

Overview & Scrutiny

Health in Hackney Scrutiny Commission

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

Wednesday 15 March 2023

7.00 pm

Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA

The press and public are welcome to join this meeting remotely via this link:

<https://youtu.be/9f9QRvROXog>

Back up live stream link: <https://youtu.be/A2YgFzl4woU>

If you wish to attend please give notice and note the guidance below.

Contact:

Jarlath O'Connell

☎ 020 8356 3309

✉ jarlath.oconnell@hackney.gov.uk

Mark Carroll

Chief Executive, London Borough of Hackney

Members: Cllr Ben Hayhurst (Chair), Cllr Deniz Oguzkanli, Cllr Kam Adams, Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Eluzer Goldberg, Cllr Sharon Patrick (Vice-Chair) and Cllr Ifraax Samatar

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.01)**
- 3 Declarations of Interest (19.02)**
- 4 Together Better project - Volunteering in Primary Care (19.03)** (Pages 9 - 18)
- 5 Health and Wellbeing Strategy - update from Public Health (19.35)** (Pages 19 - 88)

- 6 **Cost of living and health equity (20.05)** (Pages 89 - 106)
- 7 **Minutes of the Previous Meeting (20.40)** (Pages 107 - 120)
- 8 **Health in Hackney Scrutiny Commission Work Programme (20.41)** (Pages 121 - 128)
- 9 **Any Other Business (20.42)**

ACCESS AND INFORMATION

Public Involvement and Recording

Public Attendance at the Town Hall for Meetings

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

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.

Advice to Members on Declaring Interests

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.

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

Getting to the Town Hall

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

Accessibility

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

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

Further Information about the Commission

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

[Health in Hackney Scrutiny Commission](#)



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<p>Health in Hackney Scrutiny Commission</p> <p>15 March 2023</p> <p>‘Together Better’ project - Volunteering in Primary Care</p>	<p>Item No</p> <p>4</p>
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PURPOSE OF ITEM

To hear from Volunteer Centre Hackney about an innovative project called ‘Together Better - volunteering in Primary Care’.

OUTLINE

Cllr Kennedy drew Members’ attention to this at our 12 January meeting in the context of wider discussions about prevention work in primary care.

‘Together Better’ is a joint project among seven GP surgeries around Hackney and Volunteer Centre Hackney, funded by NEL ICS, to support patients to volunteer and share their skills and deliver activities to other patients. These include: walking groups, peer support groups, arts workshops and exercise classes. They support patients engaging in these activities as most of whom are isolated and struggling with mental or physical health issues.

Attending for this item will be:

Clare Ferrigi, Community Development Manager, Volunteer Centre Hackney
Krista Brown, Community Development Officer, Volunteer Centre Hackney

Attached please find: presentation ‘*Together Better Volunteering in Primary Care*’

ACTION

Members are requested to give consideration to the presentation.

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Together Better Project Volunteering In Primary Care

- ▶ Spring Hill Practice
- ▶ Elsdale Street Surgery
- ▶ Somerford Grove Practice
- ▶ Lawson Practice
- ▶ Nightingale surgery
- ▶ Richmond Road Medical Centre
- ▶ Lower Clapton Group Practice

VOLUNTEER
CENTRE
HACKNEY

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TOGETHER
BETTER
@ VCHACKNEY

NHS

City and Hackney
Clinical Commissioning Group





Let's talk numbers!

VOLUNTEERS



48 Activities delivered in these surgeries every week across Hackney . All led by volunteers sharing their skills

91 volunteers active right now in the surgeries.

1 Community Engagement Coordinator in each surgery, three days a week.

25 different activities from walking groups to dance classes

437 new participants engaged in these activities since January 2022



Let's talk numbers! VOLUNTEER LED ACTIVITIES

15 boxing sessions

38 Acupressure sessions

78 Gardening Group Sessions

17 men's mental health peer support groups

18 Tai Chi classes

50 Yoga Classes

14 Mother & Baby Clubs

87 Arts & Craft Classes

30 Swing Dance Fitness classes

6 creative writing classes

38 Qigong classes

102 Seated Fitness Classes

161 Coffee Mornings

10 women's support groups

30 advice and information workshops

8 Empowering women's workshops

140 Walking Sessions

12 women's self defence classes

11 Cooking classes

VOLUNTEER CENTRE HACKNEY



PROJECT IMPACT What do the patients say?

"I went through a rough period with my health, but being part of the programme has improved it now, I'm more active and focused".

"I feel much better since I've got involved in this project and I especially like doing physical activities. It really benefits my mental health and I would like to say thank you to everyone who has been involved".

"It makes me feel better just to know someone cares and checks in on me".

"I love getting out and about meeting and chatting with new people. This has helped reduce my anxiety. My mental health has improved, my confidence has grown and I've even lost weight!"

"This has helped my walking so much; I feel like I could run now!"

"So pleased to be involved in many activities as part of this project which has greatly improved my well-being and happiness. I've enjoyed getting to know people supporting and working with the local community."

"I felt respected, valued, empowered and supported".

"Since starting this project I have lost weight, my knees are stronger, from walking all the time. I volunteer at the coffee morning and I really love the people I've met".



What do the surgery staff say?

22 GPs and Practice Managers completed the survey from three surgeries.

• **75%** of staff surveyed, said they had referred a patient to TB.

• **68%** of staff surveyed, said it was an easy process to refer patients to TB.

• **68%** of staff surveyed said they had had positive feedback from their patients about the programme.

• **100%** of staff surveyed, said they feel the TB programme has benefited patients at their surgery.

• **100%** of staff surveyed, said they feel that the TB programme has had a positive impact on the surgery.

• **100%** of staff surveyed said they would recommend this programme to other GP practices.

“Patients are taking ownership of their health and well-being. They are helping each other to stay well. There is social connection and a sense of community. Patients are doing something positive for themselves, each other and the practice”.

“Lovely to see patients working in and around the surgery - feels inclusive, new way to interact with patients. Gardening group has improved the surroundings of the practice and is a really positive focus around reception”.

“Great programme - so nice to have groups of patients coming in for a coffee and a chat - taking part in activities and volunteering to help the practice, absolutely recommend this to all practices”.

“It has been amazing! The practice is a better place due to our volunteers. It is adding social value to what we do. We feel more connected to our patients and hopefully they feel more connected to the practice. The gardening project has transformed the outside of our building-it is beautiful. We have somewhere very positive to refer our patients to which enhances their physical and mental health”.

“The programme has changed some people's lives by making new friends and getting active”.

“My patient has found it a lovely group, found it has helped her with isolation and she has presented less to the surgery”, Dr Angel.

“I have two patients with mental health issues. One attends the gardening group and has spent less time focusing on contacting medical services. The group provides him with a focus and support network beyond his medical issue. The second patient was suffering with social isolation and often doesn't like to attend. However, she is engaging with the arts group and is therefore better connected and less isolated”, Dr Khan.

PROJECT IMPACT STORIES



- ▶ *Because of the excellent working relationship between the Together Better team and surgeries, when a text message was received from a suicidal patient stating they were going to end their life, police and ambulance were able to get to this patient before injuries became life-threatening.*
- ▶ *Housing issues - many patients face difficulties with their housing which in turn negatively impacts their health. One of the TB staff has improved housing conditions for six patients - all of whom are now actively engaged in projects & volunteering. More recently a colleague held a housing surgery at R/Rd practice which 21 patients benefitted from.*
- ▶ *Personal issues - some patients have complex mental health and personal issues and are not ready to engage, when we first meet them. We have worked in depth with patients to ensure they are not isolated & feel included in activities. This could range from dealing with hygiene issues to simply taking the time to work with someone one-on-one until they are ready to join in. We found out that one patient has had no hot water at home for two years, is disabled and has no support or social care. We signposted to social prescriber, patient now has a social worker and hot water was back on within two weeks.*
- ▶ *Patient with history of mental health issues. Has been regularly attending Walking Group and Coffee Morning for 6 months. In a consultation with Dr Angel said that he feels 'happiest he has been in years' due to the groups.*
- ▶ *Estate garden group member - had mental health crisis on day of session - talked to the TB staff and a volunteer, who were able to calm her down from crisis, signposted her for more support, with a follow-up session next day.*
- ▶ *Patient with limited English - had been isolating for 3 weeks as did not understand Covid restrictions. TB staff let her know she didn't need to stay at home anymore and was able to come back out into the community.*
- ▶ *Women's refuge resident - attended Qigong sessions - broke down crying with gratitude for opportunity to be with other people and feel welcomed.*
- ▶ *86 year old - lives alone and has found the walks have strengthened her limbs and maintained her confidence with walking. Signposted to additional independent living support programme.*
- ▶ *Homeless patient attended Walking Group - signposted to social prescriber and onto homelessness services.*



**For more info, email
claire.ferrigi@vchackney.org**

If you would like a copy of this presentation or more information about any of Volunteer Centre Hackney's programmes please share your email address with us.

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<p>Health in Hackney Scrutiny Commission</p> <p>15 March 2023</p> <p>Health and Wellbeing Strategy 2022-2026 - update one year on</p>	<p>Item No</p> <p>5</p>
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PURPOSE OF ITEM

The purpose of this item is to consider an update on progress with Hackney’s *Health and Wellbeing Strategy 2022-2026*.

OUTLINE

Hackney’s Health and Wellbeing Board has a duty to produce a health and wellbeing strategy which sets out the health and wellbeing priorities for the borough over a 4 year period. At its meeting on 9 Dec 2021 this Commission considered the draft Strategy and the consultation plan. The Chair asked officers to return a year after publication to update on outcomes. This was also presented this month to the Health and Wellbeing Board.

Increasing social connectedness was identified as a priority for inclusion in the Strategy and also attached is an update on that strand and the terms of reference for a new group the *City and Hackney Social Connections Leads Group* which Cllr Kennedy will chair.

Attached please find:

- b) Presentation on HWB Strategy - progress update
- c) Note on increasing social connectedness for the residents of Hackney
- d) Note on City and Hackney Social Connections Leads Group - Terms of Reference
- e) The Health and Wellbeing Strategy 2022-2026 document

Attending for this item will be:

Joia De Sa, Consultant in Public Health, LBH
Dr Sandra Husbands, Director of Public Health
Anna Garner,

ACTION

Members are requested to give consideration to the discussion.

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Hackney Health & Wellbeing Strategy 2022-2026

Progress update and development of action plan
Presentation for Health in Hackney Scrutiny Board
15 March 2023

Health and Wellbeing Board: Background

[Hackney Health and Wellbeing Board](#) (HWB) works together to improve the health and wellbeing of people in Hackney and reduce health inequalities. The board brings together people from:

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

Health and Wellbeing Strategy: Background

- A health and wellbeing strategy outlines the priority areas and how we would like to work together to improve people's health and reduce health inequalities that exist.
- Strategy for all parts of Health and Wellbeing Board, working in partnership Hackney and City working to separate timelines: this discussion is about the Hackney strategy

Process to reach priorities

Analysis

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

Workshop

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

Engagement

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

Prioritisation

Prioritisation workshop held in October

Consultation

Consultation on priorities from Nov- Jan 22

Progress to date

Strategy launch

What should our HWB priorities be?

List of draft priorities developed

Consult on draft strategy

Action plan development

July-Sept

Sept-Oct

Nov- Feb

Feb -Mar 22

March 22

Autumn 22

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Engagement

- Peer research
- Events
- Resident survey
- Stakeholder survey
- Stakeholder workshops

Analysis, prioritisation and write up

HWB Board to prioritise, based on feedback themes and evidence base.

Developing draft actions that we will take against draft priorities

HWB meeting 10th Nov 21

Formal consultation

Amendments

HWB meeting 9th March 22

Strategy signed off

Action plan

This will detail what steps will be taken to implement the strategy

Hackney's Health and Wellbeing Strategy

A reminder of our priorities

**improving mental
health**

**increasing social
connection**

**supporting greater
financial security**

A reminder of our 'Ways of Working'

This community-centred approach involves:

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

Priority 1: improving mental health

What we have heard from
residents and stakeholders

What we have heard is important - mental health

Theme	Meaning
MENTAL HEALTH SERVICES	greater availability, improved services, training for health professionals, community-level access to mental health services.
SOCIAL ACTIVITIES	Including social spaces, green spaces, and physical and social activities.
EDUCATION	Mental health education in schools and more widely.
ENGAGEMENT	Engagement with community groups, local businesses, places of worship, and other local authorities.
PARTNERSHIPS	Suggested partnerships with employers, Hackney Council, and legal and justice services.
COMMUNITY SUPPORT	Fostering community-based mental health support, funding for community organisations and volunteer schemes.
HOUSING	Suggested actions related to housing.
PARENTS & FAMILIES	Suggested actions relating to parents, families and relationships.
COMMUNICATION	More information for residents about services and the strategy to deliver on priorities.

Who should we focus on? Resident and stakeholder views

children & young people

the traveller community

vulnerable groups
(homeless, low income)

women

Healthcare staff

Ethnically diverse groups

carers

Those with a physical disability

Non- english speakers

men

LGBTQIA+ population.

Migrants and refugees

How are we taking this forward?

- Several key strategic documents relating to this area including the NELH&CP integrated care strategy (interim) which includes mental health as one of four system priorities
- Also work underway on the scoping of a Mental Health needs assessment which will form part of the Joint Strategic Needs Assessment

Proposal to write 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.
- Oversight from 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.

Priority 2: increasing social connections

What we have heard from
residents and stakeholders

What we have heard is important- social connections

Theme	Meaning
SOCIAL & ACTIVITY ACTIONS	Including social clubs, community & youth centres, physical activities & exercise, green spaces, and play streets.
ENGAGEMENT	Engagement with community groups, faith groups & places of worship, outreach & increased community engagement, digital resources & digital exclusion, and the need for cultural sensitivity.
HEALTH & MENTAL HEALTH SERVICES	Actions relating to wider NHS & GP services, greater availability of mental health services & therapies, collaboration between health centres, NHS practices & local organisations, substance misuse support, and access to home carers.
COMMUNICATION	More advertising and sharing of information.
EDUCATION	Education and outreach on health inequalities, children & young people's education, and wider information about mental health.
PARTNERSHIPS	Suggested partnerships with Hackney Council (and Council based actions), senior health teams, public safety, and government policy-based actions.
HOUSING	Actions related to housing, housing conditions & affordable housing.
EMPLOYMENT	Employability & skills.
FINANCIAL SUPPORT	Debt and financial advice, cost of living and economic inequalities.
FOOD SUPPORT	Access to food & food banks.

Who should we focus on? Resident and stakeholder views

children & young people

the traveller community

Migrants and refugees

Older people

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Non english speaking residents

Ethnically diverse groups

Low income groups and those living in areas of higher deprivation

LGBTQIA+ population

Those with physical and learning disabilities

Women

Prison leavers

Those with long term health conditions

How are we taking this forward?

- The Population Health Hub is convening a social connections group which will be co-chaired by Councillor Kennedy and Joia de Sa, Consultant in Public Health. Membership of the Group includes social connection champions from each HWB organisation and representatives from across the place-based partnership (including City of London) as appropriate.

