AGENDA REPORTS PACK

Health & Wellbeing Board

Meeting of the Health and Wellbeing Board.

The Committee Rooms, Hackney Town Hall, Hackney, London, E8 1EA

Thursday 21 March 2024 at 3.00pm.

The Live Steam link can be view here:

Main: https://youtube.com/live/x7b4G5oYxHw
Backup: https://youtube.com/live/uZnxl2NJAHA

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Published by Gareth Sykes on 13 March 2024

Dawn Carter-McDonald
Interim Chief Executive

The press and public are welcome to attend this meeting

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Dr Stephanie Coughlin (Co-Chair) Clinical Director, City & Hackney Place Based Partnership	**Cllr Christopher Kennedy** (Co-Chair) Cabinet Member for Health, Adult Social Care, Voluntary and Leisure
Cllr Anntoinette Bramble Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care	**Jacquie Burke** Group Director, Children and Education, Hackney Council
Dr Sandra Husbands Director of Public Health, City & Hackney	**Helen Woodland** Group Director, Adults, Health and Integration, Hackney Council
Sally Beavan Chief Executive, Healthwatch Hackney	**Cllr Susan Fajana-Thomas** Cabinet Member for Community Safety and Regulatory Services
Cllr Carole Williams Cabinet Member for Employment, Human Resources and Equalities	**Basirit Sadiq** Chief Executive, Homerton Healthcare NHS Foundation Trust
DCS James Conway BCU Commander, Hackney and Tower Hamlets, Metropolitan Police Service	**Mary Clarke** Director of Nursing and Corporate Development, GP Confederation
Nina Griffith Director of Delivery, City & Hackney Place Based Partnership	**Frances Haste** VCS Leadership Group, Hackney CVS
Stephen Haynes Strategic Director Inclusive Economy, Corporate Policy and New Homes, Hackney Council	**Rosemary Jawara** VCS Leadership Group
Dalveer Johal Pharmacy Support Manager, City & Hackney Local Pharmaceutical Committee	**Andreas Lambrianou** Chief Executive Officer, City & Hackney GP Confederation
Chris Lovitt Deputy Director of Public Health, City & Hackney	**Jessica Lubin** Director of Health Transformation, Hackney Council for Voluntary Service
James O'Neill Borough Commander, London Fire Brigade	**Paul Senior** Interim Director of Education, Hackney Council
Shilpa Shah Chief Officer, City and Hackney Local Pharmaceutical Committee	**Dr Kathleen Wenaden** Clinical Director for Primary Care Network, NHS Primary Care Networks

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

Health & Wellbeing Board

AGENDA
Thursday 21 March 2024

ORDER OF BUSINESS

Proposed meeting dates:

- 27 June 2024
- 10 October 2024
- 23 January 2025
- 20 March 2025

Health & Wellbeing Board

Public Attendance

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

The Council will continue to ensure that access to our meetings is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice. The latest general advice can be found here - https://hackney.gov.uk/coronavirus-support

RIGHTS OF PRESS AND PUBLIC TO REPORT ON MEETINGS

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting.

Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording Councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

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

Hackney

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD
THURSDAY, 25 JANUARY 2024 AT 3.00PM

THE COMMITTEE ROOMS, HACKNEY TOWN HALL,
MARE STREET, LONDON, E8 1EA

In Person:	**Dr Stephanie Coughlin (Co-Chair), ICP Clinical Lead (City and Hackney)** **Sally Beavan, Chief Executive (Healthwatch Hackney)** **Cllr Anntoinette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care (Hackney Council)** **Cllr Christopher Kennedy (Co-Chair), Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Hackney Council)** **Cllr Susan Fajana-Thomas, Cabinet Member for Community Safety and Regulatory Services (Hackney Council)**
Officers in Attendance:	**Mark Agnew, Governance Officer (Hackney Council)** **Emmanuel Ross, Programme and Projects Officer (City & Hackney)** **Danny Turton, Public Health Trainee (City & Hackney)** **Simon Young, Principal Public Health Specialist & Substance Misuse Partnership Lead (City & Hackney)**
Virtual Contributors:	**Anthony Blissett, Public Health Registrar (City & Hackney)** **Jacquie Burke, Group Director of Children and Education (Hackney Council)** **Frances Haste, VCS Leadership Group (Hackney VCS)** **Dr Sandra Husbands, Director of Public Health (City & Hackney)** **Froeks Kamminga, Senior Public Health Specialist (City & Hackney)** **Chris Lovitt, Deputy Director of Public Health, (City & Hackney)** **Rory McCallum, Senior Professional Advisor, Children's Social Care (Hackney Council)** **Basarit Sadiq, Deputy Chief Executive (Homerton Healthcare NHS Foundation Trust)** **Andrew Trathen, Consultant in Public Health (Hackney Council)** **Amy Wilkinson, Director of Partnerships, Impact and Delivery (NHS North East London Integrated Care Board)**

Hackney

1. Updated Terms of Reference

1.1 Dr Stephanie Coughlin, ICP Clinical Lead, as Chair of the Health and Wellbeing Board (HWB), introduced the item when the meeting was quorate and highlighted that the proposed updated terms of reference would include a commitment to receive regular Community Voice presentations, and added the Sexual and Reproductive Health Strategy as a named strategy on which the HWB would provide oversight.

1.2 During the discussion Dr Sandra Husbands, Director for Public Health, recommended that rather than name specific strategies, requiring the terms of reference to be regularly updated by the HWB, that the terms of reference refer instead to oversight of 'public health strategies'. The Director of Public Health and Cllr Christopher Kennedy discussed the appropriate governance approach for the Combating Drugs Partnership (CDP).

RESOLVED: That the terms of reference be updated to accept the inclusion of the requirement to receive regular Community Voice presentations, refer to the oversight of public health strategies, and refer to the CDP.

2. Apologies for Absence

2.1 Apologies for absence were received from Mary Clarke, DCS James Conway, Stephen Haynes, Rosemary Jawara, Dalveer Johal, Paul Senior, Shilpa Shah, Dr Kathleen Wenaden, and Cllr Carole Williams. In addition, apologies for lateness were received from Jessica Lubin.

3. Declarations of Interest - Members to declare as appropriate

3.1 There were no declarations of interest.

4. Minutes of the Previous Meeting

RESOLVED: That the minutes of the meeting held on 21 September 2023 be agreed as a true and accurate record of proceedings

5. Questions from the Public

5.1 <u>To the Health and Wellbeing Board, from Claudia Nogueira;</u>

What strategies are being used/developing to help with the increasing number of children from Hackney that present to the hospital with medical problems that arise due to childhood obesity that do involve sport?

5.2 The Chair read out the following response, prepared by Public Health Lead Officers;

Evidence based guidelines highlight the benefits of physical activity in improving health and wellbeing outcomes; this includes preventing and

managing excess weight in children in order to reduce the risk of diseases in later life including certain cancers, cardiovascular disease, diabetes, and improve mental wellbeing. Children and young people are encouraged to be physically active every day because of the health benefits physical activity can bring, even if they do not lose weight. Regular physical activity helps children develop strong bones and muscles, improves concentration and academic performance, supports better sleep and improves cardiovascular fitness (heart and lungs). Children with excess weight are advised to do more exercise than the recommended 60 minutes of activity a day.

As well as wider council provision, City and Hackney Public Health team commissions various evidence-based programmes that support children and young people to maintain a healthy weight through physical activity and having a healthy diet. Services for 0-5 year olds include: 1) A healthy weight service for children aged 0-5 years and their families, offering healthy eating workshops, promoting Healthy Start Vouchers and universal distribution of Healthy Start Vitamins delivered by HENRY; 2) Healthy Early Years Service delivered by Hackney Education supporting and capacity building of early years settings in achieving Healthy Early Years London (HEYL) awards led by the Mayor's Office. The key themes in achieving these awards include healthy eating, physical health, oral health and early cognitive, emotional and social development.; 3) The Alexander Rose Vouchers for Fruit & Vegetables service helps families with children aged 0-4 years old and pregnant women, on low incomes, to buy fresh fruit and vegetables and supports them to give their children the healthiest possible start in life.

Programmes for young people aged 5-19 include supporting regular physical activity in schools through the Daily Mile and Personal Best programmes delivered by Young Hackney. Power Up! is delivered by Homerton Healthcare NHS Foundation Trust and provides a tailored, multi-component weight management intervention for young people and their families. The service supports young people and their families to make positive changes to their diet and physical activity habits to achieve and maintain a healthy weight, and improve their health outcomes.

We are not aware of any data on the number of children from Hackney that present to hospital with medical problems that arise due to childhood obesity that involve sports. All of our local commissioning decisions are based on available local and national data, and are informed by the latest evidence and best practice guidelines.

6. City & Hackney Safeguarding Children Partnership Annual Report 2022/23, including Child Q Update

6.1 Rory McCallum, Senior Professional Advisor, Children's Social Care, introduced the report which detailed the governance and accountability arrangements of the local safeguarding partnership, provided a summary of progress against priorities, and included the lessons learned and key messages for practice.

6.2 The Senior Professional Advisor, Children's Social Care also discussed the results of the Council's Audit team analysis of the partnership's governance arrangements and the recommendations made, the successful management of recent changes of leadership, and the extension of membership at the executive level. In addition, it was noted that in relation to the health and stability of the workforce, self-assessment and staff surveys indicated that staff were working hard, but feeling supported.

6.3 The Child Q update report was feeding into the work being led on by the Council in relation to active anti-racism. There was still work to be done by the partnership, but it was an important priority. It was noted that, in general, data was indicating upward trajectories in most measurements, and that there had been a reduction in Child Protection Plans and Looked After Children, perhaps as a result of earlier interventions, with no reviews needed to be undertaken in the recent reporting period.

6.4 Questions and comments relating to the report were raised by Frances Haste and Cllr Bramble, who;

- asked about the absence of school exclusions and the impact and disproportionality of school exclusions, in the report;
- highlighted the work of the Hackney Reducing Exclusions Partnership;
- discussed the health and wellbeing impact of issues relating to policing and safeguarding.

6.5 In response, the Senior Professional Advisor, Children's Social Care, and Jacquie Burke, Group Director of Children and Education, confirmed that;

- the partnership recognised that school exclusion was a safeguarding issue and area of concern, and had undertaken a lot of work related to this, including child protection reviews and consideration of the national panel's review into exploitation;
- the Council recognised the connection between exclusion and risk, and had been developing work around school exclusions;
- school exclusions were viewed as a systems-wide issue, and Officers and partners had been responding to it accordingly;
- there was a specific priority around safeguarding and adolescents, which included keeping children in school;
- at a recent meeting with the Home Office there was indication of interest in strengthening how the focus on trauma could be built into existing legislation.

7. Annual Director of Public Health Report 2023/24, including Confirmation of Themes for 2024/25

7.1 Danny Turton, Public Health Trainee, highlighted the key messages of the annual report, which focused on sexual and reproductive health (SRH). The report had a special focus on the SRH of the under 30 population, who made most use of services, noted that Hackney had the fourth highest rate of sexually transmitted infection (STI) diagnosis in England, and that testing for STIs had dramatically decreased as a result of the Covid pandemic, with

figures still yet to return to pre-pandemic levels. In addition, the report made five recommendations;

- A recommitment to co-production, with increased community involvement;
- Services needed to be easier to access, particularly for younger people;
- There needed to be greater awareness of what services were available;
- Improved collaboration between stakeholders;
- Continued identification and focus on inequalities.

7.2 Anthony Blissett, Public Health Registrar, confirmed the theme for the following two years would be 'social capital'. The choice was based on the evidence that indicated a relationship between the increase of social capital and improved outcomes, including in health. It was recognised that social capital was a complex topic, so would be split into two parts;

1. in 2024, reviewing the evidence base for the link between social capital and public health;
2. and, in 2025, take the knowledge and learning into local communities to work collaboratively to create a practical action plan that would have measurable benefits.

7.3 It was also proposed that there would be a supporting social capital advisory group, with membership from across stakeholders and external groups, including academia, to guide this work and provide additional expertise. Participation from HWB members was welcomed.

7.4 Questions and comments relating to the report were raised by Frances Haste, Cllr Kennedy, and the Director of Public Health, who;

- welcomed the focus on social capital and asked that the voluntary sector be included in this work;
- requested a specific and shared definition of 'social capital';
- welcomed both the presentation of the report, which had aided consumption of the content, and that the recommendation re. community involvement was seen as an overarching one;
- recommended the inclusion of local organisations that were formed or developed during the pandemic;
- thanked Officers on their work producing and designing the report.

7.5 In response, the Public Health Registrar, the Chair, and the Director for Public Health, confirmed that;

- Tony Wong, Hackney CVS Chief Executive, had been contacted to ensure voluntary sector representation, and that other voluntary sector representation, including in the Orthodox Jewish community, was also being sought;
- that a shared and specific definition of 'social capital' was a good suggestion;
- the proposed advisory group would help define 'social capital', and what it would mean locally in a practical sense for both individuals and communities.

8. Community Voice: NEL Big Conversation - Hackney Findings

8.1 Introducing the report, Sally Beaven, Healthwatch Hackney Chief Executive, welcomed the partnership working that had informed the findings she would present to the HWB. The findings were based on a series of surveys, workshop events, and small focus groups designed to gather the views of many of Hackney's communities to better understand whether services were accessible, whether service delivery was competent, and whether service delivery was sufficiently person-centred and trustworthy.

8.2 The Healthwatch Hackney Chief Executive provided some specific illustrative examples from the findings, which included members of the Turkish and Kurdish community highlighting that having a little English language competency often meant that service providers seemed to feel they did not need to provide translation options; a service user of a newer, unnamed service, who as a wheelchair user had found that the service was well signposted and looked accessible, but the approach having a curb that was not dropped down had hindered their access; and, service users of the Long Covid service spoke to how responsive the service had been to their feedback.

8.3 The report also highlighted the impact of wider determinants of health, including what allowed people to feel healthy and happy, the impact of issues such as anti-social behaviour, and the importance of people feeling free and accepted without stigma when accessing services.

8.4 Questions and comments relating to the report were raised by Cllr Kennedy and the Chair, who;

- asked how many local people were spoken to in the development of the findings;
- discussed whether the number spoken to was too small to draw conclusions;
- discussed their understanding that the NEL (North East London) Big Conversation had contacted c2,000 people
- sought to understand whether the slides had been designed to be seen by a NEL wide audience, or whether slides referencing Hackney were based on data from Hackney residents;
- asked HWB members to flag specific issues highlighted from the slides that they would like Healthwatch Hackney to look into in 2024/25.

8.4 The Healthwatch Hackney Chief Executive responded and;

- confirmed that the 57 people mentioned in the slides were those specifically engaged via workshops, and were in addition to survey respondents;
- clarified that the data in the slides combined both survey results and feedback from workshops and focus groups;
- committed to providing the HWB with additional clarity on the source of the findings.

ACTION 1. HWB members to flag issues highlighted in the slides they would like Healthwatch Hackney to look at in 2024/25.

9. Sexual and Reproductive Health Strategy, and Combating Drugs Partnership and Substance Use Support Update

9.1 The Chair agreed to consider agenda item 9 and agenda item 10 together, and then seek any questions or feedback from the HWB on both items.

9.2 The Deputy Director of Public Health confirmed the plan for agenda item 9, Sexual and Reproductive Health Strategy, had been to seek HWB approval of the strategy and also sign-off the action plan. However, an error with the papers meant that the detailed action plan had not been circulated, though key partners had already seen the plan before the HWB meeting. After discussion, it was agreed by the HWB to circulate the action plan after the meeting and allow members 7 days to consider it and provide comments, before an updated action plan would then be approved by Chair's Action.

9.3 Froeks Kamminga, Senior Public Health Specialist, introduced agenda item 9, explaining the consultation process, which ran between July and September 2023, with engagement events running into October and November 2023. The Senior Public Health Specialist highlighted the level of investment and engagement that the process reported, and the strong agreement for the proposed themes and priorities.

9.4 The key findings included the importance of involving people you want to reach in the development of campaign materials, and that key barriers included a lack of knowledge of, and lack of access to, services, with stigma still attached to sexual activity, STIs and HIV. Also, it was reported that services remained fragmented across the wider SRH pathway, often due to fragmented commissioning. The results of the consultation and engagement had informed the redrafting of the strategy

9.5 In relation to the action plan, it had become clear that a central online resource was required to provide information, advice, and signposting to all relevant SRH services, and to include booking links where possible. The need for a stronger focus on co-production of materials and resources was also evident.

9.6 The Senior Public Health Specialist confirmed that it was also proposed that a joint sub-group of the City and Hackney HWBs be set up to provide a partnership and reporting process ensuring oversight of the implementation of the action plan and its alignment to the strategy. If approved by the HWB, the strategy would be then submitted as a key decision at February's Cabinet meeting.

