



Health & Wellbeing Board

AGENDA REPORTS PACK

**Meeting of the Health and Wellbeing Board.
Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA**

Wednesday 8 March 2023 at 4.00 pm.

The Live Stream link can be view here:

Main - <https://youtu.be/Eefl92a7S34>

Backup - <https://youtu.be/kMb2Z8BaGt0>

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

Mark Carroll
Chief Executive
28 February 2023

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

Health & Wellbeing Board

Board Membership and Additional Attendees

| Board Members | |
|---|---|
| <p>Mayor Philip Glanville Co-Chair, Hackney Council</p> | <p>Dr Stephanie Coughlin Co-Chair, ICB Clinical Lead, City and Hackney</p> |
| <p>Louise Ashley Chief Executive, Homerton University Hospital NHS Foundation Trust</p> | <p>Cllr Anntoinette Bramble Cabinet Member for Education, Young People and Children's Social Care, Hackney Council</p> |
| <p>James Conway BCU Commander, Central East BCU (Hackney and Tower Hamlets) Metropolitan Police</p> | <p>Mary Clarke Director of Nursing and Corporate Development, General Practitioners Confederation</p> |
| <p>Jacque Burke Group Director, Children and Education, Hackney Council</p> | <p>Councillor Susan Fagana-Thomas Cabinet Member for Community Safety and Regulatory Services, Hackney Council</p> |
| <p>Nina Griffith Work Stream Director – Unplanned Care, Homerton University Foundation Trust</p> | <p>Vacancy Hackney Healthwatch</p> |
| <p>Frances Haste Hackney Community Voluntary Sector</p> | <p>Stephen Haynes Strategic Director, Inclusive Economy, Corporate Policy and New Homes, Hackney Council</p> |
| <p>Dr Sandra Husbands Director of Public Health, City and Hackney</p> | <p>Rosemary Jawara Hackney Community Voluntary Sector</p> |
| <p>Dr Tehseen Khan NHS Primary Care Networks</p> | <p>Councillor Christopher Kennedy Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture</p> |
| <p>Susan Masters Hackney Community Voluntary Sector</p> | <p>Raj Radia Chair, Local Pharmaceutical Committee</p> |
| <p>James O'Neil Borough Commander – Fire Brigade</p> | <p>Dr Kathleen Wenaden NHS – Primary Care Networks</p> |
| <p>Paul Senior Interim Director of Education, Hackney Council</p> | <p>Helen Woodland Group Director, Adults, Health and Integration, Hackney Council</p> |
| <p>Councillor Carole Williams Cabinet Member for Employment, Skills and Human Resources, Hackney Council</p> | |

Independent Advisers

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| <p>Jim Gamble Chair, City and Hackney Safeguarding Children Board</p> | <p>Adi Cooper Chair, City and Hackney Safeguarding Adult Board</p> |
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Health & Wellbeing Board

AGENDA **Wednesday 8 March 2023**

ORDER OF BUSINESS

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| 1 | Welcome and Introductions | |
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| 3 | Declarations of Interest - Members to Declare as Appropriate | |
| 4 | Minutes of the Previous Meeting - 26 January 2023 | 7 - 28 |
| 5 | Action Log - Review | 29 - 30 |
| 6 | Hackney Council's Eliminating Violence Against Women and Girls - Hackney Strategy (Cathal Ryan) (15 Minutes) | 31 - 60 |
| 7 | Community Voice - Ageing Well (Sally Beaven) (15 Minutes) To Follow | 61 - 84 |
| 8 | Ageing Well Strategy - Update (Anna Garner/Sonia Khan) (20 Minutes) | 85 - 94 |
| 9 | Discussion (Items 7 and 8) (15 Minutes) (Please see questions for the Board attached) | 95 - 96 |
| 10 | Health and Wellbeing Board Strategy Update (Joia De Sa/Anna Garner) (10 Minutes) | 97 - 112 |
| 11 | Any other business that that chair considers urgent | |
| 12 | Date of the next meeting - 22 June 2023 | |

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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 THE MEETING OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON THURSDAY 26 JANUARY 2023 (4pm) HELD IN THE COUNCIL CHAMBER IN HACKNEY TOWN HALL, MARE STREET, E8.

The meeting can be viewed here: <https://youtu.be/CqCq5cwEDCo>

Present:

In Person

Stephanie Coughlin (ICP Clinical Lead- City & Hackney) (In the Chair)

Mayor Philip Glanville (Co-Chair - Hackney Council)

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

Jacque Burke (Group Director - Children and Education)

Councillor Susan Fagana-Thomas (Cabinet Member for Community Safety and Regulatory Services - Hackney Council)

Councillor Christopher Kennedy (Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture - Hackney Council)

James O'NEill (Borough Commander - Fire Brigade)

Chris Lovitt (Deputy Director of Public Health - City and Hackney) (Substituting for Dr Sandra Husbands)

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

Virtually

Louise Ashley (Chief Executive - Homerton University Hospital Foundation Trust)

Mary Clarke (Director of Nursing and Corporate Development - General Practitioners Confederation)

Nina Griffith (Workstream Director - Unplanned Care - Homerton Hospital Foundation Trust)

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

Frances Haste (Community and Voluntary Sector)

Stephen Haynes (Strategic Director - Hackney Council)

Officers in Attendance

Sarah Bromfield (Head of Children’s Centres and Early Help)
Teresa Cleary (Children, Young People, Maternity and Families Programme Manager)
Addicus Cort (Project and Service Improvement Lead - Hackney Council)
Joia De Sa (Consultant in Public Health, Population Health - Hackney Council)
Peter Gray (Governance Officer - Hackney Council)
Sarah Darcy (Public Health Manager - Hackney Council)
Donna Doherty-Kelly (Principal Public Health Specialist - Hackney Council)
Rory McCallum (Senior Professional Adviser - Hackney Council)
Sonia Khan (Head of Policy and Strategic Delivery - Hackney Council)
Carolyn Sharpe (Consultant in Public Health- Children, Young People and Health Protection - Hackney Council)
Nadia Sica (Integrated Commissioning Transformation Programme Manager, Children, Young People, Maternity and Families, City and Hackney Integrated Care Partnership)
Sarah Darcy (Strategic Lead for Children and Young People, NHS North East London ICB)

Also in Attendance

Malcolm Alexander (Public Questions)
James Conway (Metropolitan Police)

- 1. Welcome from the Chair**
- 1.1. The Chair welcomed members to the Board meeting.
- 2. Appointment of James O’Neill, Borough Commander for Hackney, London Fire Brigade as a Member of the Board**

- **RESOLVED:**

To appoint James O’Neill, Borough Commander for Hackney, London Fire Brigade as a Member of the Board

3. Apologies for absence

- 3.1 Apologies for absence were submitted on behalf of Paul Calaminus, Dr Sandra Husbands, Susan Masters, Raj Radia, Rosemary Jawara, Paul Senior.

4. Minutes of the Previous Meeting

RESOLVED:

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

5. Declarations of Interest - Members to Declare as Appropriate

- 5.1 There were no declarations of interest.

6. Action Tracker

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

RESOLVED:

- To note progress on the action tracker.

7. Questions from Members of the Public

- 7.1 The Chair responded to the questions posed by Clair Battaglino and Matt Albrow in regard to Low Traffic Neighbourhoods. (The response is attached to these minutes)
- 7.2 The Chair responded to questions from Malcolm Alexander in regard to the 'Crisis in the NHS'. (The response is attached to these minutes)

8. 2021/22 Childrens Annual Safeguarding Report

- 8.1 The Senior Professional Adviser introduced the City & Hackney Safeguarding Children Partnership Annual Report for 2021/22, setting out examples of the impact, evidence, assurance and learning arising from the safeguarding arrangements in the City of London and the London Borough of Hackney.
- 8.2 The Senior Professional Adviser highlighted the following:
- That 2020 had been a challenging year;
 - There was recognition of the work of all partners in making children safer;
 - There was a commitment to the core areas such as the safeguarding first philosophy and understanding the context of the children's lives,
 - The focus had been expanded onto anti-racism and a partnership response;

- There had been good progress in responding to the cyber attack;
 - There was increased focus on early help and prevention;
 - A significant number of young children were accessing universal services;
 - In terms of a child protection patterns, there had been an overall growth in contacts and referrals with an emphasis on mental health;
 - Partnership now had an improved framework with an emphasis on local safeguarding practice reviews.
- 8.3 Frances Haste sought clarification on the placement of children to other parts of the country and in regard to children that were lost to the system.
- 8.4 Councillor Kennedy expressed concern that no progress had been made in regard to the unregistered education settings with no implementation of legislation in this regard.
- 8.5 The Group Director, Children and Education told that Board that 90% of those children in the care of the Council were placed with foster families. Most placements were in the local area, but some children were placed more widely with increased scrutiny in such circumstances. It was confirmed that there were good processes in place for tracking children who go missing from care. At present there were no long term children missing from care.
- 8.6 The Senior Professional Adviser told the Board that the City of London was providing significant support to resettled families with no indication that children were going missing. Little progress had been made in regard to unregistered educational settings with the proposed legislation not being implemented. A protocol was in place to provide multi agency oversight and co-ordination of settings.
- 8.7 Mayor Glanville highlighted:
- That it was disappointing that there had been little progress in regard to unregistered educational settings;
 - That London Councils was carrying out much work on missing children from the asylum system;
 - That the Council Tax duty had been removed for Foster Carers to assist in growing the network;
 - A Pan-London network was considering how to improve security for children, keeping children close to the Borough that they came from.
- 8.8 Deputy Mayor Bramble told the Board that she had raised the matter of unregistered educational settings at the Local Government Association together with the lessons to be learned She confirmed effective communication with children in the Borough with good knowledge of their whereabouts.

RESOLVED:

- To note the report

9. Children and Young People Commissioning Update

9.1 The Consultant in Public Health introduced the report providing the Board with an update on commissioning activities for children and young people in Hackney by Public Health and highlighting key strands of work within the Children, Young People, Maternity and Families Integrated Commissioning Workstream.

9.2 The Consultant in Public Health highlighted the following:

- The Board was asked to feed into the development of the joint framework and to support the successful integration of children and families services for Hackney Population 0-19 (25 for those who are owed a statutory responsibility)
- Key Commissioning Updates, including the Super Youth Hub, Children and Young people with complex needs - Special Educational Needs;
- Proposal for a Joint Childcare and Family Integration Framework;
- Delivering the framework.

9.3 The Board was requested to consider the following questions:

- What is the Board's vision for successful integration across the children, young people, maternity and families portfolio and what are the greatest opportunities for achieving this?
- What are the key limiting factors to successful integration for children, young people, maternity and families? Are the problem statements outlined in section 4.7.3 accurate and comprehensive?
- Reflecting on the problem statements outlined in the report, what key design principles should be adopted in order to achieve collective improvement?

10. Start for Life and Family Hubs Update

10.1 The Head of Early Years, Early Help and Wellbeing introduced the report. Family Hubs were a place-based way of joining up locally in the planning and delivery of family services. They bring services together to improve access, connections between families, professionals, services, and providers, and put relationships and strength-based practice at the heart of family support. Hackney was one of 75 local authorities pre-selected to receive Government funding to support infants, children and families through the family-hubs-and-start-for-life-programme.

10.2 The Head of Early Years, Early Help and Wellbeing highlighted the following:

- Children and Family Hubs;-
- Case for change -The objective of the Start for Life and Family Hubs programme was congruent with the Health and Wellbeing Board aims to improve the health and wellbeing of local people and tackle health inequalities;
- Governance arrangements had been put in place with a delivery group to drive the initiative;
- The initiative involved all partners who work with children - 0-19 (or up to 25 if they have a disability)
- Project Initiation and development - March - May 2022;
- Workshops and engagement processes - June - October 2022;
- Picking up on the gaps in engagement, focusing for instance on fathers and community organisations;
- Design/Testing - April - March 2023;
- Implementation - October 2023 - March 2024;
- Emerging design principles, i.e commitment to place based service delivery and co-location, a shared outcome framework across the system, etc;
- Transition from 0 - 19 system - home learning, parent and carer panels, etc;
- Charedi Community - census data is anticipated to be unreliable - paper forms for the census only allowed space for 3 children;
- Key themes for parents of children of all ages - accessibility of spaces, cost of living crisis, better links with schools, mental health and wellbeing support for parents;
- Challenges, including prescriptive government programme, interactive delivery programme and funding drawdown, etc.

11. Hackney Anti-Racism Action Plan

11.1 The Head of Policy and Strategic Delivery highlighted the following:

- The plan would provide a framework to ensure consistent action and accountability across the Council. Partners would also be asked to adopt the same approach;
- The action plan was aligned to the statement that had been adopted by London Councils Chief Executive's, the development of which was led by a working group chaired by Hackney;
- Tackling structural and systemic racism underpinned the approach and all partners were required to focus on this and on what they needed to change in their structures, systems and institutions;
- Work was scoped out by the Health Inequalities Group which had helped mobilise taking an anti-racist approach to Neighbourhoods - work led by Children's and Educations focused on anti-racism, which would also take forward in part the legacy of improving outcomes for young black men work;

- Co-production was taking place on this matter;
- Key measures of success would be assessed;
- The need for a shared understanding of racism, involving all in the shared outcome approach;
- New Equality Plan for the Council to be implemented.

11.2 The Project and Service Improvement Lead highlighted the following:

- The Joint Anti Racism Action Plan builds on work in Children and Education since the Black Lives Matter motion in 2020;
- The aims were to bring a sharper focus to existing activity/ to add value and impetus/ provide a centralised mechanism for overseeing, scrutinising and driving activity to reduce disproportionality and improving outcomes for black children and families;
- Development of the Joint Action Plan with 4 priorities;
- The introduction of comprehensive governance arrangements reporting to the Group Directors Senior Management Team on a monthly basis and the establishment of an Anti Racism Reference Group;
- Next Steps - Key Milestones
 - Children and Education responses to post conference recommendations finalised - February 2023
 - Detailed action plan drafted in February 2023
 - Task and Finish Group commences;
 - Anti Racism Animation Film launched
 - 2nd Anti-Racism Conference

12. Discussion

12.2 Mayor Glanville highlighted:

- That the approach taken was coherent;
- Trust between professional disciplines, partners and communities was critical to the delivery of the plan and service redesign;
- Recognition that need still existed that had not yet been met;
- There was a need to continually assess work undertaken;
- A model that serves a broader range of vulnerable people - 0-25, some of which had not accessed the existing model before;
- The need to consider how the approach links back into the strategic plan and the political governance in the Council together with the Integrated Care Board, the Health and Wellbeing Strategy and the Hackney Young Futures Commission;
- The need to involve young people in a meaningful way, in particular around mental health;
- The need to consider how partners engage and connect;
- Ensuring continuity across cohorts.

12.3 Councillor Fajana-Thomas highlighted the following:

- To welcome that young people would be involved in shaping the Young Person's Hub;
- The importance of involving young people in the decision making process;
- The need to focus on neighbourhoods as the hub will be more necessary in some of these than others;
- That racism was driven by inequalities.

12.4 Deputy Mayor Bramble highlighted the following:

- That there was a need for a safe space for people to have a conversations on race and to challenge;
- The need for a framework to support staff in an often emotional conversation.

12.5 Frances Haste highlighted that the Community and Voluntary Sector (CVS) was carrying out much work with children and families. She stressed the need for a sustainable funding model and asked for clarification on the funding model to involve the Community and Voluntary Sector (CVS) in anti-racism and the introduction of family hubs.

12.6 The Chair stressed the importance of how the CVS embedded anti-racism in its work. The Neighborhood Health and Care Board had agreed to continue to fund the Community and Voluntary Sector in working in partnership across City and Hackney, creating the capacity to consider how the anti racism work becomes embedded in the work of all partners.

12.7 The Children, Young People, Maternity and Families Programme Manager told the Board that work was ongoing to structure the Oversight Group to ensure that young people can co design and steer its direction with meaningful involvement. A number of young people were currently involved in the development of the agenda and priorities.