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The group will be focusing on how to take forward the draft social connections action plan which was drafted following a workshop last year with membership from across the system. Themes include:

- Raising awareness in communities
- Raising awareness among professionals
- Creating environments for social connections
- Monitoring levels of social connection

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Priority 3: supporting greater financial security

What we have heard from
residents and stakeholders

What we have heard is important- financial security

Theme	Meaning
EMPLOYMENT	More employment & training opportunities, greater pay, employment support for young people.
FINANCIAL SUPPORT	Including comments related to high cost of living, living wage, greater access to financial support, universal credit, debt support, income disparity & gentrification in Hackney and fuel vouchers.
PARTNERSHIPS	Partnerships & collaboration with organisations, including Hackney Council, the government, community organisations and anchor institutions.
COMMUNICATION & INFORMATION	More communication, accessible advice and information for residents.
HOUSING	Including social sector housing, private sector housing and rent.
FOOD SUPPORT	Access to affordable, healthy food, cooking classes, partnerships with supermarkets.
EDUCATION	Financial security and budgeting education.
SOCIAL ACTIVITY	Opportunities for free or low-cost exercise classes, accessible community spaces and green spaces.
HEALTH SERVICES	Including wider NHS services, GP services, social prescribing and dental care.
ADDICTION SERVICES	Support for addiction and substance misuse treatment & prevention.

Who should we focus on? Resident and stakeholder views

Parents and families (including children and young people)

Those who suffer from addiction

Older People

Low income groups

Children with SEND needs

Ethnically diverse groups

Non English speakers

Traveller community

How are we taking this forward?

- 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.

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/policies/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

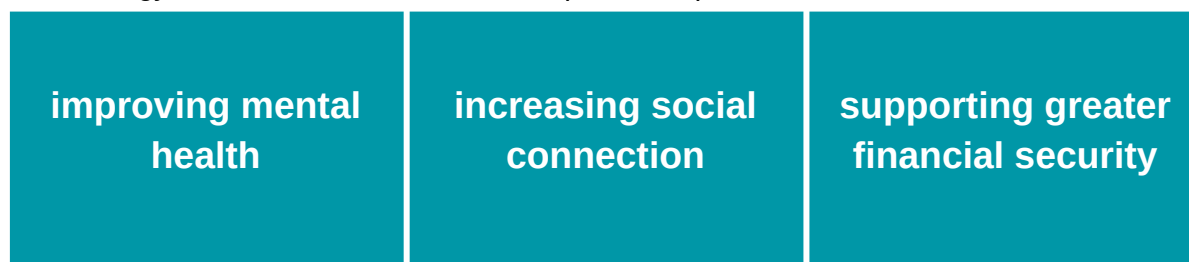
Terms of Reference

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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Hackney Joint Health & Wellbeing Strategy

2022-26

Executive summary

Who has created this strategy and why?

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

What is our aim?

The Health and Wellbeing Board's aim is to improve health and wellbeing in Hackney whilst also reducing health inequalities - the avoidable and unfair differences in health between different groups and communities.

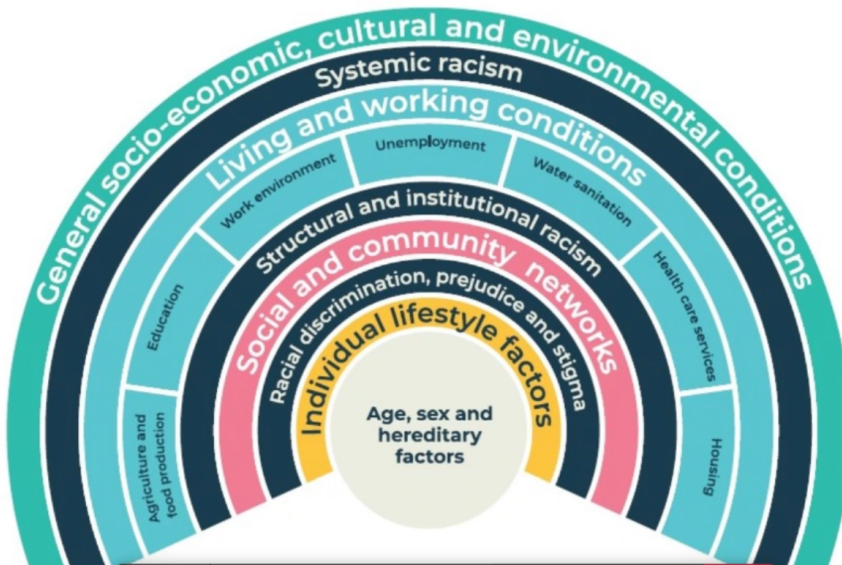
To achieve this, we have identified three priority areas for action:

- improving mental health
- increasing social connection and
- supporting greater financial security.

They will require a partnership effort over the next four years. This strategy forms a part of our work but does not reflect everything we are committed to doing over the years to improve health and reduce health inequalities in Hackney, as many other actions and activities will continue or start over this period.

Why do we need to take action on health inequalities?

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



Adapted from Dahlgren and Whitehead (1991)

Across the country, we know that people experience significant health inequalities. This is also true for Hackney. Between 2003 and 2018, an estimated 4,000 premature deaths locally were attributed to socioeconomic inequality. ([Lancet, 2020](#); [estimates applied to local mortality data])

The COVID-19 pandemic has also had a profound impact on people’s health and wellbeing and their livelihoods. We have seen unequal burdens carried by different population groups and in different parts of the country, in relation to many different factors related to health and wellbeing. The measures taken to suppress coronavirus have also affected people unequally – causing both immediate and longer term consequences for individuals’ health and wellbeing.

How did we come up with this strategy?

We have a lot of information about health and wellbeing in Hackney, which has helped to inform this draft strategy. You can find out more about this in our health and wellbeing profile ([Joint Strategic Needs Assessment](#)) and our [review of health needs in the local population](#). This work reveals a range of health inequalities locally, some of which we are already working to address, while there are other areas that we still need to improve.

In developing this strategy, we have engaged with many local people who live and work in Hackney, as well as local organisations that support residents’ health and wellbeing, to undertake a formal consultation for 12 weeks. We heard from over 1,400 people while developing this strategy, to discuss what health and wellbeing issues they felt should be prioritised in Hackney. The insight that we collected during our engagement and formal consultation phases, combined with the information we already held, has been invaluable in identifying priorities for this strategy.

What are we going to do?

The strategy sets out broad areas of priority for action. A more detailed action plan for each priority area and ambitions for each will be developed in 2022. The action plan will also set out the priority population groups and communities that we will focus on through these priority actions.

Our focus areas for partnership action over the next four years are:



For each of these we are going to take an approach that prioritises reducing health inequalities. We will do this by using the objectives set out in the Marmot Review ([Fair Society. Healthy Lives. 2010](#)), as a way to guide where action is likely to have the greatest impact. This involves focusing on how we can achieve the following, in relation to each priority area:

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

Doing things differently: how will we work?

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

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level¹
- Making the best of community resources

¹ Eight geographical areas have been defined as in City and Hackney Neighbourhoods, formed as much as possible around natural communities based on GP registered lists. These Neighbourhood areas serve populations of between 30,000 to 50,000 residents, and align with Primary Care Network (PCN) geographies. The intention is for Neighbourhood areas to be small enough to provide personal care, but large enough to provide a broad range of resilient services.

Many partnerships will be crucial to guarantee the success of this work. It is important to balance the efforts needed to create and support good health today with the need to transform and improve things for the future. One way to do this is working both across our wider North East London (NEL) region - including our Integrated Care System (ICS)² and at a more local neighbourhood level across Hackney. Neighbourhood working - which brings together a number of perspectives for a smaller area - has already provided a helpful foundation. This approach balances the current need for healthcare (from people who are unwell today) with the need for a future focus, that tries to prevent people from becoming unwell or widening inequalities. This balanced, neighbourhood approach will continue as part of this strategy.

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

Who is involved in developing the Strategy and implementing the actions?

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

- the local NHS
- Social Care
- Various Hackney Council departments
- the voluntary and community sector
- Healthwatch Hackney

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

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

² Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

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Foreword

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

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

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

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

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

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

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

achieve and how we intend to get there in the next four years. We will make sure our progress is monitored.

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

Foreword

- from Anna Wojnarowska and the peer research team who co-produced the Strategy with the Health and Wellbeing Board.

It is easy to be stuck in our own bubbles. We all do it, to a smaller or higher degree. Surround ourselves with people we know, who are and feel familiar, who share our beliefs and values. Living in London, even in diverse communities like Hackney, it's still very easy to do this day to day.

Similarly, when it comes to our own health, we rely on our closest friends and family to give us advice. Together we built our own definitions of what being fit means, what eating well is, how to be active and how to stay well. Other times we may not have time to focus on this at all, or we don't think the tools and health services are accessible to us. Immediate social bubbles usually sustain these beliefs.

And yet, the last couple of years have taught us a lot about the importance and value of local diverse communities, frequently outside of our immediate social bubbles. All of a sudden our neighbours became our source of support, with local networks deepening and thriving. This past period also taught us that the definition of "health" is changing, with mental health's increasing importance and impact on our physical health.

Developing health and wellbeing policies for diverse communities demands a creative, people-centred approach. This project has been founded on the principle of the power and the necessity to celebrate diversity. We gathered as researchers coming from drastically diverse backgrounds, with not much in common apart from living in the same part of London and willing to commit our time to a shared goal: how can we make this neighbourhood healthier for all of us? How can we develop tools and services in a people-centred way that would address the needs of all of us?

We spent many hours, during our immediate volunteering meetings and during our interviews with local residents, finding out what matters to all of us. What may feel adequate to one group may be depriving others. A green space that became the epicentre of entertainment and joy for some, may have become an uninviting space for others. Prioritising car-free zones is beneficial to most but it requires creative solutions to small business owners in the area.

By listening to the residents and having analysed their collective views and patterns of behaviour, we have an opportunity to develop an action plan that really addresses our residents' needs. This means not only rethinking what kind of services we have to offer but also how to promote them, who to promote them to and how to implement them. We are hoping for this approach to become a standard for further

projects in Hackney and for work done by other councils in the future. Most importantly though, we are hoping that Hackney residents will notice the difference by being more aware of the services available to them and by seeing an impact that those services have on their health.

As a researcher volunteering for this project from the start, I have to say that there is no gift as precious as having an opportunity to listen to others. This project gave us all a unique chance to leave our bubbles and work towards a shared community-health goal. We hope that that's reflected in what's to come in Hackney in the next few years.

Introduction

What is the role of Hackney's Health and Wellbeing Board?

Hackney Health and Wellbeing Board works as a partnership to improve the health and wellbeing of local residents, with an overarching aim of tackling health inequalities.

The Board's membership is broad, to reflect our 'health in all policies' approach - recognising that because the influences on health are wide ranging, we need to consider health in decisions made on many different issues, such as housing, education and the built environment, for example.

Who is involved in developing the Strategy and implementing the actions?

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

- the local NHS
- Social Care
- Various Hackney Council departments
- the voluntary and community sector
- Healthwatch Hackney

What is this strategy about?

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

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

What do we mean by health and wellbeing?

Health is the degree to which residents experience good physical, mental and social wellbeing.

What is our focus going to be?

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

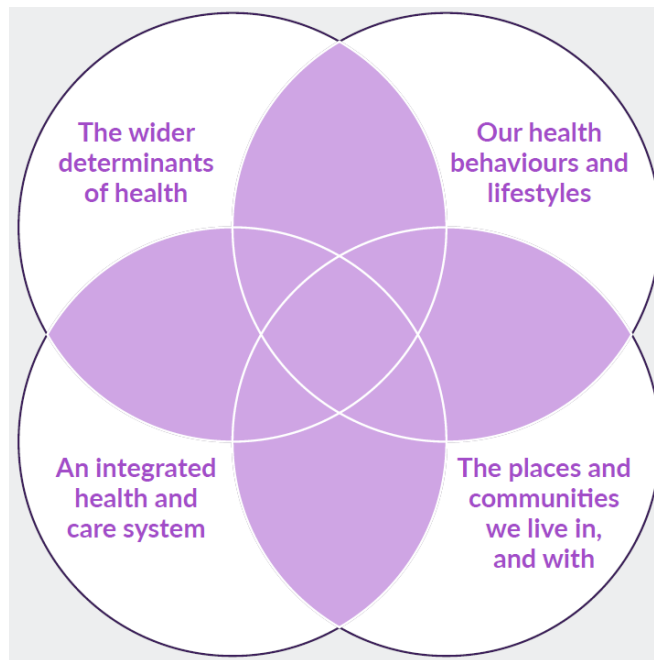
What can influence health and wellbeing?

Health and wellbeing can change and be changed, and is influenced by many different things. As shown in the diagram below, there is a relationship between an individual and the complex, multiple factors that can impact their health. Every person's health will be influenced by various and interacting factors, from their own behaviours and choices, to the broader social, economic, cultural and environmental conditions. Racism plays a role at multiple levels.



Adapted from Dahlgren and Whitehead (1991)

During the development of this strategy, we used the King's Fund 'population health' framework (see diagram below) to group some of the things that can influence health and wellbeing and to help define who might be involved in taking action.



The King's Fund ([A vision for population health, 2018](#))

There is now a wealth of evidence that so-called 'wider determinants' are the most

important driver of an individual's and a population's health. These determinants include income, wealth, education, housing, transport, our physical environment (such as the built and natural environment, air quality and green spaces) and leisure facilities and opportunities. There are many national and local government policies that can help shape these wider determinants of health.

Other important influences include our health behaviours and lifestyles. These include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking since the 1950s have been a key factor in rising life expectancy, obesity rates have increased and now pose a significant threat to good health and are a major contribution to health inequalities.

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

Recent years have seen a strong focus on developing an integrated health and care system. This reflects the growing number of people with multiple long-term conditions and the need to integrate health, social care and preventative services around a person's needs, rather than around individual provider organisations' needs. Efforts to ensure that health and care services can deal with current pressures will continue to be important. This involves work to ensure equal and timely access, continuity of care, joined-up communication and high quality services. It is balanced with the work to establish and improve ways of working that improve health in the future.

The case for collaborative partnerships and strengthening relationships between health and care partners has been highlighted throughout the pandemic. Development of ICS's also has the potential to drive improvements in population health and tackle health inequalities by reaching beyond the NHS to work alongside local authorities, the voluntary and community sector, residents and other partners to address social and economic determinants of health. Continued work is required to ensure that residents receive integrated health and care services. This involves work to ensure access, continuity of care, joined-up communication and high quality services. It is balanced with the work to establish and improve ways of working that improve health in the future.

What do we know about health and wellbeing in Hackney?

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

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

How we developed this strategy

This strategy was developed in 2021- 2022. Four significant sources of input to the strategy were:

1. [A review of population health needs](#), published in May 2021: this includes mapping local existing strategies and plans related to the King's Fund 'population health' framework areas of focus (wider determinants of health, integrated health and care system, health behaviours and lifestyles, places and communities we live in, and with).
2. Health and Wellbeing Board workshop, with the King's Fund in May 2021: members of the HWB and local Health Inequalities Steering Group came together to discuss potential areas of focus for the Strategy, using the local data evidence pack information. The output of this workshop was a 'long list' of possible Strategy areas of focus.
3. [Engagement with residents and other stakeholders](#) over the summer of 2021: this engagement included a residents' survey; recruitment and training of volunteer peer researchers to conduct surveys and focus groups; stakeholder workshops and meetings with people who work with residents in the borough.