9.7 Simon Young, Principal Public Health Specialist & Substance Misuse Partnership Lead, introduced agenda item 10 by highlighting the contents of the report, which contained details of;

- the national context, including the key aims of the national strategy;

- the structure of the Hackney CDP and the partners involved, and details of the working groups;
- an overview of operational outcomes, including improvements in continuity of care for those leaving prison, and a modest improvement in the number of people accessing services;
- the increase in funding of c£2.9m that would be accessible in the next year;
- what the additional resource would be utilised for, including increased access to in-patient detox and rehab services, and further investment into local organisations to ensure a better engagement with Hackney's communities.

9.8 In relation to agenda item 9, questions and comments were raised by Cllr Kennedy, Basarit Sadiq, Deputy Chief Executive, Homerton Healthcare NHS Foundation Trust, and Deputy Mayor Bramble, who;

- welcomed the development of the SRH strategy;
- discussed the recommendations that Cabinet Members had received from the Children and Young People Scrutiny Commission, and that responses should refer to the SRH strategy and the annual report;
- asked who would hold responsibility for the proposed central online resource;
- asked whether the reported lack of knowledge related to particular groups, or whether there was a wider issue such a digital poverty and how that could be addressed;
- wanted to understand why STI testing figures were still yet to return to pre-pandemic levels, and whether this was an issue specific to the younger population, or the older population;

9.9 In response, the Deputy Director of Public Health and the Senior Public Health Specialist confirmed that;

- SRH services are unusual in that people often chose to utilise services out of area, whilst others from outside chose to come into the area, so Officers and partners had been sharing aspirations and knowledge with colleagues across NEL, across London, and nationally, because although some of the issues raised by this work were specific to the City & Hackney, they were unlikely to be unique to the City & Hackney;
- although there were now more services available online, a single portal would still be valuable and a NEL-wide approach would be preferred in order to provide residents with the widest choice of where they receive services;
- it was important to ensure that not everything was just available online, as not all communities would be able to access the information;
- the pandemic did have an impact on younger people accessing STI testing services, but this was returning to the pre-pandemic levels as service capacity and availability returned to pre-pandemic levels;
- there was an issue with the affordability of services for some residents, and whilst providers were working hard to get the most effective way of delivering these services, there has been no inflationary increases in associated grants;

- there would need to be an increase in investment, and greater efficiency, to deliver on all aspirations, but there were limits to what could be achieved without the additional funding.

9.10 In relation to agenda item 10, questions and comments were raised by Frances Haste, Cllr Fajana-Thomas, and Deputy Mayor Bramble, who;

- asked whether voluntary sector groups would be commissioned to help with people who might be reluctant to engage with mainstream services, and if so, would those be services be commissioned over a reasonable timeframe;
- thanked Officers for the update, but observed that it was important that Community Safety was properly represented on the CDP;
- confirmed that neither Cllr Kennedy nor Cllr Fajana-Thomas, or current Community Safety representatives had been invited to attend a CDP meeting.
- welcomed that the Partnership had identified people with mental health and wellbeing issues and those who have been in contact with the criminal justice system as separate focuses for attention, but asked whether the CDP had found data that highlighted any specific population groups, and how services could be targeted accordingly;

9.11 In response, the Principal Public Health Specialist & Substance Misuse Partnership Lead, and Andrew Trathen, Consultant in Public Health, confirmed that;

- voluntary sector organisations had been commissioned to work with population groups that had additional barriers to accessing services, including SWIM Enterprises and St Giles, and it was hoped that the additional funding in the next year would be utilised to work with additional groups;
- as a result of the current funding model, each commissioned contract was for one year;
- the CDP was now in place, had been meeting quarterly, and that representatives of both Community Safety and the Metropolitan Police Service had been invited;
- in response to further queries about invitations, they would confirm and ensure Community Safety were aware of CDP meetings;
- data was reported as being not particularly good, in part because the CDP was beholden to the national monitoring system. However, the CDP was speaking to partners about how to improve access to local data to provide greater insight and better understand underrepresentation;
- a needs assessment was underway, that should be finalised in 6 months;

RESOLVED: That the HWB approve the strategy and confirm the partnership and reporting process, and, via Chair's Action, approve the action plan following its circulation for consideration by members.

ACTION: 2. HWB members to provide comments on the action plan to the Senior Public Health Specialist, before it is approved via Chair's Action.

10. Combating Drugs Partnership and Substance Use Support Update

10.1 With the agreement of the Chair, this item was considered at agenda item 9.

11. NEL Joint Forward Plan

11.1 The Chair noted that an updated version of the North East London (NEL) Integrated Care Board (ICB) Joint Forward Plan (JFP) had been circulated during the meeting for the Board's consideration.

11.2 Amy Wilkinson, Integrated Commissioning Workstream Director, introduced the paper, confirming that having been introduced in the last year, the five year JFP was designed to be refreshed annually and NEL were keen to ensure that each Place HWB was able to consider and note the work. The main change in this year's draft JFP was the inclusion of slides focused on each constituent Place. It was planned that the JFP would be further developed over the following weeks before a finalised and agreed refreshed plan be submitted to NHS England.

11.3 The Chair and Integrated Commissioning Workstream Director discussed the contents of the City & Hackney Place slide, which were a summary of the strategic priorities, key highlights of the delivery plan, and interdependencies with other ICB programmes, as well as a summary of the proposed benefits and impacts to be felt by local people.

11.4 Questions and comments related to the report and draft JFP, were raised by Cllr Bramble, Frances Haste, the Deputy Director of Public Health, Cllr Kennedy, and the Chair, who asked;

- to understand the connection between the key programmes of work and the summary, especially in relation to Black and Global Majority residents;
- what proportion of the total funding available would be spent on prevention and groups providing preventative services and support;
- whether feedback from the last time the JFP was discussed, which included how better to engage both the HWB and broader communities with this work, had been successfully reflected in the refresh;
- whether SRH, which had been flagged by the HWB as a priority area of work with the ICB, could be better reflected in the JFP;
- whether priorities in City & Hackney, such as improving the mental health of Black and Global Majority young people; tackling high rates of sexually transmitted infections; and, tackling low rates of vaccination should be populated in the Place slide;
- and, how the work and priorities of City & Hackney might be best captured.

11.5 The Integrated Commissioning Workstream Director responded and confirmed that;

- the ICB is still being formed and there was further work required, which included developing better connections between Place and Place-based priorities, and cross-cutting programmes;
- there was freedom to provide greater clarity in the City & Hackney slide, and feedback from the Board related to language would be shared with NEL colleagues;
- prevention and early intervention would still be prioritised, but work was currently underway on what the the City & Hackney Place-based element of the wider ICB budget might look like;
- it would be helpful to discuss the City & Hackney Place slide in further detail and better reflect some of the feedback that was shared by the Board;
- and, the Place slide was an opportunity to share and confirm the priorities of City & Hackney.

12 Matters Arising

12.1 There were no matters arising for consideration**.**

13 Dates of Future Meetings

13.1 The next meeting of the Health and Wellbeing Board would be 21 March 2024 at 3.00pm.

Duration of Meeting: 3.05pm - 4.50pm

Chair: Dr Stephanie Coughlin

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Hackney

Title of Report	LGBTQIA+ healthcare challenges
For Consideration By	Health and Wellbeing Board
Meeting Date	Thu 21 Mar 2024
Classification	Public
Ward(s) Affected	All
Report Author	Sally Beaven Chief Executive, Healthwatch Hackney

Is this report for:

☑	Information
☑	Discussion
☐	Decision

Why is the report being brought to the board?

The board is already aware of the Equality Plan Strategy Consultation, which this report fed into.

The purpose of bringing this work before the Board today is to give a deeper understanding of the individual experiences of members of the LGBTQIA+ community when accessing healthcare, to help understand how the relevant findings and recommendations included in the Equality Plan Strategy were arrived at.

We hope members of the board will raise awareness of these issues within their own organisations, and findings and recommendations will be disseminated and used to inform commissioning and policy approaches, particularly when considering approaches to staff training, tailored communication with the community and establishing continuous feedback loops to enable accountability of anchor institutions around the way they serve the LGBTQIA+ community.

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

Presented at C&H ELFT LGBTQIA+ Access and Care Group Shared with relevant stakeholders across C&H

1. **Background**

1.1. Following a public forum to gauge need and establish the correct focus for this work, Healthwatch Hackney conducted a focus group, engaging with 15 members of the LGBTQIA+ community. Focus group attendees were carefully selected based on their ability to not only draw on their own experiences, but to also speak on behalf of members of their community. The focus group was attended by a combination of LGBTQIA+ community leaders, VCS frontline staff working with the target groups, and statutory partners working to support members of the target community. This meant that the majority of focus group attendees were able to speak both of their own experience as members of the LGBTQIA+ community, living and working in Hackney, and present the views and experiences of the wider community.

1.2. The findings highlight the impact of a lack of sensitivity from healthcare professionals and staff attitudes that could be interpreted as discriminatory, although HWH feels this is likely the result of a lack of training or understanding. One example given was instances of trans women being referred to by their dead name when accessing GP services, caused by a refusal to acknowledge their trans status because the patient is listed in registration paperwork by their dead name. Another example was excessive and intrusive questioning of lesbian women about their personal life when attending routine appointments.

1.3. These experiences are sadly prevalent, and result in members of the community disengaging with or avoiding healthcare. HWH believes this is a key factor in members of the LGBTQIA+ community presenting at crisis point rather than seeking support earlier or engaging with preventative care. We noted a particular impact on LGBTQIA+ residents avoiding seeking support with mental health as a direct result of their lack of trust in health and care services. Improving and deepening the understanding of service providers of the needs of the community will increase trust and engagement.

1.4. *“The impact is the fear and avoidance of seeking health care. Also, there's a huge impact on mental health. Because you start to be afraid of being yourself. All of us in the LGBTQ+ community, we know how big of an impact this can have on our mental health.”*

1.5. The report recommends:

- Training programs for healthcare staff, focusing on LGBTQIA+ awareness, sensitivity, and inclusion.
- Include modules on the importance of respecting gender identities, understanding the concept of the 'chosen family', and avoiding invasive questioning.
- Educate healthcare providers on the diversity and complexities within LGBTQIA+ community, including issues related to intersectionality, gender identity, and sexual orientation.

1.6. Healthwatch Hackney feels these recommendations should be built into contractual requirements with service providers, and considered as part of procurement exercises.

1.7. The focus group participants highlighted a need for safe spaces where members of the community could come together. They told us that the majority of safe social spaces are centred around alcohol and the night time economy.

1.8. *“A lot of LGBTQ+ social spaces, they're very alcohol oriented. They're very loud, there's not many places to sit down. And as you get a bit older, those kinds of things are more important. [There is a need for] a feeling, welcoming place; having special places that are designed for people like you…”*

1.9. The report recommends:

- Support for voluntary organisations to access funding to deliver safe, inclusive spaces for the LGBTQIA+ community not centred around nightlife or alcohol.
- Support community-led initiatives and programs that foster a sense of belonging and resilience, especially for marginalised sub-groups within the LGBTQIA+ community

1.10. HWH suggests the organisations represented at the Health and Wellbeing Board could consider offering their available resources to the creation or support of LGBTQIA+ social/safe spaces. This could mean offering use of a suitable space to the community for free, or considering capacity building by offering support/training to members of the community to allow them to facilitate spaces themselves.

1.11. The report recommends:

- Revise and develop healthcare assessments and risk evaluations that are specifically tailored to the unique experiences of the LGBTQIA+ community

1.12. This approach could be extended across all areas of health and social care where health assessments take place, but could also be considered as a lens through which to consider policy making decisions.

1.13. Please see the main report for many more examples of the experience of this community. We ask the board to reflect on areas of the report that

could be applied within their own organisational practice, procurement and policy making.

2. **Policy Context:**

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

☑	Improving mental health
☑	Increasing social connection
☐	Supporting greater financial security
☐	All of the above

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

☑	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
☐	All of the above

3. **Equality Impact Assessment (EIA)**

Has an EIA been conducted for this work?

☐	Yes
☑	No

4. **Consultation**

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

☑	Yes
☐	No

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

☑	Yes
☐	No

5. **Risk Assessment**

N/A

6. **Sustainability**

N/A

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Appendices	Community Voice LGBTQIA+ Focus Group Report - Jan 18 2024

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healthwatch Hackney

LGBTQIA+ Health in Hackney

Community Voice Focus Group

18 January 2024

NHS North East London

Contents

Introduction

This report follows on from the December online Community Voice LGBTQIA+ Public Forum held for City & Hackney residents, providing detailed insights from members of the LGBTQIA+ community who attended a focus group meeting. The forum highlighted the unique healthcare challenges faced by the LGBTQIA+ community, emphasising the need for a more inclusive and understanding healthcare system.

This focus group, held online on January 18th, conducted by the Community Voice team, aimed to delve deeper into people's individual experiences, further informing the development of London Borough of Hackney's Equality Plan by capturing firsthand accounts of healthcare interactions, with a further focus on mental health, within the LGBTQIA+ community in Hackney.

Executive Summary

Key Findings:

1. Accessibility and Service Provision Challenges:

- Instances of discrimination reported, particularly for trans women and undocumented individuals, leading to healthcare avoidance.
- Lesbian women face excessive questioning about their sexual lives, impacting their mental health and willingness to seek care.
- Fear of deportation and language barriers further hinder access to healthcare for transgender Latino Americans and migrant communities.

2. Diverse Experiences and Training Needs:

- Mixed experiences in healthcare noted, including insensitivity during bereavement.
- Necessity for LGBTQIA+ specific training in public services emphasised.
- Concept of 'chosen family' and burden of educating healthcare workers on LGBTQIA+ issues highlighted.

3. Stigma and Institutional Challenges:

- Stigma and apprehension within LGBTQIA+ community about being judged in healthcare settings.
- Need for ‘zero tolerance’ towards discrimination and effective enforcement of policies underscored.
- Call for training to distinguish between sex and gender, and for tailored risk assessments for the LGBTQIA+ community.

4. Community Resilience and Belonging:

- Importance of creating inclusive, sober safe spaces for the LGBTQIA+ community outside of nightlife discussed.
- Efforts to establish sober, daytime community spaces for Latin American and trans communities highlighted.
- Challenges with current LGBTQIA+ social spaces, such as loud environments, affecting individuals with disabilities and older members of the community.

5. Mental Health Challenges:

- Significant shortcomings in NHS mental health services reported, including crisis management issues and somewhat rigid approach lacking personalisation.
- Impact of impersonal treatment on mental health noted, alongside positive experiences of proactive psychological support offers.
- Challenges in accessing NHS therapy and disparities in mental health services across regions discussed.

6. London Borough of Hackney Consultation - Best Practice:

- Need for a mix of group and individual discussions in consultations identified, with focus on actionable outcomes and broader institutional actions.
- Importance of Healthwatch's role in ensuring follow-through on raised issues and challenges posed by opposing groups.
- Participants called for Hackney Council to be more proactive in informing community about investments and initiatives, emphasising need for sustained investment and resources provided to back up initiatives.

Accessibility and Service Provision

Healthwatch Hackney emphasised the critical need for LGBTQIA+ individuals to feel heard, understood, and not judged in health care settings, underscoring the necessity for training and appropriate resources provided by the Council for frontline staff.

A participant from a gender-based violence support organisation shared experiences of LGBTQIA+ individuals, particularly trans women and undocumented migrants, facing discomfort and discrimination in accessing healthcare in Hackney. They expressed concerns about fears of deportation and insensitivity in treatment, leading many to seek care outside the borough.

> *"We work with gender-based violence, we are a trans-inclusive, women's aid (…) based in Hackney (…) and they don't feel comfortable. Most of them come to me saying that they are not seeking health advice, not seeking any support with their health issues due to not feeling comfortable sharing their experiences."*
>
> *"Some of them are trans women trafficked into sexual exploitation. And they also fear a lot the NHS sharing their immigration status, and their work and or intersectionalities with the Home Office or with the police. So there's also a fear of deportation, of being incarcerated, which is happening a lot within the trans community."*
>
> *"I have to refer them to CliniQ, which is out of Hackney, and is basically the only place they feel comfortable." (https://cliniq.org.uk)*

They then provided an example of the lack of comfort and discrimination faced by LGBTQIA+ individuals in Hackney healthcare settings, sharing an incident involving a trans woman from Brazil who, after being trafficked, faced refusal from healthcare providers to acknowledge her gender identity. This included using her 'dead name' and not treating her as a trans woman, leading to her completely disengage from local health services due to discomfort and perceived transphobia.

> *"When she went to her GP, they refused to call her by her name, they were using her dead name. And they were refusing to treat her as a trans woman. So for her, that was an immediate No, and she refused any access to any health services in Hackney."*

"...I think there were some elements of transphobia with the receptionist as well. Because of the name on her document and her actual name."