12.8 The Consultant in Public Health told the Board that design principles would be developed to reflect how the involvement of the VCS is included in the design as it was very relevant to all the integration projects that would be taken forward.

12.9 The Head of Early Years, Early Help and Wellbeing highlighted that the role of the CVS was recognised. Workforce development included the entire system, including the CVS. The CVS was currently being consulted on work on attachment between fathers and children. The voices of young people would be considered as part of the process.

12.10 The Head of Policy and Strategic Delivery highlighted the following:

- The involvement of the Community and Voluntary Sector was recognised together with the need to consider funding required for this involvement. A fund was available for community programmes but this was not sufficient to fund all projects. A Lottery Bid had been submitted with the CVS which was successful and there would be a partnering with Hackney CVS to relaunch work aligned to the anti-racism action plan;
- The need to look at racism in a segmented way considering the specific experiences of inequalities for different groups and different heritages. The purpose of the work was to understand race as a construct and to recognise that racism was deeply embedded in society;
- One of the strands of work focused on workforce and diversity and within that it was recognised that support for staff was a prerequisite. There was a need to understand why staff were facing these problems. Inclusivity was included in the action plan, considering bias, assumptions made and the impact on staff;
- The importance of trust. Hackney Strategic Plan had a commitment to co-production with work ongoing on upskilling and support;
- There was a consistent approach but increased focus was required with assistance from the Health System. A refresh on engagement was being scoped at present linked to the health based partnership.

12.11 Mayor Glanville told the Board that Stephen Haynes had expressed on interest in involvement on how adult learning and employment wrap around the new models together with consideration being given to providing new spaces for the activities.

12.12 Councillor Kennedy highlighted the following:

- The need to have the correct vision, shifting from competition to collaboration;
- The need to involve broader partners and ensure co-production;
- To use the community to be part of the solution, with the use of mentors;
- The importance of securing resources within the system.

12.13 The Children, Young People, Maternity and Families Programme Manager told the Board that new talent was being nurtured across the health system, with mentors in the voluntary sector and an increased focus on employability and sustainability. Links were being built with schools and HR agencies.

12.14 The Deputy Director of Public Health highlighted that representations had been made to the Integrated Care board (ICB) on the importance of the anti-racism approach being included in the place based work. The NHS had made that commitment. The ICB was drafting its joint forward plan on how it will deliver on its strategic priorities. Specific responses back from all the organisations that make up the NHS locally on how the anti racism commitments would be embedded was welcomed.

12.15 The Chair stressed the need to engage on the ICB forward plan going forward.

12.16 Louise Ashley told the Board that the Homerton Hospital supported the anti racism work, now producing a 5 year strategy with a strong focus on anti racism and intolerance. It was considered that there was a coherent approach. In relation to maternity services, there were links into the ICB with work on listening to the voices of women and tackling inequalities within women's services.

12.17 The Chair summarised discussion, highlighting the following:

- The need for collaboration with the wider partnership, supporting the specific work, taking into account the importance of the CVS, taking a sustainable approach;
- The importance of trust between all concerned in the approach;
- 0-15 approach is key;
- The need to involve young people in a meaningful way;
- The importance of continuity across the cohorts;
- Recognition that collaboration/ integration does not automatically lead to better outcomes;
- Consideration to be given to tangible outcomes for the population resulting from partnership working;
- Looking at good stewardship in improving population health outcomes;
- How is the work approached to ensure that it makes a difference to the lives of children and families.

13. Any other business that the chair considers urgent

13.1 Update on the Health and Wellbeing Strategy

13.2 The Consultant in Public Health updated the Board that Councillor Kennedy had written to members of the Board in regard to Social Connections Champions and responses were awaited.

End of meeting.

16:00 to 18:10pm

Peter Gray
Governance Services Officer
020 8356 3326
peter.gray@hackney.gov.uk

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CRISIS IN THE CARE OF PATIENTS SUFFERING FROM A MENTAL HEALTH CRISIS - VERY LONG WAITS FOR MENTAL HEALTH BEDS AT THE HOMERTON A&E - 12 HOURS OR MORE

I know you are fully aware of the data below regarding 12 hour plus waits in the Homerton A&E for patients in a mental health crisis needing a bed to be found for them. Such long waits not only exacerbate their crisis but are likely to be unlawful in terms of breaches to the statutory duty of Parity of Esteem. Long waits in AE for patients in a mental health crisis also puts a strain on the AE staff and reduces their capacity to admit patients needing emergency care arriving in AE. The consequences for patients are dire. In one case a patient waited in A&E for 48 hours and twice fled from the A&E, and in another a patient having waited for a long period in A&E for readmission to ELFT attempted suicide.

Thank you for your questions and your concern. Please see the answers below, prepared by:

Dan Birmingham, Mental Health Programme Director North East London

Andrew Hobobin, Deputy Borough Director - City and Hackney| East London NHS Foundation Trust.

1) Can you please tell me what action you are taking at ICB and LBH level to resolve this crisis?

We would like to highlight the following actions that are being taken locally.

- Extra funding has been granted for additional psych liaison staff for the winter until the end of March 2023.
- A new crisis hub in the Raybould Centre is due to open in February 2023. As a way of reducing waiting times, this will assess people who attend the emergency department but don't need to be seen there.
- The Homerton have appointed two mental health nurses in the emergency department to look after people with a mental health problem who are waiting.
- 40 additional beds have been contracted in the private sector until the end of March 2023.
- Since 2018 an escalation protocol has been in place in order to avoid 12 hour breaches for patients in A&E. These are escalated to Senior Managers within 4-6 hours. The number of long-stay patients is reducing and discharge planning /throughput is improving.
- Length of stay is being monitored through weekly reporting, which keeps the issue visible and a priority.
- Weekly complex case discussions with consultants and multi-disciplinary teams are carried out.
- Communication and decision making along the patient discharge pathways has been improved.
- There is increased buy-in from senior clinicians for finding solutions to this problem, including a Capacity & Flow QI Group - lead by Clinical Director.
- A Social Work Discharge Team has been established, which works across the wards with non-care coordinated patients.

- Bed and breakfasts are used as a transition when necessary to avoid housing issues causing delays (only for patients ready for discharge)

2) Will the ICB commission the provision of more beds to meet local need?

5 additional beds have been contracted in the private sector until the end of March 2023.

3) How are the ICB, ELFT the City and Hackney Health and Care Partnership and NHS England, collaborating to secure adequate numbers of beds for patients in an acute mental health crisis?

The ICB, ELFT and NELFT meet several times a week to share our bed numbers and we regularly 'share' beds between the two Trusts. The ICB, ELFT and CH Health and Care Partnership work together through our collaborative integrated care structures at both a place based level and a NEL wide level to ensure that there is adequate inpatient bed capacity and that the bed capacity is supported by alternatives to admission which reduce the demand. In addition ELFT and NELFT monitor the bed situation through weekly UEC meetings attended by Operational leads. The bed base is currently being reviewed as part of our 2023-24 review of the Mental Health Long Term plan against our other commitments. All of the above organisations are part of this planning process which will conclude at the end of March 2023.

4) Is each organisation committed to reducing and eventually eliminating these very long waits, with the aim of bringing A&E waiting times for patients in a mental health crisis, back to no more than four hours from arrival in A&E to admission?

Yes, each organisation is committed to this target and as part of the 2023-24 planning process they are reviewing the A&E mental health pathway with a view to providing a higher level of support.

Thank you both for your questions.

I would like to state for the public record that your previous questions posed ahead of the Health and Wellbeing Board held on 22 September 2022 were fully responded to.

I appreciate that the timeframe for sending the responses was much longer than originally anticipated. There were a host of delays arising out of work pressures and leave that impacted on getting a timely response to you both. On behalf of the Mayor and I as Joint Chairs of this board we apologise for the delays.

The response that was sent at the beginning of this month was comprehensive. As such it is my view as Chair that your questions asked today have already been answered as part of that response.

Now turning to your questions just asked, it is my view as Chair that the response provided to you, Ms Battaglino, at 27 January's 2022 Health and Wellbeing Board covers the issues you have raised again today.

For members of the public observing this meeting on the livestream, the Health and Wellbeing Board held on 27 January 2022 can be found on Hackney Council's website via - Council and Elections - Council Meetings additionally the livestream is still available on Youtube to view the recording <https://www.youtube.com/watch?v=QHECuWp9GbA> .

In addition, I understand that Dr Sandra Husbands responded to your letter dated 21 September which was similar to the one handed out at the Health and Wellbeing board on 22 September. The Mayor also responded and confirmed that Dr Husbands' response addresses the specific concerns raised. I also agree with the response provided by Dr. Husbands. I appreciate that Mr Albrow would not have received this comprehensive response but given the length of the summary of the main areas contained in the response, it will be published on the relevant Health and Wellbeing Board pages and also emailed to him. I am assured that the issues have been properly addressed.

Dr Husbands' response is relevant as it provides details of how the impact of LTNS is being monitored. At the moment it is not in the work programme of the Health and Wellbeing Board to monitor health impacts of LTNs or wider local transport policy. However, Hackney Council (and the GLA) do have a comprehensive programme of evaluating ongoing impacts of LTNs on air pollution and traffic levels both within LTNs and more widely across the borough. This work is in partnership with other organisations/bodies such as the GLA.

I would also like to draw your attention to the following updates that can be found online:

December traffic report that the Council recently released in December :
Media headline: Main road traffic in Hackney 6% lower than last year

<https://news.hackney.gov.uk/main-road-traffic-in-hackney-6-lower-than-last-year/>

And very recently is the attached report, published and widely reported last week by the Smart Transport Hub

<https://smartransportpub.blob.core.windows.net/web/1/root/changes-in-motor-traffic-inside-londons-ltns-and-on-boundary-roads.pdf>

Low traffic neighbourhoods (LTNs) sit within a suite of measures to reduce the harmful health impacts of car use (including road traffic accidents, health harms associated with air and noise pollution, and sedentary time/physical inactivity) and are supported by research evidence.¹ <http://www.slna.org.uk/assets/files/LTNs-Populationhealthstudy.pdf>

In response to your question related to health practitioners' involvement in the monitoring of and research into the health and wellbeing impacts resulting from the creation of LTNs, the NHS does not routinely monitor these impacts. Routine monitoring of the impacts of LTNs is undertaken on behalf of local partners by Hackney Council, using the measures outlined below which are known to be strongly linked to key health outcomes. Directly measuring the health impacts of traffic control measures, such as LTNs, is complicated. It is very difficult to reliably assign cause and effect outside of a controlled study and these types of study take time to design, implement and evaluate. [Such a study](#) in London, funded by the National Institute for Health Research and in which Hackney is participating, will be completed in 2025.

The Council measures the impacts of LTNs through traffic counters, air quality monitoring and active travel data.^{2,3,4,5} We outline the borough-wide impacts of LTNs below, using information that we have collected to date, which shows an overall reduction in traffic flow and improvement in air quality, in line with wider research evidence. We will have more data on walking and cycling impacts towards the end of the year.

In response to your question about how LTNs impact on health inequalities, one of the primary aims of LTNs is to improve public health, with objectives to reduce overall air pollution (as part of broader measures within a borough-wide [air quality action plan](#)) and to encourage active travel for as many people as possible (as part of wider [sustainable transport plans](#)). All of the LTNs and School Streets that have been introduced in Hackney are subject to equalities impact assessments, or EQIAs (information on the evidence base used to guide these assessments can be found [here](#)). These EQIAs acknowledge that there are both positive and negative impacts on protected groups, but conclude that overall the impacts are positive for these groups. Furthermore, a [recent, independent academic study](#) showed that a high concentration of Hackney's LTNs are in the borough's most deprived neighbourhoods; and a similar proportion of 'BAME' and 'White' (as described by the authors) people live inside LTNs. In addition, between 40% to 50% of households in our low traffic neighbourhoods live in social housing.

²<https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/consultations-and-surveys#on-this-page-1>

³<https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2021>

⁴ <https://activelives.sportengland.org/>

⁵ We also survey Hackney school children every year on how they travel to school ⁶
https://cityhackneyhealth.org.uk/wp-content/uploads/2018/01/Transport_and_travel.pdf ⁷
<https://content.tfl.gov.uk/healthy-streets-for-london.pdf>

⁸ https://www.london.gov.uk/sites/default/files/health_impact_of_cars_in_london-sept_2015_final_0.pdf

⁹ In this context, 'severance' means that destinations that are geographically close cannot be reached easily on foot, due to busy wide roads that may be difficult to cross and perceived to be dangerous

¹⁰ https://www.london.gov.uk/sites/default/files/health_impact_of_cars_in_london-sept_2015_final_0.pdf

Traffic levels

It is known, from widespread research, that most of the impacts of a traffic scheme, good and bad, have a causal link to traffic levels.^{6,7,8} Car use impacts on the health of all Londoners through road traffic injuries and deaths, noise, severance,⁹ air pollution and climate change.¹⁰ Evidence points to LTNs changing travel patterns, with

increases in active travel (walking and/or cycling) and a shift away from cars.^{11,12} Such changes in travel behaviour have the potential to reduce the overall number of road traffic injuries and the risk per trip, with possible differences by travel modes. Recent research has indicated that inside Waltham Forest LTN areas there was a 70% (approximately) reduction in absolute injury numbers and also a 70% (approximately) reduction in risk per trip for walking, cycling and car travel alike.¹³ While there may be some displacement of motor traffic to nearby roads in the short-term in some cases, there is strong evidence that LTNs reduce the overall number of car journeys.¹⁴

In Hackney, traffic counts have been done at nearly 300 locations. Additionally, 24 continuous counters were installed in 2021 that use artificial intelligence to count cycles and pedestrians, as well as motorised traffic, and the Council will be releasing a report using data from the continuous counters by the end of 2022.

Data from the schemes shown below (listed alphabetically) largely support the objectives of the LTNs to reduce motorised traffic and create the conditions for longer-term change towards walking and cycling and, therefore, improve air pollution.

- Clissold Crescent LTN: overall traffic reduced.
- Elsdale Street and Mead Place LTN: traffic levels were down by 2% inside the LTN and down by 15% on boundary roads.

¹¹ <https://westminsterresearch.westminster.ac.uk/item/v341w/the-impact-of-introducing-low-traffic-neighbourhoods-on-road-traffic-injuries>

¹² <https://www.centreforlondon.org/wp-content/uploads/2022/06/CFL-StreetShift-LTNs-Final.pdf>

¹³ <https://findingspress.org/article/25633-impacts-of-2020-low-traffic-neighbourhoods-in-london-on-road-traffic-injuries>

¹⁴ <https://www.centreforlondon.org/wp-content/uploads/2022/06/CFL-StreetShift-LTNs-Final.pdf>

- Hackney Central LTN: following the introduction of the traffic filters on Wayland Avenue and Marcon Place, there was an 11% reduction in traffic on roads around the filters. On boundary roads around the filters, there was a 24% increase in traffic.
- Homerton LTN: traffic was down by 35% inside the LTN and by 5% on boundary roads. Average bus speeds in the area have improved: from 6.9mph in 2019 to 7.2mph in 2021.
- Hoxton West LTN: traffic was down by 46% inside the LTN and by 18% on boundary roads. Average bus speeds in the area have improved: from 9.6mph in 2019 to 11.2mph in 2021.
- London Fields LTN: traffic was down significantly inside the LTN, with a mixed picture on boundary roads. New live traffic monitors have been installed on Dalston Lane and Graham Road and the Council is continuing to monitor traffic levels on these roads. Details on further engagement with local residents can be found [here](#).
- Shore Place LTN: following the introduction of the Shore Place traffic filter, there was a fall in traffic on the roads around the filter of 11.3%, including an 82% reduction in traffic on Shore Place. On boundary roads around the traffic filter, there was a 0.4% reduction in traffic.
- Ufton Park traffic filter route: traffic decreased on roads around the filter, including on Southgate Grove where it decreased by 59%.
- Weymouth Terrace LTN: following the introduction of the Weymouth Terrace traffic filter, traffic reduced in the nearby area - including by 45% on Weymouth Terrace, 27% on Pearson Street, 80% on Cremer Street and 2% on Ormsby Street.