4. A formal 12 week consultation period (November 2021- February 2022): this provided feedback from residents and wider stakeholders on the draft strategy, and what further actions we should take to address health inequalities and strengthen partnerships across the three identified priorities.

Our approach to co-production

The Health and Wellbeing Board developed this strategy for and in partnership with the people who live, work or study in Hackney. We couldn't have done this on our own. The volunteer peer researchers and the Hackney residents that we engaged with throughout the process have been fundamental in shaping this strategy, with and for us.

How we conducted peer research

In 2021, Volunteer Centre Hackney (VCH) developed a peer research model, recruiting a diverse group of local volunteers to engage in conducting research activities with local residents. Their goal was simple: reach out to your community and find out what matters to them when it comes to their health and wellbeing. VCH recruited volunteers from a wide range of socio-economic and cultural backgrounds, and provided ongoing group and one to one training and support over 12 weeks, making sure that we heard as many different voices as possible.

During the summer of 2021, the volunteers reached out to their networks and invited people to talk about what matters to them, using open and exploratory questions.

As well as speaking to people in their immediate social circles, the volunteers also set up interviewing points at pharmacies, community centres and shopping centres to speak to the wider community.

A team of over 40 peer researchers conducted a total of 324 interviews as part of a wider engagement plan to help define the strategy priorities.

The peer researchers spoke to residents during the formal consultation phase, to get feedback on specific actions that could be taken to help address health inequalities across the three priority areas. The peer researchers then helped to write and edit the final strategy.

This co-production approach has meant that we have been able to develop a strategy that is focused on the needs of local people as defined by them. We want this approach to become the standard for future work in Hackney to improve the population's health and reduce inequalities.

Identifying priorities

A shortlist of priority issues was identified by analysing the themes that were raised during the engagement phase. The resident and stakeholder engagement gathered

a wealth of information, details of which can be found in the full engagement insight report ([Hackney HWB Strategy Engagement Report, 2020](#)). A list of common priorities emerged from the engagement phase.

A number of questions were used to narrow down the shortlist of priorities into a small number of focus areas to include in this Health and Wellbeing Strategy.

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

This prioritisation led to three areas to focus for action:

- improving mental health
- increasing social connection and
- supporting greater financial security.

Our framework for action

Using the '[Marmot Framework](#)', we will develop action plans to deliver on our three priorities (improving mental health, increasing social connections, supporting greater financial security), by addressing how we will:

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

We also know that racism impacts on health too, and that other cultural and social inequalities also have a profound effect on people's wellbeing. Structural inequalities lead to poorer health outcomes for many of our diverse communities. We will therefore underpin this strategy, and the work of the Health and Wellbeing Board more generally, with anti-racist action and an explicit anti-racist approach.

What do we mean by inequalities?

We define structural inequality as the inequality that is created by the social structures that disadvantage some ethnic groups more than others, now and

historically. We need to continue to work with partners proactively to redress this injustice. This means that sometimes people need more support or focus because they are more disadvantaged.

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

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

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

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

Ensuring that local partnership organisations are culturally humble, understand the cultural context of an individual's health and wellbeing, and work in a way which is inclusive, proactively tackles racism and values diversity- is an important element of this strategy's work. Developing a greater awareness of different cultural beliefs can help organisations in meeting the diverse needs of our local population is key to this work.

What are we going to focus on?

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

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

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

1. Improving mental health

Mental health is essential to our overall well-being, as important as our physical health. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life well. People can go through periods of poor mental health where they might find the ways that they are frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as difficult as a physical illness, or even worse ([Mind, 2017](#)).

Our ambitions for the mental health of people in Hackney include:

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

What do we know about mental health in Hackney?

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

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

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

Stakeholders noted that people may not feel comfortable talking about their mental health due to stigma or concerns about repercussions, and that during the Covid-19 pandemic more people may have experienced a worsening of their mental health.

Some suggested public awareness and decreasing the stigma around discussing and seeking support for mental health would be positive, especially for children, young people and their families.

Why is this a priority?

Nationally, the Covid-19 pandemic has impacted significantly on many people's mental health, as monitored by ongoing surveillance reporting ([OHID, 2020](#)). For many people, their response might be temporary, disrupting what might typically be good mental health. Mental health promotion can be used to support people to take care of their mental health and be able to use strategies to keep themselves well.

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

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

Recent academic research, conducted by the NHS Race and Health Observatory found that ethnic minority groups experienced distinct inequalities in mental health support provision, and in gaining access to mental health 'talking therapies' ([NHS Race and Health Observatory, 2022](#)).

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

The NHS Race and Observatory report also found evidence that the ethnic inequalities in mental healthcare for adult populations is being reproduced in younger populations, with one study in the review showing that Black children were 10 times more likely to be referred to Child and Adolescent Mental Health Services (CAMHS) via social services rather than their GP service, in comparison to White British children.

Developing and embedding cultures of compassion, inclusion, collaboration and greater diversity across our local services is a fundamental part of delivering high

quality care, and culture change, where needed to improve the health and wellbeing of the local population.

What does this mean to me?

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

A Peer Researcher

What can we work together on?

Examples for potential action are suggested below: a detailed action plan will be developed to set out clear objectives, how we will measure success and actions. As noted, there is existing work ongoing, including a [joint mental health strategy](#).

Hackney has also signed up to the [Prevention Concordat for Better Mental Health](#).

- *Give every child the best start in life:* Implementing the Children and Young People's Emotional Health and Wellbeing Strategy 2021-2026
- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* ensure there are widespread and well-communicated, accessible opportunities for people to maintain their mental health - for example, [Five to Thrive](#). This includes promoting and enabling physical activity, which can have significant benefits for someone's mental health. This may also involve continuing to support [ThriveLDN's work in Hackney](#).
- *Create fair employment and good work for all:* work and skills can have positive and negative impact on people's mental health. This action plan can build on the employment support offer available via [Hackney Works](#) and the [local supported employment service](#).
- *Ensure healthy standard of living for all:* If employers are involved in supporting people to prevent mental ill health and get timely treatment and support, this can stop ill health disrupting employment. Embedding a 'making mental health everyone's responsibility' approach into the work of organisations across Hackney, which could include applying the standards from the [Mayor of London's Healthy Workplace Award](#). This would build on work within Hackney Council that aims to create an approach in services and businesses where employers take steps to support mental health through

processes, as well as the design of their services and spaces. It will also be important to link this work to financial security, noting that people who were in employment reported higher levels of emotional wellbeing.

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

2. Increasing social connections

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

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

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

Good social infrastructure (physical places, and local organisations that can shape our capacity to interact with one another) and community facilities in neighbourhoods are important for the building of local social networks and communities.

What do we know about social connections in Hackney?

In Hackney, many people are positive about their connection to the local community and to others. When asked in a previous survey, three in four Hackney residents said that they have close bonds with other residents. But one in ten say they feel isolated. Isolation is more likely to be experienced by people in semi-skilled, manual and very low income groups and by tenants of social housing, Muslim and Asian residents ([Hackney Community Strategy, 2018](#)). Loneliness affects many people in Hackney. The percentage of adults in Hackney who feel lonely occasionally or some of the time was 44% in 2019/20 ([Active Lives Adult Survey, Sport England, 2021](#)).

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

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

Why is this a priority?

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

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

What does this mean to me?

As a disabled man, suffering with Poliomyelitis, I use crutches or a wheelchair to mobilise myself. My belief is that physical activity and social interactions always improves our health and wellbeing. I've now qualified as a physical activity instructor, and I now deliver various exercise courses to residents in the borough. In addition, I speak to local multiple disability groups about the positive effects of exercise, gym, and sporting activities in Hackney.

Through the many conversations I have with friends, wheelchair users and these groups, I know that the main reason most don't participate in sporting activities is the lack of accessible facilities, no understanding from gym employees, poor localised marketing, and a lack of disabled role models. Having limited or no access to such services and facilities has a significant impact on us – psychologically and physically. So many disabled people feel isolated, anxious and depressed due to the lack of physical activity and of course, social interactions.

The community (and non-disabled people) must increase their knowledge and awareness of the issues faced by disabled people. Support and facilitate us in local gyms and sporting venues – allow us to improve our wellbeing & become active in our community!

A Peer Researcher

Finding the right type of support and connections into employment

How do you feel connected to society? My family ties are great, my local connections (church, neighbours etc) are also good. But my network (work / business) that will sustain both my family and local network is shaky.

After the failure of my business, I am faced with restarting and integrating into society. I needed a job. The only friend you are socially connected to, job wise, are online employment agencies.

My social connection to business networks was largely missing, I was in limbo on how to progress my job search. What was I doing right or wrong? Who do I call on for support?

My immediate social connections (family, church, neighbours etc) were of no particular help with this issue.

How do I grow new social connections, while getting the help I need? My connection to the right source of information was missing. I have a product and a robust CV, but do not know what to do with it.

The negative psychological impact of not being able to connect to the right group who could point you in the right direction is damaging. This is my story, a failed business owner, as I try to integrate into the society as a 51 years old job seeker.

A Peer Researcher

What can we work together on?

There are examples of ongoing and successful work to tackle social isolation,

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

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

Give every child the best start in life: Hackney CVS are considering the next steps for Connect Hackney. This may include a programme of work called 'Community Connections', which could extend the age groups to include children, younger people and their families.

- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* Hackney Young Futures Commission highlighted a theme of 'an inclusive future', emphasising "regeneration rather than gentrification" and making requests to include young people in the regeneration in the borough, promoting intergenerational dialogue, supporting young people and the night time economy and improving communications with young people.
- *Create fair employment and good work for all:* work and volunteering are both ways to form social connections - efforts to support residents find and keep good work could focus on those who experience health inequalities, such as people with learning disabilities and poor mental health being supported by the [supported employment service](#).
- *Ensure healthy standard of living for all:* build community cohesion principles into area regeneration and new developments in Hackney, involving residents in the planning, where community connection is an issue.
- *Create and develop healthy and sustainable places and communities:* neighbourhood plans are being developed through health, care, VCS organisations and residents. These may emphasise social connections and ensure people feel connected to each other, depending on what residents raise.

Ensure that community spaces across the partnership are accessible for residents and local community groups to use.

Hackney Council's area regeneration team to ensure 'social connections' are considered as part of area development plans and the built environment.

- *Strengthen the role and impact of ill health prevention:* taking part in physical activity, for example, can be a way to form and maintain social connections as well as preventing ill health.

Hackney Council to ensure that social connection is embedded within relevant service delivery plans, policies and grant funding specifications.

All partners are better able to identify residents at risk of social isolation, through a cross partnership identification approach, and ensuring residents

are supported to access meaningful support.

Promote the connection between physical activity and social connection through communication with residents and stakeholders working with residents.

- *Tackling racism*: this could involve building on and linking to the work of [Improving Outcomes for Young Black Men](#), a programme of work focused on harnessing successful young black men's potential, increasing their visibility, and tackling inequalities where they exist.

3. Supporting greater financial security

Financial insecurity and poverty are one of the major determinants of health inequalities. There are many ways in which financial security is linked to health. Managing on a low income is stressful, making it very difficult to pay for basic needs such as food, warmth and shelter. If someone is living with poor health this could lead to having a low income if it prevents them from maintaining paid employment. Having poor health in childhood could affect education attainment and future earnings as a result. As noted, there are links between financial security and the other priorities of the strategy - for example, one in two adults with debts has a mental health problem ([Royal College of Psychiatrists, 2017](#)).

What do we know about financial security in Hackney?

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

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

Income is not equally distributed among households in Hackney with some areas being more affluent than others. In 2018 net annual household income after housing costs ranged from £19,900 in the Hackney Marshes 'middle super output area (MSOA)' to £34,600 in the Clissold South MSOA³.

There has been a large rise in local residents accessing Universal Credit since 2020.

³ Hackney can be divided into 28 'middle super output areas' - a geographical area that is smaller than other areas like wards or neighbourhoods, but can be helpful to understand differences across the borough. Using the 2011 census, the populations of each MSOA in Hackney ranged between 6000 and 13000 people.

In July 2021, just under 35,000 local residents were claiming Universal Credit (of these, 40% were in work) compared with 13,700 in March 2020. 8,700 Hackney residents were on the Government's furlough scheme at this time. The pandemic and Brexit will continue to have negative and cumulative impacts on residents, with the end of furlough, end of Universal Credit uplift, fuel costs and the deadline for applying for EU settled status which if missed could lead to people not being able to work.

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

Unemployment has increased from 4.9% to 6.7% between 2020 and 2021. The proportion of unemployed 16-24 year olds increased from 4% to 11% and the proportion of unemployed 50-64 year olds increased from 6.3% to 12.3%. The number of people who have been unemployed for over a year has increased from 2,500 to 8,500.

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

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

Why is this a priority?

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

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

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

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

By working on supporting greater financial security, we mean that we will work in partnership across organisations to ensure that local residents are aware and have access to support to help address poverty and debt, related to food, income maximisation, employment, benefits and wider wellbeing services.

What does this mean to me?

Hackney's Community Strategy states we are '*a borough where everyone has a decent quality of life and local communities*' benefit from expansion. Although our borough has evolved over the years, the prominent levels of poverty and inequality have not. We have one of the highest rates of households in temporary housing, and a staggering 48% of our children are considered poor. This is the third highest rate in the United Kingdom and is unacceptable.

Many localised projects exist in Hackney to assist those who cannot afford to eat, heat their homes, or clothe their children. Last year, my friend's project helped provide 100,000 meals and food bags to those in need. In just ten months, my own project, a children's clothing bank, assisted over 2,000 children and 1,548 families with kids clothes, baby equipment, toys/books, shoes, hygiene products, baby milk and nappies. The demand continues to grow. Living expenses – such as rent, food, and fuel – are rapidly rising, but residents' incomes are not.

To improve long-term financial security for Hackney residents, we urgently need a greater variety of more affordable housing options (especially our younger residents of the borough). Having a safe, affordable home is a primary human need; if this is not available, it can have a significant impact on someone's wellbeing. The Board must also collaborate with residents and local businesses to remodel our high street and entice larger employers and retailers to return and create more jobs for local people.

A Peer Researcher

What can we work together on?