A participant discussed the differential treatment faced by lesbian women during medical procedures like smear tests, citing excessive and intrusive questioning about their sexual lives. This invasive approach has reportedly led to fear and avoidance of healthcare services among these women, significantly impacting their mental health and contributing to a broader apprehension about being open about their identities in healthcare settings.

"...they were asking her too many questions, very private questions about her sexual life with her partner, intrusive questions that they actually don't have to ask. I'm a lesbian woman, I do smear tests as well. Some of the questions are just not needed."

"The impact is the fear and avoidance of seeking health care. Also, there's a huge impact on mental health. Because you start to be afraid of being yourself. All of us in the LGBTQ+ community, we know how big of an impact this can have on our mental health."

The discussion went on to highlight the profound fear of deportation among transgender Latino American communities, affecting their access to healthcare. This fear is rooted in experiences of incarceration and mistreatment, especially in the prison system, creating a barrier to seeking medical help due to concerns about sharing immigration status with authorities. The impact is a widespread reluctance to access healthcare, compounded by a collective trauma of institutional mistrust.

"They ask us a lot of times, "is the NHS going to share my immigration status with the Home Office?" And I have to tell them, well, it's a risk, but they usually don't. So this is a barrier we have identified."

"Most of the women whom we support have an insecure immigration status (...) there is a huge collective trauma of institutions (...) When for instance, they are raped or they

were physically assaulted, and we tell them you need to go to the hospital, it's one of the first questions. "No, because of my immigration status, they're going to share my immigration status". Also, not only the fear of deportation, but the NHS charges. Yes, the NHS has been wrongly charging lots of migrants from our community."

Another significant barrier discussed was the language obstacle faced by migrant communities. The difficulty in communicating with healthcare providers, due to lack of interpreter services, poses a major challenge in accessing necessary medical care. This results in many migrants struggling to register with or convey their health concerns to doctors, further exacerbating their hesitation to seek healthcare services.

"...we have also had several cases where they go to the GP, and they can't communicate with the receptionist and the GP practice does not offer an interpreter. It's really difficult for them to register [and] talk to the doctors. There are some good cases where the GP offers an interpreter, but most of the time it's a struggle to get appropriate interpreting services."

One participant shared a mixed experience with healthcare provision in Hackney. While they had had mostly positive experiences, a significant exception was encountered during the bureaucratic process of registering his late husband's death. This involved repeated visits to the GP, highlighting the emotional and administrative challenges faced during bereavement. This experience underscored the varying levels of sensitivity and understanding within different aspects of the healthcare system.

"...because my late husband had quite a complicated medical history, they sent me back four times to the GP to get the death registration redone. And the GP ended up ringing the registrar in my presence and saying, you don't seem to realise you're dealing with a bereaved husband who's having to cope with someone's death, and also having to deal with all the bureaucracy."

"I ended up discovering that I could register a death in any London borough. And although the work would be done by Hackney Council, my dealings would be with the borough I chose. I ended up going back to Camden, where we'd actually got married and dealing with them. Because I found the service centre near the [Hackney] Town Hall, just incredibly Kafkaesque and bureaucratic and completely different to Camden's."

Healthwatch Hackney inquired about considerations for LGBTQIA+ specific training in public services, particularly in the context of registering the death of a partner. The participant highlighted the multifaceted challenges faced during such times, including dealing with executor duties and potential lack of support networks. They emphasised that LGBTQIA+ individuals might not have the same family support as others, which should be taken into consideration.

"...some LGBTQ people don't have quite the support networks other people do. I mean, are they wanting children? In my case, both of my parents were dead, my brother and sister were quite a long way away (...) there can be a bit of estrangement or distance from family and other support networks. And maybe LGBTQ+ people might not have quite the same support networks to tap into, that other people do."

One participant reflected on the importance of listening skills, noting that these are not unique to the LGBTQIA+ community but should be a universal standard. They emphasised the need to avoid framing LGBTQIA+ individuals as requiring special treatment, advocating for inclusivity in standard care practices.

"I think what can sometimes feel like a challenge, and this is what further exacerbates the situation for us, is the idea that we're seeking specialist treatment, or that people have to put in more work to work with our community."

The participant also discussed the concept of the *'chosen family'* and the importance of healthcare workers understanding the varied support networks

within the LGBTQIA+ community. He highlighted the issue of healthcare workers expecting LGBTQIA+ individuals, particularly trans patients, to educate them, which can be invasive and burdensome. The participant stressed that negative healthcare experiences often get shared within the community, impacting overall trust and expectations.

> *"...we often talk within our community about 'chosen family' and the makeup of our support network. That would be the case for anyone who goes along with someone else to an appointment, you should scope out who that is to them and how they matter to them, and how they can support them."*

> *"...a lot of the feedback I've had from members of the community that I supported before (...) is often healthcare workers were expecting trans patients to educate them on what it means to be trans. And that's really invasive (...) And when you are having to put all of that pressure and weight on yourself and then you go to that service and get let down. That's even worse."*

> *"...to protect our own community we will say "actually, I had a really shitty experience at this GP". And what can then be felt is that is going to be the standard for all GPs. So once we're let down, it's really hard to build that back up and to outline what it is that you need to be supported in that process (...) Unfortunately, it feels like our expectations are lower than maybe other people's about what the quality of care is going to look like. Which feels really sad."*

One participant addressed the issue of stigma and apprehension within the LGBTQIA+ community about being judged in healthcare settings. They highlighted the importance of recognising the wider societal context, particularly the challenges faced by the trans community in the media and online. The participant emphasised that this isn't just sensitivity or paranoia but a reaction to real-world experiences.

> *"...often you're being told that we live in a far more liberal and tolerant world than we ever have. And I don't think that's true (...) if we look at the way that the trans community are being treated online, in the media, and as they navigate the world. It's not sensitivity, it's not paranoia."*

"...unfortunately, a lot of services are very binary. And going back to the earlier point, that if you have certain documents labelled in a certain way, that shouldn't restrict you from being treated with respect in the same way that if I asked you to call me [name], rather than [name], you would respect that. But why wouldn't you respect a trans person who says, "actually, this is my name?"

Healthwatch Hackney enquired as to how Hackney Council could improve on this and in response, a participant suggested that they should demonstrate 'zero tolerance' towards transphobia, homophobia, and bi-phobia and actively address these issues. They emphasised the importance of not only having policies against discrimination but also enforcing them effectively. The participant highlighted the need for respect and acknowledgment of basic human rights for LGBTQIA+ individuals, particularly in leadership and policy-making roles.

"...there has to be something at the very core, not only do you have a policy or a statement, but you follow that through, this is what we mean by being let down (...) when someone has to fight for basic human rights, of acceptance and acknowledgement (...) there are a lot of consultations that happen as well. And I think sometimes this is why there is a lower attendance of trans or non-binary people is just getting the basics right first, like treat me with respect before you consult me."

A participant added to the previous comments by emphasising the importance of considering family dynamics in healthcare assessments for the LGBTQIA+ community. They noted that family members might not always be a protective factor and could instead pose a risk. This highlights the need for healthcare providers to be sensitive to the fact that some LGBTQIA+ individuals may not have family support in health crises.

"[When] talking about your network of care, I think it's also important to always keep in mind the family members, but it might not be a protective factor for our community, quite the opposite. It might present a risk factor for us. So when assessing health care, it's important to understand if

something happens, you might not be able to call a family member, or another person."

A participant highlighted a lack of understanding in healthcare regarding the differences between sex and gender, leading to assumptions about sexual orientation in transgender individuals and called for training that clarifies these distinctions. They also pointed out the inadequacy of current risk assessments, which do not cater to the specific experiences of violence and domestic abuse in the LGBTQIA+ community, suggesting that tailored risk assessments based on factual characteristics are necessary for this group.

"...there's a lot of assumption when the trans women that I support go to access health care, sexual health care, because they are trans women people immediately assume that they are attracted to men, which might not be the case (...) I might be whatever I want to be."

"...there is no risk assessment focused on the LGBTQ+ community (...) [it] should be different because we have different characteristics of experienced violence, for instance domestic violence (..) I think the current and generic risk assessment doesn't cover the whole needs (...) of the LGBTQ+ community (...) So different risk assessments, based on facts. I think it's something that the borough could look into."

One participant discussed the need for healthcare providers to focus on treating the person, not just the condition, stressing the importance of personalised care. This approach, he argued, leads to better outcomes as it involves patients making informed decisions about their care, potentially reducing the severity or complexity of their condition.

"I don't think the phrasing is right on that slide, that the priority is being listened to rather than the outcome. I think as a result of being listened to, you're going to have a greater outcome of care. And personalised care means that the individual is making an informed decision about what they do or don't want to do with their care."

"I've definitely seen it where if someone's informed about how to maintain their health condition and use medication or

holistic support for support with that, they're less likely to present again. So I think in terms of costs to the system, and costs to the individual as well, personalised care is a really simple principle, which is just that, being listened to, actually creating a care plan, saying 'Yes, this is what I'd like to do'."

Community Resilience and Belonging

Healthwatch Hackney then discussed the importance of creating safe, inclusive spaces for the LGBTQIA+ community, especially those not centred around nightlife or alcohol. One participant highlighted the historical context of LGBTQIA+ social spaces emerging as safe havens and the need to foster such environments for better mental health.

"...as a community, we've had to find one another during a time of not having safety. When it was illegal to be gay in this country, this whole notion of 'speakeasy' bars, they were underground spaces. And we had our own language that we had, to communicate with one another, so we weren't arrested. There's so much history that has gotten lost."

"...for the LGBTQ+ community, there's a bigger legacy there (...) really important to form in the intergenerational context, particularly for an older LGBTQ+ community (...) the social isolation was further exacerbated by a lot of us living through our first pandemic, of the AIDS pandemic (...) we lost a large proportion of our community and our friends and our networks, and trying to navigate that and support one another, and finding one another, was really hard. And so naturally, we've recreated those spaces, like the LGBTQ+ nightclubs. It's not to say that there's any issue with those spaces at all. I think it's about creating additional spaces and opportunities to come together."

"...when I first sought my diagnosis, for mental health, my self-esteem was so low, and I thought I couldn't have a social connection with other people. And what helped me was finding a book club and a run club, because that was then the sole topic of conversation, it wasn't about my value."

He suggested that community-led initiatives and funding are vital for sustainable, inclusive spaces, and emphasised the importance of safe environments where LGBTQIA+ individuals can be themselves without the pressure of societal expectations or personas.

> *"...there needs to be a real consultation to understand whether people actually want to socialise within the borough itself, or whether they've found their community elsewhere. Because what we don't want to do is invest in something and then because it doesn't work out, we've lost that opportunity to further invest. I think it's about sustainability of those spaces. So there has to be funding. And it has to be community led."*

> *"...it's about coming together and finding ways to connect with people, knowing that you're doing it in a safe space (...) you're able to slowly peel back those layers to feel like yourself, and that you hold value as a person rather than how other people perceive you. What's really hard sometimes as an LGBTQ+ person, is you want to find acceptance, and sometimes you question your value to other people."*

> *"...often we have to have different personas in a way to be accepted or to make other people feel comfortable (...) then when you're in a safe space where you can truly be yourself, you're not thinking about what that is. That's what further exacerbates our mental health, because of those expectations we think other people have of us."*

Another participant discussed their organisation's efforts to create a safe, sober daytime space for their LGBTQIA+ community, particularly focusing on the Latin American and trans communities in the UK. They emphasised the importance of these spaces for sharing experiences and information, reducing feelings of isolation, and providing a supportive environment where individuals can exchange valuable information about healthcare services, immigration, and other relevant topics. This initiative is aimed at fostering community connections and support.

> *"...we are finding that they feel very isolated, the Latin American people in this country are part of the community. So we've been discussing a lot how to create a safe space in*

the daytime, a sober space as well (…) it's something that we are also planning to do at our office (…) we're going to try a pilot, once a month for migrant, trans people focused on the trans community, but open for any anyone from the LGBTQ+ community."

"When you share experiences, you don't feel that isolated, you feel "oh, okay, I'm not the only one experiencing this and that." (…) We're hoping this to be a space for sharing information as well. "Oh, this GP was not nice with me that GP was better. Go through this, go that way, go through via this pathway", and sharing information on immigration and everything else."

Another participant recalled the London Lesbian Gay Centre and its daytime availability, reflecting on the recent initiatives providing warm places during the austerity crisis. He shared personal experiences of feeling potentially unwelcome in certain spaces and the importance of having inclusive, comfortable daytime spaces for the LGBTQIA+ community. The participant, who disclosed a sight and hearing impairment, noted the challenges with loud and alcohol-oriented LGBTQIA+ social spaces and emphasised the value of comfort and common interests in creating welcoming environments for diverse sub-communities.

"I've had a sight and hearing impairment. And I find a lot of LGBTQ+ social spaces, like the one that you mentioned, they're very alcohol oriented. They're very loud, there's not many places to sit down. And as you get a bit older, those kinds of things are more important. You start to value comfort a little bit more over style. As [participant] was saying, places geared around common interests might be just as relevant as places that are geared for a particular sub-community. A feeling, welcoming place; having special places that are designed for people like you…"

Mental Health Challenges in the LGBTQIA+ Community

Healthwatch Hackney then asked the focus group about their experiences of seeking mental health support from the NHS. The question explored whether community members considered seeking help, their reasons for not doing so (if not), and if they sought help elsewhere.

A participant responded by sharing personal and professional experiences, highlighting significant shortcomings in NHS mental health services, including crisis management issues, long waiting times, and an overly rigid, box-ticking approach that lacked personalisation.

> *"No support at all with mental health through the NHS, unfortunately. The crisis services are really bad, they ask you a lot of questions before getting to talk to you. And when you are in immediate crisis, you're not in a state of answering questions, such as your postcode and your address, and all that: you're in crisis, you need to talk. Also, some of them have a waiting time on the phone, and you have to wait on the phone to get to talk to someone. And then, as we all know, huge waiting lists for mental health support."*

> *"I found it very difficult, I'm from a country where mental health is not a taboo. And my personal experience and my personal view is that the NHS still deals with mental health with a lot of taboos. It's a lot of ticking the box, as [participant] was saying it's not personalised, it's just ticking boxes. And some of them (in Homerton hospital) even asked me "if you're not happy in London, why don't you go back to [country]"? And I was like, "that's not my issue"."*

They also expressed dissatisfaction with the approach taken by GPs towards mental health, particularly in prescribing antidepressants. They shared an example of a partner discussing perimenopause with a GP and being offered antidepressants, which they deemed inappropriate. This issue has also been observed with their clients, where GPs prescribed antidepressants without adequate follow-up, reflecting a lack of personalised care and understanding in addressing moderate mental health needs within the mental health care system.

"I've also seen GPs giving away antidepressants like water (…) my partner, she went to the GP to discuss her perimenopause. She was feeling a bit down and they offered her antidepressants. I don't think that's appropriate. And also with my clients, GP offering, prescribing antidepressants, and not following up. And in the first few weeks, they get really down…"

Healthwatch Hackney inquired about the potential impact on people of what was perceived as an impersonal approach. The above participant described the impact as negative, feeling unable to be honest with their psychiatrist due to fears of being sectioned or incorrectly referred. This experience led to a deterioration in their mental health situation, as they felt compelled to give *right* answers rather than express their true feelings and concerns.

"…it was really, really bad. Really bad. It actually got worse, because I felt that I couldn't talk to my psychiatrist and that I had to give the right answers. Otherwise, through the ticking of the boxes I could be sectioned or referred to… (…) So I felt that "Oh, I can't be honest here. I have to follow the procedure". So it wasn't helpful at all."

On a positive note, one participant shared their experience of being offered psychological support following a prostate cancer diagnosis. He appreciated this proactive offer from healthcare providers, despite not opting for it. This experience was seen as positive, particularly as the offer of support was made without the participant having to request it, indicating a thoughtful approach to patient care in situations where a psychological impact is likely.

"When I was diagnosed with prostate cancer, I was asked about how I was feeling in myself about it, and if any sort of psychological help would be useful. I didn't avail myself of it. And there might have been an element, as [participant] was saying, of box-ticking there. But I felt pleased to have been offered that without having explicitly sought it. In a context like a cancer diagnosis, one would expect there to often be a

psychological dimension to it. So having had that offer, I thought, was really positive."

Another participant discussed the challenges faced in accessing NHS therapy by the LGBTQIA+ community, noting a significant lack of support and trust in these services. This has led to LGBTQIA-friendly therapists reducing their rates to accommodate the community's mental health needs, placing additional financial pressure on these therapists. The participant expressed concern about the fairness of this situation, highlighting the need for more effective and accessible mental health support within the NHS for the LGBTQIA+ community.