Air Quality

LTNs sit within a suite of measures that are being used to tackle the poor air quality in London. Evaluating air quality impacts (including health outcomes) of local schemes is challenging as air quality is influenced by the wider environment, such as background ambient pollutant levels and the weather. Monitoring air quality during a pandemic has presented additional challenges due to background travel demands being atypical (e.g. travel restrictions and more working from home). Separating out the health impacts of exposure to air pollution in a person's place of residence vs. exposure in other places they regularly travel to/from creates further complexity.

That said, the Council has been seeking to monitor air quality changes following the implementation of local LTNs. Hackney's monitoring network includes passive monitors, which give us monthly averages of nitrogen dioxide (NO₂) and two automatic monitoring stations which provide real-time data on levels of NO₂ and PM10 and PM2.5 particulate pollution. The data collected so far shows reductions in pollution levels overall: across all LTNs and surrounding areas, there are reductions in NO₂ (one of the main harmful air pollutants) at 329 of 388 locations.¹⁵ Details for different LTNs are

summarised below.

- Clissold Crescent LTN: while there are no air quality monitors here, NO₂ levels have reduced in nearby locations where monitors are in place. All nearby monitoring locations fall within the national air quality objective for NO₂ of 40µg/m³.
- Elsdale Street and Mead Place LTN: levels of NO₂ pollution are down at the five monitoring locations in this LTN.
- Hackney Central LTN: while there are no air quality monitors on Wayland Place or Marcon Avenue, NO₂ levels have reduced in nearby locations.
- Homerton LTN: air quality has improved at eight of nine monitored locations in this area.
- Hoxton West LTN: air quality is predicted to have improved at 58 of 62 modelled locations, with increases in pollution of less than one per cent at four of the 62 locations.
- London Fields LTN: NO₂ concentrations are predicted to have decreased at 147 of the 169 modelled locations, with 21 locations showing an increase. None of these locations had NO₂ concentrations that exceeded national air quality objectives.
- Ufton Park traffic filter route: NO₂ pollution at the nearest monitoring site was well within national air quality objectives.
- Weymount Terrace LTN: NO₂ pollution in the surrounding area remained within the national air quality objective for NO₂ of 40µg/m³.

¹⁵ <https://drive.google.com/file/d/1xBj9eP8Pytd5WF1Qx1I7JH0FM0zX-73t/view>

For wider air quality monitoring data collected across Hackney please see the Annual Status Reports published on our website [here](#).

You can also find more detailed information on how Hackney is improving air quality within the borough over the next four years in our [Air Quality Action Plan](#), which was adopted in August 2021. The plan includes measures to reduce negative health impacts caused by high levels of air pollution, with a strong focus on health inequalities.

While the assessment of air quality around LTNs shows reductions in NO₂ at 329 of 388 locations, the Council acknowledges that more can be done to reduce air pollution. The Council has long lobbied for the Ultra Low Emission Zone (ULEZ) and was instrumental in campaigning for Hackney to be included within its current boundary. Recently, the Mayor of Hackney and Lead Member for Environment and Transport wrote to the Mayor of London to ask for stricter standards, further expansion and suggested Hackney as a pilot location for further proposals for road user charging¹⁶.

Walking and cycling

The health benefits of walking and cycling are well known, contributing to higher levels of physical activity which reduces the risk of many preventable diseases (including type 2 diabetes, heart disease and some cancers) and has significant mental health benefits.¹⁷ Physical inactivity is lower among more deprived and some global majority communities, and there are differences also by age and gender, with many of these inequalities widening during the pandemic¹⁸. Walking and cycling are popular and accessible forms of physical activity, and by making it easier and safer for more people to be active as part of their everyday lives (and creating places where people can meet), LTNs can make a major contribution to local strategies to improve population health and reduce health inequalities.

On a London level, boroughs that have tracked changes in cycling over time have found large increases both inside and outside LTNs.¹⁹ As mentioned above, continuous cycle and pedestrian counters were installed across Hackney Sept 2021, so we have 12 months of data currently being analysed which will be made available by the end of the year. Some data have been released as part of the Stoke Newington LTN scheme, and a borough-wide report will be released when the data is analysed. In London Fields LTN, data shows that cycling rates have increased significantly – with cycling up by between 11% and 57% on Richmond Road and Middleton Road²⁰.

Worth noting here is a representative poll of 800 local residents, carried out by an independent polling company, which found that a quarter of respondents were encouraged to increase the amount of walking, running and cycling they do as a result of the LTNs (this is significantly higher than the proportion who reported walking/running or cycling less). Polling data can be found in full [here](#).

Hackney Council will continue to monitor the impacts of LTNs, and is committed to ongoing engagement with residents to ensure we understand how they are working and address issues as they arise. Feedback on Hackney's LTNs can be emailed to streetscene.enquiries@hackney.gov.uk at any time.

¹⁶<https://news.hackney.gov.uk/welcome-ulez-expansion-could-do-more-to-protect-londoners-health/>

¹⁷

<https://cityhackneyhealth.org.uk/wp-content/uploads/2017/07/JSNA-Lifestyle-and-behaviour-Physical-activity-and-inactivity.pdf>

¹⁸ <https://www.sportengland.org/research-and-data/data/active-lives>¹⁹

<https://www.centreforlondon.org/wp-content/uploads/2022/06/CFL-StreetShift-LTNs-Final.pdf>²⁰

https://drive.google.com/file/d/1nk_ly6NIACv5-Ng-MI7IqFVCGxT67k2_/view

Yours sincerely,

A handwritten signature in grey ink, appearing to read 'Sandra Husbands'.

Dr Sandra Husbands

Director of Public Health, City of London & London Borough of Hackney

| Ref | Meeting Date | Agenda Item | Action | Responsible Officer | Response | Action to be completed by | Status | Notes |
|-----|--------------|---|---|---------------------|----------|---------------------------|-----------|--|
| 1 | 09-11-2022 | Community Voice - Cost of Living Update | Susan Masters told the Board that the Community and Voluntary Sector was carrying out similar work (related to cost of living crisis insight work) looking at the impact of increases in costs on the Community and Voluntary Sector. She suggested the submission of a paper to the Board on this in January 2023 to include on building resilience, considering solutions and training for other voluntary sector organisations. Susan Masters asked if any of the feedback received had been surprising. | Susan Masters | | Jan 23 | IN ACTION | Report submitted, will book slot for discussion at upcoming HWB meeting. |
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| | |
| Title of Report | Eliminating Violence Against Women and Girls (VAWG) Hackney Strategy 2022-2025 |
| For Consideration By | Health and Wellbeing Board |
| Meeting Date | 8th March 2023 |
| Classification | Open |
| Ward(s) Affected | All |
| Report Author | Cathal Ryan, Service Manager, Domestic Abuse Intervention Service, Children and Education Directorate |

Is this report for:

| | |
|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> | information |
| <input type="checkbox"/> | discussion |
| <input type="checkbox"/> | decision |

Why is the report being brought to the Board?

For the Health and Wellbeing Board to be aware of the strategy given cross-cutting areas

Has the report been considered at any other committee meeting of the Council or other stakeholders?

Yes, the Strategy was approved by Cabinet on 24th October 2022

Background

The [Eliminating Violence Against Women and Girls \(VAWG\) Hackney Strategy 2022-2025](#) provides a framework for how the Council in partnership with statutory agencies, community and voluntary groups and residents will tackle domestic abuse and gender-based violence.

The Strategy is accompanied by an operational Action Plan, reviewed quarterly by Hackney’s Violence Against Women and Girls Strategic Board, which has powers delegated from the Community Safety Partnership.

The Strategy provides a framework and impetus for the Council, partners and residents to make Hackney safer for women and girls in particular and for all residents at risk from gender-based violence and domestic abuse.

The four priority areas of the Hackney strategy mirror those of the London MOPAC VAWG strategy and the national VAWG strategy:

- preventing and reducing VAWG
- supporting all victims and survivors
- holding perpetrators to account
- building trust and confidence

Policy Context

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Improving mental health |
| <input type="checkbox"/> | Increasing social connection |
| <input checked="" type="checkbox"/> | Supporting greater financial security |
| <input type="checkbox"/> | All of the above |

The Eliminating VAWG Strategy aligns with the above policy contexts from [Hackney’s Health and Wellbeing Strategy 2022-2026](#) in the following ways:

Improving mental health

The Eliminating VAWG Strategy seeks to prevent VAWG which we know can have significant and lasting adverse effects on mental health of victims / survivors.

1.1: Children and young people in Hackney exhibit positive behaviours and attitudes relating to gender, including non binary, trans and non-conforming gender

Example: DAIS has created *Young Person Gender-based Attitude and Behaviours Screening and Intervention Guidance* containing resources to identify and intervene around problematic attitudes. This is being rolled out to partners to help them challenge misogyny and help young people develop positive attitudes and behaviour around relationships

1.2: Children and young people in Hackney harmed through violence or abuse are enabled to heal and avoid experiencing harm from or causing harm to others in adolescence and adulthood

Example: Work is being done in partnership with NHS North East London and Homerton NHS Trust to expand provision for survivors of domestic abuse and enable access for trauma-informed therapeutic responses.

Supporting greater financial security

Domestic abuse can result in a high level of disruption to victims/survivors and their children in terms of income, employment security and housing. The Eliminating VAWG Strategy, by addressing domestic abuse, seeks to enable people to live safely in their homes and be supported to be safe in their place of work.

2.3: The housing needs of victims / survivors of domestic abuse are prioritised

Example: DAIS is working with Registered Social landlords to reduce homelessness by obtaining their agreement to a *Hackney Social Landlords Domestic Abuse Protocol*. The Protocol sets out how RSLs will identify and support victims/survivors of domestic abuse and reduce the need for them to flee their homes.

2.4: Employers to support victims / survivors of VAWG and domestic abuse

Example: Developing work as per the Hackney Businesses and VAWG Plan so anyone working in Hackney can be supported by their employer around domestic abuse

Please detail which, if any, of the Health & Wellbeing Strategy Ways of Working this report relates to?

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Strengthening our communities |
| <input type="checkbox"/> | Creating, supporting and working with volunteer and peer roles |
| <input checked="" type="checkbox"/> | Collaborations and partnerships: including at a neighbourhood level |
| <input checked="" type="checkbox"/> | Making the best of community resources |
| <input type="checkbox"/> | All of the above |

Collaborations and partnerships: including at a neighbourhood level

+

Making the best of community resources

The Eliminating VAWG Strategy includes the following actions which relate to these Ways of working:

- 4.1: All agencies across the Hackney partnership to understand and work to an agreed casework pathway when addressing all forms of VAWG and domestic abuse

- 4.3: VAWG partnership to foster a learning culture where good practice flourishes

- 4.4: The Hackney partnership is committed to ensuring provision for services working with victims / survivors who are male, trans, non-binary, Black and Global Majority or who have unresolved immigration status as well as any groups within the community for whom services are not meeting their needs.

Equality Impact Assessment

Equalities issues have been considered in the development and approval of the Eliminating VAWG Strategy

The Strategy commits the Council to provision of domestic abuse services for all residents.

The Strategy explicitly references marginalised groups.

The Strategy explicitly references and complements Anti Racist Practice.

Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
|-------------------------------------|-----|

The Eliminating VAWG Strategy has been developed through consultation with and input from members of the public, young people, survivors of abuse, partner agencies and elected Members.

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
|-------------------------------------|-----|

Risk Assessment

There are no risk issues to highlight to the Health and Wellbeing Board

Sustainability

There are no sustainability issues to highlight to the Health and Wellbeing Board

| | |
|----------------------|--|
| Report Author | Cathal Ryan |
| Contact details | Cathal.Ryan@hackney.gov.uk |
| Appendices | Eliminating Violence Against Women and Girls (VAWG) Hackney Strategy 2022-2025 |

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ELIMINATING VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

page 37

Hackney Strategy 2022-2025



Hackney
Safer
Neighbourhood
Board

 **Hackney**



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Forewords



Cllr Susan Fajana-Thomas
Cabinet Lead - Community Safety
and Regulatory Services
Hackney Council

The safety of everyone in Hackney - at home, at work or in public spaces - is a priority for me.

Hackney is a place where women and girls are generally safe in their homes and public spaces. We are aware, however, that we need to do more.

Domestic abuse continues to be a challenge faced by too many residents. I'm therefore pleased that Hackney's strong multi-agency partnership approach is key in identifying abuse, protecting victims/survivors and holding to account those who harm others.

Our public consultation into the safety of women and girls in public spaces from December 2021- January 2022 identified issues regarding women's safety in some of our public spaces.

I would like to thank everyone who responded to the consultation, as your feedback has helped inform this Strategy and the Hackney Labour Manifesto, endorsed by Hackney's electorate

The Council is now taking those identified issues forward in the form of targeted action to improve the safety of women and girls on our streets.

I am confident that during the lifetime of this Strategy, we will build upon what has already been achieved whilst acknowledging the impact of national fiscal constraints.

This partnership strategy establishes a comprehensive approach; that need to be in place to eliminate violence against women and girls and ensure that our borough is safe for all.

A handwritten signature in white ink, appearing to read 'Susan Fajana-Thomas'.



Diane Benjamin

Director
Children and Families Service
Hackney Council

I'm really pleased to be introducing Hackney's new Eliminating Violence Against Women and Girls Strategy. Since I assumed my role in 2021 I have been struck by the commitment the Council has shown towards addressing domestic abuse in particular and the strong collaborative approach across Hackney partner agencies to ending Violence Against Women and Girls.

I know though that we have further to go. The hurt and trauma caused by the Child Q case shows us the harm caused by racism and discrimination, particularly against Black women and girls, and the importance of agencies challenging one another. The progress the Council continues to make in the field of Anti Racist Practice is a source of pride but we must never become complacent. The struggle to address Violence Against Women and Girls must continue to be one that sees and responds to intersectionality and the different lived experiences of women and girls across the Borough. As a social worker, as a woman and as a mother of two girls I am proud to be a leader in Hackney's Strategy for Eliminating Violence Against Women and Girls.

A handwritten signature in white ink that reads "D. Benjamin". The signature is fluid and cursive, written in a professional style.

Executive Summary

This Strategy is informed by and reflects the **London Mayor's Violence Against Women and Girls Strategy** and the national **Tackling Violence Against Women and Girls Strategy**. The Strategy will be reviewed on an ongoing basis by Hackney's Violence Against Women and Girls Strategic Board which sits under Hackney's Community Safety Partnership.

Throughout the Strategy the term 'victims / survivors' is used rather than solely 'victims' to describe those who have experienced gender-based abuse. This is to acknowledge that, for those who have experienced abuse, they have been victims of perpetrators' behaviour choices; however they have agency, they have survived and may not wish to be defined by the abuse perpetrated against them. Through the Strategy and Action Plan, Hackney will also provide support to the children of victims / survivors of gender based abuse.

This strategy, like the Mayor of London and national VAWG Strategies, uses the term 'perpetrator' to refer to those who cause harm to others in their intimate or family relationships; we urge agencies to see the complexities and histories of those who harm others, to address their behaviours holistically and to engage with them directly to disrupt and deter abusive behaviour where possible as part of a preventative approach.

Hackney is committed to ending misogyny and the associated abusive behaviours disproportionately committed against women and girls. This disproportionality stems from a societal culture of patriarchy, male dominance and discrimination against women and girls and requires a dedicated Eliminating Violence Against Women and Girls Strategy.

Hackney is committed to addressing all domestic abuse and other behaviours commonly grouped together as 'Violence Against Women and Girls' regardless of the sex and/or gender of victim/survivor or perpetrator. As set out in **Supporting Male Victims**, domestic abuse and other forms

of abuse such as sexual assault, sexual harassment, so-called 'honour' based abuse and stalking are predominantly crimes against women and girls though can affect men and boys.

Transgender people are more likely to have been a victim/survivor of all gender-based abuse. Hackney is committed to treating transgender women and girls as women and girls and this is the case throughout this Strategy when the term 'women and girls' is used. This Strategy also pertains to non-binary people who are victims of gender-based abuse. Hackney is committed to addressing values and approaches which exclude trans women and girls.