Examples for potential action are suggested below:

- *Give every child the best start in life:* a new poverty reduction framework will be launched by Hackney Council in early 2022: this could be supported by wider members of the Health and Wellbeing Board.
Increase registration of the number of families entitled to Healthy Start vouchers in Hackney through scheme promotion with partners and local retailers.
- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* this could explore work on financial literacy and resilience for children and their families, potentially through lessons in school.
- *Create fair employment and good work for all:* the Hackney Inclusive Economy Strategy aims to connect residents to high-quality employment support and opportunities to learn new skills, get good quality, well-paid work and progress their career throughout their working life.
Ensure that high quality volunteering and work placement opportunities and routes are available through partnership organisations.
Actions to support employment previously included in this strategy will be relevant here too.
- *Ensure a healthy standard of living for all:* Ensure private and social housing landlords are able to signpost/refer residents to relevant financial support.
Explore whether developers consider local employment/apprenticeship opportunities for residents through area regeneration schemes.
Ensure food poverty schemes are promoted through housing partners and neighbourhoods.
- *Create and develop healthy and sustainable places and communities:*
Building on work started prior to the Covid-19 pandemic to strengthen the collective action of Hackney's 'anchor institutions' (including the Council, NHS trusts and community partners). Anchor institutions can use their influence to improve local social, economic and environmental conditions and reduce inequalities.
- *Strengthen awareness of the role and impact of financial wellbeing and the link to ill health prevention:* this could include targeted investment in prevention in more deprived parts of the borough - and ensuring provision of tailored prevention services that are fully accessible to those with low incomes.
Work with the Poverty Reduction Framework Network to collaborate with health and care partners, to build financial wellbeing skills of staff and awareness of financial wellbeing advice services to signpost residents to.
Ensure that financial wellbeing training is available to all partners working across the borough, and is part of core training offer, so that those working

with residents understand where to signpost and refer for support.
 Develop easy, accessible information for residents in relation to financial support.

- *Tackling racism*: There will need to be learning from local projects being run, and where successful ensure they are scaled up. The approach proposed to the Health Inequalities Steering Group on racial inequality will also examine the structural inequality that prevents building prosperity and wellbeing.

How are we going to work differently?

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

We are going to take a community-centred approach. Community-centred approaches are those that prepare and assemble 'assets' within communities, encourage equity and social connectedness and increase people's control over their health and lives.

As 'asset' could be anything that improves the quality of community life, such as the capacities and abilities of local residents or community members, or a physical structure or place - such as a community centre or youth hub.

This community-centred approach involves:

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

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

Strengthening communities (building community capacity to take action on health and the social determinants of health)	Volunteer and peer roles (enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities)	Collaborations and partnerships (working in partnership with communities to design and/or deliver services and programmes)	Making the best of community resources (connecting people to community resources, information and social activities)
Community development	Bridging (involves	Community-based participatory	Pathways to participation

<p>(a long-term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion')</p>	<p>community members being connectors, signposting to services and information and supporting people to improve their health and wellbeing)</p>	<p>research (partnerships between communities, services and academic researchers, usually with the purpose of identifying community needs and then working together to develop programmes)</p>	<p>(for example, social prescribing, green gyms, referral systems for food banks, welfare advice in primary care)</p>
<p>Asset based approaches (process of identifying an inventory of assets (asset mapping) forms the basis for planning and then developing social action to improve health)</p>	<p>Peer interventions:</p> <ul style="list-style-type: none"> • peer support • peer education • peer mentoring 	<p>Area-based initiatives e.g. at a neighbourhood level (tackle social or economic disadvantage at an area or neighbourhood level through partnership working and multi-faceted programmes where health is often a strand alongside economic development, urban regeneration, access to services and education)</p>	<p>Community hubs (community centres or community anchor organisations focused on health and wellbeing that can be either locality based or work as a network)</p>
<p>Social network approaches (strengthening community and social support between people, via collective or community organising activities)</p>	<p>Volunteer health roles (common health improvement models include walking for health and befriending)</p>	<p>Community engagement in planning</p>	<p>Community-based commissioning (recognise that individuals have a range of health and social needs which cannot be met solely by health and care services)</p>

		Co-production projects (equal partnerships between professionals and those using services)	
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From [Community-centred public health: Taking a whole system approach \(2020\)](#)

Case Study: Partnership and Collaboration

A Community Champion's perspective

The City and Hackney Public Health Community Champions and COVID-19 Information Grants Programme is delivered in partnership by Volunteer Centre Hackney (VCH), Hackney CVS (HCVS), and the City and Hackney Public Health Team.

The programme was set up in August 2020 in response to the COVID-19 pandemic to ensure accurate, timely and accessible information relating to COVID-19 is communicated effectively among the diverse communities within City and Hackney. It also enables Public Health to collate feedback about what is happening on the ground and to use this insight to inform the local response to the pandemic.

Wai Ha Lam from Hackney Chinese Community Services joined the Community Champions programme in December 2020. As a Community Champion, Wai Ha has helped better inform their community on COVID-19 while sharing information to help increase vaccine uptake.

Wai Ha said that Hackney Chinese Community Services had achieved this by translating up-to-date information provided to them by Public Health and sharing this on their website, WhatsApp and social media channels on a regular basis. They also produce videos to share the key public health messages.

Wai Ha said that Public Health's approach to each champion was flexible to their needs - this helped them work with the NHS to set up a vaccination clinic for undocumented migrants which saw around 1,000 people get their vaccine. Working in close partnership with the Public Health team helped Wai Ha and Hackney Chinese Community Services to keep their community better-informed and combat misinformation around COVID-19 and the vaccine.

The programme has helped develop the Public Health team's approach to working in partnership with local communities to improve wider health outcomes and tackle inequalities.

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

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

1. Inequalities and data insights: routine collection and analysis of equalities data and insight to inform action
2. Tools and resources to address health inequalities: develop/enable system-wide adoption of tools to embed routine consideration of health equity in decision-making
3. Tackling structural racism: adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions
4. Community engagement, involvement and empowerment: build trust and adopt flexible models of engagement to work in partnership to work in partnership with residents to improve population health
5. Health (equity) in all policies: ensure wider policies and strategies explicitly consider and address health inequalities
6. Anchor networks: anchor institutions collectively use their local economic power to lead action on reducing social inequalities
7. A strengths-based, holistic approach to service provision: no 'wrong door' access to support residents to address wider health and wellbeing needs
8. Staff health and wellbeing: build on Covid-19 risk assessments to provide ongoing support for wider staff wellbeing needs
9. Tackle the digital divide: pool system resources to address the 3 dimensions of digital exclusion: skills, connectivity, and accessibility
10. Tailored, accessible information about services and wider wellbeing support: produce information in community languages that is culturally competent and takes into account the needs of diverse communities.

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

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

Who is going to be taking action?

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

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

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

The Hackney Health and Wellbeing Board will monitor progress for the strategy being delivered.

How will we know if we've been successful?

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

Our action plan will set out specific ambitions, outcomes and targets we would like to achieve in relation to our areas of focus on improving mental health, increasing social connections and supporting greater financial security.

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

What next?

An action plan that sets out specific actions, ambitions, and how we will measure our progress will be developed and then launched in the summer of 2022. This action plan will be reviewed annually, with annual progress reports presented to the Health and Wellbeing Board.

Glossary

Anchor Institutions: large organisations that are unlikely to relocate and have a significant stake in their local area. They can be used to support their local community's health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use.

Brexit: refers to the U.K.'s withdrawal from the European Union after voting to do so in a June 2016 referendum

Child and Adolescent Mental Health Services (CAMHS): the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties.

Furlough: During the coronavirus pandemic, employers could agree to put some or all of their staff on temporary leave. This was called 'furlough'.

Inclusive Economy: in Hackney this is defined as:

- Doing what we can to achieve a more balanced economy within and around the borough
- Investing in our economy and community to tackle poverty and inequality
- Enabling fairer access to the economic opportunities here in our borough, in Inner London and beyond
- Addressing disadvantage in the labour market through partnerships which offer more high quality apprenticeships, skills and training, jobs and business opportunities
- Making it easier for anyone, whatever their background, to fulfil their potential
- Working with education providers and businesses to ensure that residents are equipped for the workplace of the future

Index of Multiple Deprivation (IMD): measures relative deprivation in an area. This can be thought of as a measure of poverty in a geographical area.

Integrated Care Systems(ICS): partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Joint Strategic Needs Assessment (JSNA): looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

Middle Layer Super Output Area (MSOA) is a small geographical area within a borough that is sometimes used to look at residents' health within smaller areas of the borough.

Neighbourhoods: Eight geographical areas have been defined as in City and Hackney Neighbourhoods, formed as much as possible around natural communities based on GP registered lists. These Neighbourhood areas serve populations of between 30,000 to 50,000 residents, and align with Primary Care Network (PCN) geographies. The intention is for Neighbourhood areas to be small enough to provide personal care, but large enough to provide a broad range of resilient services.

North East London (NEL): North East region of London, covering the local authorities of City of London, Hackney, Tower Hamlets, Newham and Waltham Forest through to the outer north east London boroughs of Redbridge, Barking and Dagenham and Havering.

Peer Researcher: also referred to as 'community researchers' use their lived experience and understanding of communities to help gather information about their peers for research purposes.

Primary Care Networks (PCNs): a key part of the NHS Long Term Plan, with general practices being a part of a network, typically covering 30,000-50,000 patients. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

Severe Mental Illness (SMI): a specific term of mental health conditions, which includes bipolar disorder, schizophrenia and other psychotic conditions.

Social Infrastructure: physical places, and local organisations that can shape our capacity to interact with one another.

Universal Credit: a payment to help with living costs. You may be able to get it if you're on a low income, out of work or you cannot work.

Voluntary and Community Sector (VCS): can include charities (registered and unregistered), community groups, community interest companies, friendly societies, social clubs, sports clubs, churches and other faith groups, and voluntary organisations.

Wider determinants of health: are a diverse range of social, economic and environmental factors which impact on people's health.

Acknowledgements

The Health and Wellbeing Board would like to thank Volunteer Centre Hackney and the team of volunteer peer researchers below who helped shape this Strategy. The Board would also like to thank the residents and wider stakeholders who contributed their ideas, feedback and suggestions during the engagement and consultation phases of the Strategy development.

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<p>Health in Hackney Scrutiny Commission</p> <p>15 March 2023</p> <p>Cost of living crisis and health equity</p>	<p>Item No</p> <p>6</p>
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PURPOSE OF ITEM

To receive an update from the Health and Care Partnership on the work of the Council and the NHS to support residents with the cost of living crisis focusing in particular on mitigating the health impacts.

OUTLINE

The current cost of living crisis has worsened the situation of people already living in poverty, will put more people in poverty, and will lead to a decline in health outcomes and widened health inequalities. The Council has developed a *Poverty Reduction Framework* which sets out the council's strategic approach to poverty reduction. One of the 4 workstreams is '**Resident support**' and this briefing will outline that work.

Please find attached:

- a) briefing note on *Cost of living and health equity*
- b) Executive Summary of Institute of Health Excellence report '*Rising Cost of living: a review of interventions to reduce impact on health inequalities in London*'

The Institute of Health Excellence has also produced a report which reviews the interventions that can be used to reduce the impacts on health. The Exec Summary is attached but the full report can be read here:

<https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-london/click-here-to-read-the-report.pdf>

Attending for this item will be:

Nina Griffith, Director of Delivery, City and Hackney Place Based Partnership (joint NHS-LBH post)

Jenny Zienau, Strategic Lead (Change and Transformation), Policy and Strategic Delivery, LBH

ACTION

Members are requested to give consideration to the discussion.

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Health scrutiny paper on cost of living and health equity

Context: Cost of living crisis

The current cost of living crisis has worsened the situation of people already living in poverty, will put more people into poverty and destitution, and will create wide ranging harms to society. The worst direct effects for some of our residents of the cost of living crisis will arise from destitution due to insufficient income, leading to:

- hunger and a lack of food
- cold, hypothermia and lack of light due to energy costs
- mental and physical ill health
- homelessness and housing
- long-term adverse impacts on children from growing up in poverty

The costs of living crisis will also have longer-term, systemwide negative impacts. The capacity of public and third sector organisations to support residents will decrease as their budgets are hit by inflation and their staff experience their own financial struggles. Meanwhile the numbers of people requiring support and the complexity of their needs will increase substantially. Businesses will see their costs increase but also consumer demand drop as people make savings. Any business closure will deepen the financial issues faced by their owners, employees and supply chains. Our communities may struggle to pull together and support each other, and instead look inwards to their own stresses and direct needs. Community cohesion and community organised resilience to crises may loosen, leading to even more severe impacts for residents and the borough more broadly.

London Borough of Hackney (LBH) has developed a Poverty Reduction Framework which sets out the council's strategic approach to poverty reduction. It aims to meet the immediate needs of people already in poverty whilst working towards preventing poverty for future generations. Whilst it was developed by LBH, it has wider applicability across the City and Hackney Place Based Partnership and many elements of it will require a partnership approach.

LBH have established four workstreams to respond to the issues and risks from the cost of living crisis, these are:

- Resident support
- Cost of doing business - support for and lobbying on behalf of local business
- Council staff and their finances - targeted support for Council staff
- Council's financial position and risks to service delivery

This paper provides a briefing on the work of the first programme area: *Support to residents*. This programme is being managed through a City and Hackney-wide group that brings together LBH, City of London Corporation, Homerton Healthcare, East London Foundation Trust, the voluntary sector and primary care. A group of partners have been meeting since May 2022, initially to consider an immediate crisis response. The City and Hackney Health

and Care Board previously agreed to invest some of their non-recurrent transformation funds into supporting this immediate crisis response.

More recently the approach has transitioned into a clearer programme structure that considers a medium term response to the crisis. This programme reports into the City and Hackney Health and Care Board (via the Neighbourhoods Health and Care Board) and into the LBH Corporate Leadership Team.

The following provides an overview of the work underway and a programme overview can be found [here](#).

Aims and scope of the programme

The causes and effects of poverty are varied and complex and the partnership response aims to reflect this. *The scale of the challenge however can not be matched by our actions locally.* What we can do is organise immediate support and create longer term changes, to relieve poverty and its effects for our residents as much as possible.

The aims of this programme are:

- **On the individual level to better meet people's immediate material needs and offer more preventative help** (aim 3 from poverty reduction framework)
- **On a systemwide level to develop a more coordinated emergency support and advice offer, with more preventative help, and to make the case for a better benefits system** (strategic objective under aim 3 from poverty framework)
- **On a systemwide and longer term level**
 - **to ensure poverty reduction is a priority across the system** (aim 4 from poverty reduction framework)
 - **to help people on low incomes address all the issues which matter, not just the presenting issue** (aim 5 from poverty reduction framework)

There are a number of groups however where there is now particular concern with the cost of living crisis. [Analysis](#) has been conducted across a range of networks to establish the potential resilience of specific groups. This analysis indicates particular concern for the following residents:

- Those living in temporary accommodation, privately rented accommodation and houses of multiple occupancy;
- People who are socially excluded and those who lack trust in the state;
- Residents with long term conditions, acute illness or disabilities and those with caring responsibilities;
- Children and families who may not be receiving what they are entitled to or who are below the threshold for particular benefits;
- Older residents who are socially isolated and may not approach services for help and support.

Areas of work

The following four areas of work are being progressed to achieve the aims described above and to support those residents most at risk.

1. Co-ordinating a Systemwide response to cost-of-living crisis facing residents

1.1 A key aim of the programme is maintaining overall co-ordination of the various offers of support to ensure that they are complimentary and accessible, recognising that most of the support will be from partners that already have trusted relationships with residents, which is often in the voluntary sector or a trusted clinical professional.

Part of the co-ordination includes bringing together partners via the borough-wide Community Partnerships Network, which was established during the pandemic and brings together food and advice partners; as well as developing hyper-local place-based responses within each Neighbourhood.

As part of the immediate crisis response the Health and Care Board agreed £96k of funding to support the resilience of food banks over winter, with a specific focus on provision of culturally specific foods where there has been less provision (e.g. Halal or Kosher).