"I just wanted to mention, when it comes to accessing therapy, that I've noticed the lack of support, or access to NHS therapy, and a lack of trust in it is great. The situation is now where LGBTQ-friendly therapists are lowering their rates just to be able to accommodate the community with the mental health support they need. Again, we can circle back to putting more pressure on the LGBTQ+ community, because now the therapists in the community have to lower their rates to accommodate where NHS therapy is lacking. And when I look at the big picture, it doesn't feel fair."

One participant shared their mixed experience with mental health support, initially accessing it through their employer and later through their GP. He found employer-provided in-person support affirmative but faced challenges with NHS services, including resistance to their request for antidepressants and ineffective online CBT.

"I think there's something about recommendations for employers about what their health care package looks like. I think a lot of them buy 'off the shelf'. And often it's this kind of telephone Counselling support, which can feel quite detached. And so I think there are maybe some more novel ways of looking at it, like every employee gets, I don't know, a £200 healthcare budget, and they spend it how they want to, and then that allows people to navigate what health care looks like for them."

"I went to my GP and said, "I really need a diagnosis. I definitely feel like I'm depressed, and I need antidepressants".

And I was told no, I'm not. That's not the right thing for me, do online CBT, and I got worse. I went back two weeks later and basically had to be in tears and pleading to get that. And then I also felt this worry before taking the medication about how that would impact me."

The participant also highlighted the disparity in mental health services across different areas, akin to a 'postcode lottery,' and the need for systemic changes in the mental health system, including better support for those on waiting lists. They emphasised the importance of understanding and addressing the unique mental health needs of LGBTQIA+ individuals without pathologising their experiences.

"...there is something about navigating the world as what it means to be a man and what it means to be a gay man. And you're often told about the binary oppositions, like what it means to 'man up' versus 'gay men are effeminate and they're able to express their emotions' So you're told different things about yourself and how you should navigate the world. So then finally getting the diagnosis was really important to me."

"I'd been accessing Counselling in Manchester, then during COVID I moved to Oxford, but I was told that as soon as I register for an Oxford GP, I would have to stop accessing the counselling service and get back on a new waiting list (...) whereas sexual health is billed back, so you can go anywhere in the country, and they would then bill back your local authority for accessing their sexual health service. And I think that that's what we need for mental health reform."

"I've also accessed counselling before where I've been pathologised, where it's like "do you have poorer mental health because you're an LGBTQ+ person? Or did something happen based on you being a gay man that then meant that you feel low about yourself?" And that is not affirmative care. So I think that often there's a misunderstanding of how to talk to us about some of our experiences."

One participant discussed the structural changes needed in the mental health system, emphasising the lack of support for people on waiting lists. They highlighted

the seriousness of this waiting period and its potential impact on employment and relationships.

> *"I think there's just a lot, structurally, that needs to be changed within the mental health system. And then the other thing is, we've still not figured out what to do to support people who are on waiting lists. I think there's a sense of relief when you know that you're on a waiting list to receive a diagnosis or to receive support. But further than that, you're waiting on that waiting list and you can get worse in the meantime."*

> *"...it doesn't necessarily need to be a mental health organisation that supports you whilst you're waiting. I think it probably goes back to that social isolation and feeling like you're the only one that's going through it. And it tells you that you're not good enough to navigate the world, it runs that risk of unemployment, of the breaking down of relationships and connections with people. I think people don't understand how serious it is, that waiting period. It certainly put me in a shitty situation."*

Healthwatch Hackney inquired about alternatives sought during the wait, and the participant suggested that services could offer resources or group suggestions while waiting.

> *"I know there's like a suicide prevention strategy within the Council. But I think there's something about broadening out. It's not just mental health services. It's a sense of community connection..."*

Another participant agreed, suggesting regular check-ins from GPs during the wait and highlighting the effectiveness of Homerton Hospital's 'Crisis Café' as a supportive space for those awaiting mental health services.

> *"...it could even be a phone call from your GP every two weeks. You know? Just to follow up with you about how you're feeling (...) I also want to share a nice experience that I had in*

Homerton Hospital. They run the 'Crisis Café and it was very helpful for me when I was waiting, so this could be a good example. It works, it's in a safe space in the hospital, you can go and it's mainly people in crisis as well. And I found that really helpful, more helpful than the phone calls and all that."

Healthwatch Hackney agreed on the importance of human contact and updates on waiting list progress. One participant identified trauma as a recurring and overarching theme in LGBTQIA+ mental health, emphasising the need for trauma-informed care.

"I think a lot of it ties into trauma. And I think that there's a lot of work that still needs to go into what we mean by trauma-informed care, of not really traumatising us in explaining what's happening to us or trying to make someone understand the veracity of our claim."

They noted the impact of various experiences like people trafficking, xenophobia, hate crimes, and persistent societal negativity, stressing the cumulative effect of these experiences on mental health and the challenge of constantly rebuilding resilience. The discussion highlighted the complexity of trauma and the necessity for comprehensive care, even without a formal PTSD diagnosis.

"...what [participant] is saying about people being trafficked, migrant communities that face racism and xenophobia, LGBTQ+ people seeing a rise in hate crime, the media. I think when you're constantly told by other people about who you are, and that you're 'less than', I don't think people can understand how much that can break you down."

A participant discussed the significant impact of trauma in developing internalised homophobia, noting that many clients struggle with guilt and self-doubt due to their identity.

"I think that traumas have a huge influence on building internalised homophobia. When [participant] talks about

how we start to doubt ourselves. I see a lot of clients with some level of internalised homophobia, and feeling guilty for being who they are."

They highlighted a lack of understanding about abuse in LGBTQIA+ relationships, with misconceptions such as the belief that women cannot abuse other women. The participant also emphasised the severe traumas faced by asylum seekers and trafficked individuals within the community, particularly relating to corrective rape and exploitation, underscoring the deep-rooted trauma linked to gender identity and sexual orientation.

"...there's a huge lack of understanding of what abuse is in same sex or LGBTQ+ relationships. And there's a lot of "No, I'm not being abused. This is not a trauma response from abuse, because a woman cannot abuse another woman". Or "I don't need a psychiatrist" because it's easy for the community to just get on. "I'm just going to get on [with it]" and there's a lot of 'making up', trying to avoid the traumas, trying to avoid the issue. That's the most common mental health issue that we see and a lot of trauma because of abuse."

"I have a lot of clients who are asylum seekers fleeing [country], because they've been raped for corrective rape: "I'll show you how to be a woman", because they're lesbians. And as I was saying before, a lot of trans women being trafficked into sexual exploitation, so a lot of trauma, because of their gender identity and sexual orientation."

A participant highlighted that people can feel undeserving of support and care, especially in situations like chemsex-related sexual assault. They highlighted the internal conflict individuals face, feeling responsible for their situations, and the lack of self-worth this can engender.

"...people can often feel that they're not deserving of support and care, because they shouldn't have found themselves in that situation. So I think chemsex is a really good example of that. "Well, I was sexually assaulted while I was under the influence, and maybe I was kind of asking

for that because I went to a sex party, or because I sex work, I've chosen to put myself in that situation".."

The participant also addressed the diversity and fractions within the LGBTQIA+ community, emphasising that not all spaces with a rainbow flag are necessarily safe or free from bigotry. They suggested the implementation of an LGBTQIA+ business charter to ensure truly affirmative and safe spaces, referencing initiatives like the LGBT Foundation's 'pride in practice' as examples of effective community support frameworks.

"...we're not a homogenous community (...) unfortunately, there are fractions within our own community, it's not always a safe space: just because it's got a rainbow flag on it doesn't necessarily mean that that owner isn't bigoted and isn't transphobic."

"...one of the things I've seen work well before is an LGBTQ+ business charter or something. So there's a way of ensuring what we mean by a 'safe space' for people? Like do they address discrimination? (...) 'LGBT Foundation' have a scheme called 'pride in practice', which includes training (...) They've done training to domestic abuse charities, to psychotherapists. So I think there's ways that you could have particular things in place to ensure that when we say that's an 'affirmative space', it's a truly affirmative space to a very diverse community, a very intersectional community."

Healthwatch Hackney agreed on the importance of a trauma-sensitive approach in mental health care, focusing on understanding a person's experiences rather than just diagnosing and medicating. One participant shared their personal journey, highlighting the limitations of medication and the value of psychotherapy in addressing underlying traumas.

"...I am on meds right now. I don't feel the pain, but the hole in my chest is still here, it doesn't hurt anymore because the meds don't allow it to hurt. But the hole is still there. I pay for private psychoanalysis. It's very expensive, I pay for someone in [country] online. And this is exactly what is really treating

my traumas, my own experiences, with the support of the meds."

They emphasised that while medication can be helpful in managing symptoms in the short term, long-term healing often requires exploring and addressing the root causes of one's mental health issues.

"I think medication is something for you to rely on for a certain period of time, not forever, and for you to be able to heal you need to talk and investigate where all this is coming from and how you can better control it or how you can address it, and not rely on medication forever."

"...meds sometimes it's something that people need to get through some crisis, to get you back to work or out of bed, depending on the diagnosis, of course. But it's not something that mental health services should rely on completely. It should be used together with another more holistic treatment or psychoanalysis or a psychotherapist. I don't think Behaviour Therapy is also something for the long term. It was something that helped me to control my crisis. But for the long term of my mental health, no."

LBH Consultations best practice

In a final question, Healthwatch Hackney asked the focus group for feedback on the format of the discussion, seeking to optimise future consultations for Hackney Council (as requested by London Borough of Hackney). One participant appreciated the sense of unity and shared experience the format provided. They noted the need for a mix of group and individual discussions due to the sensitive nature of topics.

> *"I think offering that mix of focus groups and one-to-ones, because of some of the topics that we're trying to discuss (…) I think there's probably also something about understanding the extent that you can lean on the Council to address some of those issues that have been raised as well. So I think also being able to say, "it's great that you're listening, but what actions are you going to take to ensure that that doesn't happen again?"."*

This participant also emphasised the importance of actionable outcomes from such discussions, especially for underrepresented groups like the trans community, and stressed that responsibility should not solely fall on community members but also on broader institutional actions.

> *"We have to speak to trans people's experiences because they're often underrepresented, but over-impacted by a lot of these issues. So it's got to go beyond a listening exercise. And I know that [the Council] understands that. But it also shouldn't be an expectation of me as a member of our community to address that within the Council, it needs to be the Council as a whole."*

Healthwatch Hackney then asked about the practicalities of ensuring accountability within power structures, especially regarding the Council's actions. A participant reflected on the difficulty of holding powerful entities accountable, especially as individuals or small organisations.

"I think this is a hard thing. What does accountability look like in a power structure? I know that we're here coming from organisations but we're also here as individuals. And as individuals, we don't hold much power over the Council."

They suggested the importance of Healthwatch Hackney's role in ensuring follow-through on issues raised, highlighting the need to identify patterns and communicate them to relevant authorities.

"This is maybe where Healthwatch comes into it more, around how do you see something through? We've heard some of those instances, we've heard where they've occurred in specific institutions. Who are the contacts that need to hear that and have they done anything about it? In the meantime, is there a common thread here? Is there something that the commissioners have heard about? It's feeling that these things aren't lost or said in vain."

The participant also touched upon the challenges posed by opposing groups, like those with transphobic views, and how such resistance can hinder affirmative care for marginalised groups like the trans community.

"It's sometimes like inaction out of fear of pushback from another group. We talked earlier about transphobic people; often, the pushback that comes from them prevents affirmative care for trans people, which is insane. Affirmative care for trans people does not impact on the care of anyone else. It's not like you can only support trans people."

Healthwatch Hackney summarised the importance of a dual approach in consultations, combining group discussions for shared experiences with one-to-one interactions for individual comfort. Additionally, the need for actions beyond mere formalities was emphasised, ensuring that consultations are not just procedural but lead to tangible changes.

One participant echoed these sentiments, expressing a desire to see real commitment and accountability in Hackney, highlighting a discrepancy between stated values and actual implementation, and calling for structures to ensure that commitments to change are fulfilled.

> *"Presently I'm missing a little bit about seeing the commitment. I work in Hackney, and we go around saying that we're committed to this change, as a borough. We're committed to all these things, but in reality, I don't see it. We have these real examples of what's happening, and then we collectively say "yeah, it shouldn't be happening", but it is happening, but then nothing's happening [in response]! I would like to see some structure in place to keep people accountable for this commitment. Because in Hackney we are proud of having these values, but where are they [applied]?"*

One participant went on to highlight the lack of investment in LGBTQIA-specific spaces and events in Hackney, despite its significant LGBTQIA+ demographic. They pointed out the absence of initiatives like 'Hackney Pride' and dedicated funding, suggesting a legacy of neglect leading some to seek support elsewhere.

> *"It's also about investment. It's like what we said about sustainability (…) we have one of the highest LGBTQ+ demographics in the whole of the UK. And we don't have these spaces. We don't have a 'Hackney Pride'. We don't have specific pots of funding or bodies that we can go to. And I know (…) the funders have struggled before, when they do set the funds or actually have enough LGBTQ+ organisations or individuals applying for the funding. And maybe (…) some people have felt it's too late, so they've set up camp in another borough."*

> *"I was in a meeting the other day and people were generating ideas and (…) then someone else interjected from the Council and said, "we have to be really honest with you, there's no money in the system" and (…) I thought (…) "why have you been consulting people? If you have nothing to invest in, give back to them for their time. Don't do it, don't*

bother. Because when you come back and do that consultation again in three years' time say and the hate crime is at the same level and x is the same thing. We're not going to say the same thing again. We're just not going to respond"."

The participant emphasised the importance of sustained investment and resource backing in developing effective strategies, criticising consultations without actionable outcomes or financial support, and called for matching community investments to institutional levels to avoid creating hierarchies.

"...the development of the strategy has to have backing in resourcing, capacity building, training. All of those things alongside have (...) to have investment. It can't be a one-year thing. It's got to run for the whole duration of that strategy to see it through. And if not, then don't have it as a bullet point, don't put it as an action. Because that means you're not investing in it (...) you have to replicate that model for communities that you want to see flourish and invest in their community. If you want to devolve to the community, you need to devolve to the same level of investment that you would have within your own institution."

In a final comment, one participant expressed agreement with the need for Hackney to be more proactive and vocal in informing the community about the investments and initiatives being undertaken. They emphasised the importance of raising awareness and providing clear information on where and how to access resources, suggesting a more assertive and *proud* approach.

"I completely agree. I think also Hackney could be a bit more loud, make sure that people know that this is being done. Make sure that people know that the investments are being made, where and how to access them. Be a bit more 'loud and proud'."

Recommendations

1. Enhanced Training for Healthcare Providers:

- Training programs for healthcare staff, focusing on LGBTQIA+ awareness, sensitivity, and inclusion.
- Include modules on importance of respecting gender identities, understanding concept of the 'chosen family', and avoiding invasive questioning.

2. Improving Access and Communication:

- Improve access to interpreting services to address language barriers faced by migrant LGBTQIA+ communities.
- Guarantee access to healthcare services for undocumented individuals and ensure confidentiality regarding immigration status.

3. Tailored Healthcare Assessments:

- Revise and develop healthcare assessments and risk evaluations that are specifically tailored to the unique experiences of the LGBTQIA+ community.
- Training to better understand and respect diverse family dynamics within LGBTQIA+ community, recognising traditional family support may not always be present.

4. Community Engagement and Safe Spaces:

- Support for voluntary organisations to access funding to deliver safe, inclusive spaces for the LGBTQIA+ community not centred around nightlife or alcohol.
- Support community-led initiatives and programs that foster a sense of belonging and resilience, especially for marginalised sub-groups within the LGBTQIA+ community.

5. Supportive Practices in Mental Health:

- Encourage GPs and mental health professionals to work with Social Prescribers and Community Navigators to regular check-ins and support LGBTQIA+ individuals on waiting lists for mental health services.
- Explore the implementation of supportive spaces like the 'Crisis Café' model to provide assistance to those on waiting lists.

6. LBH Council - Accountability and Continuous Feedback:

- Establish mechanisms for ongoing feedback from the LGBTQIA+ community to monitor effectiveness of new policies and practices.
- Encourage accountability with impact reviews of implemented changes.

7. Education on LGBTQIA+ Diversity:

- Educate healthcare providers on the diversity and complexities within LGBTQIA+ community, including issues related to intersectionality, gender identity, and sexual orientation.

8. Partnership with LGBTQIA+ Organisations:

- Foster partnerships with LGBTQIA+ organisations for better community outreach and tailored project development.