Hackney is an Anti-Racist Borough and as such our Eliminating Violence Against Women and Girls Strategy integrates Anti Racist Practice throughout. The Hackney partnership is committed to identifying and addressing racism within services and how this can compound marginalisation and contribute towards the harms faced by victims / survivors.

Hackney is committed to addressing structural inequalities and the intersections of class/racism misogyny and how these make women, girls, non-binary, trans and non-conforming gender people more vulnerable to abuse and less able to access safety and recovery. These inequalities need to be actively tackled at all levels of the system. We understand and respond to the complexities of people's lived experiences and the intersectionality of protected characteristics: sex, gender, ethnicity, disability, age, religion, marital status, pregnancy/maternity and sexuality. We know that misogyny can combine with discrimination on the basis of other protected characteristics to compound abuse suffered. We also know that vulnerability due to mental ill health, substance misuse, immigration status and language can be used by perpetrators of abuse to identify, control and silence their victims. We are committed to ending this.

Hackney's VAWG Strategy and Action Plan will continue to apply a public health approach to tackle and reduce gender based abuse. This approach treats VAWG as a preventable public health issue, recognising that VAWG is a consequence of factors such as adverse childhood experiences, harmful attitudes, beliefs and influences held socially or within the community.

The public health model has four steps:

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

The priorities, objectives and actions for the updated strategy for Hackney are aligned with the principles of the public health approach.

The approach used to formulate Hackney's Eliminating VAWG Strategy has been to draw on

- national, pan-London and local policies which we have sought to integrate and reflect.

- national data as set out in the national strategy and local data pertaining to Hackney
- consultation with organisations working with victims / survivors of domestic abuse and VAWG
- consultation with women and girls in Hackney.

We are grateful to all those who have participated in the consultation process.

Hackney will work closely with local communities and community-based organisations including Hackney's existing well-developed 'by and for' domestic abuse services to implement the Eliminating VAWG Strategy and Action Plan. Communities within Hackney have different experiences and needs. The Hackney VAWG partnership will bring together the knowledge and expertise within communities to ensure everyone in Hackney can access the support they require. We are dedicated to creating and further developing sustainable support systems which represent the needs of all communities in the borough. The Council will continue to support the growth of 'by and for' VAWG organisations.

The Council acknowledges that economic and social policy decisions made at a national level have a very real impact on residents. The Council is committed to advocating at a national and London-wide level on behalf of residents for resources and approaches that grow local provision and address systemic factors contributing to need.

Introduction

Violence against women and girls (referred to as 'VAWG') has severe and far-reaching consequences to individuals, families and communities on both a local and national level, with broad social, health and economic impacts. Tackling VAWG is the responsibility of every service within Hackney. Through working together as part of a whole systems approach, we can make Hackney a safer place for all.

This Strategy builds upon Hackney's previous **Strategy for Eliminating Violence Against Women and Girls 2019-2022**. During that three year period, significant progress was made:

- A wide range of services/organisations is available to victims / survivors of domestic abuse including established 'by and for' agencies working to address VAWG
- Domestic abuse service provision responded robustly and proactively throughout the period of restrictions imposed upon the public in response to Covid-19
- Independent audit highlighted that agencies represented at Hackney MARAC collaborated effectively to develop meaningful action plans to support high risk victims/survivors of abuse¹
- The Safe and Together Model has been adopted within Hackney Children and Families Service, is being embraced by the Hackney partnership and is being embedded across other east London boroughs
- Hackney Council has created and is following the country's first **Intergenerational Domestic Abuse Protocol** which deals with intergenerational/intrafamilial abuse / 'Adult Family Violence'
- The Annual 16 Days of Activism to Eliminate VAWG campaigns

and other events have kept Violence Against Women and Girls and domestic abuse more generally in the public and professional consciousness across Hackney

- Hackney Council has obtained accreditation with White Ribbon UK for its work in tackling VAWG and domestic abuse
- A range of services tackle harmful gender-based behaviours in schools and youth settings
- The Council's Hackney Nights initiative delivers training and educational toolkits in the Night Time Economy alongside work with the Police to make Hackney a safer borough for women

Despite the positive steps, it is clear that further progress is required to eradicate violence against women and girls and domestic abuse perpetrated against all victims. The safety of women and girls in public has been brought to national attention through several murders received widespread coverage in the media. The Covid-19 pandemic exacerbated the difficulties faced by women and girls experiencing domestic abuse, with national lockdowns isolating victims / survivors and reducing their routine in-person contact with professionals.

This strategy will build on progress made, and outlines Hackney's vision for eliminating Violence Against Women and Girls. It has been influenced by the national **Tackling Violence Against Women and Girls Strategy** and its accompanying **Supporting Male Victims** position statement and **Tackling Domestic Abuse Plan**, the **London Mayor's Police and Crime Plan**, the **Metropolitan Police Service Violence Against Women and Girls Action Plan** and the **London Mayor's VAWG Strategy for London**.

¹Hackney MARAC (August 2021 – MOPAC Review)



Hackney's strategy has consciously mirrored the four priorities in the Mayor of London's VAWG Strategy which reflect those of the national VAWG Strategy;

- Preventing and reducing VAWG
- Supporting all victims and survivors
- Holding perpetrators to account
- Building trust and confidence

Hackney's VAWG Strategy is in line with Standing Together's **Coordinated Community Response** model to address domestic abuse. Through working in partnership, Hackney will support victims / survivors of domestic abuse, hold perpetrators accountable and embed an early intervention approach in the borough which addresses the root causes of domestic abuse. The CCR has 12 components which the accompanying action plan will be aligned to:

1. Survivor engagement and experience
2. Intersectionality
3. Shared objective
4. Structure and Governance
5. Strategy and Leadership
6. Specialist Services

7. Representation
8. Resources
9. Coordination
10. Training
11. Data
12. Policies and Processes

Hackney's Eliminating VAWG Strategy is informed by and contributes towards the **Council's Anti-Racism Plan**. Its five pillars - Institutional change, Community engagement, Culture and leadership, Accountability and Influence are congruent with the need to have a whole-system approach to Violence Against Women and Girls. Hackney is also a signatory to the **Ending Racism In VAWG Charter**.

Hackney Council is a **White Ribbon** accredited organisation and our Strategy reflects our commitment to the four core criteria set to bring about genuine change in the area of Violence Against Women and Girls. These criteria are:

1. Strategic Leadership
2. Engaging Men & Boys
3. Changing Culture
4. Raising Awareness



Understanding Violence Against Women and Girls

Violence Against Women and Girls encompasses a broad range of violent and abusive acts and behaviours which disproportionately affect women and girls. VAWG can be in many forms, including physical, sexual, emotional, psychological or economic. VAWG occurs in public spaces, private spaces such as a family home, and via online platforms.

The complexity of work to eliminate violence against women and girls makes it vital that the voices and experiences of survivors of abuse are heard, alongside feedback from the many services and organisations operating within the borough. To this end, Hackney Council has undertaken a wide-ranging consultation exercise. The consultation focussed on the four key priorities, and asked respondents for their feedback on how effective the current provision is, what is working well and what needs to be improved. The consultations were shared across the VAWG partnership for input from as many as possible, alongside sessions with specific groups. In addition, the consultation was informed by the participation of women and girls in the consultation exercise about safety in public spaces held across December 2021 - January 2022.

The consultation feedback highlighted many positives about the work being undertaken in Hackney:

- VAWG and domestic abuse services in Hackney were widely available
- There are a number of culturally specific services to meet the needs of the borough
- Safeguarding leads within agencies are accessible
- Co-location of services, e.g. Independent Domestic Violence Advocates in Homerton Hospital
- Training of staff who work in the Night Time Economy has had a positive impact on accessibility and support

- Referral pathways to services are well defined
- Services communicate effectively with each other
- Forums/meetings are effectively utilised to promote information sharing about available support
- Hackney's Multi Agency Risk Assessment Conference shows good partnership working, is robust in its response and is action-focused
- Hackney showed a positive commitment to eliminating VAWG and domestic abuse services throughout the Covid-19 pandemic

However, the consultation did also highlight some areas for improvement:

- Certain groups, e.g. young people, indicated that they lacked knowledge on VAWG and VAWG services
- More support for young girls is required to support with prevention
- Demand for mental health services exceeds current capacity
- Public spaces at night time aren't experienced as being consistently safe by women and girls
- Police response to victims was inconsistent and practice isn't always trauma informed
- More alignment of partnership working and service level agreements would be beneficial

Quotes from Hackney's Eliminating VAWG consultation

“Good mixture of outreach services and response from voluntary sector”

- Hackney based refuge

“There are culturally specific women's charities across the borough”

- Hackney based organisation

“Educate guys more - there is too much violence in Hackney especially young guys”

- Young person in Hackney

“Services are working with victims to ensure they are aware of their rights”

- Hackney based charity

“More therapeutic support is needed”

- Hackney based organisation

“There is a multi agency response to perpetrators”

- Hackney based organisation

“Information sharing forums give a chance for everyone to meet and know what services are available in the borough”

- Hackney based charity

“Referral pathways around domestic abuse are well defined”

- Hackney based organisation

The strategy was also informed by local and national data relating to VAWG and associated factors and issues.

In London, there continues to be a year-on-year increase in recorded domestic abuse. In 2021/2021, the Metropolitan Police Service recorded 249,986 domestic abuse related incidents and crimes in 2020/21 across London. Of these, 94,384 were domestic abuse related crimes across London.² During 2020/21, the MPS recorded more than 19,000 allegations of sexual offences including 7,700 rape offences and 8000 serious sexual offences.³ Recorded domestic abuse offences have increased by approximately a quarter over the previous five years as part of a consistent trend,⁴ with domestic abuse related crimes comprising 13 % of all crimes recorded by the MPS.⁵

Over the past 3 years, the demand for support has increased with Hackney Council's Domestic Abuse Intervention Service (DAIS) receiving over 1000 contacts per year.⁶ In 2021/22:

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92% of contacts were female, **9%** were male, less than **1%** non-binary

61% of contacts were people who identify as from black and global majority backgrounds

² [Domestic Abuse in England and Wales data tool](#), Office for National Statistics

³ [Metropolitan Police Service Violence Against Women and Girls Action Plan](#)

29% of victims/survivors had at least **2** vulnerabilities recorded in referrals, **13%** of victims/survivors had **3** vulnerabilities identified

33% of victims/survivors referred to DAIS had experienced **2** or more types of abuse

⁴ [Metropolitan Police Service Violence Against Women and Girls Action Plan](#)

⁵ [Domestic Abuse in England and Wales data tool](#), Office for National Statistics

⁶ Hackney Domestic Abuse Intervention Service data

Hackney's Multi Agency Risk Assessment Conference (MARAC) meets fortnightly to discuss high risk domestic abuse cases. Since 2019/20 (when 492 cases were discussed), the number of victims/survivors discussed at MARAC has increased by 41 % with 694 victims/survivors discussed during the 2021/22 financial year.

Standing Together Against Domestic Abuse, a national specialist VAWG agency, observed Hackney's MARAC in August 2021 when Hackney volunteered to be one of the Local Authorities to be observed as part of MOPAC's **Pan-London MARAC Review**. *Standing Together found that:*

"The MARAC was well run and the coordinator alongside the chair were instrumental in the smooth running of the cases...The coordinator clearly had good working relationships with agencies and there had been many examples where agencies had been liaising with one another prior to the meeting as well as the coordinator...Agency representatives in the room had good working relationships with each other, this meant that suggestions could be discussed...many [actions] had been implemented prior to the discussion...There was a good variety of agencies in attendance...All cases observed at the Marac meeting were high risk and had met threshold...There was a generally good feeling in the meeting, and it felt like a collaborative and open space to discuss high risk cases with meaningful action plans being created...Good range of core agencies in attendance...All cases had contact from IDVA or attempted contact"

Local data analysis has demonstrated a consistent disproportionate representation at Hackney's MARAC of black women as victims / survivors of domestic abuse - for example, in Q3 of the 2021/22 financial year, victims / survivors identifying as Black and British/Caribbean/African/ Mixed or Other made up 37 % of all cases heard at MARAC but the 2011

census recording that approximately 20 % of the Hackney population were Black or Black British.⁷ This analysis has highlighted the need for high-risk victims / survivors to have greater access to 'by and for' services within the borough which, as a signatory to the **Ending Racism In VAWG Charter**, the Council supports and seeks to grow.

The Identification and Referral to Increase Safety (IRIS) service is a specialist domestic abuse training, support and referral programme based in GP surgeries across Hackney. Over the course of the previous eliminating VAWG strategy, referrals to the City & Hackney IRIS service have increased by 40 % , with 176 referrals received in 2021/22.

VAWG can often be hidden and unreported, with only 17 % of victims / survivors of abuse perpetrated by their partner reported to the police, with 45 % citing that it was too trivial or not worth reporting, and just under 40 % citing it as a private or family matter.⁸ Therefore, it is paramount that all members of society understand and are aware so victims / survivors can be identified and supported, and that perpetrators are held to account for their behaviour. Victims / survivors of abuse frequently have multiple needs, and are known to numerous services concurrently, and therefore it is vital that services work in partnership to identify when a person has been abused or is at risk of being abused, and to ensure they receive support in a timely manner. Similarly, perpetrators of abuse will often have multiple needs. Protecting victims / survivors requires a joined-up response by agencies to identify, deter and disrupt perpetrator behaviour and sanction those who commit gender-based offences.

⁷ [2011 Census data](#)

⁸ [ONS data from the Crime Survey of England and Wales](#)

Preventing and reducing VAWG

Within society, behaviour which minimises or normalises misogyny or VAWG can increase the barriers victims / survivors face in recognising their own experiences, and can lead to an environment in which further abuse can occur. Working in partnership across Hackney, we will raise awareness of the issue amongst the public and professionals and educate on the impacts of violence and abuse.

Hackney Education is committed to taking a '[Whole School Approach](#)' to address VAWG within educational settings. The prevalence of harmful attitudes and behaviours in schools and colleges across the UK was recognised by Ofsted, leading to a [review of sexual abuse in schools and colleges](#). Hackney Education and partners have reviewed safeguarding procedures in schools and promoted the safety of children and young people within educational establishments and youth settings.

Over the next three years, universal and targeted programmes will ensure children and young people in Hackney are educated about and deterred from harmful behaviours and attitudes towards women and girls. This work has been informed by recommendations from the [Local Child Safeguarding Practice Review into the case of Child Q](#); Hackney is committed to addressing the adultification of Black girls and the systemic racism that underpins this.

Children who are exposed to abuse are at increased risk of long-term physical and mental issues and are more likely to use or experience violence in relationships themselves. The Domestic Abuse Act 2021 recognises children who see, hear or experience the effects of domestic abuse as victims / survivors in their own right. To reduce the future cycle of abusive behaviours, children and young people in Hackney will be

supported through trauma-informed interventions.

Hackney will protect children and young people from being coerced into either legal or ceremonial marriage. Awareness of Female Genital Mutilation needs to be reinforced to promote deterrence.

The intersectionality of gender with other factors, particularly racialised trauma and discrimination, can lead to greater vulnerability and barriers to receiving help. This strategy seeks to ensure VAWG is prevented across all communities within Hackney.

Domestic abuse and VAWG are often hidden. It is essential that people who live and work in Hackney are aware of the signs of abuse so that help can be provided on an 'early intervention' basis where possible. Professionals across the Hackney partnership have access to a broad and impactful training offer which has been updated to educate and challenge staff and equip them with tools and resources to help identify and support victims / survivors.

Hackney is committed to challenging problematic behaviours, and will strive to embed a network of community-based Champions who can lead the way in raising awareness amongst individual communities and faith groups, particularly focusing on men as allies of women and utilising 'bystander' interventions. Local businesses will be trained and receive accreditation for their work to prevent VAWG in the communities they serve.

Women and girls should be safe in all spaces in Hackney. Through utilising data intelligence and consultation to identify areas of risk, women and girls will be more consistently protected from harm.