1.2 The work at Neighbourhood level has supported the mobilisation of warm spaces; a wide range of faith and community groups have expressed an interest in providing warm spaces to local residents. We have asked warm spaces to register on www.warmwelcome.uk so that there is a common, public register. This website also provides support and guidance to potential providers; to date 23 spaces have registered. Resident Participation at LBH have made available small grants to support warm spaces, a total of 14 organisations in Hackney were successful with grants totalling £39k. The Policy and Strategic Delivery team continue to work with the network of food partners in Hackney, and a network of 20 community infrastructure organisations funded through the grants programme (some of which are operating as warm hubs), to develop a more joined up offer. This includes place-based direct support to residents to address immediate needs created or exacerbated by the cost of living crisis and to prevent escalation of harm and need.

1.3 Opportunities for social prescribers and members of the Money Hub to be based in warm hubs are also being explored. Systems convenors liaised with Money Hub to identify VCS organisations that would be appropriate to host Money Hub's outreach work. Money Hub is now offering appointments at community infrastructure partner organisations such as African Community School. Other VCS organisations, such as North London Action for Homeless and Halkevi Turkish and Kurdish community centre, have had their offer to residents strengthened by the advice on accessing the support from the Household Support fund being delivered by Money Hub.

1.4 In support of the system wide response to the cost of living crisis, system convenors have been coordinating spaces for VCS organisations to broaden their understanding of their local network of support and create more meaningful relationships with each other. Part of this work has been meeting local VCS partners and hearing about their struggles around the cost of living crisis and what they are most worried about for residents. As part of this work, system convenors have been linking community organisations with each other,

identifying opportunities for collaboration with the council and acting as a navigator of the VCS for council teams. This work has resulted in collaboration and coordinating efforts with public health, housing management, temporary accommodation, Money Mub's outreach teams and children and family hubs.

1.5 Systems convenors have also been working with 20 community infrastructure partners funded by the Council's Grants Programme. These organisations share characteristics that include an ability to meet the holistic needs of residents and are therefore important partners for supporting residents with the cost of living and to learn about the early preventative work that they carry out on behalf of residents. Each partner has a Council based 'relational lead', with whom system convenors are also working to identify and overcome the barriers and constraints community partners experience when trying to work with statutory agencies, in order to provide the wrap-around support often needed by residents. They are now convening meetings with VCS partners and their matched Council relational leads based on geographical location to build place based, collaborative support for residents. The 20 VCS partners want to continue monthly meetings as a way of supporting each other to find solutions to residents' needs.

2. Equipping resident-facing staff

2.1 Our resident-facing staff need to be equipped to have honest and compassionate conversations with residents, offering them holistic support and knowing what is available to support them with financial pressures. This work also aims to build partnerships between colleagues in council services, health, the third or voluntary and community sector and other key resident-facing services which will have long term benefits across a range of agendas beyond just cost of living.

Key work to date includes regular partnership-wide communications describing what help is available and a fortnightly 'tools for front line practitioners' session that is open to all people working in City and Hackney to support residents. A direct referral route from health and care services for residents in need has also been established and went live with phase 1 on 20th February 2023.

2.2 Thirty two referral partners have been trained and can now access £200 in crisis funding for food and/or fuel for residents whose health, safety or wellbeing is significantly impacted by cost of living pressures. This support is available via funding from the DWP Local Authority's Household Support Fund (HSF), and is being distributed by the Family Fund portal. A total of £100,000 was set aside for this purpose for the current HSF round until the end of March 2023. Current spend is ahead of our projections, and provides an indication that the programme is an effective way of distributing support to residents in need. Currently, 25% of all referrals are from primary care via social prescribers, and feedback from Homerton and community based health services signed up to the programme is positive. This feedback is shared in weekly drop in sessions, which are there to address barriers and support services with key information. This helps enable the holistic strengths-based conversations they should be having with residents when making applications, and also helps connect them to wider support services across VCS, Council and health.

2.3 We are also working with resident-facing staff in the VCS sector. Through the Household Support Fund, £240,000 was distributed to 45 VCS organisations through Hackney Giving

from October 2022 to March 2023, for food and fuel support to residents. These included a majority of Haredi social welfare organisations, including organisations supporting residents with long-term disabilities, illnesses and mental health issues.

3. Crisis grants and income maximisation for those in financial distress - Hackney Money Hub

3.1 Background:

The LBH Money Hub launched in November 2022, and is jointly funded between LBH and the Health and Care Board, which made a £509k investment in the service to widen the remit of the team to focus on community and data-driven outreach work.

LBH awards one-off discretionary and crisis grants worth £1.6m a year through its local welfare assistance - the discretionary crisis support scheme (HDCSS), discretionary housing payments (DHP), additional support for those on council tax reduction already in arrears (CTRHDF), and now also the household support fund (HSF).

The Money Hub was formed in order to improve the accessibility and impact of these funds.

3.2 The team's objectives:

- **To create a single point of access:** so residents in financial distress only have to fill out one form, instead of four, to be considered for all grants
- **Using data and outreach to reach wider range of residents:** previously over 70% of these funds were awarded to social tenants, rather than reaching those in the private rental sector
- **Incorporate income maximisation work into awarding of these funds:** we know that a shocking £28m a year worth of benefits income is underclaimed by Hackney residents. By hiring staff with expertise in benefits uptake, and incorporating these checks into financial awards processes, we aim to increase incomes sustainably, not just issue one-off grants.
- **Build capacity across the system** to reduce the underclaiming of benefits - both by training staff in LBH, health and Council teams to spot underclaiming, and redesign services to ensure residents find it easier to claim what's theirs

3.3 Achievements during the team's first four months:

- Received applications from **2500 residents** - more than applied to the Council's discretionary funds in the whole of the previous year, with increased applications from Private Rental Sector tenants
- Distributed **£240k** in one-off grants to **635** households in immediate financial crisis - an average of **£370 per head**. The team is processing around £14k of grants a week.
- Sustainably increased **329 households' incomes by £248k**. These residents are an average of **£750** a year better off. The team is delivering £14.5k of increased benefits uptake every week.

3.4 Examples of outbound campaigns:

- **Community presence:** our outreach team are present in 2 community settings each week, recent events have included: Lubavitch Children's Centre, Sheperdfold Ministry, Hackney Carers event, Hackney Caribbean Elderly Organisation, and more
- **Targeting support for families with disabled children:** We've worked with children's social care to target fuel vouchers and benefits support to families whose children use medical equipment in the home and who are struggling financially.
- **Support for HH tenants whose boilers have been capped:** We've worked with the Gas Safety team to target fuel vouchers and holistic support to those whose boilers had been disconnected previously, to reconnect them and increase incomes.
- **Pension credit uptake:** We've targeted those who are in council tax arrears and underclaiming on pension credit - by calling them, helping them to apply, and then creating payment plans for the debt.
- **Early identification of homelessness:** We're identifying those in the PRS who have the highest housing benefit shortfalls and Council Tax debt, to offer DHPs, housing advice and income maximisation support.

Finally, we want to ensure we are not simply addressing the symptoms, but also the causes of these issues, and in April will convene a group to begin working on the key areas of policy and service redesign that will help poverty proof the Councils' services.

3.5 Evaluating impact

Return on investment

The Health and Care Board investment in staffing the team costs £9.7k per week. For this the team is delivering £14.5k of increased incomes for residents - a return on investment of £1: £1.49.

We expect this to increase over the coming months, and are on track to achieve our target of £1m worth of increased incomes in 12 months.

Feedback from residents and VCS

In March and April we will run a full round of resident and stakeholder research - to understand how we can continue to improve the service.

3.6 Next Steps

The funding for this service expires in October 2023, so we are starting to look at how the work can be funded to continue.

This will be informed by an initial evaluation with feedback from residents, stakeholders and an assessment of the financial outcomes.

New Household Support Fund guidance allows us to use the funds to invest in staffing benefits and debt advice so we are hoping to use this to cover some of the costs of the team.

4. Use of data and insight

To date, the programme has utilised feedback from front line staff, data from LIFT (a tool that shows uptake of benefits across the borough) and existing metrics related to poverty and deprivation to target its work. Healthwatch has also conducted a local survey of residents. The population health hub is now supporting the programme by developing more systematic mechanisms to use data and insight to identify those residents most in need, establish what type of support will bring the most benefit and measure impact.

Council and Health colleagues are also working closely, including within a system-wide strategic group on poverty reduction, to identify and use the data required to inform our response to cost of living. Data and insight, including from Money Hub, LIFT, and qualitative insights from stakeholders, is being used to address issues such as:

- Identifying populations struggling or in need of additional support
- Providing insight on what support might be needed by different populations, as well as using this to inform development of tailored communication materials and disseminating this through networks
- Identifying cohorts (and then potentially households) that would benefit from specific interventions (including outreach to increase uptake of e.g. disability benefit, fuel vouchers)
- Identifying cohorts that would benefit from existing services e.g. LBH moneyhub
- Monitoring the impact of interventions

5. City of London

The City of London are key partners within the programme and we have agreed that any service supporting Hackney residents can also support City residents. In addition, the Place Based Partnership have funded a 'Green Doctor' scheme (£50k) to support older people and those on benefits. The service provides home visits and makes immediate changes (such as installing energy efficient light bulbs or draft excluders) and can provide advice and sign post people to other types of support.

6. Free School Meals Task Group and Summit

In November 2022, the Director of Education and Inclusion (DoEI), Paul Senior, was commissioned by the Mayor to set up a task & finish group to explore the issue of food poverty in schools and explore local solutions to the issue. The group comprised Headteacher, local governors, voluntary sector organisations and local authority officers.

The task & finish group discussed extensively innovative ways of providing free meals or low cost meals to children that were nutritious and healthy. Local Headteachers spoke about ways they fund free school meals for all their pupils, for example through using income raised from lettings towards free school meals. Other areas explored included;

- The financial implications of providing FSM for all pupils; how other local authorities fund free school meals for children in their schools; the barriers to families accessing/applying for FSM; and what the local authority can do to promote the take up of FSM.
- The offer of free breakfast clubs to tackle food poverty
- Schools getting more value for money on food through group purchasing
- Looking into the work of the Chefs in School charity.

- Help available through the Council to support residents with the cost of living crisis.

The work of the task and finish group has now concluded. The Director of Education and Inclusion is in the process of drafting a report of the findings and recommendations from this work. The recommendations will include how the Council can use funding available to help tackle food poverty in education.

In February 2023, the Mayor of London announced his plans to provide funding for free school meals for all Primary school pupils in London for an academic year, from September 2023 to August 2024. In light of this announcement, the DoEI has had to rethink how to distribute the funding for the best outcome and to avoid duplication. The report will be finalised by the end of March.



INSTITUTE *of*
HEALTH EQUITY



**THE RISING COST OF LIVING:
A REVIEW OF INTERVENTIONS
TO REDUCE IMPACTS ON HEALTH
INEQUALITIES IN LONDON**

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EXECUTIVE SUMMARY

IHE COST OF LIVING RAPID EVIDENCE REVIEW

As of December 2022, headline inflation was running at over 11%, and for many people in London this is the first time in living memory that they have experienced such a rapid decline in their real incomes. People and households on average and low incomes spend a higher share of income on essential goods such as food and home energy, which are rising even faster than headline inflation. The rising cost of living is likely to contribute to widening inequalities in health and life expectancy between the richest and poorest in London.

This report summarises a rapid review of evidence for local interventions to mitigate the impacts on health in London. It has been produced by the UCL Institute of Health Equity (IHE) for the Greater London Authority and system partners across local government, the NHS and the wider voluntary, community, faith and social enterprise (VCFSE) and business sectors.

The report presents the evidence for short to medium term actions that can be delivered at a local level. Many of these will require additional government intervention to be delivered at the scale required to meet the level of need, but most of the interventions cited are already delivered in one or more areas of London, and case studies are presented throughout the report.

This review should be read alongside the accompanying data pack on the impacts of the rising cost of living on London.

Key MESSAGES

- **The rising cost of living may accelerate an existing trend of stalling life expectancy in England, and falling life expectancy in some groups in the poorest communities. A decade of austerity is among the causes of this trend, disproportionately affecting the same groups** who are the most exposed to the impacts of inflation, including children, women, people living with disabilities and long-term conditions, people from minority ethnic groups, lone parents, and people who are socially excluded, such as rough sleepers, undocumented migrants and sex workers.
- **There has been a rapid decline in real incomes, hitting those on low incomes hardest, and this is likely to contribute to widening inequalities in health and life expectancy between the richest and poorest in London.**

LONDON CONTEXT

There are profound health inequalities related to socioeconomic deprivation in London.

- In 2020, London saw the largest increase in all-cause premature mortality of any region in the UK, and this disproportionately impacted the most deprived communities and continues to do so.
- This is related to the fact that, despite being the richest city in the UK, London has the highest rate of poverty of any region, with more than a quarter (27%) of London residents living in poverty in 2021 after taking housing costs into account.
- Inequalities in income in London are wider than the rest of the UK: people in the top income decile earn over ten times more than people in the lowest decile in London.
- The poor in London are poorer than in other regions, with incomes after housing costs in the lowest decile in London 30% below those in the lowest decile in the rest of the UK.
- Income inequality has been further impacted by the pandemic: real wages have declined, and this has impacted lower paid sectors more than higher wage professions in London.

Wealth provides some protection against the rising cost of living as it increases the likelihood of home ownership, and of having a pension and sources of unearned income. Yet in 2020 London had the most unequal wealth of any UK region, with minimal increase in wealth in the lowest income groups over the last decade.

The wide inequalities in wealth and income in London mean that many low-income and ‘just about managing’ households in London are already cutting back on essentials and turning to credit and savings to afford them. Rising household debt, especially unmanageable debts, are likely to contribute to a major mental health burden as more people are faced with the stress and anxiety of dealing with creditors and debt collection processes.

Compounding this, since 2010 the spending power of local authorities in London has fallen by almost two-fifths, and these cuts combined with increasing demand for social care have resulted in cuts to funding for non-statutory service provision in most boroughs, leaving London entering this period of rising costs with greater unmet need for non-statutory services than a decade ago. Many of these, such as debt and welfare advice and legal aid, are essential to supporting people through the cost-of-living crisis.

The Government have taken several measures to respond to the cost-of-living crisis in the short term, and these forms of support, such as the energy price guarantee and the energy bills support scheme, will reduce the impact of inflation on many households. However, **their role in mitigating inequalities in the impacts of rising living costs is mixed** – whilst some, such as the additional payments of £650 in 2022 and £900 in 2023 for universal credit recipients are targeted at the lowest income households, others, such as the energy price guarantee, will benefit high income households, that consume more energy, more than they benefit low income.

WHAT DOES THE EVIDENCE POINT TO?

The evidence points to a **need for coordinated activity, with organisations playing their role as employers, as local partners in a place, and as service providers and commissioners.**

The report is structured around three factors that contribute to whether a household or individual can cope with high inflation: **(1) income, (2) the cost of essential outgoings, and (3) financial resilience and debt.** As a household's income, essential outgoings, financial resilience and debts are in turn affected by many other factors, the range of interventions to address them is varied. **There is no single mitigating intervention, bespoke combinations at national and local level will be needed to address the different factors** (including health) that contribute to a person or household's financial circumstances and the impacts on health and health inequalities that will result.