Conclusion

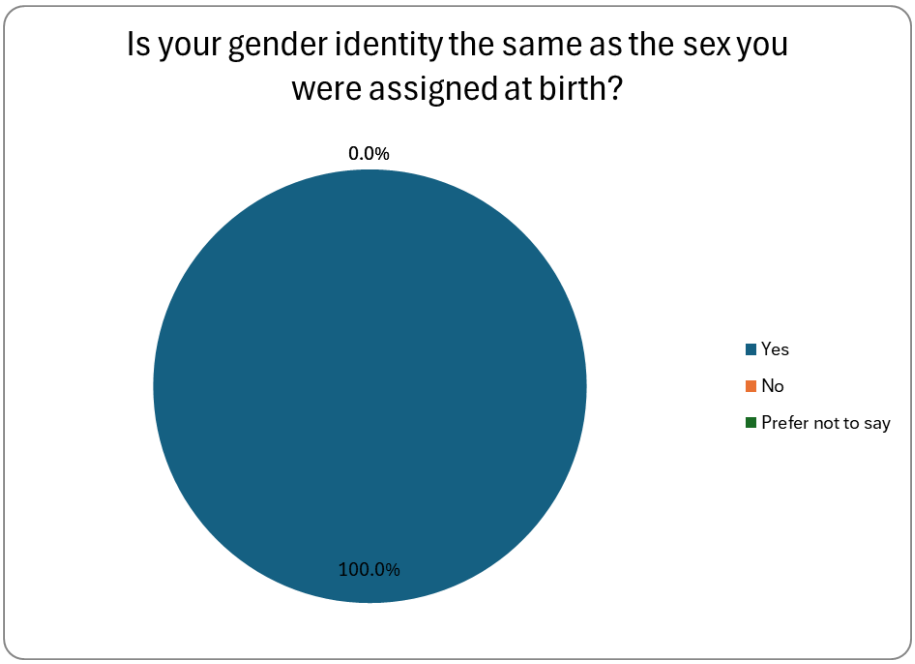
This report, informed by the December Community Voice LGBTQIA+ Public Forum and January focus group, underscores the multifaceted healthcare challenges and needs of the LGBTQIA+ community in Hackney. The insights shared by members of the community reveal a need for more inclusive, sensitive, and understanding healthcare practices, underpinned by a commitment to respect and dignity.

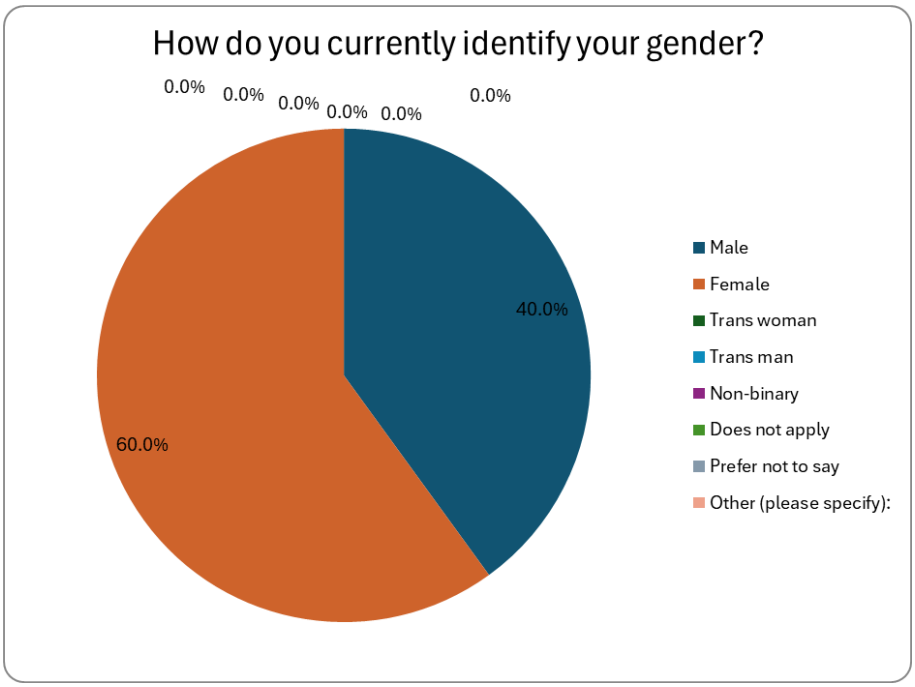
The recommendations provided aim to support collaboration between London Borough of Hackney, North-East London NHS, East London Foundation Trust and the LGBTQIA+ community, ensuring that empathy, inclusivity, and cultural competence are embedded in Hackney's healthcare system.

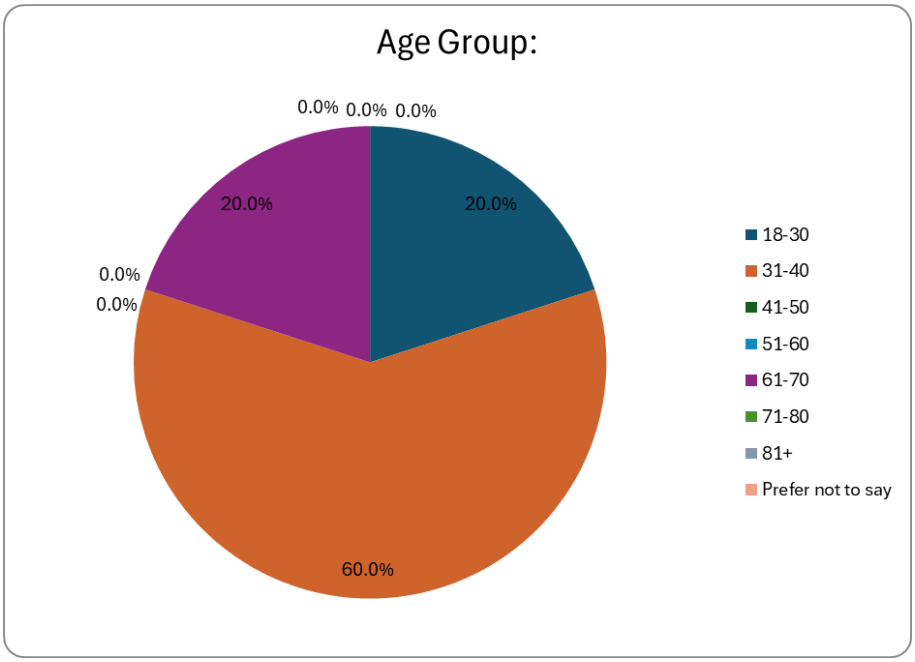
As Hackney Council moves forward in developing its Equality Plan, we hope these findings and recommendations will serve as valuable input into creating a borough where every LGBTQIA+ individual feels valued, understood, and supported.

Appendix

Demographics of participants






Age Group:
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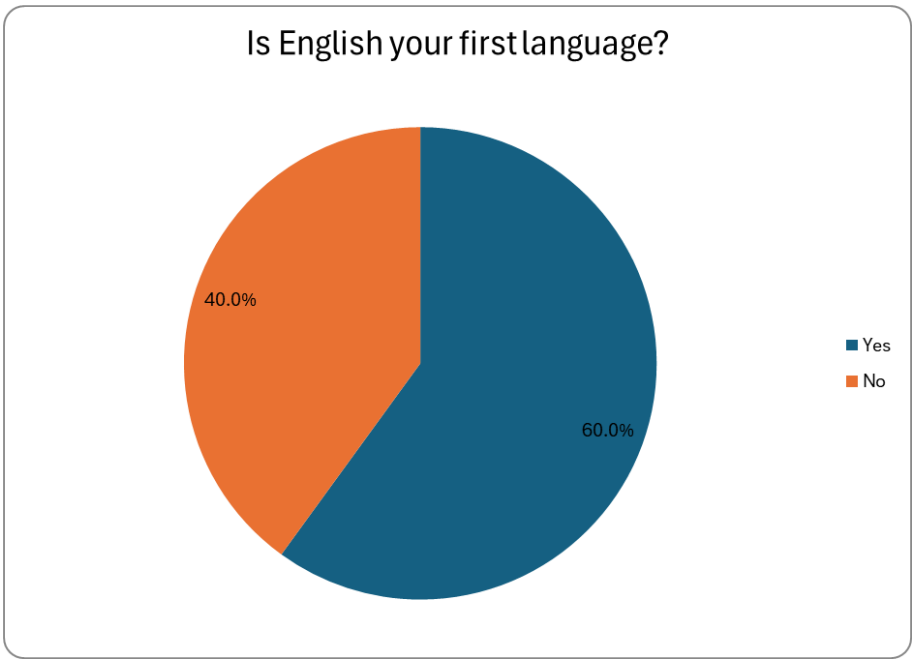
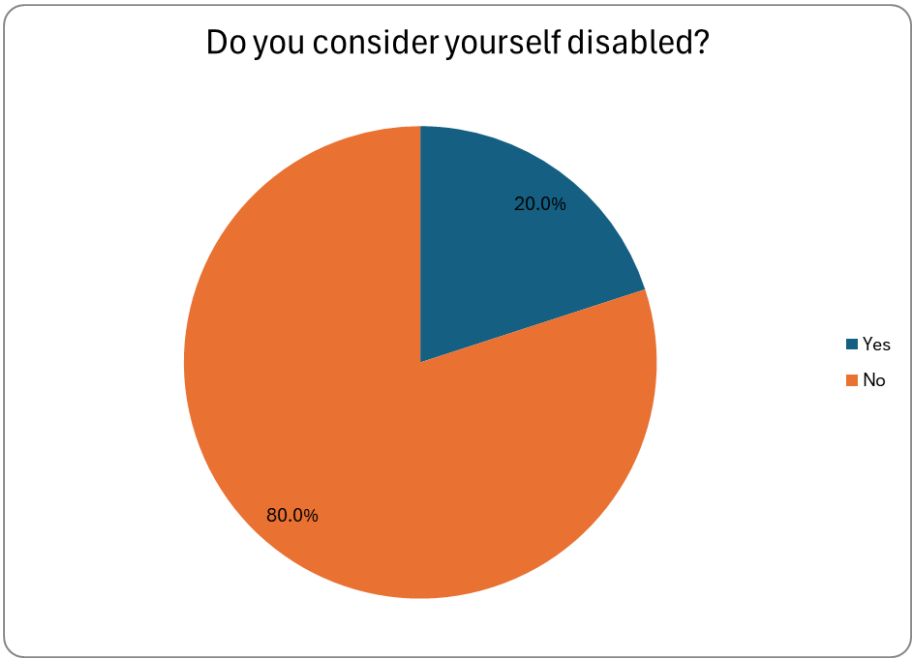
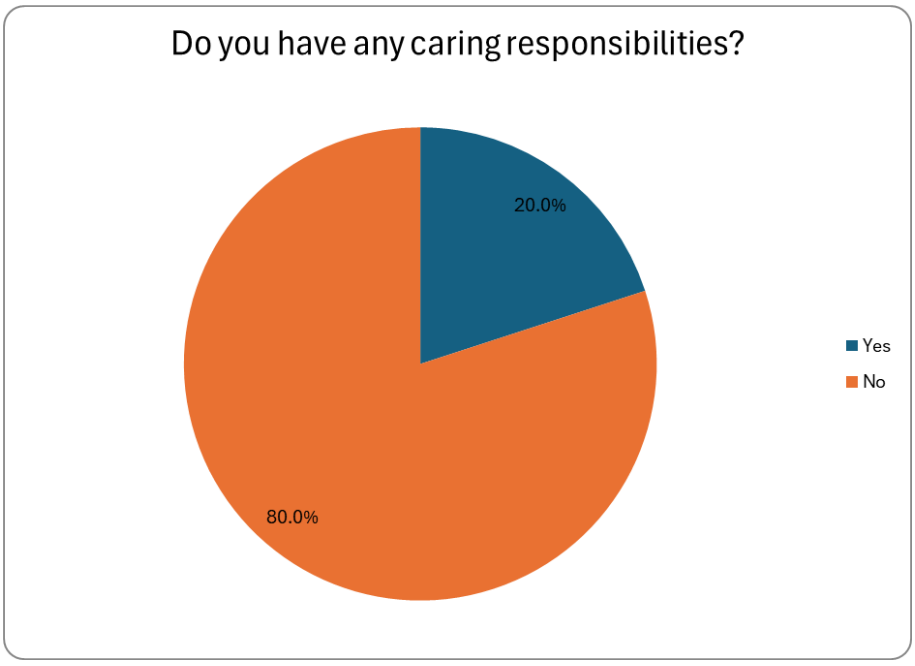
0.0%
0.0%
20.0%
20.0%
0.0%
0.0%
60.0%
18-30
31-40
41-50
51-60
61-70
71-80
81+
Prefer not to say

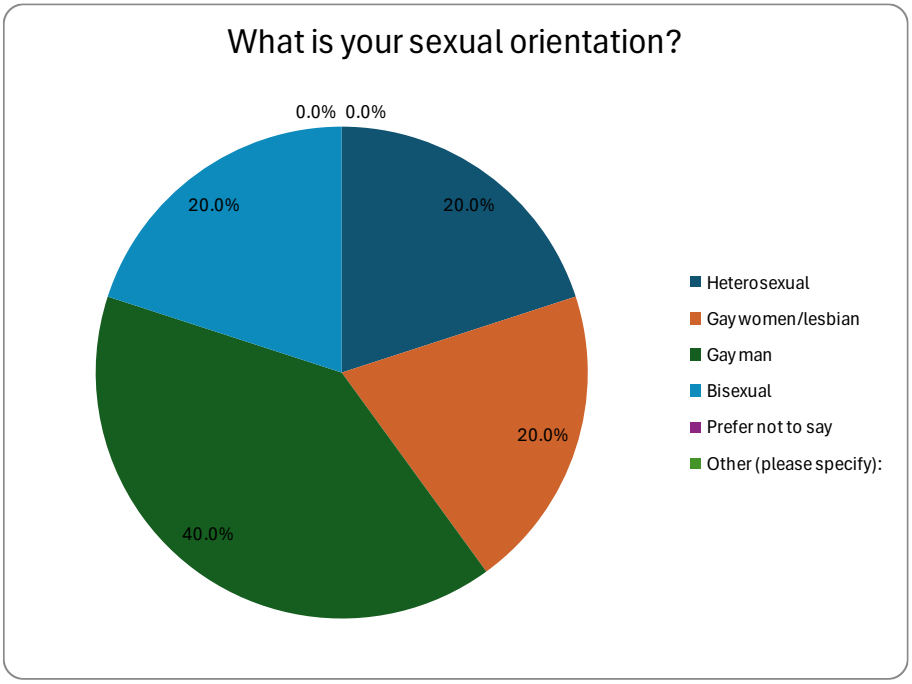

Is English your first language?
40.0%
60.0%
Yes
No

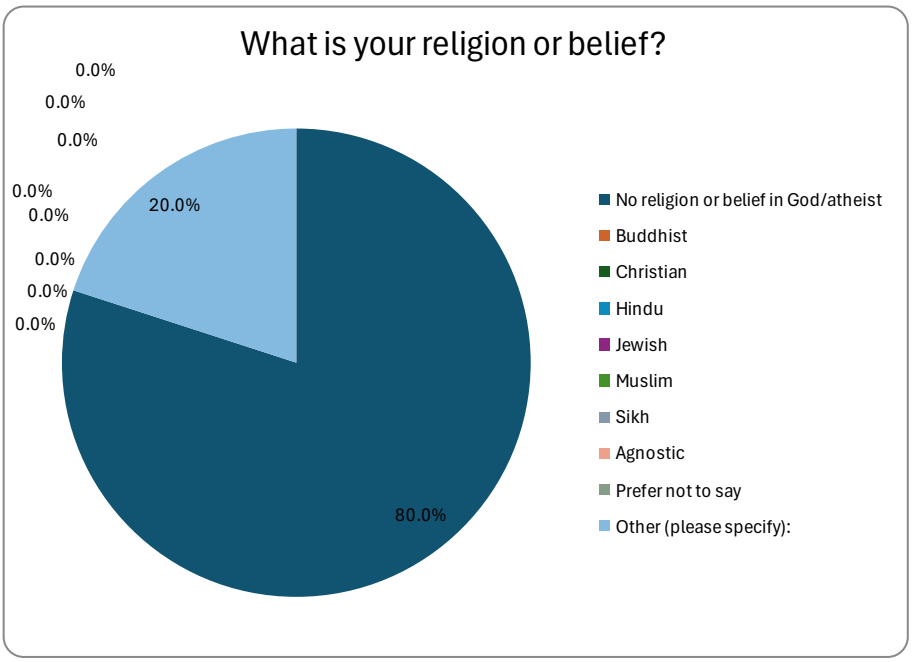

Do you consider yourself disabled?
20.0%
80.0%
Yes
No


Do you have any caring responsibilities?
20.0%
80.0%
Yes
No

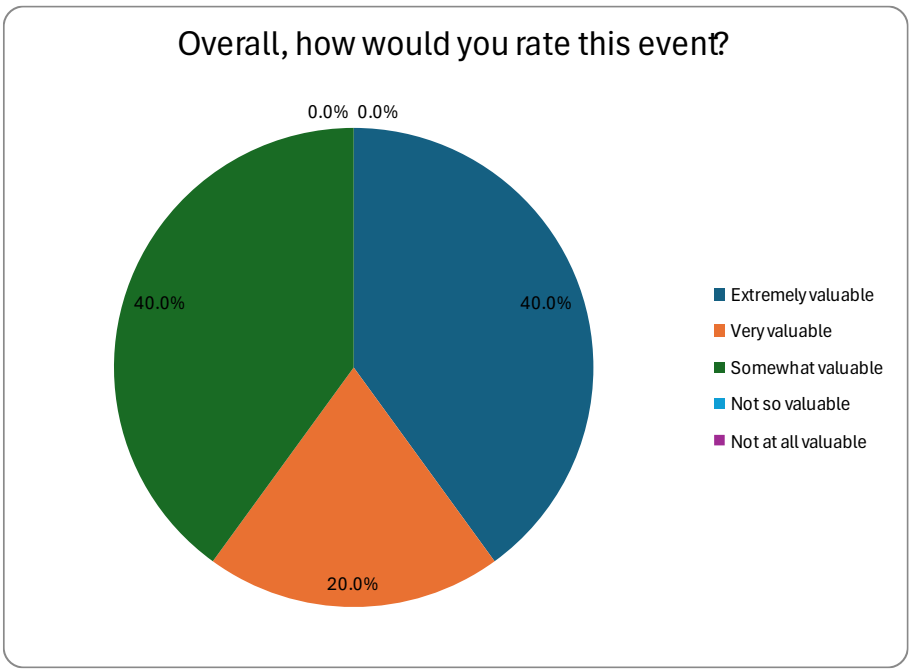
Ethnicity:

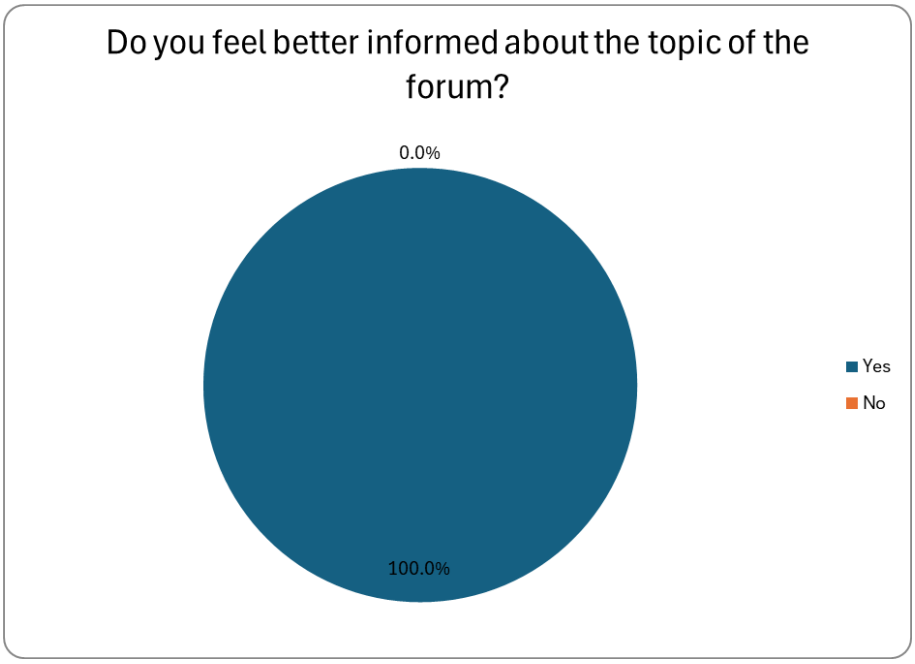
Of the five survey respondents, two identified as 'White British', one as 'White', one as 'White European' and one as 'Latin American'.





Forum evaluation





There were no further comments left by participants who responded to the forum evaluation survey.

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Hackney

Title of Report	Tobacco Needs Assessment for City and Hackney 2024
For Consideration By	Health and Wellbeing Board
Meeting Date	21 March 2024
Classification	Public
Ward(s) Affected	All
Report Author	Nickie Bazell Senior Public Health Specialist Mariana Autran Public Health Analyst

Is this report for:

☑	Information
☑	Discussion
☐	Decision

Why is the report being brought to the board?

The purpose of the report is to:

- inform the Board of the new Tobacco Needs Assessment for City and Hackney 2024
- ask Board members to consider how they can support implementation of the emerging recommendations

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

No.

1. **Background & context**

The purpose of the report is to set out the national and local policy context in relation to tobacco control, provide insights on the local picture of smoking behaviours, examine the latest evidence and best practice as well as the local response, and make recommendations for local action.

It focuses on key areas such as prevention, identification, treatment, and support, addressing inequalities in access across demographics, geography, socioeconomic factors, and vulnerable groups, while also exploring the role of e-cigarettes and workplace interventions in combating smoking.

The report concludes with nine broad recommendations, which are summarised below.

1. Ensure strong, sustained partnership action and collaboration to address smoking harms and inequalities.
2. Prioritise preventing smoking initiation and helping young smokers to quit, with a focus on whole-school approaches and peer-led initiatives.
3. 'De-normalise' smoking through a robust tobacco control plan, advocating for smoke-free public spaces and reaffirming partnership commitments.
4. Tailor support for high prevalence communities to quit, partnering with relevant organisations to co-design and co-deliver interventions.
5. Continue funding evidence-based community stop-smoking services, offering flexible support, harm reduction, and transparent vaping information (see recommendation 8, below).
6. Improve reporting of smoking status in GP records for targeted very brief advice and referrals to quit support.
7. Sustain investment in enforcement to curb illicit tobacco and e-cigarette (vape) supply, preventing underage sales and associated harms.
8. Launch a coordinated campaign to clarify vaping misconceptions, highlighting its effectiveness for adult smokers while discouraging non-smokers and youth from taking up the habit.
9. Implement an insight-informed local communications plan to promote quit attempts, emphasising tobacco harms, the benefits of quitting and local support available.

The accompanying presentation outlines plans to implement these recommendations, led by the local Tobacco Control Alliance, including the procurement of a new stop smoking service plus ongoing and new collaborations with Trading Standards and schools/youth settings.

The presentation concludes with the following questions for discussion:

1. How can the Health and Wellbeing Board - as a collective body and as leaders within your organisations - use your influence to help implement the recommendations of the needs assessment?
2. How can we better align our local tobacco control plans with the implementation of Hackney's Health and Wellbeing Strategy priorities

(improving mental health, increasing social connection, supporting greater financial security)?

1.1. Policy Context:

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

☑	Improving mental health
☐	Increasing social connection
☑	Supporting greater financial security
☐	All of the above

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

☐	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
☑	All of the above

1.2. Equality Impact Assessment (EIA)

Has an EIA been conducted for this work?

☐	Yes
☑	No

1.3. **Consultation**

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

☑	Yes

☐	No

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

☑	Yes
☐	No

1.4. Risk Assessment

N/A

1.5. **Sustainability**

N/A

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Appendices	1) City & Hackney Tobacco Needs Assessment report, 2024 2) Presentation: Tobacco Needs Assessment 2024 - Findings, local implementation and recommendations

TOBACCO NEEDS ASSESSMENT FOR CITY AND HACKNEY

2024

CONTENTS

Authors
This report was written by Suhana Begum, Mariana Autran, Diana Divajeva, Jayne Taylor, Abi Webster, Tom Moore, Nickie Bazell.

Acknowledgements
We would like to thank the many people and organisations who contributed to this report.

Cite this report as:
City and Hackney Public Health Team. Tobacco Needs Assessment for City and Hackney. (January 2024)

ABBREVIATIONS AND ACRONYMS

APS - Annual Population Survey

ASH - Action on Smoking and Health, an organisation that works collaboratively on providing information, advocacy and campaigning on policy measures to reduce the burden of disease and premature death caused by tobacco.

CI - confidence interval

CO - carbon monoxide

COPD - chronic obstructive pulmonary disease, includes emphysema and chronic bronchitis

CVD - Cardiovascular disease

ELFT - East London Foundation Trust

GP - general practitioner ('family doctor')

HCVS - Hackney Community and Voluntary Service

IMD - Index of Multiple Deprivation

LSOA - Lower Layer Super Output Area

MECC - 'Making Every Contact Count' (very brief opportunistic conversations to support healthy behaviours)

NCSCT - National Centre for Smoking Cessation and Training

NICE - National Institute for Health and Care Excellence

NRT - nicotine replacement therapy

PCN - Primary Care Network

Ppm - parts per million

PSHE - personal, social, health and economic education

RSE - relationship and sex education

SMI - severe mental illness

SSS - stop smoking service

TCA - Tobacco Control Alliance

VBA - very brief advice

VCS - voluntary and community sector

GLOSSARY OF TERMS

CO-validated 4-week quitter - carbon monoxide (CO) validation is the most cost-effective and least invasive method of measuring someone's smoking status. CO validation rates are important markers of service data quality as an objective measure of smoking status. The national outcome measure of stop smoking services is success rates at the 4-week post-quit date. A smoker is counted as a 'CO validated 4-week quitter' if they are a self-reported quitter and their expired-air CO is assessed four weeks after the designated quit date (minus three days or plus 14 days) and found to be less than 10 parts per million (ppm). Due to the pandemic, CO validation was suspended in March 2020 and many smokers continue to be supported via virtual appointments, which poses challenges for CO validation.

Deprivation quintile - The Index of Multiple Deprivation (IMD, here used 2019 scores) shows how deprived different areas are. It is an indicator that assigns scores to each area based on various domains (income, employment, education, health, crime, barriers to housing and services, and living environment). The population was split into five groups called quintiles, which each contain 20% of residents. The first quintile is the most deprived and includes the 20% of residents living in the most deprived areas. The fifth quintile is the least deprived and includes 20% of residents in the least deprived areas.

Smoking prevalence - the proportion of individuals in a population who smoke at a specific point in time.

Confidence intervals - a way to estimate the range of values that we can be reasonably confident contain the true value we are trying to estimate.

EXECUTIVE SUMMARY

INTRODUCTION

The aim of this report is to set out the national and local policy context in relation to tobacco control, provide insights on the local picture of smoking behaviours, examine the latest evidence and best practice as well as the local response, and make recommendations for local action. It focuses on key areas such as prevention, identification, treatment, and support, addressing inequalities in access across demographics, geography, socioeconomic factors, and vulnerable groups, while also exploring the role of e-cigarettes and workplace interventions in combating smoking.

Despite progress in the last decade, smoking remains the leading cause of preventable disease and death and is one of the most significant factors contributing to health inequalities. Each year smoking kills approximately 74,600 people in England; the societal cost of smoking is estimated at £17 billion per year, with a significant impact on productivity, healthcare, and social care. With a strong link between smoking and poverty, deprived communities exhibit higher smoking rates and dependency. In Hackney, smoking-related costs are estimated at £101.9 million annually.

POLICY CONTEXT

Despite significant strides in reducing smoking prevalence, nearly six million individuals in England continue to smoke, contributing to persistent health inequalities. Sustained efforts at local, regional, national, and international levels are essential to further mitigate the significant harms of tobacco.

National policies

- The 2017 national tobacco control plan set an ambition for England to be smoke-free by 2030, but this expired in 2022 and its objectives were only partly achieved.
- The 2022 independent Khan review assessed whether the ‘smoke-free 2030’ ambition is likely to be achieved and made 15 recommendations, prompting the government's response in April 2023, introducing initiatives such as the "Swap to Stop" scheme to support one million smokers to switch to vaping and financial incentives for pregnant smokers to quit. A comprehensive suite of further measures announced in October 2023 include: legislation to raise the age of sale of tobacco every year from 2027 onwards; increased funding for local authority stop smoking services, national awareness campaigns and enforcement activity; and a consultation to address youth vaping.

Local policies

The Khan recommendations, and Action on Smoking and Health's (ASH) '10 high-impact areas,' serve as an evidence-based framework for local partnership action. Both have shaped the local tobacco control work in City and Hackney. Highlights include:

- Hackney policies align with national goals, with the elected Mayor committing to a smoke-free Hackney by 2030, supported by the Community Strategy and Strategic Plan which included a focus on improving health and reducing health inequalities.
- The City of London Corporate Plan emphasises a focus on health and wellbeing; addressing tobacco-related harms is key to achieving this aim.

THE LOCAL PICTURE

Estimates of the number of adult residents who smoke in Hackney range from 28,900 to 51,700 with an estimated 800-900 in the City of London plus an unknown but likely significant number of smokers among the City's large daytime worker population (around 587,000 people). Smoking prevalence is significantly higher for adult men in City and Hackney, which can be seen across almost all ethnic groups. While local smoking data is unreliable for individuals younger than 18, most smokers start before this age and are more likely to start smoking if they live with someone who smokes.

Socioeconomic factors, including housing tenure and occupation, correlate with smoking rates, with those in social housing and manual occupations exhibiting higher prevalence. Specific ethnicities, such as Bangladeshi, black Caribbean, 'other black,' 'white and black Caribbean', 'Irish' and 'other mixed' and 'other white,' show elevated smoking rates in Hackney. Examining specific ethnicities in Hackney, various subgroups exhibit significantly higher smoking prevalence than the overall average: Turkish/Kurdish/Cypriot, Eastern and Western European, Vietnamese men, as well as Gypsy/Roma/Traveller females. Variation in smoking prevalence is also observed between ethnic groups in the City of London, but small numbers mean these differences are less discernible.

Vulnerable groups, including LGBTQ+ individuals and those with mental illness, substance use, and homelessness, experience higher smoking prevalence. Psychological, social, economic, and cultural factors contribute to smoking initiation, emphasising the need for targeted strategies. While smoking among pregnant women as recorded at time of delivery in City and Hackney is lower than national averages, there is likely underreporting at play, and local insights point to the complexities of quitting in pregnancy overall.

While smoking-attributable mortality rates in Hackney have declined, they remain higher than London averages; in contrast, City's rates are notably lower. This underlines the need for tailored interventions and the importance of nuanced approaches based on population characteristics.

EVIDENCE AND GOOD PRACTICE

This needs assessment highlights the wealth of evidence and guidance available to inform both national and local efforts to address the substantial health risks linked to tobacco smoking.

The 2022 Khan review provides the blueprint for the national response, and the government's recent announcements respond to most of the recommendations of this review. Complementing these national recommendations, ASH proposes partnership action across 10 high-impact areas as part of a robust local tobacco control strategy.

The report summarises the latest evidence and good practice related to prevention of smoking uptake, identification of smokers and early intervention, as well as treatment of tobacco dependency. It emphasises the effectiveness of evidence-based school interventions, enforcement activity, targeted mass media campaigns, and the pivotal role of health and care staff in identifying and assisting smokers to quit. The report also describes the critical role of high quality stop smoking services as a necessary component of a broader tobacco control strategy. Notably, NICE now endorse nicotine-containing e-cigarettes (vapes) as a primary quit aid for adult smokers, with evidence suggesting their effectiveness in smoking cessation. However, misconceptions about the relative risks of vaping vs smoking prevail, highlighting the need for education and effective communication to challenge these. The report also addresses concerns about the rise in e-cigarette experimentation among young people, emphasising the role for school-based peer-led interventions. Enforcement activity is also key in reducing under-age sales of both e-cigarettes and tobacco.

Workplace interventions are also recommended, with employers having an important role in developing smokefree policies and providing support for employees seeking to quit.

THE LOCAL RESPONSE

City and Hackney's long-standing commitment to tobacco control is demonstrated through Hackney Council's signing of the Local Government Declaration on Tobacco Control (in 2014) and local NHS partners' signing of the NHS Smokefree Pledge (in 2018). Guided by ASH's '10 high impact' actions, the local Tobacco Control Alliance prioritises strategic, proactive and coordinated approaches for a smoke-free society.

Local prevention efforts include funding of a dedicated trading standards officer (focused on reducing under-age sales and supply of illicit tobacco, vapes and also alcohol) and health outreach in schools (including lesson plans focused on the harms of smoking and use of e-cigarettes). City and Hackney continues to invest in an evidence-based high performing community stop smoking service, which includes delivery of smoking 'very brief advice' training. Integrated pathways between the community stop smoking service and local NHS tobacco dependency treatment services are being established to provide a streamlined offer of support for all smokers to quit.

The local stop smoking service is effective at targeting smokers living in the most deprived neighbourhoods. However, geographic and socioeconomic disparities in service uptake reveal potential unmet needs locally, especially among younger smokers (under 40 years of age), male smokers and those from some high prevalence communities - all of whom appear less likely than average to access support. Similarly, there is evidence to suggest that smokers with severe mental illness and homeless people are under-represented in the current stop smoking service. Local insights underscore the importance of making available a diverse range of options to support smokers to quit, including targeted/discreet outreach locations plus longer interventions and/or peer support where needed. Tailored interventions are needed especially for vulnerable groups in recognition of the complexity of the wider context in which they live their lives, which may require a harm reduction approach.