During the course of this Strategy the following priority areas will be pursued:

- 1.1:** Children and young people in Hackney exhibit positive behaviours and attitudes relating to gender, including non binary, trans and non-conforming gender
- 1.2:** Children and young people in Hackney harmed through violence or abuse are enabled to heal and avoid experiencing harm from or causing harm to others in adolescence and adulthood
- 1.3:** Individuals who live and/or work in Hackney are aware of domestic abuse and VAWG, and of the support services available.
- 1.4:** Women and girls, including trans women and girls and non binary children and adults, are safe in public spaces in Hackney and in online spaces.
- 1.5:** Attitudes and behaviour that underpin violence against women and girls are addressed.

Supporting all victims and survivors

The aim in Hackney is to address all forms of domestic abuse and VAWG including intergenerational / intrafamilial abuse / 'Adult Family Violence'. Agencies must work to hear and respond to victims' voices and take robust multi-agency approaches to reducing the risk of further harm.

Victims / survivors with intersecting needs can face barriers to reporting abuse. Survivors of abuse may often present with multiple needs, and therefore professionals in Hackney will take a holistic whole-systems approach to support survivors with addressing all their needs to protect them and to reduce the risk of future abuse. It is essential that services are available and accessible to all victims / survivors and that services are promoted through a number of channels. Victims / survivors in Hackney can receive support from specialist services tailored to their needs, with 'by and for' services as a key part of the partnership response.

Victims / survivors must be treated with respect and dignity by all organisations in Hackney. The Council will advocate for survivors and will challenge systems and practices that discriminate against them or do not prioritise their needs, particularly Black and Global Majority clients.

Gendered abuse can have long-term physical and mental health implications for survivors. A priority of Hackney's strategy is to ensure victims / survivors and their children receive the therapeutic support they require in a timely manner. It is the responsibility of all members of the Hackney professional system to ensure that women and girls who experience domestic abuse or any other forms of VAWG receive a consistent, trauma-informed and needs-led response.

Hackney will continue to support those involved in prostitution / sex work to promote their safety and reduce the level of harm that women

and girls face, and to support individuals to exit prostitution / sex work safely. In Hackney, survivors of abuse will be supported to report abuse to the police, and will receive ongoing support from domestic abuse services as their cases progress through the Criminal Justice System.

The Council is committed to the *Safe and Together* approach to child safeguarding which requires services to support the non-abusive parent and address the behaviour of the person harming them and their child.

In Hackney, we are committed to supporting carers and cared-for individuals who are family members or (ex) partners who experience harm. We will provide support to staff so they effectively recognise and respond to abuse.

The Council is committed to Domestic Abuse Housing Alliance accreditation. Moving home can further isolate victims / survivors of abuse from their community and support networks; they should never have to flee their home. Housing providers will be challenged on responses to domestic abuse and early intervention measures will make victims more secure in their homes. Where moving is required, survivors will receive holistic support from their professional network to minimise the impact on them and to enable them to make decisions which best promote their safety.

This strategy will improve partnership responses to victims / survivors of public space abuse by sharing information, coordinating interventions and learning from victims' / survivors' experiences.

During the course of this Strategy the following priority areas will be pursued:

2.1: Women and girls who experience VAWG and all victims / survivors of domestic abuse receive effective support from all members of the Hackney VAWG partnership

2.2: Victims / survivors of abuse are aware of pathways to report abuse, and receive support through the Criminal Justice System

2.3: The housing needs of victims / survivors of domestic abuse are prioritised

2.4: Employers to support victims / survivors of VAWG and domestic abuse

2.5: Women and girls, including trans women and girls and non binary children and adults, are safeguarded from sexual exploitation

Holding perpetrators to account

Violence against women and girls occurs because of a perpetrator's behaviour which inflicts pain and harm on others. In order to eliminate violence against women and girls, and to prevent future incidents of abuse, it is critical that perpetrators are held accountable for their actions and that attempts are made to address their behaviour on a long-term basis.

In 2020-21, only 8% of recorded domestic abuse crimes had an outcome of being charged or summonsed in the same year. For survivors of abuse, this can be a deterrent to reporting and can mean that the perpetrator still poses a risk. The Metropolitan Police Service's action plan for targeting violence against women and girls has outlined their intention

to increase targeting of perpetrators and to adopt a whole systems approach to achieve this.

Agencies working with perpetrators' intersecting needs must work in partnership to devise and implement effective strategies for reducing the risk they pose. This strategy will assist in embedding this within Hackney.

Where perpetrators have been charged, the MPS have also committed to utilising all means available to manage perpetrators effectively and reduce the risk they pose through the use of all measures and orders available. In Hackney, the VAWG partnership will work closely with policing colleagues in the Central East Basic Command Unit to support this.

Alongside a robust Criminal Justice system, it is important that perpetrators in Hackney have access to programmes and interventions to reduce the risk they pose to women and girls in the borough.

Hackney's Domestic Abuse Intervention Service operates a perpetrator programme for those who have used domestic abuse within their relationships. The service has expanded to include work with perpetrators of intergenerational/intrafamilial abuse / 'Adult Family Violence'. Further early intervention perpetrator programmes are also being piloted by the service.

Hackney Children and Families Service is committed to the Safe and Together approach which holds perpetrators responsible for their behaviour choices and seeks to engage them in work to make different choices in the interests of their children's safety.

Housing Services are committed to intervening with residents living in Council accommodation who are perpetrators of domestic abuse, ensuring that those who commit abuse and crimes are investigated by specialist teams and that sanctions are implemented which disrupt and prevent harm to victims / survivors.

Employers across Hackney are being supported to update their staff protocols which ensures those working in local businesses and organisations are aware of the potential consequences of harming others either in their personal or professional settings. Hackney Council will continue to promote and follow best employment practices as outlined in the [Mayor of London's Good Work Standard](#), of which Hackney is a signatory.

This strategy will strengthen the identification and analysis of perpetrators of public-space abuse and reduce the risk they pose to women and girls.

⁹ [Domestic abuse and the criminal justice system appendix tables](#)

During the course of this Strategy the following priority areas will be pursued:

- 3.1:** Perpetrators of domestic abuse to receive a response which reduces the harm they cause through disruption, deterrence and sanction
- 3.2:** Perpetrators of domestic abuse to receive a response which reduces the harm they cause through behavioural change approaches
- 3.3:** Perpetrators of domestic abuse against family members to receive responses which reduce harm through deterrence, disruption, sanction and behaviour change approaches
- 3.4:** Employers to hold perpetrators of VAWG and domestic abuse to account
- 3.5:** Perpetrators of public-space VAWG to receive holistic approach to disruption, deterrence, sanction and behaviour change approaches

Building trust and confidence

Eliminating violence against women and girls requires a whole system approach from organisations across the public, private, and charity and voluntary sectors. Through a coordinated approach, all sectors can play a role in raising awareness of abuse, identifying and supporting those at risk, and pursuing those who use violence and abuse as a means of control. It is only through working together with a shared vision that the complexity of violence and abuse can be fully understood and the needs of victims / survivors addressed.

Data reporting and sharing mechanisms will be embedded across the partnership, so the full picture of violence and abuse in Hackney can be understood, and specific needs addressed. Domestic abuse and violence are predominantly unreported, and therefore alternative methodologies utilising new technology for capturing information such as the Commonplace app will be explored and further implemented by the partnership to improve our understanding of the Hackney context.

Victims / survivors and perpetrators often present with multiple needs and require interventions from multiple organisations across the partnership. Hackney's VAWG partnership will produce and implement a Hackney Violence Against Women and Girls Protocol to ensure that a consistent, trauma informed approach is provided to victims / survivors of abuse, that referral pathways for victims / survivors and perpetrators are accessible and that casework is robust and linked to ongoing learning and improvement.

Hackney's VAWG partnership is committed to a learning culture where constructive challenge is promoted and good practice flourishes.

The Hackney VAWG Strategic Board and VAWG Operational Group have been a forum for information sharing, feedback and challenge over previous strategies and will continue to be robust in their approach over the course of this strategy to ensure the priorities are achieved.

Client feedback is at the centre of improving the service offer. Hearing the voices and experiences of those who use the services on offer as well as from those who don't is essential to improving service reach, and ensuring interventions are continuing to meet the ever changing needs of victims / survivors and perpetrators.

The Domestic Abuse Intervention Service has partnered with the City & Hackney Safeguarding Children Partnership and the City & Hackney Safeguarding Adult Partnership to widen the breadth of its training provision to improve reach across partner agencies and VCS colleagues. The training offer will continue to be expanded, with specialist training programmes and research based learning added throughout the course of the strategy so Hackney's VAWG partnership has access to pioneering approaches to eliminating VAWG. Learning from Domestic Homicide Reviews and other Reviews will be consolidated and promoted so learning for all agencies is incorporated into further training for the Hackney partnership.

Training, protocols, referral pathways, quality assurance work and client feedback will be reviewed on a continual basis to ensure that agencies and organisations across the Hackney partnership are confident in identifying and referring to domestic abuse concerns.

During the course of this Strategy the following priority areas will be pursued:

- 4.1: All agencies across the Hackney partnership to understand and work to an agreed casework pathway when addressing all forms of VAWG and domestic abuse
- 4.2: Effective data reporting and sharing mechanisms to be embedded across Hackney
- 4.3: VAWG partnership to foster a learning culture where good practice flourishes

- 4.4: The Hackney partnership is committed to ensuring provision for services working with victims / survivors who are male, trans, non-binary, Black and Global Majority or who have unresolved immigration status as well as any groups within the community for whom services are not meeting their needs

Summary: Eliminating VAWG

Strategy Priority Areas

1. Preventing and reducing VAWG

During the course of this Strategy the following priority areas will be pursued:

- 1.1:** Children and young people in Hackney exhibit positive behaviours and attitudes relating to gender, including non binary, trans and non-conforming gender.
- 1.2:** Children and young people in Hackney harmed through violence or abuse are enabled to heal and avoid experiencing harm from or causing harm to others in adolescence and adulthood
- 1.3:** Individuals who live and/or work in Hackney are aware of domestic abuse and VAWG, and of the support services available
- 1.4:** Women and girls, including trans women and girls and non binary children and adults, are safe in public spaces in Hackney and in online spaces.
- 1.5:** Attitudes and behaviour that underpin violence against women and girls are addressed.

2. Supporting all victims and survivors

During the course of this Strategy the following priority areas will be pursued:

- 2.1:** Women and girls who experience VAWG and all victims / survivors of domestic abuse receive effective support from all members of the Hackney VAWG partnership
- 2.2:** Victims / survivors of abuse are aware of pathways to report abuse, and receive support through the Criminal Justice System
- 2.3:** The housing needs of victims / survivors of domestic abuse are prioritised
- 2.4:** Employers to support victims / survivors of VAWG and domestic abuse
- 2.5:** Women and girls, including trans women and girls and non binary children and adults, are safeguarded from sexual exploitation

3. Holding perpetrators to account

During the course of this Strategy the following priority areas will be pursued:

- 3.1:** Perpetrators of domestic abuse to receive a response which reduces the harm they cause through disruption, deterrence and sanction
- 3.2:** Perpetrators of domestic abuse to receive a response which reduces the harm they cause through behavioural change approaches
- 3.3:** Perpetrators of domestic abuse against family members to receive responses which reduce harm through deterrence, disruption, sanction and behaviour change approaches
- 3.4:** Employers to hold perpetrators of VAWG and domestic abuse to account
- 3.5:** Perpetrators of public-space VAWG to receive holistic approach to disruption, deterrence, sanction and behaviour change approaches

4. Building trust and confidence

During the course of this Strategy the following priority areas will be pursued:

- 4.1:** All agencies across the Hackney partnership to understand and work to an agreed casework pathway when addressing all forms of VAWG and domestic abuse
- 4.2:** Effective data reporting and sharing mechanisms to be embedded across Hackney
- 4.3:** VAWG partnership to foster a learning culture where good practice flourishes
- 4.4:** The Hackney partnership is committed to ensuring provision for services working with victims / survivors who are male, trans, non-binary, Black and Global Majority or who have unresolved immigration status as well as any groups within the community for whom services are not meeting their needs.



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| | |
|-----------------------------|---|
| Title of Report | Community Voice - Considering the Enablers associated with the Ageing Well Strategy |
| For Consideration By | Health and Wellbeing Board |
| Meeting Date | 8 March 2023 |
| Classification | Open |
| Ward(s) Affected | All |
| Report Author | Sally Beaven |

Is this report for:

| | |
|-------------------------------------|-------------|
| <input type="checkbox"/> | information |
| <input checked="" type="checkbox"/> | discussion |
| <input type="checkbox"/> | decision |

Why is the report being brought to the Board?

To support ongoing system work around the Ageing Well Strategy

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No

1. **Background**

Healthwatch Hackney were asked to contribute a Community Voice item at the Hackney Health and Wellbeing Board around the Ageing Well Strategy. We convened a focus group with 8 older people that are residents in Hackney:

| Ethnicity | Black African | Black Caribbean | White British |
|-----------|---------------|-----------------|---------------|
| | 1 | 2 | 4 |
| Age | 55 - 65 | 65 - 75 | 75 - 85 |

| | | | |
|--------|--------|------|---|
| | 2 | 6 | 0 |
| Gender | Female | Male | |
| | 4 | 4 | |

Two of the focus group attendees were involved in the creation of the Ageing Well Strategy and members of the associated working groups. 3 of the attendees were members of the Older People's Reference Group.

Healthwatch Hackney used the focus group to explore the “enablers” listed in the strategy, particularly considering how the enablers relate to older residents’ experience of involvement and participation. It was felt that if the enablers were not in place or working well, achieving the aims and goals of the Strategy over the coming 3 years would not be possible. Below is an extract from Strategy describing the key enablers:

| | |
|--------------------------------------|---|
| Older people’s continued involvement | <p>Older people need to be involved proactively as part of this agenda, not reactively.</p> <p>Involvement should not only be in terms of monitoring and oversight on progress of actions identified in this strategy but also in co-design and co-creation of programme activity that is targeted at this audience.</p> |
| Joined-up working | Council services should not be working in silos and opportunities for better joined up working and referral pathways should always be actively explored. |
| Communication and information flows | <p>We must acknowledge that not everyone is able to, can or wants to access information online.</p> <p>Although there may be instances where it is not possible, the council and partners must ensure that alternative offline communication and outreach is a core part of any digital inclusion and communication strategy.</p> |
| Hackney - a place for everyone | <p>Hackney should be a borough that everyone feels catered for and welcomed no matter their circumstances.</p> <p>With ambitions to become a dementia friendly borough as well as autism friendly and learning disability friendly, we want to pool resources and make sure that there is one approach that makes the borough a place for everyone.</p> |
| Shared approaches | Through approaches such as My Life, My Neighbourhood, My Hackney (previously known as three conversations) and making every contact count (MECC), frontline professionals have a key role to play in supporting residents to feel empowered about their own health and wellbeing. |

1.2 Older people's continued involvement

We heard about what has felt positive about the way older people are given the opportunity to get involved with services in recent months. Some of the involvement they told us about was collaborative work with VCS organisations like Age UK. Being listened to, kept informed and being given a choice to get involved were important to residents, as was a feeling of momentum and knowing that the work was achieving something.

"Healthwatch has my details and they endeavour to send me information about activities that I can get involved in. Whilst I don't always want to get too involved it's helpful to have the information to make a decision about what I would like to be involved in."

"Having someone quite energetic to bring us together both online and when talking to us in person really helps to feel involved. When meetings are happening often, and things are coming out of them like booklets being produced, it feel like your involvement is really achieving something. This was the case when the Strategy was originally being produced."

"Working with Age UK has felt positive and like my contribution matters."

"I spent time with Dementia Awareness sessions. It did feel like they listened."

"When the groups I was involved with met with Councillors that felt positive, we felt listened to and fully involved."

Attendees that were involved in the work to create the Ageing Well Strategy acknowledged a loss of momentum, leading to a feeling of disconnect. They were keen to see this work re-invigorated.

"There was a drive around the Strategy which seems to have wound down. There's been a disconnect and a lack of energy for the last 18 months. It feels to some of us that perhaps the Council and services are cash-strapped, so we are no longer a priority."