INCOME

Nevertheless, logic, social justice and evidence clearly indicate that where a problem is driven by people having insufficient income, then increasing their income will reduce the problem – and this should be the starting point for any response. Doing this requires employers to pay, as a bare minimum, the London Living Wage, and that service commissioners maximise provision of welfare, benefit and legal advisory services to support people to access all entitlements.

ESSENTIAL OUTGOINGS

Even with increased incomes, many households, especially those with dependent children or adults, have higher than average essential outgoings that cannot be covered by the London Living Wage and are unmet in households subject to the benefit cap. **These households are increasingly running ‘negative budgets’** - where the cost of essential outgoings exceeds household income. The report discusses more **targeted interventions that can support people to manage the cost of essential outgoings spanning food, childcare, home energy, transport, housing and healthcare.** As a first step, public sector providers across all service areas should identify the need for and promote uptake of the full range of targeted statutory financial assistance that already exists. They should then work with all partners at a place level to commission and deliver additional support to help with essential costs – examples of which are presented in the report.

There are early signs that lower income households in London are taking on more credit and are more likely to default on bill payments as living costs rise. People with problem debts are more likely to suffer from mental health problems, and debt collection processes are heavily implicated in causing significant stress and anxiety and in contributing to a growing mental health crisis. As a growing number of people who default on debt repayments are not choosing to do so, it is essential that organisations in all sectors that have a debt collection function **adjust their processes towards being sensitive to the financial and mental health needs of communities and customers.**

The introduction of Integrated Care Systems (ICSs) across health and social care enables the development of the role of NHS Trusts and local authorities as ‘anchor’ organisations within their communities, drawing on the range of functions that partners have, as employers, service providers, commissioners, as owners of capital and estates and as partners in a place. **ICS partners should consider how they embed support with rising**

living costs into clinical pathways and the opportunities to extend social prescribing to support people with rising living costs. Their data and intelligence functions have a role in identifying households and communities who are most at risk from the rising cost of living, whilst the workforce itself should be given training and supervision to deliver initial advice and support at an individual level.

FINANCIAL RESILIENCE AND DEBT

Investment in voluntary and community services, in particular advice and support services, offers a high return on investment. Interventions should be developed collaboratively with affected communities in a way that empowers and gives a voice to people most impacted by falling incomes, and does not judge or stigmatise. All commissioners and providers of interventions should maximise use of the power within communities and individuals to advocate for themselves to drive the structural changes needed to reduce income, and health, inequality.

Finally, the private sector are a key partner in mitigating the rising cost of living in London. In addition to the moral case, businesses will benefit from healthy workers and healthy customers. **Businesses can support the cost-of-living response through the pay and benefits they offer, hours worked and job security, and the conditions of work, and can influence the health of individuals in the communities in which they operate through local partnerships, procurement and supply networks.** Large organisations in both the public and private sectors can take the lead and encourage and support smaller organisations to pay the **London Living Wage**.

OVERARCHING RECOMMENDATIONS

For local authorities and health and social care commissioners and providers

Integrated Care System partners, including local authorities and primary, secondary and tertiary care providers, should integrate their response to the rising cost of living with their strategic approach to health inequalities.

As service providers:

- 1 → Embed financial wellbeing and resilience into clinical pathways, considering how and where to co-locate services to support people.
- 2 → Primary Care Networks should consider the opportunities to extend the role of social prescribing link workers and mechanisms to develop the direct and indirect (i.e. signposting) support that they can offer.
- 3 → Use data and intelligence functions in real time to identify individuals and communities who are most at risk from the rising cost of living.
- 4 → The principles of prevention and early help should underpin any intervention.
- 5 → Provide workforce training in how to identify people at risk and support the workforce to contribute to local approaches to address the rising cost of living. Professionals in frontline roles should:
 - Be aware of how financial insecurity can impact people's health and health behaviours.
 - Understand the impacts of multiple exclusion and discrimination - whether based on ethnicity/ racism, disability, stigmatisation of class and poverty, other protected characteristics or being in a group excluded from healthcare, such as people who are homeless or sex workers.
 - Consider the whole person when people present to them, and offer signposting and support as appropriate, ideally with minimal additional effort for the individual, to help address the range of issues a person may need support with.
- 6 → Embed monitoring and evaluation in the delivery of new initiatives.
- 7 → If collecting payment from service users for chargeable services, including council tax and social housing rents by local authorities, review debt collection processes to minimise their impact on mental health, and support people to create a manageable payment plan as opposed to pursuing legal enforcement measures.

As partners in a place:

- 8 → Interventions should be developed collaboratively with affected communities in a way that empowers and gives a voice to people most impacted by falling incomes, and does not judge or stigmatise, and maximises the use of the power within communities and individuals to advocate for themselves to drive the structural changes needed to reduce inequality.
- 9 → Investment in the VCFSE sector, in particular advice and support services, offers a high return on investment. Funding for the VCFSE must become more sustainable to have a lasting impact.
- 10 → Engage and involve communities, VCSFE sector and community leaders in the assessment of current services and interventions and the development of new ones.
- 11 → When communicating complex information check that communications meet readability and accessibility guidance and ensure that content is relevant to people's lives.

Procurement and commissioning for social value:

- 12 → Use social value levers to require good employment practices throughout supply chains, including paying sufficient wages to meet the London Living Wage.

As employers:

- 13 → Deliver on recommendations for interventions that employers can implement to support their workforce (see section 5.3).
- 14 → Pay the London Living Wage and implement the Mayor of London's Good Work Charter

FOR BUSINESSES

The private sector must be a key partner in mitigating the rising cost of living.

- Businesses affect the health of their employees and suppliers through the pay and benefits they offer, hours worked and job security, and the conditions of work.
- Businesses affect the health of their clients, customers and shareholders through the products and services they provide and how their investments are held.
- The effects on wider society also encompass taxes paid by businesses to local and national government, which support interventions to reduce income inequality. Meanwhile, salaries paid to employees, especially those in lower paid roles, are quickly returned to the local economy and support demand for business products.
- Large organisations in both the public and private sectors can take the lead and encourage and support smaller organisations to, for example, pay the London Living Wage.
- Businesses have a major impact on the mental health of customers when they pursue heavy handed debt collection processes, and this is a particular concern as more people take on debt. As with ICS partners, all businesses, and their regulators, should review debt collection processes to minimise their impact on mental health, and support people to create a manageable payment plan as opposed to pursuing legal enforcement measures.

RECOMMENDATIONS ON MAXIMISING INCOME, SUPPORT TO MANAGE THE COST OF ESSENTIAL OUTGOINGS, AND FINANCIAL RESILIENCE AND DEBT MANAGEMENT

Recommendations - support to manage the cost of essential outgoings

Food

- Food aid providers should adopt a cash-first approach and place trained advisors able to support with financial, housing and any locally identified needs on-site at food aid projects.
- ICS partners should promote uptake of Healthy Start vouchers.
- Local authorities should extend free school meal provision to all year groups in primary schools and widen the eligibility criteria to increase uptake in secondary schools.
- ICS's should consider their role in supporting people with dietary needs who are unable to afford appropriate food.

Childcare

- Employers should offer flexible working as standard, including as applicable: self-rostering, flexible work around core hours, remote working and part-time options.
- Employers should promote childcare support that is available and offer a childcare deposit loan scheme for parents returning to work.
- Build capacity in Children's Centre's, family hubs, and the public health nursing workforce to identify and provide early help to families with young children where childcare costs are leading to financial hardship, either directly or because of barriers to workforce participation.
- Large organisations in all sectors should consider providing subsidised on-site childcare facilities where feasible.

Home energy

- Local authorities, VCFSE and NHS should review the Cold Weather Plan for England and NICE Guideline 6: Excess Winter Deaths, and develop a strategic partnership, seeking to implement all recommendations.
- Primary care, including social prescribing link workers, and adult social care workforce, should be trained to recognise signs of fuel poverty and have conversations about the support available.

Transport

- Employers should implement a range of interventions to reduce people's need to pay for travel at peak times. These include promoting the cycle to work scheme and providing facilities and training to encourage uptake, and providing interest-free season ticket loans and flexible working.
- Local authorities should take a long-term view and integrate making community infrastructure available within a short distance into their local plans to reduce the need to make longer journeys. Together with Transport for London they should invest in cycling and walking infrastructure that connects lower income neighbourhoods with key employment, educational and health infrastructure as well as social and cultural amenities.

Housing

- Integrated Care System partners should consider means of co-locating housing and related support into routine care, with e.g. housing, legal and welfare and benefit advisors available to inpatients and outpatients on-site without need for external referral.
- Local authorities and ICSs should refer to the separate evidence review in this series on Housing and Health Inequalities in London.

Healthcare

- Providers should seek to identify and ensure people are aware of entitlements available to both people who are and are not exempt, e.g. prescription charge exemption certificates for people on low incomes, electricity rebates for home oxygen, and the routine healthcare charge exemptions for certain groups.
- Social prescribing and other advisory roles should be trained to assist with accessing healthcare entitlements.

Recommendations - Maximising income

All employers should

- Pay the London Living Wage and should reinforce this through their procurement processes to influence suppliers and commissioned services.
- Support trade union membership in their workforce, in particular encouraging the lowest paid workers to join.
- Ensure adequate protections of pay and conditions for all staff when ill, including those not directly employed, and promote a positive culture of taking sick-leave when needed.

Integrated Care System Partners

- All system partners should identify and support people to access all benefits and entitlements for which they are eligible, taking into consideration all barriers to uptake and opportunities to co-locate welfare advice with other services people routinely access.
- Should support development of health justice partnerships in their localities, including co-location of services in health and care facilities. They should develop the role of health and care professionals, including social prescribing link workers, in identifying the need for and facilitating access to legal welfare advice.

The Department for Work and Pensions

- Should allocate 5% of the value of unclaimed benefits to services that increase benefit uptake, including health justice partnerships.
- Review, nationally, processes for claiming benefits, especially where those often require professional support to complete, to seek to minimise demand for professional support with initial applications.

Recommendations - Financial resilience and debt management

The NHS, local authorities and businesses, should, as appropriate:

- All organisations that undertake debt recovery should be sensitive to the mental health needs of clients.

- Fund and resource debt advice services sufficiently to meet need.
- Where people are in debt to Local authorities, the NHS and businesses, debt advice and support should be offered via outreach at the first sign of financial difficulties to secure the best outcomes.
- Commission services that deliver money and debt advice on-site in primary care, hospitals and mental health services. In particular they should ensure people in a mental health crisis are able to access debt advice and a 'temporary suspension of any enforcement action'.
- Promote credit unions in their cost-of-living response communications.



<p>Health in Hackney Scrutiny Commission</p> <p>15 March 2023</p> <p>Minutes of the previous meeting and matters arising</p>	<p>Item No</p> <p style="font-size: 48pt; text-align: center;">7</p>
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OUTLINE

Attached please find the draft minutes of the meeting held on 8 Feb 2023.

Matters arising from 5 Dec

Action at 5.4g

ACTION:	<i>Group Director AHI to provide a brief update to the Chair on the funding position for next year (on Fair Cost of Care) once it is known.</i>
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This will be followed up.

Matters arising from 8 Feb

Action at 6.6

ACTION:	<i>CE of Homerton Healthcare to inform the Chair as soon as a decision was made on the siting of the proposed Community Diagnostic Centre.</i>
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This will be followed up.

Action at 7.5c

ACTION:	<i>Group Director AHI to provide a diversity breakdown of the Move On team staff.</i>
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Response from Director Adult Social Care Operations on 15 Feb

The Move On Team in Adult Social Care is made up of only 6 members of staff. As a result of this, any breakdown of ethnicity would be identifiable to individuals and therefore as protected characteristics we can not supply. However, we recognise that race equality and diversity within our workforce is important for a number of reasons. HiH may find it useful to know that Hackney Adult Social Care intends to shortly sign up to the DHSC Workforce Race Equality Standards. As and when we do so, and following our ability to pull off data related to key metrics, we will in future be able to report on the ethnicity across the entire adult social care workforce.

ACTION

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

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London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2022/23
 Date of Meeting: Wed 8 February 2023 at 7.00pm

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

Chair	Councillor Ben Hayhurst (Chair)
Cllrs in attendance	Cllr Kam Adams and Cllr Sharon Patrick (Vice Chair)
Cllrs joining remotely	Cllr Grace Adebayo, Cllr Ifraax Samatar
Cllr apologies	Cllr Deniz Oguzkanli
Council officers in attendance	Helen Woodland, Group Director - Adults, Health and Integration Chris Lovitt, Deputy Director of Public Health, City and Hackney Nina Griffith, Director of Delivery C&H Place Based Partnership
Other people in attendance	Malcolm Alexander, Keep Our NHS Public Louise Ashley, Chief Executive, Homerton Healthcare Sally Beavan, Interim Exec Director, Healthwatch Hackney Rob Clarke, Chief Finance Officer, Homerton Healthcare Dean Henderson, Borough Director for City & Hackney, ELFT Cllr Chris Kennedy, Cabinet Member Health, Adult Social Care, Voluntary Sector and Culture Lorraine Sunduza, Deputy Chief Exec and Chief Nurse, ELFT Cllr Claudia Turbet-Delof, Mental Health Champion, LBH
Members of the public	84 views
YouTube link	The meeting can be viewed at: https://youtu.be/mWBBIZecP-I
Officer Contact:	Jarlath O'Connell, Overview and Scrutiny Officer ☐ jarlath.oconnell@hackney.gov.uk ; 020 8356 3309

Councillor Ben Hayhurst in the Chair

1 Apologies for absence

- 1.1 Apologies for absence were received from Cllr Deniz Oguzkanli, Paul Calaminus (CE, ELFT), Osian Powell (COO, Homerton Healthcare) and the Chair welcomed Cllr Turbet-Delof - the Council's Mental Health Champion.
- 1.2 The Chair congratulated Georgine Diba on her permanent appointments as Operational Director - Adult Social Care and Operations.

2 Urgent items/order of business

2.1 There was none.

3 Declarations of interest

3.1 Cllr Samatar stated she was a Wellbeing Network Peer Coordinator for Mind in City and Hackney and a tutor at the Recovery College.

4 Tackling inequalities in local mental health services - work by ELFT

4.1 The Chair stated that this issue had arisen from Members suggestions (e.g. "Language and cultural barriers in mental health commissioning and provision") but also from the Annual Scrutiny Survey. The purpose of the item was to get an overview of the work strands of ELFT, our key mental health provider, relating to tackling inequalities in the provision of local mental health services.

4.2 He welcomed:

Lorraine Sunduza (LS), Chief Nurse and Deputy CEO, ELFT
Dean Henderson (DH), Borough Director for City and Hackney, ELFT
Malcolm Alexander (MA), Hackney Keep Our NHS Public

He added that the Commission had received questions from KONP and MA had shared Healthwatch's joint report with the Patients Forum of London Ambulance Service, from Nov, entitled '*Mental Health Emergency - Crisis in our A&E departments*'.

4.3 Members gave consideration to the report "*Tackling inequalities in local mental health service*" an updated version of which was tabled.