The rise in e-cigarette use, particularly disposable vapes, among young people is of concern locally as well as nationally. Local efforts to root out the supply of illegal vapes is led by a dedicated trading standards officer. Insights from local people suggest that misperceptions about the relative risks of e-cigarettes are common, which may be hindering their use as quit aids by adult smokers.

Two major local employers (Hackney Council and Homerton Hospital) have developed evidence-based smokefree policies and the current stop smoking service is promoted to local employers via council/Corporation communication channels.

RECOMMENDATIONS

This report concludes with a set of recommendations which are summarised below.

1. Addressing persistent inequalities in smoking prevalence requires strong and sustained collaborative efforts.
2. Prioritise preventing smoking uptake and supporting quitting among young smokers, emphasising whole school approaches and peer-led actions.
3. De-normalise smoking through a comprehensive tobacco control plan, promoting smoke-free public spaces and revitalising partnership commitments.
4. A tailored and targeted approach is needed to support high prevalence communities to quit, collaborating with organisations that work with/represent these communities and exploring opportunities within Family Hubs.
5. Continue funding evidence-based community stop smoking services, offering flexible support, harm reduction and transparent information on vaping.
6. Improve reporting of smoking status in GP records to facilitate targeted very brief advice (VBA) and referrals to evidence-based quit support.
7. Sustain investment in enforcement to reduce supply of illicit tobacco and e-cigarettes, preventing underage sales and related health and social harms.
8. Launch a coordinated communications campaign to dispel misconceptions about vaping, emphasising its efficacy for adult smokers while strongly discouraging uptake among non-smokers and children/young people.
9. Implement a comprehensive local communications strategy to increase quit attempts, delivering clear messages about the harms of tobacco and the hope of positive action to quit, promoting all opportunities to access support.

1. INTRODUCTION

Significant progress has been made in tackling smoking in recent years, with prevalence (or the proportion of people who smoke) in England now at the lowest level recorded, at 13%. (1) Despite this, **smoking remains a leading cause of preventable disease and death** and is one of the most significant factors contributing to **health inequalities**. (2) The latest data from Action on Smoking and Health (ASH) found smokers are more likely to become ill and die while they are of working age and more likely to need health and social care services at a younger age than non-smokers. (3)

Every year, smoking kills approximately 74,600 people in England. (4) In 2020, 506,100 hospital admissions in England were attributable to smoking. (4) Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. (5) For every death caused by smoking, approximately 20 smokers are living with a smoking related disease. (6) These include Alzheimer's disease, angina, asthma, Crohn's disease, gastric and duodenal ulcers, gum and tooth disease, osteoporosis, rheumatoid arthritis, cataracts, macular degeneration, psoriasis, reduced fertility, impotence, depression, sight loss, hearing loss, multiple sclerosis and diabetes. (7) Tobacco smoking harms others through second hand smoke, while smoking in pregnancy impairs foetal growth and development and increases the risk of stillbirth and infant mortality. (7–9)

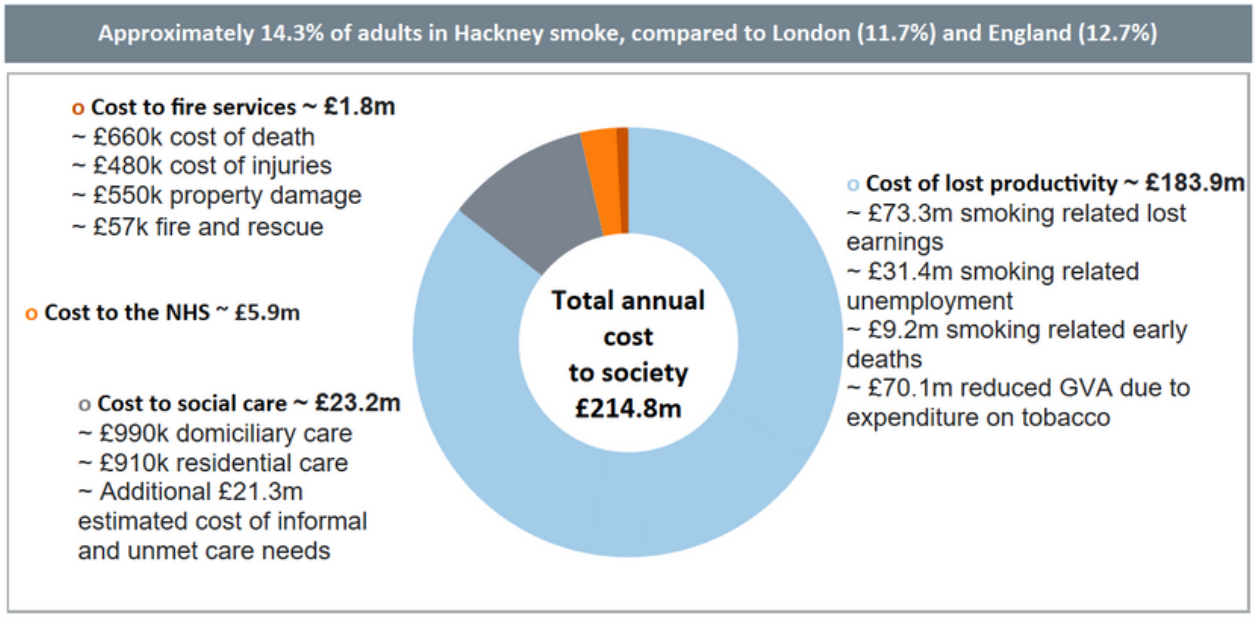
Smoking continues to be the leading cause of premature death and exacerbates health inequalities.

Not all groups are affected by smoking in the same way. Some are at greater risk of harm (such as pregnant women) and others find it harder to give up (such as people living in socioeconomically deprived circumstances and those with a mental illness). In some communities, smoking appears to be promoted through cultural norms. (10)

There is a strong link between **smoking and poverty**. Smoking tends to be more common in deprived communities, people in these communities tend to start smoking at a younger age and have higher levels of dependency on tobacco. Recent data confirms the link between poverty and smoking, with around 3,000 households in Hackney estimated to be pushed into poverty as a result of expenditure on tobacco. (11) In 2022, smokers were estimated to spend an average of £2,421 a year on tobacco, equivalent to the average household's annual energy bill (£2,500). (12)

The **total cost of tobacco smoking** to society in England is approximately £17 billion each year, with more than 75% of this cost a result of lost productivity (due to smoking-related ill-health), 15% the cost to the NHS and the remaining 10% the cost to social care. (13) In Hackney, the annual total costs of tobacco smoking are estimated at around £215 million as shown in figure 1. (3) Again, these costs are spread across the economy, health services, local government, and the fire service. Equivalent data are not available for the City of London.

Figure 1: The local costs of tobacco in Hackney, 2023



Notes: Adapted from the ASH ready reckoner by City and Hackney Public Health Intelligence Team. (3)

The substantial social and financial cost of smoking means that tobacco control and reducing the harms from tobacco continue to remain a priority nationally and locally, as outlined in the policy context in Section 2.

This JSNA has been written in partnership with multiple organisations (including stop smoking service providers, Trading Standards, and colleagues in the NHS) to assess the smoking needs of City and Hackney residents. This report summarises the national and local policy context; describes the local picture of smoking prevalence, inequalities and related harms; highlights the latest evidence and best practice in tackling smoking; and sets out actions being taken locally. The first section proposes some key recommendations to address the inequalities and gaps identified and capitalise on opportunities to strengthen local action on tobacco.

2. POLICY CONTEXT

Although good progress has been made in reducing smoking prevalence, almost 6 million people still smoke tobacco in England and smoking is still one of the largest causes of health inequalities. There is a need for sustained local, regional, national and international action to continue to make progress in reducing the significant harms related to tobacco.

NATIONAL POLICIES

A national tobacco control plan was previously published in 2017, which outlined the government's ambition for England to be **smoke-free by 2030** (that is to reduce smoking prevalence to below 5%). (14) This national plan expired in 2022. The objectives set out in this plan have been partially, but not wholly, met.

In 2022, the **independent Khan review 'Making smoking obsolete'** reviewed the government's current tobacco control policies to assess whether the smoke-free 2030 ambition is likely to be achieved, and made 15 recommendations for the government to take action on to achieve its ambition (figure 2). (15) The recommendations highlighted in blue below are those that can be actioned on a local level, to a greater or lesser extent.

Figure 2: Summary of recommendations from the Khan review, 2022

Source: UK Government, The Khan Review: making smoking obsolete, 2022. (15)

In April 2023, the government partially responded to the Khan review recommendations outlining the following plans: (16)

- a national **"Swap to Stop" scheme** to support one million adult smokers to quit smoking by switching to vaping - this scheme will initially target at-risk and high smoking prevalence groups
- **financial incentives** to all **pregnant women who smoke** by the end of 2024
- investment of £3m in an **enforcement package** to tackle underage vape sales and illicit tobacco
- as a minimum, all **mental health practitioners** will be able to signpost to specially developed digital resources to support people with mental health problems to quit smoking
- **joined-up working between the NHS and local authorities** to support smokers to quit, facilitated by Integrated Care Boards
- a **government consultation** on the introduction of mandatory pack inserts with messages and information to help smokers quit.

In October 2023, the government announced further measures to significantly ramp up action to create a 'smoke-free generation' through a comprehensive range of funded interventions. (17) These announcements respond to many more of the recommendations of the independent Khan review, including proposals to:

- **legislate to raise the age of sale** one year every year from 2027 onwards
- **double the funding** for local authority **SSS** from next year
- **increase funding for awareness-raising campaigns** by £5 million this year and £15 million from next year onwards
- **increase funding for enforcement of illicit tobacco and e-cigarettes** by £30 million from next year
- launch a **consultation** shortly on specific measures to tackle the increase in **youth vaping**. The consultation on measures to tackle youth vaping and smoking was launched in October 2023 and closed in December 2023. (18)

The government announced that they will legislate the age of sale for tobacco, increase funding for stop smoking services, among other measures.

ASH 10 high-impact areas for local authorities

The Khan recommendations that are relevant to local action echo many of the '10 high-impact areas' set out by ASH in 2022 (figure 3). (19) These recommendations were published in the absence of a refreshed national tobacco control plan and provide an evidence-based framework for local partnership action to continue to drive down smoking prevalence and reduce the many health, social and economic costs of smoking.

Figure 3: ASH 10 high impact action areas, 2022

Source: ASH, 2022 (19)

LOCAL POLICIES IN HACKNEY

The recommendations highlighted by the Khan review and ASH have shaped local tobacco control work in City and Hackney (led by a Tobacco Control Alliance, see Section 5) and align well with the local policy context.

Manifesto pledge

Smoking is a key priority for Hackney's elected Mayor, whose manifesto includes a commitment for Hackney to become smoke-free by 2030, mirroring the national ambition. Further details can be found in the Labour manifesto.

Community Strategy and Strategic Plan

The Hackney Community Strategy describes an ambition for Hackney to be 'a borough with healthy, active and independent residents. (20) Reducing the harms from tobacco (as a primary driver of poor health and inequalities) plays an important role in achieving this. Similarly, action on smoking supports the achievement of one of Hackney Council's three overarching priorities in its Strategic Plan, to 'work together for a greener, healthier Hackney', as well as the plan's cross-cutting theme to reduce inequalities. (21)

LOCAL POLICIES IN THE CITY OF LONDON

City of London Corporate Plan (2022)

The current City of London Corporate Plan states that "our aims and priorities are to contribute to a flourishing society, where people are safe and feel safe and enjoy good health and wellbeing." Again, reducing the harms of tobacco will play an important part in realising these aims.

3. THE LOCAL PICTURE

ESTIMATED NUMBER OF SMOKERS

The two main data sources used to estimate the prevalence of smoking locally are the Annual Population Survey (APS) and data from general practice (GP) records. Both of these sources have limitations, which are discussed further in Appendix 1. Throughout this document, APS data has been used when looking at trends and making comparisons with other areas, and GP data has been used for the analysis of local inequalities.

Adult (age 18+) smoking prevalence varies depending on the source used, ranging from approximately 14% (APS) to 21% (GP) in Hackney, and from 10% (GP) to 11% (APS) in the City of London. Given these variations in estimated prevalence, the number of residents who smoke is estimated to range between 28,900 and 51,700 in Hackney, and between 800 and 900 residents in the City of London (Table 1). The City of London also has a large worker population of approximately 587,000 in 2021, and a previous survey (from 2012) suggested a high prevalence of smoking in this group. (22)

Table 1: Prevalence and equivalent estimated number of adult (18+) smokers, City of London and Hackney residents

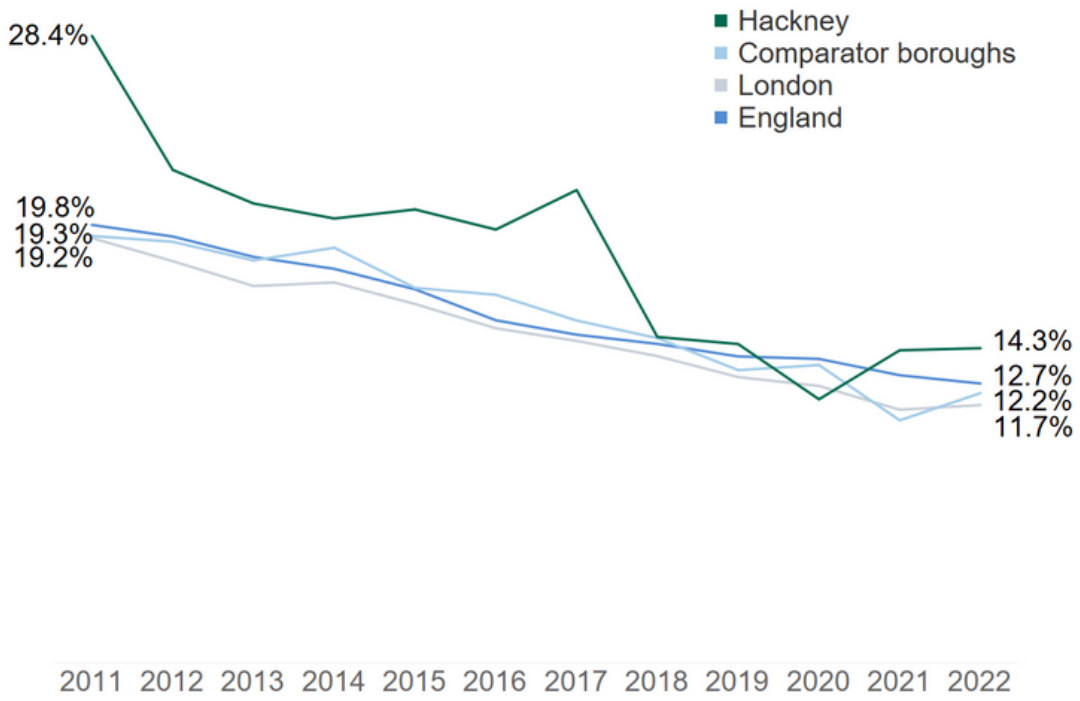
	Prevalence		Estimated number	
	APS 2021*	GP 2022	APS 2021*	GP 2022
City of London	11.5%	10.5%	916	772
Hackney	14.2%	21.3%	28,920	51,685

Sources: GP data: Clinical Commissioning Group (CEG), East London Database, 2022; APS data: Annual Population Survey (APS) 2021 prevalence applied to ONS mid-year 2021 population aged 18 and over to calculate the estimated number based APS(23). As Census 2021 data was collected during the COVID-19 pandemic when the local resident population may have been temporarily lower, ONS mid-year 2021 population is used in this document.
Note: GP data covers the City of London and Hackney residents registered with a GP in North East London (NEL), which includes eight local authority areas: Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. The prevalence calculated amongst those with smoking status known in the last 5 years (from 2017/18 to 2021/22) was applied to the whole adult population registered to calculate the estimated numbers.
*No prevalence value available for City of London in APS, so London value was used.

Trends in smoking prevalence

Local data on smoking prevalence was first published in 2011. Between 2011 and 2022, the prevalence of smoking amongst Hackney adults aged 18 and above has been steadily declining, in line with national and regional trends (figure 4). Although it is too early to conclude, and firm conclusions are difficult to draw due to small sample sizes, there is some evidence that **progress may have stalled locally** in recent years.

Figure 4: Prevalence of smoking amongst residents aged 18+ over time, Hackney, 2011-2022



Source: Smoking prevalence in adults (18+) - current smokers (APS), OHID Fingertips, 2023. (24)
Notes: Comparators are the 'statistical neighbours' described in Appendix 2. The data from 2020 may not be comparable due to changes in the methodology as a result of the pandemic (25). Publish trend data are not available for the City.

Inequalities in smoking prevalence

A range of interacting psychological, social, economic and cultural factors are linked to an increased likelihood of people starting and continuing to smoke. These include living with parents or siblings who smoke, the level of exposure to tobacco industry marketing, the availability of cheap tobacco, lower socioeconomic status, mental illness, higher levels of school absence and substance use. (26-27). Smoking is also more common in certain cultural and global majority communities.