"There has been an attempt to keep in touch with the group, but it really needs a dedicated person whose role it is to drive it forwards."

Some residents told us that they would like to attend sessions and remain involved, as would other people in their age bracket that they know, but more careful planning of sessions to accommodate their needs was important. Hearing loss in particular has an impact on residents choosing to join in person sessions.

"For many of us, English is our second language, and at our age a lot of us are hard of hearing. This puts a lot of people my age from my ethnic group off attending forums or meetings. They can't properly hear or understand so why bother coming along?"

"Look into using induction loops at any event where people my age are invited."

"Ask in advance if anyone is hard of hearing and try to arrange the seating so they are closer to the speaker."

One resident explained that whether people join an involvement session can depend on who invites them. They told us that people they know are more likely to feel confident to attend if it is suggested to them by someone they know rather than an impersonal invitation or flyer.

“Having an introduction from a trusted source helps people want to get involved. So instead of just a flyer or an email from someone you don’t know, if someone you know (like the Chair of OPRG in my case) tells you about a chance to get involved you are more likely to feel confident doing it.”

Residents told us it was important to allow people to be involved in a way that works for them. There was a hesitancy amongst some older people to get involved, as they felt this could lead to an expectation of regular attendance, an overload of paperwork they would be expected to read, or an expectation that they would be able to commit to working with the system in a way they may not feel comfortable with.

“Not everyone wants to be “a member” of a group. Some people want to know they can come in and share an experience or concern that feels important without being committed to endless meetings about it.”

“Don’t overload people with paperwork or responsibility. Invite them to things and make it clear they can give as much or as little time as they have to spare, their voice is still valuable.”

“Older people have a lot to offer. But ask them what it is they would like to offer and contribute, don’t create the roles then expect them to fit into them.”

1.3 Joined-up working/ Shared approaches

Focus group attendees considered joined up working and shared approaches as one topic. The theme that emerged was around residents’ opportunities to get involved and influence services and decision making. We heard that there is a lack of clarity around the functions of organisations, and the sphere of influence.

“There’s so many different departments and groups. It’s not always clear whether you are engaging with the council, the NHS, Healthwatch or someone else. It would be nice to be much clearer whether it’s the council asking for your input, another group but on behalf of the council, NHS or what it is.”

“How does it all fit together? We don’t quite know where to engage because it’s not really clear to us. Who is responsible for health? When is it local authority, when is it the NHS, when should it be Healthwatch we work with. Where do we go to have the most influence and who can change what? We might now there is a chance to influence something, but not be sure if it’s actually the thing we want to influence.”

“Make sure it’s clear what each forum is for.”

To be meaningfully involved, residents first need to understand the function and remit of each organisation, group or forum. It was also clear that residents felt they did not have the full picture in terms of opportunities to engage. There is a need for organisations to work together to provide a joint offer to residents, who can then make an informed choice about activities they would like to take part in.

“We would like bite-sized sessions describing properly each organisation and function. Or several sessions even for each organisation. What does Healthwatch do and how can they help us? What does Age UK do? What does the Council cover? That would help people understand the different services and where they most want to be involved.”

“There is a lack of connect. For instance, there are people here today that worked in the Ageing Well Strategy that hadn’t heard of OPRG, and vice versa. Some of us here today are really familiar with Healthwatch, some of us know nothing about it. Surely all these things should be linked.”

“Why not join up the mailing lists?”

1.4 Communication and information flows

The way in which we as professionals communicate with older people emerged as a key theme, and residents returned to this topic throughout the focus group.

“Get the basic communication right and much more people will get involved.”

We heard about method of communication as a barrier to involvement. All of the focus group attendees described receiving emails inviting them to take part in involvement work at some point over the past year. They were clear that these emails often put them off engaging with the system.

“Communication about meetings – to invite us to meetings or forums – needs to be interesting, exciting and eye catching. Don’t just send an email, send something catchy.”

“An email can be too dense. You shouldn’t have to read something three times to understand what you are being invited to. Just a flyer with the key points in bold, and some colour, would be better.”

“It’s often almost like a teenager has sent an email out to older people. It makes us feel like they don’t care enough to make sure the language is accessible for us, or framed in the right way.”

When letting older people know there is an opportunity for them to be involved, they asked that alternative methods of communication, such as flyers, texts or even phone calls be considered. There was a need to understand what the activity is without having to read dense text in an email.

“There needs to be a balance between enough information and way too much.”

“Leaflets should be distributed about all these things at Churches, libraries and community centres.”

“Notice boards at supermarkets should be used more to share this information. Everyone uses the supermarket!”

Most of the attendees felt hearing information verbally was one of the best ways the system can share information.

“OPRG sessions are a good source of information.”

“The community centre is a good place to go to find information.”

The attendees had mixed feelings about a preference for receiving information by post or by email. Some residents felt strongly that information received by post was more accessible.

“Use the post to get important messaging out. Not everyone looks online.”

Whatever residents' preferred method of communication is, all agreed that being asked and offered a choice was important.

“Ask people how they would like to be contacted and give them the option of post over email if they prefer.”

“Send a survey to all older residents. Ask them whether they feel listened to and how they would like to be communicated with. Make it very short, with very clear concise questions, and you will get the answers you need.”

When communicating, in meetings or forums, or in written communication, being conscious of use of language and avoiding jargon is key to avoid alienating residents.

“Jargon is still overused at every meeting I go to. Still, even though we've been saying this for years.”

“When they use jargon all the time people keep not understanding. After a while you start to feel stupid because you don't understand and first you stop asking questions, then you stop taking part at all.”

When sharing more general information with older residents it was agreed that printed publications and newsletters worked well.

“The Council means lots of things to all of us. We might get information from the Hackney Gazette, or through our Housing Associations. It's always good to feel we are being communicated with.”

“I think the Council does quite well disseminating information through Hackney Today.”

A regular newsletter or magazine keeping older residents informed would be welcomed. Several attendees referenced a magazine they used to rely on for information that is no longer published.

“A dedicated newspaper or newsletter or something for older residents would be so helpful, there used to be something we found so helpful but that stopped. I suppose the funding ran out.”

Residents also noted the importance of sharing information in a variety of community languages.

“Make sure the information is multi-lingual.”

1.5 Hackney - a place for everyone

The focus group attendees felt that when thinking about “a place for everyone”, continuing to tackle social isolation was the key theme. Ensuring that no resident, regardless of ethnicity, language or health, feels that they are “on their own”.

“We created a circle of friends for retired Jamaican nurses, with regular coffee mornings and speakers. It wasn’t just about connecting at the sessions, it was a chance for people to meet and grow and nurture friendships. That should be the basis of some of the group work, it would make it more valuable than just the outcome of the meeting.”

“Day trips – to the beach for instance – to make groups about the whole person not just about the council or NHS getting what they need from us.”

1.6 Key recommendations:

The following recommendations are taken from discussions that took place at the in-depth focus group conducted with 8 residents. Healthwatch recognises that this group may not be fully representative of the wider community, and as such the recommendations are high-level and may require further engagement before committing resource to taking them forward:

Organisations to work more closely together to create a co-ordinated offer around involvement and participation for older people. This should include:

- Designing a set of bite-sized information sessions about the function of each organisation or forum (sessions to be recorded and shared widely).
- A newsletter or magazine designed to keep older people informed about events or activities including involvement and participation
- Messaging to be co-ordinated so different organisations share information about each other with residents
- Careful planning of events, forums and communications to ensure they are accessible
- Organisations should refer to and utilise the City and Hackney Co-production Charter (available [HERE](#)) when organising involvement activities

Ensure older residents are offered a choice around preferred methods of communication (post/email/text)

Ensure communications are clear, jargon free and multi-lingual

Offer older residents the opportunity to get involved without dictating what that looks like.

2.0 Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Improving mental health |
|--------------------------|-------------------------|

| | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> | Increasing social connection |
| <input type="checkbox"/> | Supporting greater financial security |
| <input checked="" type="checkbox"/> | All of the above |

Please detail which, if any, of the Health & Wellbeing Strategy Ways of Working this report relates to?

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Strengthening our communities |
| <input checked="" type="checkbox"/> | Creating, supporting and working with volunteer and peer roles |
| <input checked="" type="checkbox"/> | Collaborations and partnerships: including at a neighbourhood level |
| <input type="checkbox"/> | Making the best of community resources |
| <input type="checkbox"/> | All of the above |

1.1. Equality Impact Assessment

1.2. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

| | |
|-------------------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input checked="" type="checkbox"/> | No |

1.3. Risk Assessment

N/A

1.4. **Sustainability**

N/A

| | |
|----------------------|--------------------------------|
| Report Author | Sally Beaven |
| Contact details | sally@healthwatchhackney.co.uk |
| Appendices | |

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Ageing Well engagement Health and Wellbeing Board update

8th March 2023

Background

Healthwatch Hackney convened a focus group with 8 older people that are residents in Hackney to support the ongoing work around the Ageing Well Strategy.

Two of the focus group attendees were involved in the creation of the Ageing Well Strategy and members of the associated working groups. 3 of the attendees were members of the Older People's Reference Group.

We used the focus group to explore the “enablers” listed in the strategy

We was felt that if the enablers were not in place or working well, achieving the aims and goals of the Strategy over the coming 3 years would not be possible

The group gave particular consideration to how the enablers relate to older residents' experience of involvement and participation

The enablers as listed in the Strategy

Older people's continued involvement

Joined-up working

Communication and information flows

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Hackney - a place for everyone

Shared approaches

Older people's continued involvement

Positive comments:

Examples of age or condition specific sessions with grassroots organisations were praised. Being listened to, kept informed and being given a choice to get involved were important to residents, as was a feeling of momentum and knowing that the work was achieving something.

“Working with Age UK has felt positive and like my contribution matters.”

“Spent time with Dementia Awareness sessions. It did feel like they listened.”

“When the groups I was involved with met with Councillors that felt positive, we felt listened to and fully involved.”

- Attendees that were involved in the work to create the Ageing Well Strategy acknowledged a loss of momentum, leading to a feeling of disconnect. They were keen to see this work re-invigorated.

“There was a drive around the Strategy which seems to have wound down. There’s been a disconnect and a lack of energy for the last 18 months. It feels to some of us that perhaps the Council and services are cash-strapped, so we are no longer a priority.”

“There has been an attempt to keep in touch with the group, but it really needs a dedicated person whose role it is to drive it forwards.”

- Some residents told us that they would like to attend sessions and remain involved, as would other people in their age bracket that they know, but more careful planning of sessions to accommodate their needs was important. Hearing loss in particular has an impact on residents choosing to join in person sessions.

“For many of us, English is our second language, and at our age a lot of us are hard of hearing. This puts a lot of people my age from my ethnic group off attending forums or meetings. They can’t properly hear so don’t come along.”

- Residents told us it was important to allow people to be involved in a way that works for them.
- There was a hesitancy amongst some older people to get involved, as they felt this could lead to an expectation of regular attendance, an overload of paperwork they would be expected to read, or an expectation that they would be able to commit to working with the system in a way they may not feel comfortable with.

“Not everyone wants to be “a member” of a group. Some people want to know they can come in and share an experience or concern that feels important without being committed to endless meetings about it.”

“Don’t overload people with paperwork or responsibility. Invite them to things and make it clear they can give as much or as little time as they have to spare, their voice is still valuable.”

“Older people have a lot to offer. But ask them what it is they would like to offer and contribute, don’t create the roles then expect them to fit into them.”

Joined-up working/ Shared approaches

- Focus group attendees considered joined up working and shared approaches as one topic. The theme that emerged was around residents' opportunities to get involved and influence services and decision making. We heard that there is a lack of clarity around the functions of organisations, and the sphere of influence.

“There’s so many different departments and groups. It’s not always clear whether you are engaging with the council, the NHS, Healthwatch or someone else. It would be nice to be much clearer whether it’s the council asking for your input, another group but on behalf of the council, NHS or what it is.”

- To be meaningfully involved, residents first need to understand the function and remit of each organisation, group or forum. There is a need for organisations to work together to provide a joint offer to residents.

“We would like bite-sized sessions describing properly each organisation and function. Or several sessions even for each organisation. What does Healthwatch do and how can they help us? What does Age UK do? What does the Council cover? That would help people understand the different services and where they most want to be involved.”

“There is a lack of connect. For instance, there are people here today that worked in the Ageing Well Strategy that hadn’t heard of OPRG, and vice versa. Some of us here today are really familiar with Healthwatch, some of us know nothing about it. Surely all these things should be linked.”

Communication and information flows

- The way in which we as a system communicate with older people emerged as a key theme, and residents returned to this topic throughout the focus group.

“Get the basic communication right and much more people will get involved.”

- We heard about method of communication as a barrier to involvement. All of the focus group attendees described receiving emails inviting them to take part in involvement work at some point over the past year. They were clear that these emails often put them off engaging with the system.

“Communication about meetings – to invite us to meetings or forums – needs to be interesting, exciting and eye catching. Don’t just send an email, send something catchy.”

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“There needs to be a balance between enough information and way too much.”

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“Ask people how they would like to be contacted and give them the option of post over email if they prefer.”

“Send a survey to all older residents. Ask them whether they feel listened to and how they would like to be communicated with. Make it very short, with very clear concise questions, and you will get the answers you need.”

Jargon!

- When communicating, in meetings or forums, or in written communication, being conscious of use of language and avoiding jargon is key to avoid alienating residents.

“Jargon is still overused at every meeting I go to. Still, even though we’ve been saying this for years.”

When they use jargon all the time people keep not understanding. After a while you start to feel stupid because you don’t understand and first you stop asking questions, then you stop taking part at all.”

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Newsletters and printed information

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Key recommendations

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info@healthwatchhackney.co.uk



080 8164 7664 (FREE phone number)





| | |
|-----------------------------|----------------------------|
| | |
| Title of Report | Ageing Well Update |
| For Consideration By | Health and Wellbeing Board |
| Meeting Date | 8th March 2023 |
| Classification | Open |
| Ward(s) Affected | All |
| Report Author | Sonia Khan |

Is this report for:

| | |
|-------------------------------------|-------------|
| <input type="checkbox"/> | information |
| <input checked="" type="checkbox"/> | discussion |
| <input type="checkbox"/> | decision |

Why is the report being brought to the Board?

To provide a progress update and identify some current cross cutting issues of particular relevance to the Health and Wellbeing Strategy Priorities and to the Health and Wellbeing Board.

*Preventable conditions: Whilst the Ageing Well Strategy has a focus on over 55s, much of the work is helping us develop our understanding of how we **encourage everyone to think about ageing as a lifelong process of change**. Some of the intergenerational work we have funded through Partnerships for Place is testing what this might mean in practical terms and we have also contributed to research led by King's College London.*

*Social connection: Through the implementation of the strategy we are able to draw out the importance of **ensuring that social connection is considered in the way we design, deliver and evaluate any service**, rather than seeing it as a stand alone intervention. So for example a yoga class can have direct health benefits, but people may be motivated to attend because of the social aspect and may benefit as much from the connections they build as from the activity. This is particularly relevant when services are reviewed as subtle changes might impact on how an activity supports social connections.*

*Financial security: The work has highlighted the specific employment support needs of people over 50 and **the importance of developing more targeted support that also supports financial security and wellbeing**. This is a group that have left the labour market in greater numbers during the pandemic and may now need to work again because of the cost of living crisis.*

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No

1. **Background**

In December 2020, Hackney adopted its first Ageing Well Strategy and in March 2021 Hackney Council passed a motion to be an age-friendly borough. This strategy focuses on developing a more age friendly Council and borough, building a community that values and includes older people, benefits from their contributions and supports them in their later years. While this strategy is primarily focused on what Hackney Council will do to support older people to age well, a crucial part of this is the joined up working with partners and the local community that can enable and support this shared vision. We want to lead by example and use our influence and levers to promote a more age-friendly Hackney and learn from best practice elsewhere. This strategy aims to future proof services in Hackney as older populations will continue to increase in the future, so that policy and delivery always reflect what is required. In March 2021 40 residents aged 55+ came together

alongside resident representatives from Age UK's Older People's Reference Group and Connect Hackney's Older People's Committee to form Hackney's Older Citizen Committee (HOCC) which helps co-produce the solutions that have been identified as needed in the strategy, and to bring an older person's perspectives to new strategy.

