.1 Apologies for absence and lateness were received from Deputy Mayor Bramble, James Conway, Frances Haste, Stephen Haynes, James O'Neill.

2 Appointment of James Conway, (BCU Commander, Central East BCU (Hackney and Tower Hamlets) Metropolitan Police to the Health and Wellbeing Board

RESOLVED: To appoint James Conway, (BCU Commander, Central East BCU (Hackney and Tower Hamlets) Metropolitan Police to the Health and Wellbeing Board

3 Declarations of Interest - Members to Declare as Appropriate

3.1 There were no declarations of interest.

4 Minutes of the Previous Meeting

RESOLVED: That the minutes of the meeting held on 27 January 2023 be agreed as a true and accurate record of proceedings.

5 Action Log - Review

5.1 The Principal Public Health Specialist updated the Board on the Action Tracker.

RESOLVED: To note the action tracker.

6 Hackney Council's Eliminating Violence Against Women and Girls - Hackney Strategy

6.1 The Service Manager (Domestic Abuse Intervention Service) introduced the report. The Strategy provided a framework and impetus for the Council, partners, and residents, to make Hackney safer for all residents at risk from gender-based violence and domestic abuse, and women and girls in particular. The four priority areas of the Hackney strategy mirror those of the London MOPAC Violence Against Women and Girls (VAWG) strategy and the national VAWG strategy; preventing and reducing VAWG; supporting all victims and survivors; holding perpetrators to account; building trust and confidence.

6.2 The Service Manager, Domestic Abuse Interventions Service, presented to the Board, highlighting the following:

- Eliminating Violence Against Women and Young Girls Strategy agreed by Cabinet on 12 September 2022;

- Policy context, including improving mental health and supporting greater financial security;
 - The use of screening and intervention tools;
 - Building capacity into the system to ensure that young people can obtain the necessary assistance;
 - Intervention at the early stages to mitigate the negative impacts on children;
 - Prioritisation of the housing needs of victims/ survivors of domestic abuse;
 - Employers to support victims/ survivors of domestic abuse;
 - Aim to ensure that all employers in Hackney are equipped to support victims/ survivors of domestic abuse;
 - Ways of working, including collaborations and partnerships, and making the best of community resources;
 - All agencies across the Hackney Partnership to understand and work to an agreed casework pathway when addressing all forms of domestic abuse;
 - Work ongoing with the Hackney Community and Voluntary Sector, and faith and community groups to promote awareness and collaboration;
 - The Board also recognised the significant negative consequences for children in terms of witnessing or experiencing the effects of domestic abuse and their mental health.
- 6.3 Cllr Fajana-Thomas stressed that domestic violence was a major public health problem and that it was important for the Health and Wellbeing Board to review how it was being addressed. Domestic violence could affect women's mental health, physical health, and reproduction. In regard to the Night Time Economy, work was ongoing to make this safer for visitors and residents. Work was ongoing with Tower Hamlets on training on skills and knowledge for those working in licensed premises.
- 6.4 The Deputy Director of Public Health highlighted that the Homerton Hospital had carried out a great deal of work in regard to identifying domestic violence and referral pathways. Covid 19 had disrupted much of this work, and he asked for an update on any renewed progress in this area.
- 6.5 Mayor Glanville stressed the good work being carried out, including the multi-generational work, work with young men on breaking the cycle and the recent event on eliminating violence. He asked for clarification on the relationship with the Money Hub to support individuals at the point of crisis and the Hackney Business Network.
- 6.6 Raj Radia told the Board of the initiative launched in 2021 during the pandemic encouraging those who had been the subject of domestic violence to attend community pharmacies as a safe setting. He emphasised that Community Pharmacies could always assist in this area.
- 6.7 The Chief Executive stressed the importance of the link between the domestic violence work and the Health and Wellbeing Board. He asked that if the strategy was successful, what metrics would be in place to measure impact.
- 6.8 The Service Manager, Domestic Abuse Intervention Service, highlighted that:
- That work was ongoing with the Night Time Economy Manager to provide training related to domestic abuse;

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- Contact will be made with the Money Hub and Money Matters to consider ways to support individuals at the point of crisis;
- Targets and Indicators were currently in place but there was scope for more health related matrices to be put in place.

6.9 Public Health and the former Clinical Commissioning Group had funded the service to deliver partnership training and to expand the capacity to respond to domestic abuse across Hackney and the City of London.

ACTION:

- The Service Manager, Domestic Abuse Intervention Service, to contact the Money Hub to link into work to support individuals at the point of crisis
- The Service Manager, Domestic Abuse Intervention Service, to make contact with Raj Radia to discuss the role of community pharmacies in domestic violence

RESOLVED: To note the report.

7 Community Voice - Ageing Well

7.1 Sally Beaven introduced the report. Healthwatch Hackney were asked to contribute a Community Voice item at the Hackney Health and Wellbeing Board around the Ageing Well Strategy. A focus group with 8 older people, who were residents in Hackney, had been convened. Sally Beaven highlighted the following:

- Older peoples' continued involvement;
- The need for joined-up working;
- Older people wanted more detail on all the various organisations involved in the strategy;
- The need for appropriate communication and information flows;
- Concerns around excessive jargon.