4.4 LS and DH took members through the report in detail. It covered

- Equalities is integral to our service goals
- Improving the experience of community mental health services for global majority residents
- 'Let's Talk' report - key themes and ELFT's response
- A glimpse into the future
- Mental Health Units (Use of Force) Act 2018
- Core strategies for reducing restrictive practices
- Use of force data for City & Hackney
- Use of force impact data
- Patient and Carers Race Equality Framework
- PCREF - leadership and governance
- PCREF - organisational competency
- PCREF - patient and carers feedback mechanism
- Next steps

4.5 Members asked detailed questions and the following was noted:

a) Chair asked about early intervention service users being more representative of the community than users of acute services and about trends in the 'use of force' data set and strategies for reducing restraining practices. LS described the challenges here in detail and explained how the mental health use of force Act operated.

b) The Chair asked about seclusions/restraining and where the disproportionality is evidenced. LS explained that unfortunately you are more likely to experience this if you are Black African or Black Caribbean but she explained how the Patient and Carers Race Equality Framework pilot was operating at each level to tackle this ongoing challenge.

d) Members asked about the training currently within the system and about how cultural diversity is being promoted within the workforce. DH gave examples of cultural awareness training in action among the teams and LS described Race and Privilege sessions and the role of the 'freedom to speak up' guardian, as examples. LS detailed the staff wellbeing actions and about the use of mentoring and 'dialogue'.

e) Members asked about poor recovery outcomes for Black and Caribbean men and on diversity within BAME groups themselves. DH replied that the focus had to be on early intervention to improve outcomes, particularly for young Black men. He also detailed how discharge care plans had been improved.

f) Cllr Turbet-Delof (Council's Mental Health Champion) asked about replacing the term 'BAME' with 'global majority'; about readmission rates and support for patients on antipsychotics; about cultural awareness training; about interpretation and translation services and about mental health support for staff. LS illustrated the changes by describing how they used younger members of staff more to engage in the training of wider staff and about the work on bespoke care planning to support certain groups such as trans/non binary people. She also outlined the work of the Language Shop on interpretation and translation and agreed that they would be changing the terminology.

g) Members asked about the criteria for early intervention service and on funding for advocacy services. DH replied it was merely the first presentation of a psychotic illness, which was the key criterion. They offer it to everybody when they appear in crisis. There is typically 2 or 3 yrs of comprehensive support and after that if they still need support they would be transferred to a Neighbourhoods Team or to their Recovery Team but they'd hope that patients would be in a much better place by then. On Advocacy he stated that they do need more resources to be put in this service and that is being recommended.

h) Members asked about the use of seclusion and restraints; on the need for greater granularity in the breakdown of diversity data; on specific support to Turkish-Kurdish community and about support for victims of trauma e.g. torture. LS replied that at the local and ward level they look at specific groups in full detail but there also has to be a level of Trust-wide data analysis for other purposes but both are available. As regards traumatic experiences, they are mindful in care planning about 'trauma informed care' and the need not to re-traumatise people, so they try to understand what adverse experiences people may have been through. On seclusion and constraint, it always has to be a last resort and it is, and they are very mindful of that but it will sometimes be necessary to protect staff and the patient from harm.

i) MA asked about inclusion of John Howard Centre (forensic) patients in diversity monitoring; on Dementia and CAMHS services being sent out of the borough. LS replied that the equalities work definitely includes JHC and she had worked there for 13 years. There was much work in relation to service user engagement and some ideas adopted elsewhere actually came from JHC. A high proportion of service users do come via the criminal justice system.

j) The Chair also asked about reducing out of borough placements and possible use of St Leonard's. DH replied that there were no plans to bring more services to St Leonards. In relation to CAMHS and Dementia, it was an issue of scale. 15 acute CAMHS and 12 acute Dementia beds were in place in NEL but to bring this back to borough level they would struggle to be viable. The local east London provision worked well and the issue about localising is one of scale. They had had a stand alone service at Orchard Lodge in Hackney but it became unsafe as it was just a single ward and so was moved to Mile End to be part of a more effective joined up service.

4.6 The Chair thanked officers for their excellent presentation and commended the degree of leadership and passion in the service.

RESOLVED:	That the report and discussion be noted.
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5 Homerton Healthcare - Future options for soft facility services

5.1 The Chair stated that the purpose of this item was to follow up on discussions the Commission had had with the Chief Executive and CFO of Homerton on 9 July 2020 about the then 5 year extension granted to ISS for Soft Facility Services at the Trust. As the Covid pandemic intervened the Commission had not followed this up in the usual way and so it had asked for a verbal update. The Chair stated that at the recent INEL JHOSC meeting, Shane DeGaris (Group CE of Barts and BHRUT) spoke about Barts Health's positive experience of insourcing their Soft Facility Services.

5.2 He welcomed for the item

Louise Ashley (LA), CE of Homerton Healthcare and Place Based Leader for City and Hackney, NHS NEL

Rob Clarke (RC), Chief Finance Officer, Homerton Healthcare

5.2 The Chair outlined the history of the contract with ISS for soft facilities and that when it last came up for retender there had been concerns about sick pay and staff terms and conditions. The Commission had been grateful that the Homerton had resolved those differences and they had been asked to give further consideration to the possibility of bringing the soft facilities services in house in future. The Homerton had said that this would require a lot of planning. In the interim Members had learned that Barts Health had insourced their soft facilities and while there were short term cost pressures the other advantages were seen to outweigh this. The Commission had concluded that if the Homerton was going to consider insourcing planning would need to begin soon.

5.3 LA gave a verbal presentation. She reassured Members that they were committed to including all partners who work in the trust in the staff wellbeing work they do. She added that there were Estates issues here to be considered as part of this but added that she was keen to explore how they might do things differently in future. She introduced Rob Clarke, the CFO, who was overseeing this process.

5.4 RC explained that he had come to the Homerton from Barts Health where he was Deputy Chief Finance Officer and so had first hand experience of the processes they had just gone through. They had brought Security services in first and staff were happier with the results. They were watching with great interest and would meet Barts Health counterparts regularly. It would cost more money as the in-house packages were more generous than those in the independent sector. They would be going to tender in the first half of 2024 in order to meet the contractual deadline in advance of the contract ending in summer 2025. He added that they had floated with Barts Health if they might be in position to bid for the contract at the Homerton. The Chair commented that this would keep it in the NHS family via Barts Health and might be a viable solution. LA explained that Value for Money was key but also cautioned that any additional spend would have to be found from somewhere else. She commented that because of the scale involved they might be able to get better value if it was done with Barts Health through a collaborative but further work would have to be done on this.

5.5 A Member asked what the unions' view was and would the change not greatly improve staff morale and lead to a happier and more productive workforce. RC replied that he'd met with staff and unions and they were very clear they wanted to see it brought in house. It would cost more but they also needed to consider such aspects as staff retention and staff cohesion.

- 5.6 The Chair asked what point in the next year would be appropriate for this to come back to the Commission as they would like a discussion on it before any final decisions were made and they would like to understand the thinking behind whatever is being proposed. LA undertook to advise on this.

ACTION:	Proposals for future provision of soft facility services be added to the work programme for Jan 2024.
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RESOLVED:	That the discussion be noted.
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6 Community Diagnostic Centres - impact in Hackney

- 6.1 The Chair stated that the purpose of this item was to receive an update on NHS NEL's wider plans for Community Diagnostic Centres and the Hackney impact. It was noted that this had been discussed at INEL JHOSC but on a pan NEL basis.
- 6.2 He welcomed for the item
Louise Ashley (LA), CE of Homerton Healthcare and Place Based Leader for City and Hackney, NHS NEL
Rob Clarke (RC), Chief Finance Officer, Homerton Healthcare
- 6.3 Members gave consideration to two tabled notes:
(a) *NEL Community Diagnostic Centre update*
(b) *Report on (future use of) St Leonard's*
- 6.4 The Chair outlined the history of CDC plan and explained that it appeared that Lower Clapton Surgery was currently in a final short list. He asked when would the decision be known and would there be a new building.
- 6.5 RC took members through the briefing note. It was noted that a decision was due by the end of February. The available funding to make the changes needed in Lower Clapton wasn't yet in place but they were trying to recycle underspends from elsewhere to fund this proposition. The alternative option, the Spoke Model, might end up the preferred option however, as it would be covered within the existing budget envelope. He added that there was an absolute need for these services and so they were pushing hard. One of the requirements for CDCs was that they cannot be located within an Acute site.
- 6.6 The Chair asked if the other alternative, the Spoke Model would put it outside of Hackney. RC replied that it would but if Hackney got it the Homerton would be contracted to run it and this would really complement their current staffing models as they could run joint rotas etc because of the proximity of Lower Clapton site. LA added that Homerton Healthcare had an excellent reputation in diagnostics and with a need for a site in this part of NEL there was no reason why it shouldn't get it. The Chair asked to be kept informed.

ACTION:	CE of Homerton Healthcare to inform the Chair as soon as a decision was made on the siting of the proposed Community Diagnostic Centre.
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- 6.7 The Chair asked for an update on the St Leonards site. He explained that the Homerton had been looking at the possibility of an Asset Transfer but 8 days previously the government had intervened generally stopping the process of asset transfers to Trusts completely so that the previous plan was now 'dead in the water' and we were returning to a degree of uncertainty.

- 6.8 RC took Members through his briefing note. He explained that relations with NHS Property Services had been complex, both sides having different approaches and priorities. In the past two months there had been a change of leadership and they had started to engage much more with NEL ICS about the use of this site. They had invested £3m this year for example in replacement windows. They were now setting up a large programme of work with them on how to move on and make better use of the site.

- 6.9 The Chair asked what functions and services would stay or move. LA replied that they were very keen to further develop clinical services there as the public liked going there. The more admin functions need not be there of course and she welcomed the closer attention being paid to it by Property Services. RC added they would expand the Ark service there. The national picture had changed considerably on facilities and had improved.

- 6.10 Sally Beaven (Interim ED, Healthwatch Hackney) offered their support on engaging local residents to be part of the conversations and also assisting on the wider engagement programme. LA thanked her for this. MA praised the St Leonard's site and argued that it must be retained and developed. He asked what more could be done on the discharge delays at the Homerton. He argued that more step-down and rehab facilities are badly needed and St Leonard's could be part of the solution.

- 6.11 Cllr Turbet-Delof (Mental Health Champion) asked that mental health services for young people should be considered as part of the mix at St Leonard's..

- 6.12 The Chair thanked everyone for their helpful comments and the officers from Homerton Healthcare for their update.

RESOLVED:	That the report be noted.
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7 Impact of new hospital discharge funding scheme - report from Adult Services

7.1 The Chair stated that the purpose of the time was to receive an update from the Group Director AHI on the current status of the latest hospital discharge funding schemes and how they might impact Hackney. This was an evolving situation and hence it was a verbal report. He added that on 9 Jan 2023 the SoS for Health had allocated an additional £200m discharge fund to Integrated Care Systems nationally. This was publicised as the NHS purchasing additional social care beds. This is on top of a November announcement of what is normally called 'winter pressures' funding.

7.2 He welcomed for the item:
Helen Woodland (HW), Group Director Adults Health and Integration
Malcolm Alexander (MA), KONP (who had submitted a question)

7.3 Members gave consideration to a tabled note *Questions about Discharge Funding*.

7.4 HW gave a verbal presentation and also referred to the additional tabled note. She stated that the £500m in Nov was part of the now normal 'winter pressures' annual funding. There was an established process for this. Hackney was consistently one of the best performers in terms of length of stay and they have well established processes for managing such funding. She explained that they have a small allocation of flats in a Housing with Care scheme which are appropriate for Step-down care and they used this funding to increase that number. They also used it to put in place a team of social workers and OTs and therapy assistants to ensure that people don't get stuck in 'step-down'. They work with NHS partners closely on how they manage the flow and what the money is spent on. The further announcement of £220m nationally was specifically around how to increase the number of residential and nursing beds and this was not necessarily one of the issues faced in Hackney as we rarely have people waiting for that purpose. They had increased the number of beds slightly but haven't taken a large chunk of that funding as they would not want to put people in restrictive or care home beds who would not need it.

7.5 Members asked detailed questions and the following was noted:

a) Chair asked why Hackney doesn't have as much of a problem as others re nursing beds. HW replied it was complex but, culturally, our social workers are more comfortable in supporting people back into the community than perhaps elsewhere. We don't have the option of residential placements as readily available as others so social workers work very hard to develop alternatives.

b) Members asked whether care home staff were equipped to manage the higher acuity of these patients and what happens if patients refuse to move into a care home. HW replied that they were not using this money for any care home staffing but rather for the Move On team of social workers. Legally they look at the least

restrictive option and care homes were last resort. More often they have the opposite problem in that families are pressing for loved ones to go into residential care as they believe it's the safest option but in any case they never compel. Occasionally they might have delays in people leaving hospital as they don't agree with the care plan that has been devised but social workers are highly qualified and experienced and work with the family to find a resolution. They've never had a situation where they had to go to Court of Protection because they felt so strongly that an individual must be placed.

c) Members asked for a diversity breakdown of specialist Move On Team; on cultural competence and intersectionality; on discharging patients with no home to return to. HW replied that she did not have the breakdown on Move On at hand but would provide it. 86% of social workers in Hackney come from local communities and global majority communities and having cultural competence is a core part of social work training. All practice is designed around personalisation and understanding the needs of an individual and how best to support them. On the issue of no housing they will on occasion have to support people into temporary housing support on discharge, particularly those with 'no recourse to public funds'. She added that a growing issue is people who are subject to self neglect or hoarding and their home environment is not suitable for them to return to and so they have step-down flats specifically for this purpose. They then invest in hygiene services for deep cleans of the original home. She added the reassurance that if a person has care or support needs on discharge from hospital it is the council's statutory duty to meet those needs and that might also involve providing accommodation of some sort.