2. Updates

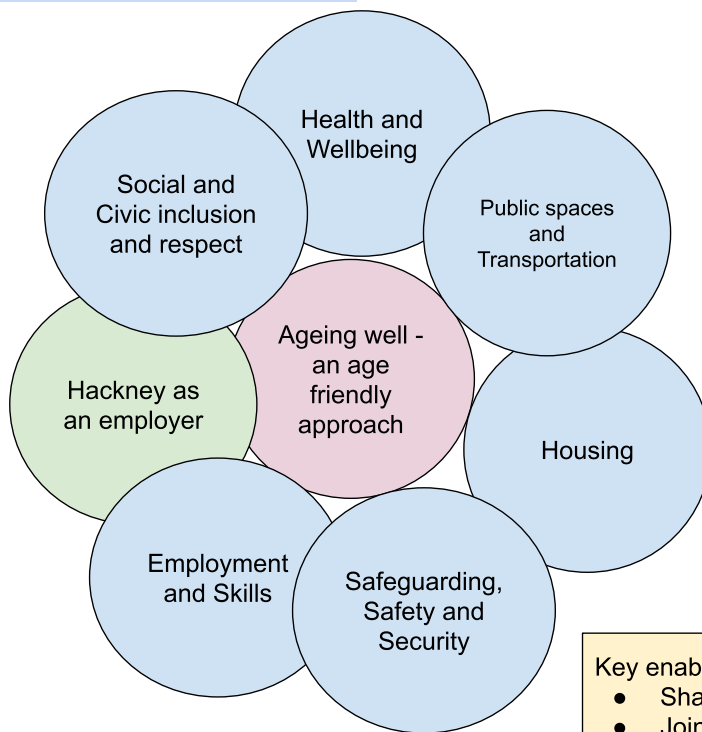
Since the Ageing Well Strategy was adopted in late 2020, there has been a local election and we are in a new administration and strategic planning cycle. The Ageing Well Strategy priorities have been strengthened by the new commitments for 2022-2026, including what is in the Strategic Plan and the administration's Manifesto Commitments. Members of the HOCC reviewed the Strategic Plan before it was adopted, helping strengthen the focus on social connection. The way that Ageing Well has influenced 2022-26 priorities is summarised in this update.

In November 2021, Hackney secured £250,000 through Partnerships for People and Place to help us develop locality based responses to the Ageing Well strategy, facilitating closer partnerships across Council services, Health partnerships, community organisations and central government, with a focus on the Hackney Marshes Neighbourhood. This update weaves in how we have progressed this work and, through this, supported the delivery of the Ageing Well Strategy. A final evaluation will be available later this year.

A report on the initial mobilisation of actions was published in March 2022. Since then, it has been difficult to be able to prioritise dedicated capacity within the Strategic Delivery Team, particularly in the context of pressing immediate priorities. cost of living and refugee responses. We know that this is needed, and an officer has been working on this for 0.5 FTE since January 2023 and will be joined by an additional recruit in the next few months to focus on ageing well and embedding dementia friendly working.

This report therefore draws out main highlights but recognises the need to come back with an assessment of progress in 6-9 months time, once we have been able to systematically progress the strategy through more proactive engagement with services and partners and through more dedicated development work. For this reason, there are two areas of the strategy that we have not focused on- housing and safeguarding / safety.

Priority areas for ageing well in Hackney



Key enablers:

- Shared approaches
- Joined up working
- Hackney-a place for everyone
- Communication and information
- Continued involvement of older people

Health and Wellbeing

Influencing priorities 2022-26:

Physical activity to support wellbeing: The Ageing Well Strategy draws out the importance of physical activity in helping people stay well, age well and prevent health conditions. There is a renewed commitment for 2022-26 on innovative ways to get people to be physically active, building on Kings Park Moving Together and a commitment specific to walking, which has a focus on older residents.

Social connection: The Ageing Well Strategy demonstrated how many of the risk factors, such as bereavement, transport issues and poor physical health are more common in older people making them more likely to be socially isolated. The Strategy highlighted the higher risk of loneliness in older men, people who are LGBTQIA and older people from black and global majority groups. The Strategy highlighted the very hard consequences on health because poor social relationships are comparable with smoking as a risk factor for mortality. The Hackney Older Citizen's Committee and other older people's groups directly contributed to sharing the Health and Wellbeing Strategy and welcomed the focus on increasing social connection and will be keen to remain engaged in the development of the response.

Carers: The Ageing Well Strategy highlighted the needs of older carers and “hidden carers” particularly those caring for someone with dementia. The Carers Strategy under development will reset our approach to carers including unpaid carers and the Hackney Older Citizen’s Committee will be keen to contribute to this. Since 2020, they have participated in helping shape the recommissioning of services such as homecare

Development and innovation:

Preventative work in communities: Evaluations of the grants awarded via Partnerships for People and Place will help develop our understanding of how community activity can better support ageing well and connect with Neighbourhoods.

Physical activity: Work commissioned by Kings Park Moving Together will help us consider how we strengthen our whole system approach to tackling physical inactivity in Hackney. This work will help us to develop how we can maximise resources going in across the system to support older people, including those with dementia, to be physically active.

Development and innovation:

Anticipatory care: we are feeding the learning from Partnerships for People and Place directly into the development of anticipatory care through regular meetings. As anticipatory care coordinators for each neighbourhood area come into post, there is an opportunity to be matched with the voluntary organisations with the best reach.

Poverty: Through Money Hub, pension credit take up campaigns and the distribution of the Household Support Fund, we have recently identified new ways to reach pensioners and older people in financial need. This will be used to inform wider actions to reach older residents, The HOCC is keen to continue to shape Hackney’s response to the cost of living crisis, considering the needs of older people, including those with dementia.

Research on Ageing: Older people have participated in a UKRI-funded research programme led by King's College London on “The Sciences of Ageing and the Culture of Youth (SAACY).”

We look forward to how this research will inform future strategy around ageing as it focuses on understanding ageing as a lifelong process of change.

Social and Civic Inclusion and Respect

Influencing priorities 2022 -26:

Social connection: The Ageing Well Strategy highlighted how social and civic inclusion and social support are strongly connected to good health and well-being. This built on the legacy of Connect Hackney which was set up with a focus on improving the wellbeing of Hackney older residents by reducing or preventing loneliness and isolation. As well as the commitment to social connection, the commitment to Ageing Well is further developed through an Ageing Well Week which

will challenge ageism, celebrate the contribution of older people and showcase activity.

Libraries and Museums: The Ageing Well Strategy highlighted the importance of libraries in supporting strong and cohesive communities and identified the need to ensure that their work linked to a broader cultural offer. This was explored further by Hackney Older Citizen's Committee as part of the consultation on the Libraries Strategy which highlighted the potential of libraries to encourage people of all ages and from diverse backgrounds to come together if activities were more dynamic and appealing, the role libraries play in digital inclusion and in combating loneliness. The HOCC are now influencing the future of the Museum in a Reimagining

Hackney Museum through a project drawn up specifically with Ageing Well and the Older Citizens' Committee in mind. This is because older people in the borough have rich lived experiences that will help develop new programming for the Museum.

Development and innovation:

Culture: The Ageing Well Strategy identified the need for more age friendly leisure and culture activities in the borough. [Hackney Circle](#) is a free membership scheme for older residents, which aims to tackle loneliness and isolation in partnership with Hackney's cultural venues, restaurants and cafes. Hackney Circle has been relaunched with a new website. Through a Partnerships for People and Place grant, Hackney Circle is now also delivering arts-led workshops within the Anchor Hanover housing estates, in Hackney Marshes Neighbourhood, to build an active group of participants at each site. This should help develop a model for other Over 50s housing settings.

Ageing Well Network: To support the Ageing Well week, we have scoped out the development of a new network focused on Ageing Well which will bring together organisations that work with older people or support ageing well, the Council, health partners and residents. We want to work together to develop community based activity, by mapping and gapping activity, working together on potential fundraising, on shared branding and marketing and on developing the overall offer, helping provision to reach new groups or become more holistic for example. The initial scoping and mapping of organisations has been completed and we are speaking with HCVS about how we progress this so that we build on the legacy of Connect Hackney.

Intergenerational activity: The Ageing Well Strategy identifies a range of ways that intergenerational work supports ageing well including skills exchanges, community relations and reciprocal support. We have mapped all intergenerational work so that this can also be developed as part of the development of the new network. Through Partnerships for People and Place we are also keen to develop the understanding of the impact of intergenerational work even further, testing, for example, whether intergenerational work can help raise awareness of how to age well.

Locality based activities: this were identified in the Ageing Well Strategy as something that older people valued a great deal, as people might be less mobile but also more focused on their immediate community. Partnerships for People and Place

investment is helping develop our approach to local community infrastructure and to local facilities. The investment is helping us find a sustainable approach and management model for Council-owned buildings in the King's Park ward that enables improved social capital and integration.

Public Spaces and Transport

Influencing priorities 2022-26

Accessible public realm: The Ageing Well Strategy made the case for looking at how the public realm could be more accessible as part of wider "planning for real" type exercises. This has informed a new priority to develop an accessible design guide. The Strategy identified a number of inhibitors to older people's mobility that needed to be considered in addition to accessible design including seating, availability of public toilets and considerate cycling. These are also priorities that are being progressed so that the HOCC can now continue to influence and shape.

Parks: these are valued by older people and the Ageing Well Strategy identifies the need to involve older people in designing parks and green spaces that enable them to access, enjoy and fully participate in them. The HOCC were able to influence the new Parks Strategy directly. Suggestions included the design of benches and the improvement of pathways as well as creating more spaces to relax and enjoy nature, more areas to socialise and to meet and make friends.

Buses: The HOCC shared insight about the value of buses in a Council Scrutiny session on Transport for London bus changes. The evidence to Scrutiny drew out how important buses are in age friendly cities as well as in reducing car journeys, and why we need to think about their role beyond travel to work, that not all older people can switch to "active travel" or take the underground, as well as the types of changes that inhibit people from travelling at all. Whilst Transport for London had already made their decisions to save a number of bus routes, following consultation, this is valuable insight that we will return to in future discussions and should there be future consultations.

Low traffic neighbourhoods: The HOCC ensured that the views of older people were considered as part of nuanced discussions about low traffic neighbourhoods. They provided an important perspective from those that do have to use cars or buses, cannot easily switch and had experienced increases to journey times. This type of insight has helped shape a much sharper focus on monitoring delays to bus journeys and on main roads.

Climate change: Members of the HOCC have expressed concern that the older generation is seen as part of the problem not the solution in the context of the climate crisis and have been keen to ensure their voice is heard in shaping the Council's new Climate Change Action Plan. Two dedicated sessions were held to capture these views as part of the recent consultation.

Employment and Skills / Hackney as an Employer

Influencing priorities 2022-26

Apprentices: Hackney already has an apprenticeships programme with no upper age limit, recognising the value of such pathways for career changers. The Ageing Well Strategy has identified that older people face specific barriers and that employment support can be geared towards a younger age group. Since the pandemic there are also a growing and disproportionate number of people out of work who are over 50.

Development and innovation:

Through Partnerships for People and Place, we recently held a session with members of the HOCC, employment support providers, health partners, the voluntary and community sector and central government to examine employment needs of over 50s and better understand what was needed to offer tailored support. From this session we found that traditional employment programmes are not working for older people, and moreover are geared for a younger age group. We have concluded that we need to design holistic support that joins up occupational health support, financial support, networking, advice on how recruitment and the labour market has changed and job fairs focused on labour market gaps, with employment offers and trials. We also need to challenge age discrimination. There was a strong ask from residents that this is co-designed with them for it to succeed. This all points to the need for more community led or collaborative approaches. A pilot will now be scoped out between the Employment Support Team, health partners, DWP and residents. We are also bidding for funding via the Cooperative Councils Innovation Network (CCIN) to share practice with other Councils that are seeking to tackle labour market barriers and shortages with the intention of drawing out national policy lessons.

1.1. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

| | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> | Improving mental health |
| <input type="checkbox"/> | Increasing social connection |
| <input type="checkbox"/> | Supporting greater financial security |
| <input checked="" type="checkbox"/> | All of the above |

Please detail which, if any, of the Health & Wellbeing Strategy Ways of Working this report relates to?

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Strengthening our communities |
| <input type="checkbox"/> | Creating, supporting and working with volunteer and peer roles |
| <input type="checkbox"/> | Collaborations and partnerships: including at a neighbourhood level |
| <input type="checkbox"/> | Making the best of community resources |
| <input checked="" type="checkbox"/> | All of the above |

1.2. Equality Impact Assessment

An Equality Impact Assessment was not undertaken for this report as it is an update. The Ageing Well Strategy equality impact assessment demonstrated how we have consciously considered how we can meet our public sector equalities duties set out in the 2010 Equalities Act.

1.3. Consultation

This report has been informed by the views of the Hackney Older Citizen Committee whose insight is provided in the report.

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

1.4. Risk Assessment

There are no risks arising from this specific update report. The most relevant risk identified when the Ageing Well Strategy was adopted was the impact of the pandemic on older people and on capacity to deliver. This has had a direct impact that makes the Ageing Well Strategy all the more important, but also has impacted on capacity and plans are underway to temporarily bring in additional capacity to mitigate this.

1.5. Sustainability

1.1. Sustainability

This strategy aims to look at how the physical and social environment can cater for all residents and that the public realm is as welcoming and inclusive as possible. There is a focus for instance on public realm furniture being comfortable and fit for purpose, that public spaces are safe for walking and that hazards are removed. The strategy also aims to promote sustainable development that recognises that people's needs may change as they grow older and how services and businesses can prepare for this.

| | |
|----------------------|--|
| Report Author | Sonia Khan |
| Contact details | sonia.khan@hackney.gov.uk |
| Appendices | |

Questions for HWB to consider alongside papers:

What dimensions of inequality relate to this item and what are the intersectional considerations?

Were these highlighted in the presentation? Do we have defined plans to address these inequalities?

Are there any ways in which this work might unintentionally widen inequalities?

How do the focus areas of the HWB strategy (mental health, financial security, social connection) relate to this item?

What actions could be taken to maximise the positive impacts and minimise the negative impacts on health inequalities?

Definitions:

Health inequality: avoidable or unjust differences in health status between population groups.

Dimensions of inequality: different ways we define these groups e.g. geography, equality dimensions (age, gender, ethnicity, sexuality, disability etc), additional needs e.g. care leavers, carers).

Intersectionality: how different dimensions of inequality combine to create multiple factors of advantage or disadvantage e.g. a disabled gay person would experience multiple layers of disadvantage.

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| | |
|-----------------------------|--|
| | |
| Title of Report | Hackney HWB strategy update |
| For Consideration By | Health and Wellbeing Board |
| Meeting Date | 8 March 2023 |
| Classification | Open |
| Ward(s) Affected | All wards |
| Report Author | Joia de Sa, Consultant in Public Health, Co-lead Population Health Hub Andrew Trathen, Consultant in Public Health |

Is this report for:

| | |
|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> | information |
| <input checked="" type="checkbox"/> | discussion |
| <input type="checkbox"/> | decision |

Why is the report being brought to the Board?

For an update on the progress on the Joint Health and Wellbeing Strategy Action Plan

To seek approval from HWB members on current plans for the focus areas

Has the report been considered at any other committee meeting of the Council or other stakeholders?

None

1. **Background**

Hackney Health and Wellbeing Board have been developing the Joint Health and Wellbeing Strategy since November 2020. Every local Health and Wellbeing Board (HWB) has a duty to produce a Health and Wellbeing Strategy. A Health and Wellbeing Strategy outlines key health and wellbeing priority areas for HWB partners to take joint action on, in each local authority area.