Recommendations were as follows:

- Bite sized sessions on the roles of the various organisations was required;
- A newsletter designed to keep older people informed was needed;
- More careful planning of events to ensure that they are accessible;
- Organisations should use the City and Hackney Co-production Charter;
- Ensure communications are jargon free and multilingual;

7.2 Mayor Glanville asked if all partners were signed up to the City and Hackney Co-production Charter Health and Social Care, stressed the need to use 'Love Hackney' in communicating with Older People, and the importance of ensuring that communication was bilingual and appropriate. He agreed that the recommendations should be embedded in service delivery.

7.3 Cllr Kennedy also highlighted the importance of the productive use of 'Love Hackney' and the need to understand more clearly the roles of other organisations in this area. He informed the Board that all partners had signed up to the co-production charter.

7.4 Susan Masters told the Board:

- That the publication 'Hackney Senior' was written by older people for older people;
- Inappropriate presentation and jargon were common issues of concern in this area;
- Discussions were underway on training for statutory partners on effective presentation;
- The matter had been discussed at the Hackney Downs Forum with recommendations around more targeted communication around such issues as sheltered housing;
- That many over 55s were still in work, were not being reached by activities at present, and whether there needed to be more activity in the early evening to target that cohort.

RESOLVED: To note the report.

8 Ageing Well Strategy - Update

- 8.1 Anna Garner introduced the report, providing a progress update and identifying some current cross cutting issues of particular relevance to the Health and Wellbeing Strategy priorities and to the Health and Wellbeing Board.
- 8.2 The Head of Policy and Strategic Delivery highlighted the following:
- Understand and respond to localised need and the interests of older people;
 - Ensure Council Services and policies and priorities are age friendly;
 - Create a culture shift in how older people are perceived and supported;
 - Influence partners and the Community and Voluntary Sector to support the shared vision;
 - How to encourage ageing as a lifelong process;
 - Work to highlight the specific support needs of people over 50, and the importance of more targeted support that also supports financial security and wellbeing;
 - Emerging solutions from recent scoping sessions;
 - The importance of social connection;
 - The need to consider the intersection between age, ethnicity, and disability.

RESOLVED: To note the report.

9 Discussion - Ageing Well Strategy

- 9.1 Mayor Glanville highlighted the lived experience of ageing in Hackney in areas such as:
- Financial insecurity and health;
 - Living in the private rented sector;
 - Life limiting conditions;
 - Isolation;
 - The importance of not stigmatising older people.
 - Difficulties around multi-generational households, exacerbated by the housing crisis;

- The need to extend the reach of services and consultation to other groups to influence policy development;
 - That the level of pensioner's credit take-up remained low and required to be monitored;
 - The need for engagement on the strategy.
- 9.2 Cllr Fajana-Thomas stressed the importance of seeing ageing as a lifelong process. She commended the work of, and services provided by, 'Hackney Circle'.
- 9.3 Dr Sandra Husbands highlighted:
- The role of the Board in embedding health inequalities as an outcome;
 - Taking into account those areas where dimensions of inequality or discrimination interact;
 - The importance of understanding the intersection between age, ethnicity, and disability in driving the work forward;
 - That older people do not wish to be marginalised and want to be heard;
 - Helping people to age well assists in the achievement of other outcomes for the population.
- 9.4 Cllr Kennedy highlighted:
- The need to consult on services in a way that does not stigmatise;
 - The need to consider how to destigmatise areas such as the reception of credit;
 - That all partners had signed up to the same co-production charter and were signed up to the idea that all individuals do not interact in the same way, the need to be discreet and looking at how people respond best;
 - There were 7,000 unpaid carers in City and Hackney and presently partners had the ability to contact approximately 2,500 in part because many people did not view themselves as carers. Work would soon to start on the Carers Strategy, including looking at ways to better identify that community;
- 9.5 The Head of Policy and Strategic Delivery confirmed that there would be ongoing systematic engagement on the strategy with partners, with a sense check in six months on progress. She stressed that there was a need to consider how the experience of those over 50 is improved, Recognising intersectionality and tackling key health inequalities will assist in this aim.

10 Health and Wellbeing Board Strategy - Update

- 10.1 The Consultant in Public Health, Population Health, introduced the report. The Health and the Wellbeing Board had previously agreed the overall aim of this strategy was to reduce health inequalities, focusing on three priorities; improving mental health; increasing social connections; and supporting greater financial security. The Strategy was signed off at the March 2022 Board meeting, and work had started to develop the action plan in July 2022. Since November 2022 this work had been led by the Population Health Hub.
- 10.2 The Consultant in Public Health highlighted:

- The Population Health Hub had been tasked with coordinating the implementation of the strategy with a report on this work to be submitted to the next meeting of the Board;
- The role of the system wide resource was to support people in looking at how to improve population health;
- The aim was to ensure that the work leverages opportunities to add value to systems and structures that are already in place;
- It had been agreed to convene a social connection actions group with nominated champions to take forward the draft action plan that emerged from the workshop. The aim was to build on the good work carried out, and identify the existing gaps and opportunities;
- Work was ongoing around the system wide cost of living group, with the Population Hub attending to ensure that the perspective around increasing financial security was considered.