ACTION:	Group Director AHI to provide a diversity breakdown of the Move On team staff.
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d) Chair asked about additional step-down flats in Hackney and how such spaces come about. HW replied that they don't purchase them but have nomination rights with our Registered Housing Provider (RP) who own them. Often there will be a high turnover of these flats as older people pass away so they've agreed with the RP that voids can be used in the short term for this purpose. These properties are specifically earmarked for this purpose and not from the general needs housing provision. She added that currently they have a sufficient amount. A couple of schemes which are less popular are often used for this specifically short term purpose when voids occur.

e) Chair asked about ways to support more patients in-borough and how many supported living units would be needed to bring back all out of borough placements. HW replied that they have a significant number in residential care as opposed to nursing care. If they had alternatives in the borough such as 'extra care supported living' they believe they could accommodate them in a less restrictive way in Hackney. If they could build more of those supported living options in the borough that would be better for the residents overall. On average it would be more cost effective. She explained that the cost of care is built around the individual so it will vary. Generally, if someone goes into residential care the entire cost of that placement falls on the borough including the 'hoteling costs' (food and

accommodation) and this comes out of the Council's ASC budget. If someone has their own tenancy however and their own flat and they can remain in it and within their own community they will be more independent. They will also be able to access welfare benefits which would cover those 'hotelling' costs and so these would not be coming out of an ASC revenue budget.

f) Chair asked about the research needed to make an Invest to Save case for future proofing housing regen schemes for adult social care. HW replied that she was hesitant to put a number on the need but a major piece of modelling work needs to be done. There were c. 400 people in residential placements out of borough and if you were going to avoid that flow in future you might be looking at half to two thirds of that which could then be provided locally in various ways. Obviously a proportion will always need full residential nursing care for a time.

g) The Chair asked about the timeline for this modelling work. HW stated that she'd asked the Population Health Hub to start the demographic modelling work which needs to be done and they are working with colleagues in the Housing and Regeneration team to have this issue built into the capital rebuild model going forward. The Chair commented that the council could in theory invest 5% of the pension fund in this. HE replied that all options were on the table. There was a need to look at this with partners exploring different arrangements but it would certainly have a positive effect on the council budgets going forward. She added that they did not have a timeline yet but they were looking at efficiencies here as part of the Medium Term Financial Plan and this work had been agreed as a Project and there would be a meeting on it the following week. The Chair asked to be kept informed of developments here.

h) MA from KONP asked about more needing to be done to unblock A&E at Homerton. HW replied that the previous Monday they had only 15 delayed discharges and the majority were out of borough which are much more difficult to discharge. The pressures on the entire system at present were immense. LA added that the Homerton was a victim of its own success here. Thanks to the efforts of Adult Services teams the flow of patients was extraordinarily good compared to our neighbours. The challenge was that NE London as a whole was blocked up. You would wait longer at Whipps Cross and patients were therefore opting for the Homerton. It was a challenge as patients are in need wherever they're from and must be served. She added that the system of escalation they have in place was working well and in the past week things had been exacerbated by some IT problems.

i) The Chair asked LA about the balance of NHS NEL staff working at Place as opposed to central office. LA replied that a decision had not been made yet. A consultation paper for this had been due two weeks previously. There was then a change of policy from the DoH as they were looking at the finances so this is

awaited. As soon as the allocations are known she could let the Chair know. The Chair asked why allocations to Place in City and Hackney require guidance from central government. LA explained that this consultation was around the whole staffing structure and not about Place and you can't just separate out Place staff from central functions because some jobs will be at risk. She added that another aspect here is that the decision making must be delegated down too so it is not just a pseudo allocation and they would be required to go all the way back up the decision tree and down again before a local decision could be made.

7.6 The Chair thanked HW and LA for their detailed answers. He added that the issue of future proofing for adult social care provision would come back to a future meeting and they could discuss this in more detail.

8 Minutes of the previous meeting

8.1 Members gave consideration to the draft minutes of the meeting held 12 January 2023 and the Matters Arising.

RESOLVED:	That the minutes of the meetings held on 12 January 2023 be agreed as a correct record and that the matters arising be noted.
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9. Work programme for the Commission

9.1 Members noted the updated work programme.

RESOLVED:	That the updated work programme be noted.
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10. AOB

10.1 There was none.

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Health in Hackney Scrutiny Commission 15 March 2023 Work Programme for the Commission	Item No 8
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OUTLINE

Attached please find the latest iteration of:

HiH work programme 2022/23
INEL work programme 2022/23

These are working documents and updated regularly.

ACTION

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

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Rolling Work Programme for Health in Hackney Scrutiny Commission 22/23					
Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name
29 June 2022	Election of Chair and Vice Chair				
deadline: 20 June	Appointment of reps to INEL JHOSC				
	The science on the health impacts of poor air quality: expert briefing	Briefing	Imperial College, Faculty of Medicine	Senior Lecturer in Public Health	Dr Ian Mudway
			Adults, Health and Integraton	Deputy Director of Public Health	Chris Lovitt
			Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew
	City & Hackney ICP / Place based partnership	Briefing			Nina Griffith
	Response to draft Quality Accounts	For Noting only			
21 Sept 2022	City & Hackney Safeguarding Adults Board Annual Report	Annual item	CHSAB	Independent Chair	Dr Adi Cooper OBE
deadline: 12 Sept				Assistant Director, Quality Assurance, Safeguarding and Workforce Development	Georgina Diba
	Healthwatch Hackney Annual Report 21/22	Annual item	Healthwatch Hackney	Interim Chair	Lloyd French
				Deputy Director	Catherine Perez-Phillips
	New 'Integrated Mental Health Network' service	Briefing	Public Health	Director of Public Health	Dr Sandra Husbands
				Senior Public Health Specialist	Jennifer Millmore
	How Primary Care can optimise new ICS structures - GP Confed briefing	Verbal update	GP Confederation	Departing Chief Executive	Laura Sharpe
	New DHSC guidance on 'Health Overview and Scrutiny Principles'	For noting only		O&S Officer	
16 Nov 2022	Q&A with new Place Based Leader for City and Hackney	Briefing	Homerton Healthcare	Chief Executive (also Place Based Leader)	Louise Ashley
deadline: 7 Nov			Homerton Healthcare	Chief Nurse and Director of Governance	Breeda McManus
	Provision of NHS Dentistry in Hackney	Panel Discussion	NHS NEL	Clinical Director C&H and local GP	Dr Stephanie Couglin
			Public Health	Director of Public Health	Dr Sandra Husbands
			East London & City Local Dentistry Committee	Chair	Dr Dewald Fourie
			East London & City Local Dentistry Committee	Treasurer	Dr Reza Manbajood
			East London & City Local Dentistry Committee	Secretary	Tam Bekele
			NHSE London	Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy	Jeremy Wallman

			NHS NEL	Transition Director Primary Care	Siobhan Harper
			NHS NEL	Primary Care Commissioning	Richard Bull
5 Dec 2022	Integrated Delivery Plan for the C&H Place Based Partnership	Briefing	C&H Place Based Partnership	Director of Delivery	Nina Griffith
deadline: 24 Nov				Group Director AHI	Helen Woodland
	Implementing new regime of 'Liberty protection safeguarding'	Briefing	Adults Health and Integration	Director of ASC and Operaitons	Georgina Diba
				Principal Social Worker	Dr Godfred Boahen
	Adult Social Care reforms fair cost of care and sustainability	Briefing	Adults, Health and Integration	Director of ASC and Operations	Georgina Diba
				Head of Commissioning, Busine	Zainab Jalil
				Financial Advisor	John Holden
	Urgent Item on Mental Health Emergency Department Pressures		C&H Place Based Partnershipq	Director of Delivery	Nina Griffith
	Refresh of Mayor of London's Six Tests for service reconfigurations	Noting only			
12 Jan 2023	Cabinet Member Question Time: Cllr Kennedy	Annual CQT session	LBH	Cabinet Member for Health, ASC, Voluntary Sector and Culture	Cllr Chris Kennedy
deadline: 3 Jan					
	Local GP services - Access and Quality	Briefing	NHS NEL Primary Care	Clincial Lead for Primary Care in City and Hackney and PCN Clinical Director	Dr Kirsten Brown
			NHS NEL Primary Care	Primary Care Commissioner	Richard Bull
8 Feb 2023	Tackling inequalities in local mental health services - briefing from ELFT	Discussion	ELFT	Borough Director for City and Hackney	Dean Henderson
deadline: 30 Jan			ELFT	Chief Nurse and Deputy CEO	Lorraine Sunduza
	Future options for Soft Facility Services at Homerton Healthcare - update	Verbal update	Homerton Healthcare	Chief Executive and Place Based Leader	Louise Ashley
			Homerton Healthcare	Chief Finance Officer	Rob Clarke
	Community Diagnostic Centres - update from Homerton Healthcare	Verbal update	Homerton Healthcare	Chief Executive and Place Based Leader	Louise Ashley
	Impact of new Hospital Dischare Funding Scheme - update from Adult Services	Verbal update	Adults Health and Integration	Group Director AHI	Helen Woodland
			Adults Health and Integration	Director of Delivery, CHPBP	Nina Griffith
15 Mar 2023	Together Better project - volunteering in primary care	Briefing	Volunteer Centre Hackney	Community Development Officer	Krista Brown

deadline: 6 Mar			Volunteer Centre Hackney	Community Development Manager	Claire Ferrigi
	Cost of living crisis and health equity		C&H Place Based Partnership	Director of Delivery, CHPBP	Nina Griffith
			Policy and Strategic Delivery	Strategic Lead Change and Transformation	Jenny Zienau
	Health and Wellbeing Strategy 2022-26 one year on	Update on outputs	Public Health	Director of Public Health	Dr Sandra Husbands
			Public Health	Consultant in PH	Joia De Sa
26 April 2023	New Integrated Mental Health Network	Follow on from Sept 22	Public Health	Senior Public Health Specialist	Jennifer Millmore
deadline: 17 April			Public Health	Consultant in PH	Andrew Trathen
			Mind - City Hackney Waltham Forest	Chief Executive	Vanessa Morris
	Housing regeneration and future proofing for adult social care needs		CHE	Strategic Director - Economy, Regeneration and New Homes	Stephen Haynes
			CHE	Head of Housing Supply Programme	Rachel Bagenal
			CHE	Interim Director Regeneration Housing Strategy and Policy	James Goddard
			AHI	Group Director AHI	Helen Woodland
			AHI	Director ASC and Operations	Georgina Diba
	TBC How will the future roles of the GP Confederation and PCNs align	Follow up from 9 Jan	NHS NEL	Clinical Lead for Primary Care	Dr Kirsten Brown
	TBC GP Access challenges specifically in the NE of the borough	Follow up from 9 Jan	NHS NEL	Primary Care Commissioner	Richard Bull

ITEMS AGREED BUT NOT YET SCHEDULED

Possible date					
13 June 2023	Air Quality Action Plan 2021-25- update on Implementation	Follow up from 29 June 2022	Climate, Homes, Economy	Land Water Air Team Manager	Dave Trew
			Adults, Health and Integration	Consultant in Public Health	Jayne Taylor
	Consultation on Changes to Continuing Health Care - the Hackney perspective		Adults, Health and Integration		
			NHS NEL		
	<i>In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.</i>		NHS NEL, PCNs and GP Confederation		
	New CQC inspection regime for Adult Social Care		Adults, Health and Integration		
14 March 2024	New commissioning arrangements for Dentistry one year on		NHS NEL	Commissioner	Jeremy Wallman
	Estates crisis in Primary Care		NHS NEL		

	Outcomes Framework for City and Hackney Place Based System	Follow up 5 Dec	Adults Health and Integration	Director of Delivery	Nina Griffith
	Measuring the impact of anti racism actions in commissioning and service delivery in C&H Place Based System	Follow up 5 Dec	Adults, Health and Integraton	Director of Delivery	Nina Griffith
	Liberty Protection Safeguards - progress on implementation of new system	Follow up 5 Dec	Adults, Health and Integration	Principal Social Worker	Dr Godfred Boahen
	Emergency Dept mental health in-patient capacity	Follow up 5 Dec	Adults, Health and Integration	Director of Delivery	Nina Griffith
			ELFT	Borough Director Hackney	
10 January 2024	Future options for Soft Facility Services at Homerton Healthcare	Follow up 8 Feb	Homerton Healthcare	CE	Louise Ashley
			Homerton Healthcare	CFO	Rob Clarke
	Supporting the transgender community in local NHS Services		Homerton Healthcare	Chief Nurse	Breeda McManus
			NHS NEL	Chief Nursing Officer	Diane Jones
			ELFT	Chief Nurse	Lorraine Sunduza
			NHS NEL	Clinical Lead for Primary Care	Dr Kirsten Brown

INEL JHOSC Rolling Work Programme for 22-23 as at 20 Feb

Date of meeting	Item	Type	Dept/Organisation(s)	Contributor Job Title	Contributor Name	Notes
Municipal Year 2022/23						
25 Jul 2022	Implementation of NEL ICS	Briefing	NHS NEL	Independent Chair	Marie Gabriel CBE	
			NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Chief Finance Officer	Henry Black	
	East London Health and Care Partnership updates inc.	Briefings	NHS NEL	CEO	Zina Etheridge	
	Trust updates and health updates		Barts Health/BHRUT	Group CFO	Hardev Virdee	
	Continuing Healthcare proposals		NHS NEL	Chief Nursing Officer	Diane Jones	
	Community Diagnostic Hubs		BHRUT/NEL ICS	Director of Strategy and Partnerships/ SRO for CDCs	Ann Hepworth	
	Operose and primary care issues		NHS NEL	Deputy Director Primary Care	Alison Goodlad	
			NHS NEL	Director Primary Care Transformation	William Cunningham-Davis	
			NHS NEL	Diagnostics Programme Director	Nicholas Wright	
	Whipps Cross redevelopment		Barts Health/BHRUT	Ralph Coulbeck	CE of Whipps Cross	
	Proposed changes to access to fertility treatment for people in NE London	Briefing	NHS NEL	Chief Nursing Officer	Diane Jones	
			NHS NEL	GP and Clinical Lead	Dr Anju Gupta	
19 Oct 2022	NHS NEL Health Updates	Briefing	NHS NEL	CEO	Zina Etheridge	
deadline 7 Oct	Trusts performance		Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Winter planning and resilience		NHS NEL	CEO	Zina Etheridge	
			NHS NEL	Transformaton Director	Siobhan Harper	
	Vaccinations update - monkeypox and polio		NHS NEL	Chief Nursing Officer	Diane Jones	
	Developing ICS Strategy	Briefing	NHS NEL	CEO	Zina Etheridge	
	Acute Provider Collaborative - Developing Plans	Briefing	Barts Health/BHRUT	Group CEO	Shane DeGaris	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
15 Dec 2022	NEL Intgegrated Care Strategy - development	Briefing	NHS NEL	CEO	Zina Etheridge, Hilary Ross	
	NHS NEL Health Updates	Briefing	Various		Shane DeGaris, Paul Calaminus, Jacqui van Rossum, Breeda McManus	
deadline 5 Dec						

	What we are doing to improve access, outcomes, experience and equity for children, young people and young adults' mental health	Briefing	ELFT	CEO	Paul Calaminus	
	Financial Strategy for ICS	Briefing	NHS NEL		Henry Black	
	Update on work of Whipps Cross JHOSC	Standing item	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
28 February 2023	Understanding ICS staffing a Place level	Briefing	NHS NEL	CE	Zina Etheridge and others	
deadline 16 Feb	NHS NEL Health Updates from the Trusts	Standing item	Barts Health/BHRUT; ELFT/NELFT; Homerton Healthcare	All CEs	Shane DeGaris, Paul Calaminus, Jacqui van Rossum, Breeda McManus	
	Additional hospital discharge funding at NEL	Briefing	NHS NEL	Director of Performance	Clive Walsh	
Final meeting of the year	Improving quality of health and care research in north east London	Briefing	NHS NEL	Research and Innovation Lead North East London Health and Care Partnership	Dr Victoria Tzortziou Brown	
	Update on work of Whipps Cross JHOSC	Standing item, verbal update	Chair of the Whipps Cross JHOSC		Cllr Richard Sweden	
	ITEMS TO BE SCHEDULED					
	Monitoring new Assurance Framework for GP Practices	follow up from July 22				
	Continuing Healthcare Policy focusing on 'placements policy' or 'joint funding policy for adults'	follow up from July 22				
	NEL Estates Strategy	from 21/22				
	Acute Provider Collaborative	follow up from Oct 22				
	Local Accountability Framework NEL ICS	follow up from Dec '22				
	Financial Framework NEL ICS	follow up from Dec '22				