Hackney Health and Wellbeing Board have agreed that the overall aim of this strategy is 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 23 March Board meeting, and work started to develop the action plan in July 2022. Since November 2022, this work has been led by the Population Health Hub

Summary of update - November 2022

The Board was last presented with an update in November 2022. At this meeting the following approach was agreed:

Improving mental health

To work with existing and future strategic plans to ensure that the explicit focus of the HWB strategy of improving health and reducing health inequalities (and the themes identified from work with residents and stakeholders) are reflected in these. The Board recommended a focus on mental wellbeing and mental health promotion in addition to increasing access to acute and community mental health services.

Increasing social connections

To identify social connection leads from HWB partnership organisations to work together to finalise the [draft social connection action plan](#), presented in the November 2022 paper, and to contribute to, track progress and oversee action on this.

Supporting greater financial security

To build on the work of the London Borough of Hackney poverty reduction framework to support development of a system-wide action plan on managing the cost of living crisis and increasing financial security, again ensuring the explicit focus of the HWB strategy of improving health and reducing health inequalities is reflected in this plan.

The board agreed the following:-:

- The approach to improving mental health and increasing financial security
- HWB member organisations to appoint social connection leads to support finalisation of a social connection action plan, with comments around considering the work of VCS organisations, measurement of social connection and the impact of this action plan.

A request was also made from Mayor Glanville for a fuller explanation of the Population Health Hub - this is scheduled for the next meeting of the HWB.

Update - March 2023

1. Improving mental health

Since the last update, The North East London Health and Care Partnership has released their Interim Integrated Care strategy, which includes mental health as one of four system priorities. This strategy complements other current key strategic documents:

- The C&H Place Based Partnership integrated delivery plan, which contains *Improving mental health and preventing mental ill-health* as a strategic priority with the following transformation areas:
 - Serious mental illness
 - Common mental health problems
 - CAMHS
 - Dementia
 - Learning disability and autism
 - Crisis pathway
- The C&H joint mental health strategy 2019-2023

There is also work underway on the scoping of a Mental Health needs assessment which will form part of the Joint Strategic Needs Assessment.

This needs assessment provides the ideal opportunity to draw together the priorities identified in the documents above, integrate current data and insights (including from resident peer research), and formulate a set of actions to address the needs of our community and reduce mental health inequalities.

We propose writing these findings into a strategic action plan that will:

- Reflect the explicit focus of the HWB Strategy of improving health and reducing health inequalities
- Engage with the themes identified from residents and stakeholders
- Contribute to tackling existing system level priorities.

The HWB priorities will also be fed in - including mental wellbeing and promotion, particularly during the Cost of Living Crisis, as well as increasing access to acute and community services.

As part of the MH needs assessment, we propose to include a description of the current strategic landscape, plus a gap and SWOT¹ analysis.

We also propose that the Mental Health Integration Committee, which meets monthly and consists of stakeholders from across the system, will be tasked with oversight of this strategic action plan. The Population Health Hub will be invited to this committee going forward.

2. Increasing social connection

¹ SWOT = strengths, weakness, opportunities, threats

Following the proposal at the HWB meeting in November, Councillor Kennedy sent an email inviting organisations to nominate their social connection champions in mid January. The Population Health Hub have followed up to ensure that each organisation completes this process.

[Terms of reference](#) have been drafted for the group (Appendix 1) and the first meeting date has been set for end March. Meetings are planned on a bi-monthly basis. Councillor Kennedy will co-chair the group with Joia de Sa, Consultant in Public Health and co-lead of the Population Health Hub.

To ensure greater reach across London Borough of Hackney and council services, a session will be conducted through the Senior Manager's Network. We are also considering how to increase the reach across health and care organisations.

3. *Supporting greater financial security*

A system wide group has been established, meeting monthly – to ensure we have an aligned, cross-organisation response to the cost of living crisis. The Population Health Hub supports the administration of the meeting, and attends as a member to ensure that we are using all the available insight (including that collected as part of the resident peer research) to identify effective interventions to improve the financial security of residents, and reduce inequalities in this.

The group has collated a programme overview summarising all the action to try to mitigate the impact of the cost of living crisis. This includes training for frontline teams; increasing financial security for households e.g. Household Support Fund, fuel vouchers, income maximisation; supporting VCS organisations. The group is also finalising processes to collect insight across partners to ensure that we know about all groups who are at high risk of financial issues. Other developments include supporting a place based delivery network including food partners, warm hubs and support community partners to meet people's immediate material needs and offer more preventative help.

The purpose of this paper is to update the HWB on progress. No points for decision are raised.

1.1. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

| | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> | Improving mental health |
| <input type="checkbox"/> | Increasing social connection |
| <input type="checkbox"/> | Supporting greater financial security |
| <input checked="" type="checkbox"/> | All of the above |

Please detail which, if any, of the Health & Wellbeing Strategy Ways of Working this report relates to?

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Strengthening our communities |
| <input type="checkbox"/> | Creating, supporting and working with volunteer and peer roles |
| <input type="checkbox"/> | Collaborations and partnerships: including at a neighbourhood level |
| <input type="checkbox"/> | Making the best of community resources |
| <input checked="" type="checkbox"/> | All of the above |

1.2. Equality Impact Assessment

Sole purpose of projects is to give full consideration to impact on equalities.

1.3. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
|-------------------------------------|-----|

| | |
|--------------------------|----|
| <input type="checkbox"/> | No |
|--------------------------|----|

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

1.4. Risk Assessment

To be confirmed - as plans progress

1.5. Sustainability

To be confirmed - as plans progress

| | |
|----------------------|---|
| Report Author | Joia de Sa Consultant in Public Health |
| Contact details | joia.desa@hackney.gov.uk |
| Appendices | TOR for social connection leads group |

Increasing social connections for the residents of Hackney

Hackney Health and Wellbeing Strategy

1. Increasing social connectedness was identified as a priority for inclusion in the Hackney Health and Wellbeing strategy via the Health and Wellbeing strategy peer research project (October 2021) and follow up workshops (early 2022).
2. Themes and target groups for this priority were drafted from Health and Wellbeing strategy peer research project (October 2021), as well as follow on stakeholder workshop with input from the Connect Hackney recommendations on reducing loneliness and ONS research on key at risk groups (July 2022).
3. How does this link with national work ([Emerging Together: the Tackling Loneliness Network Action Plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/emerging-together-the-tackling-loneliness-network-action-plan)) and national objectives
 - Reduce stigma by building the local conversation on loneliness, so that people feel able to talk about loneliness/social isolation and reach out for help
 - Drive a lasting shift so that relationships and loneliness are considered in policy-making and delivery by organisations across society, supporting and amplifying the impact of organisations that are connecting people.
 - Play our part in improving the evidence base on loneliness, making a compelling case for action, and ensuring everyone has the information they need to make informed decisions through challenging times.

Target groups (initial broad list - to be refined)

- Elderly people (particularly widowed older homeowners living alone with long-term health conditions; ONS)
- Unmarried, middle-agers with long-term health conditions or physical disabilities
- Children and young people
- Younger renters with little trust and sense of belonging to their area.
- Recently bereaved people
- Residents who don't engage with health services
- Residents living in the private rental sector and in social housing
- Black and Global Majority residents,

- The traveller community
- Migrants & refugees, and non-English speakers
- LGBTQIA+community

| Theme | Action | Outcomes (and for which target group) | Who might be SRO for this theme/outcome? Who involved in delivery | Related work | Would this need extra funding? How could existing funding be reworked to enable this? |
|----------------------------------|---|--|---|--------------|--|
| Raising awareness in communities | Directory of relevant services to support better knowledge and join up of different services including vol sector services <ul style="list-style-type: none"> - Faith institutions - Food banks - Housing residents associations - Community champions - Including specialised & work with specific communities e.g. LGBTQIA+, refugees & migrants, etc. - Support for those who speak English as a second language | Engagement of different community and vol sector services Increased awareness in communities of need for social connectedness | Neighbourhood community navigator lead, in conjunction with working group (who would update?) | | Yes |
| | Locate services & communications in everyday locations like supermarkets and local shops <ul style="list-style-type: none"> - Which services? - Use of community halls? To host activities and to share information | | ? | | Yes? |
| | All relevant commissioned programmes (NHS, LBH, CoL and others), including community grants, should have increased social connections as an outcome <ul style="list-style-type: none"> - Consider inclusion of e.g. home visits | | Homerton Primary Care ELFT Healthwatch | | |

| | | | | | |
|--------------------------------------|---|--|---|--|-----|
| | <ul style="list-style-type: none"> - Support for those who speak English as a second language | | LBH | | |
| Raising awareness in professionals | <p>Training sessions: Connect Hackney (risk factors and protective factors, communities at risk, understanding how structural inequalities impact isolation & work to reduce these using systems change, how to have a conversation about loneliness, signposting to services)</p> <ul style="list-style-type: none"> - Who do we want to be trained? - How do we support organisations/services to identify changes they can make to improve social connectedness? - Use of directory of services above | <p>Greater knowledge of risks of social isolation</p> <p>Greater use of community navigation</p> <p>More residents signposted to local services</p> <p>Staff feel confident and competent to have discussions about social connections</p> | <p>Connect Hackney and MECC team?</p> | | Yes |
| | <p>Include loneliness and social isolation as elements of local Making Every Contact Count (MECC) programme</p> <ul style="list-style-type: none"> - Who should be priority for next round of MECC training? For example, housing officers? | <p>Less stigma</p> | <p>Public Health and MECC training provider</p> | | |
| | <p>Develop and embed pathways from organisations to VCSE services and local groups for social isolation</p> <ul style="list-style-type: none"> - social care (adults and children) - mental health services - CYP and family services - LD services - Community navigation | | | | |
| Creating environments for connection | <p>Develop TFL's 'Healthy Streets' indicators https://content.tfl.gov.uk/guide-to-the-healthy-streets-indicators.pdf</p> <p>Check with LBH planning/regeneration team what in place already</p> | <p>Spaces designed to consider social connections</p> | | | |
| | <p>'Social connection' is considered as part of area development plans and the built environment</p> | | <p>Hackney Council's area regeneration team</p> | | |

| | | | | | |
|--|---|--|----------------------------|--|--|
| | <ul style="list-style-type: none"> - Play streets? - How to design spaces to support social connections - Use of green spaces | | | | |
| | Develop set of principles for use of health spaces to maximise social connections and wellbeing e.g. waiting rooms | | Public health and planning | | |
| | Work with businesses to improve social interaction e.g. what can restaurant and cafe owners do to facilitate greater social interaction, also role of employers | | Business network lead? | | |
| Raising importance of social connectedness as an issue | Development of a tackling loneliness hub (to develop connections/foster relationships/consider funding opportunities etc) | | HVCS or neighbourhoods | | |
| Monitoring levels of social connection | Development of system and expectations for measurement of loneliness | Having baseline measures of social connectedness | Pop health hub | | |
| | <p>Screening tool for loneliness and training developed to use the tool</p> <p>Establish expectations for us of this across partners</p> | <p>social connection measured across system routinely</p> <p>Improvement in social connectedness</p> <p>Residents connected to services</p> <p>Staff feel confident and competent to have discussions with residents about loneliness/social connections</p> | Pop health hub | | |

| | | | | | |
|---|--|-------------------------------------|-------------------------|--|-----|
| Increasing social connections for residents | Outreach to people who are not in contact with services to identify those who could benefit from increased social connectedness | Improvement in social connectedness | | | Yes |
| | Development of volunteering opportunities for residents to support residents to build social connections | Residents connected to services | LBH, Homerton, ELFT, | | |
| | Consider how libraries, parks and green spaces can be used as venues to promote voluntary and community sector projects, or safe places to meet and connect with others. | | LBH | | |
| | Identify whether VCS organisations, community halls, TRAs etc could offer safe meeting spaces for residents in areas of identified need | | | | |
| | Increasing social connection is embedded within relevant service delivery plans, policies and grant funding specifications. | | LBH/NHS/HCVS | | |
| | Offer additional time at the start and end of commissioned services such as physical activity programme for residents to build connections | | LBH neighbourhood teams | | |

City & Hackney Social Connections Leads Group

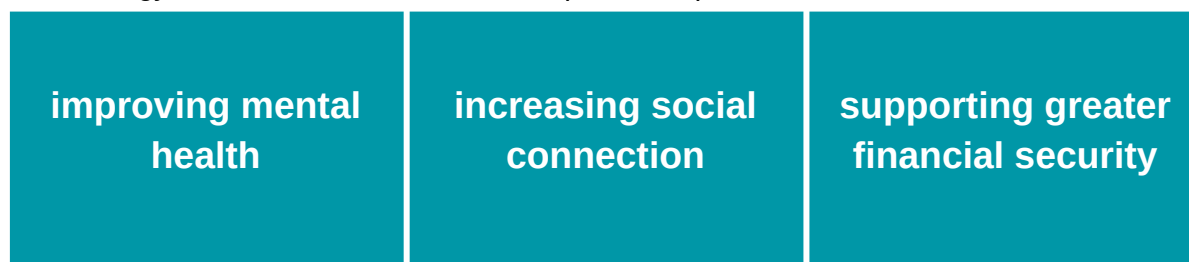
Terms of Reference

Dated 31st January 2023

Introduction

The Hackney Health & Wellbeing Strategy themes were based on information about health and wellbeing in Hackney and following extensive consultation and involvement of residents and communities on what mattered to them.

The strategy sets out three focus areas for partnership action over 2022 - 2026:



Purpose and objectives

The Social Connections Leads group has been formed to help take forward focus area 2: increasing social connection. At the Health & Wellbeing Board (HWB) in November 2022, it was proposed that each HWB member organisation nominate a social connections champion to work together to finalise the [draft social connections action plan](#).

As this work is relevant to the City of London Corporation, they will be invited to have a representative on the group.

Objectives:

- Agreeing on the themes and target groups within the action plan
- Ensure the final drafting of the plan reflects learning and experience to date
- Ensure work that is currently underway or planned links in with LBH and other organisation strategic plans
- Making sure we take up opportunities for collaboration across organisations
- Driving forward work on social connection in line with the action plan and ensuring ownership of the plan by organisations involved
- Monitoring and evaluating impact

Proposed membership

| <i>Organisation</i> | | <i>Representative</i> |
|------------------------------|--|-----------------------|
| GP Confederation | | Mary Clarke |
| East London Foundation Trust | | TBC |
| Homerton Health | | TBC |

| | | |
|------------------------------|-------------------|---|
| Healthwatch | | Sally Beaven |
| Hackney VCS leadership group | | Rosemary Jawara Additional leads TBC |
| Hackney Faith Forum? | | TBC |
| Police | | TBC |
| Community Pharmacies | | TBC |
| Hackney Council | Overall champion | TBC |
| | Policy & strategy | Jenny Zienau/Claire Witney Rickardo Hyatt TBC |
| | Comms | TBC |
| | Rest of council | TBC - plan to disseminate through Senior Managers network Relevant depts: planning housing, community halls and tenant engagement teams area regen/ business libraries leisure policy public health early years CYP - YOT Adult learning, employment Schools Young Hackney |
| Neighbourhoods team | | TBC |
| City of London Corporation | | TBC |
| Comms | | TBC |

Administration

The Population Health Hub will be responsible for administration of the group. Action notes will be circulated after each meeting within 5 working days.

Meetings

The group will meet every 2 months online. Meetings will be co-chaired by Councillor Kennedy and Joia de Sa, Consultant in Public Health and co-lead for the Population Health Hub.

Reporting

The Social Connections Leads group will report into the Health & Wellbeing Board via regular updates on the HWB strategy.

Forward plan

| <i>Date</i> | <i>Proposed meeting date</i> | <i>Meeting plan</i> |
|-------------|---|---|
| Mar 2023 | Meeting date TBC to suit Cllr Kennedy timetable | Review draft action plan Agree themes and target groups Decide how to take forward -'Owner' for each theme? Feedback on wording that residents used to describe the issue of social connection |
| May 2023 | | Theme 1 - Raising awareness among communities |
| July 2023 | | Theme 2 - raising awareness among professionals Theme 5 - measurement of social connection |
| Sept 2023 | | Theme 3 - Creating environments for social connections Theme 4 - Raising importance of SC as an issue |
| Nov 2023 | | Theme 6 - Increasing connections for residents |

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