10.3 The Consultant in Public Health, highlighted:

- Much good work was being carried out on mental health in North East London, with the Integrated Care Strategy reflecting both mental health and place-based priorities;
- The approach was to design something that was complimentary to all systems currently in place, and the priorities that had already emerged;
- The proposal was to develop a strategic action plan to be rooted in a strong evidence base. Work had started on scoping what the needs assessment is going to accomplish, with time frames dependent on the chosen questions;
- The Population Health Hub attends the Mental Health Integration Committee, to ensure that health and wellbeing priorities are fed in.

10.4 Dr Stephanie Coughlin stressed that the interface between mental health and physical health was recurring as a theme, and suggested this area should be considered as part of this ongoing work.

10.5 The Consultant in Public Health confirmed that this area was forming part of the need assessment.

10.6 Cllr Williams raised the question of trauma amongst the Turkish community following the recent earthquakes. The Chair stressed that work had been carried out in this area, with concerns around long term impacts. There was a need to look at a long term approach to the impacts of issues such as inequalities and external events.

10.7 The Chair asked if there were any barriers to the implementation of the Health and Wellbeing Strategy that the Board could assist with.

10.8 The Consultant in Public Health confirmed positive reaction to the wide engagement on the strategy, but highlighted that there was no specific funding attached to this work despite it being a big priority. There was a need to think more creatively around social connection and consider other levers such as how services are commissioned. The Chair welcomed any business case for investment. He stressed the need to connect with the broader themes on mental health, aligning with the Mayor's initiatives and the work of the Integrated Care Board, and giving access to external expertise and resources.

- 10.9 The Head of Policy and Strategic Delivery highlighted:
- There was a need to developing a long term approach when considering how inequalities and external events impact on mental health;
 - The need to consider how the Council works with the Community and Voluntary Sector to inform the current thinking around investment, and also consider how organisations are funded, valuing social connection and outcomes.

- 10.10 The Director of Public Health highlighted;
- The need for increased funding in the area of social connection;
 - The need to value the work of community groups in relation to social connection;
 - The need to consider doing things differently by bringing people together;
 - Measuring impacts in different ways.

11 Update on the Joint Strategic Needs Assessment Work Programme

- 11.1 The Chair agreed that the report be considered as an urgent item so that work on the JSNA can progress.
- 11.2 The Principal Public Health Analyst introduced the update report, highlighting that:
- Homelessness and substance abuse are to be moved to the new financial year, though some of the work on substance abuse was already underway;
 - Mental health had been added to the work plan for the next year;
 - The final draft on sexual health was ending its review;
 - Work on tobacco and cancer were slightly delayed but work was ongoing.
- 11.3 Partners should contact the Principal Public Health Analyst if they wish to add to the work programme.
- 11.4 Cllr Williams asked if rare and less common cancers will be considered.
- 11.5 Cllr Kennedy asked that the relevant lead officer attend the Board to report on key findings when a review of an area of work is complete.
- 11.6 The Chair highlighted:
- That data from scoping out homelessness would be useful in informing the Housing Strategy and the Housing Needs Strategy;
 - The need to capture national policy change in the JSNA;
 - The need for data on Project ADDER and its impact
 - There was a waiting list around the treatment of cancer. Did condition, inequality, and geography impact this. There was a need to look for opportunities to collaborate on this across North East London.
- 11.7 Cllr Fajana-Thomas referred to the Late Night Levy and Substance Abuse Board and asked whether there was linkage on substance abuse.
- 11.8 The Principal Health Analyst responded as follows:

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- That analysis could be carried out on rare cancers but as this would be on a small group this would not be as meaningful as if this analysis was carried out on a larger number.
- Colleagues had been engaging with the Cancer Network and the Community and Voluntary Sector to get insights from the patient's perspective;

11.9 The Director of Public Health highlighted;

- That efforts were made to ensure that comprehensive information on conditions was produced, but that in the case of rare cancers there would only be a small cohort making it difficult to draw inferences from the data, with the added difficulty that it could be possible to identify individuals from the data;

11.10 The Consultant in Public Health told the Board that there was priority to establish a Combating Drugs Partnership, with representatives from Community Safety and those working on the Night Time Economy in City and Hackney, which was in the process of setting strategic objectives, to coincide with grant funding coming on line in the next financial year.

12. Health Based Promotions

12.1 The Chair referred to the fact that a lot of health based promotions had been passed by full Council, such as rare and uncommon cancers and menopause which must be built into the work programmes of partners and asked that these are circulated to the Board.

Duration of the meeting: 4.00pm – 6.00pm

Chair: Mayor Glanville