Demographic

Sex

In 2022, based on GP data, the prevalence of smoking among adult (18+) men in Hackney (around 27%) was significantly higher than among women (around 17%). In the City of London, the adult (18+) smoking prevalence was also higher among men (around 13%) than among women (around 7%). (28)

Age

Tobacco smoking is largely taken up in childhood and teenage years. In the UK, around 90% of people who smoke start between the ages of 10 and 20 (29). As such, discouraging young people from smoking remains a priority locally and nationally. (14)

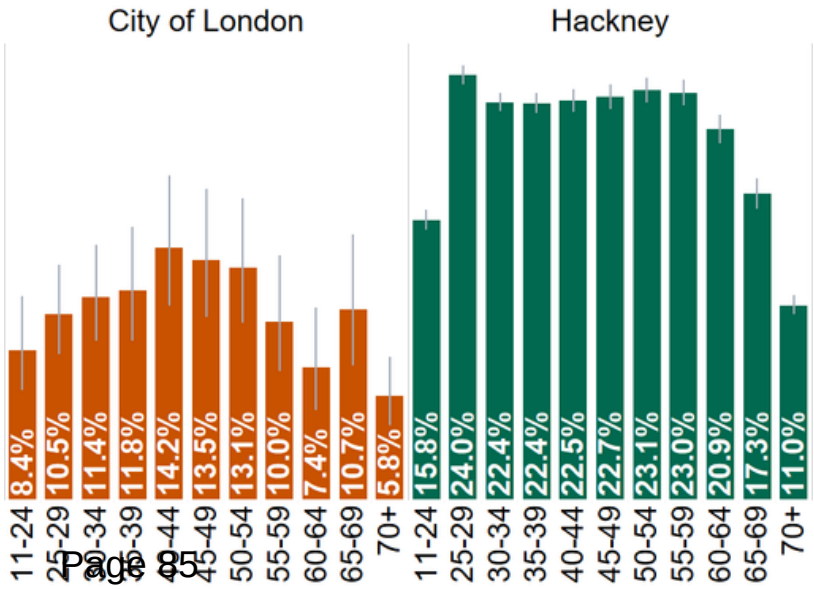
There is no reliable up-to-date local data on smoking prevalence among individuals younger than 18 in City and Hackney. Nationally, smoking amongst 11-15-year-olds decreased between 2018 and 2021: the percentage of those who had tried smoking at least once in this age group decreased from 16% to 12% over this period, while the percentage of current smokers decreased from 5% to 3%, and regular smokers decreased from 2% to 1%. (30) Applying these national prevalence figures to local population sizes, an estimated 488 residents in Hackney and 14 residents in the City of London aged between 11 and 15 were current smokers in 2021.[1] However, local GP data indicates that approximately 700 Hackney residents aged 11 to 15 were current smokers. These data, taken from 2022 data and based on smoking status recorded over the past 5 years, are likely to be subject to under-reporting bias and yet the estimates are roughly 50% higher than national figures would suggest.

Local GP records suggest that 4% of 16-17 year olds in both Hackney and the City are current smokers, equating to 256 young people in Hackney and five young people in the City of London. However, these numbers need to be considered with caution due to under-recording of smoking status in younger groups, and notably for the City of London due to small numbers. (28)

In Hackney, the proportion of the population recorded as a smoker on their GP record increases up to the 25-29 age group. There is a small decline from 25-29 to 30-34. From this point, smoking prevalence remains relatively stable until age 55-59, at which point it begins to decline. (24) This decline is likely to be a combination of stopping smoking in older age due to smoking-related poor health and smoking-related premature mortality. (31) The patterns in the City of London are broadly similar, but due to small numbers (demonstrated by the wider confidence intervals in figure 5) statistically significant differences are not observed (figure 5).

Figure 5: GP recorded smoking prevalence by age group (11+), City of London and Hackney residents, 2022

Data source: Clinical Effectiveness Group, East London Database, 2022. (28)
Notes: Age categories have been combined when numbers were smaller than 30 to provide a more robust analysis among age groups under 25 and over 70. The denominator is the total population with smoking status recorded in the last 5 years (from 2017/18 to 2021/22). The vertical lines represent confidence intervals, which are a way to estimate the range of values that we can be reasonably confident contain the true value we are trying to estimate.



[1] The denominator used for this was the ONS mid-year population 2021.

Insight gathered from local young people (aged 16 to 25) to inform this needs assessment, through a local survey (please see appendix 3 for details), highlighted the reasons underlying their smoking behaviour (Box 1). Please note that these findings are not necessarily representative of all young people in City and Hackney.

Box 1: Local insight from a survey aimed at young people

The young people who answered the survey provided similar reasons for smoking as other smokers; for many, it was a social thing they did with peers that they enjoyed. When asked about reasons to quit smoking, young people provided reasons that were similar to other smokers; many were concerned about the impact of smoking on their health. Others stated financial reasons given the rising costs of cigarettes. One young person mentioned being a good role model for her son as her main reason for quitting.

When asked about barriers to quitting, young people mentioned the difficulty in breaking smoking habits. They also mentioned how smoking was perceived as a way of reducing their stress, as well as social reasons (being with friends who also smoked) making it more difficult to quit themselves.

The remaining data in this section focus on smoking prevalence in adults (18+). As the numbers of recorded smokers under 18 are very small, their omission is unlikely to affect the observed patterns.

Ethnicity

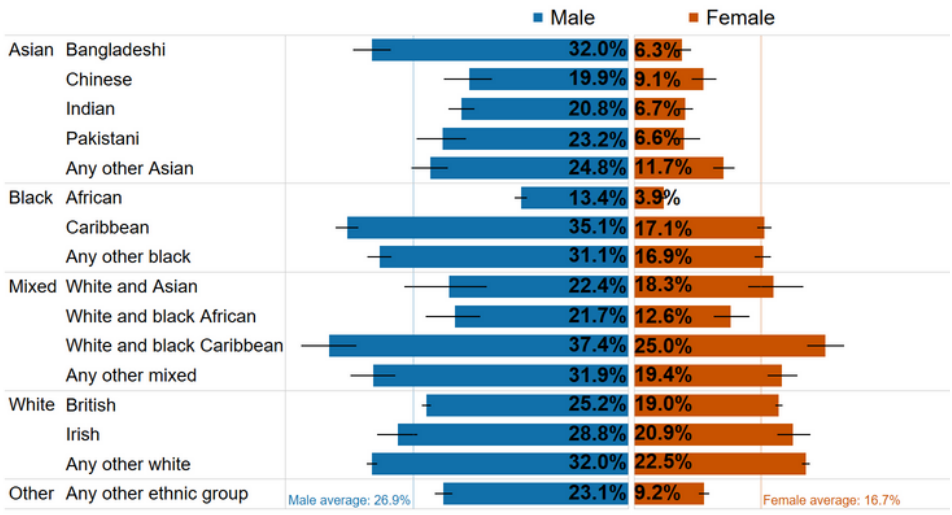
The pattern of higher male (compared with female) smoking prevalence can be seen across almost all ethnic groups in Hackney, and a similar pattern is observed in the City (although comparisons are less reliable here due to small numbers). (28)[2]

In Hackney, smoking prevalence is higher than average amongst Bangladeshi men, black Caribbean and 'other black' men, 'white and black Caribbean' men and women, 'British', 'Irish' and 'other mixed' ethnicity women, and 'other white' men and women (Figure 6).

Figure 6: GP recorded smoking prevalence by ethnicity and sex (18+), Hackney residents, 2022

Data source: Clinical Effectiveness Group, East London Database, 2022. (28)

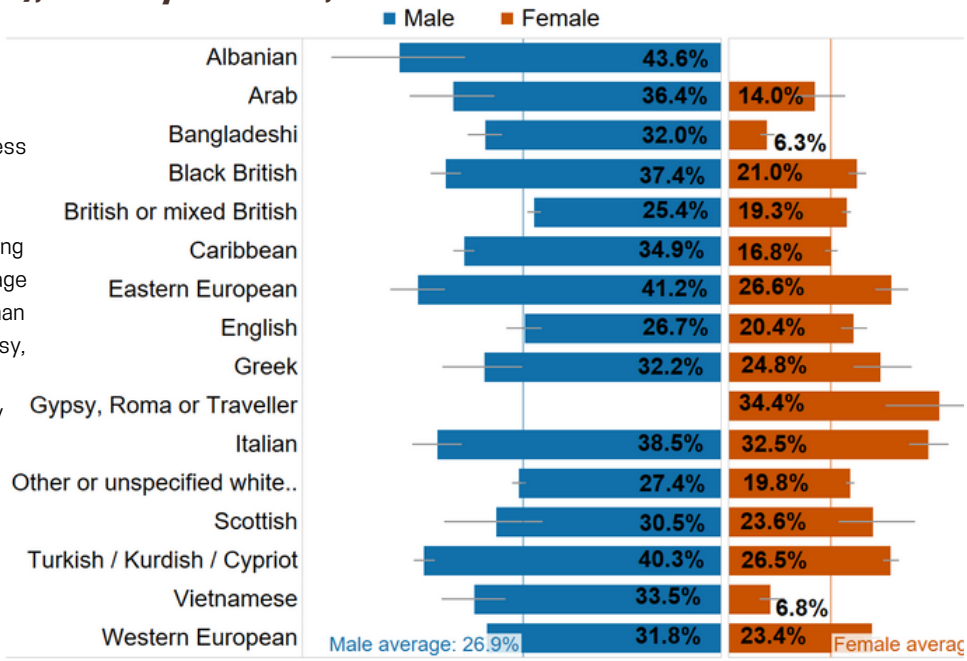
Note: only those with smoking status recorded in the last 5 years (from 2017/18 to 2021/22) were included.



[2] The ethnic categories were based on GP records. With City data, some categories have had to be combined for analysis purposes.

Looking at a more detailed ethnicity breakdown, the data below show several other ethnic subgroups with a recorded smoking prevalence that was significantly higher than the average in Hackney. These groups include Turkish/Kurdish/Cypriot, Eastern and Western European, plus Vietnamese (men only), as well as Gypsy/Roma/Traveller females (data for males not reported due to small numbers). These patterns are highlighted in Figure 7 below.

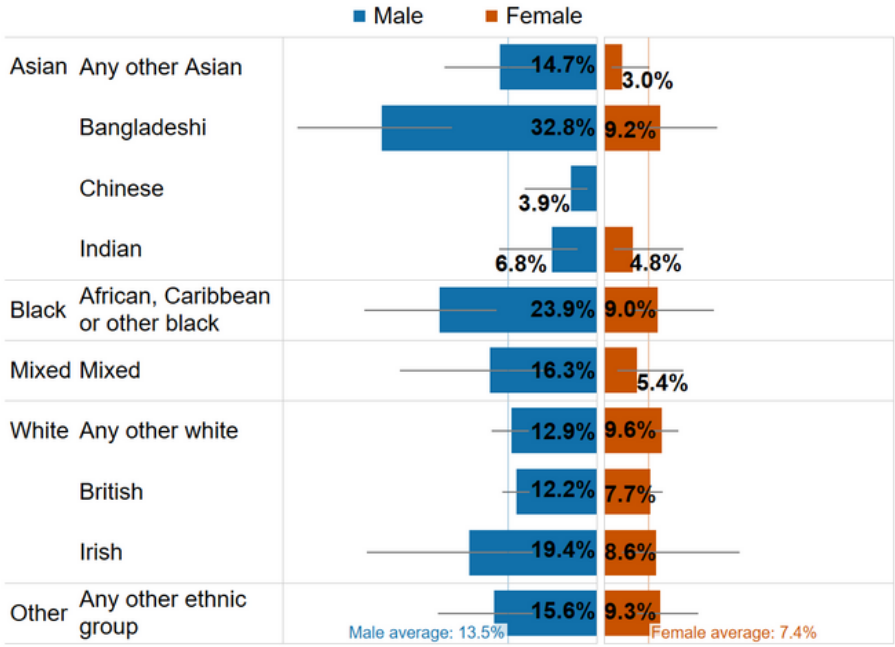
Figure 7: GP recorded smoking prevalence that exceeds Hackney average by detailed ethnicity and sex (18+), Hackney residents, 2022



Data source: Clinical Effectiveness Group, East London Database, 2022.
Notes: Ethnic groups with smoking prevalence at or below the average for both sexes, groups of less than 30 individuals (this includes Gypsy, Roma and Traveller males) and terms that did not represent any specific group (e.g. 'other') are excluded from this analysis.

Similar to Hackney, GP recorded smoking prevalence is significantly higher than average amongst Bangladeshi and black men in the City of London (Figure 8). However, further comparisons by ethnic group are more difficult for the City due to small numbers (demonstrated by the wider confidence intervals in Figure 8).

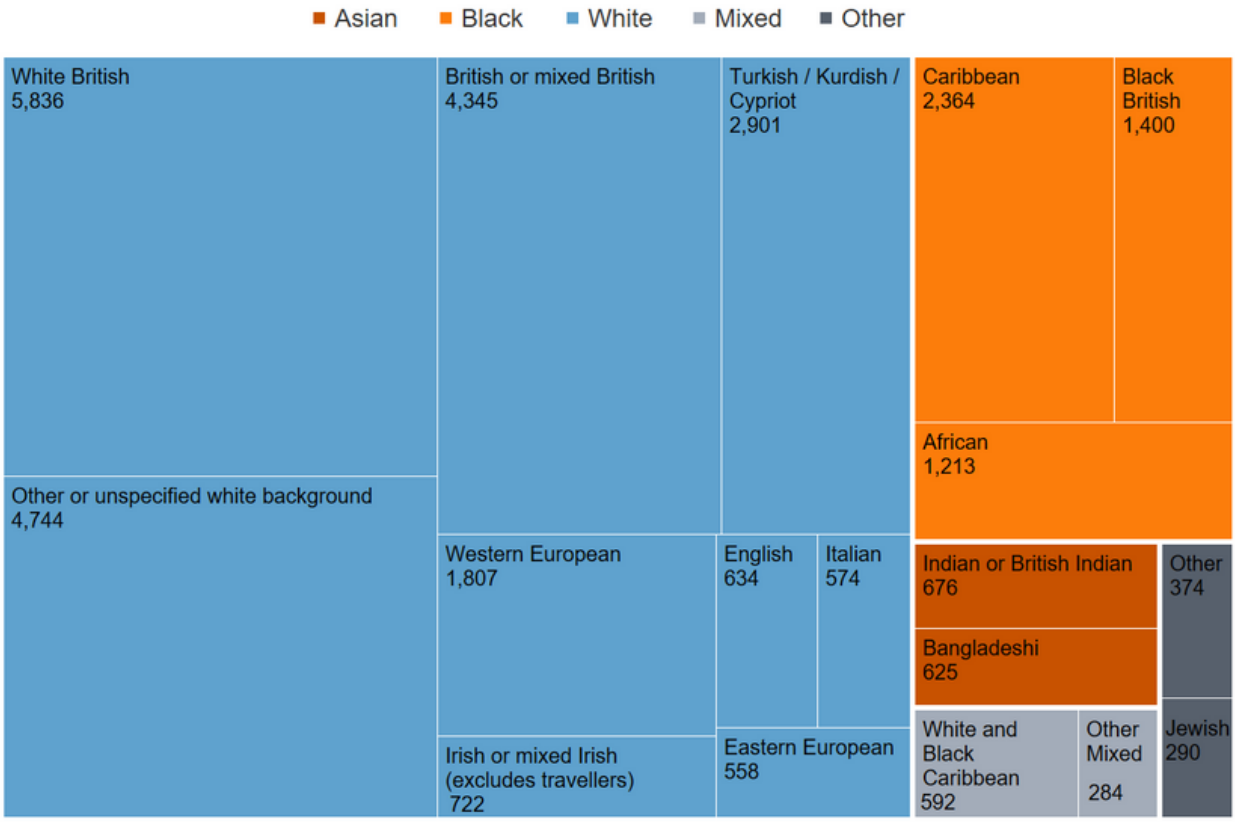
Figure 8: GP recorded smoking prevalence by ethnicity and sex (18+), City of London residents, 2022



Data source: Clinical Effectiveness Group, East London Database, 2022. (28)
Note: only those with smoking status recorded in the last 5 years (from 2017/18 to 2021/22) were included. Pakistani ethnicity is excluded as there were no smokers identified in this group.

It is important to note that while certain groups may have a high smoking prevalence, this doesn't always correspond to the groups with the highest number of smokers, which is driven by the size of the population as well as the proportion of smokers (see Figure 9 below).

Figure 9: Number of City and Hackney resident smokers (18+) registered to a GP by the main ethnic terms referred, 2022



Data source: Clinical Effectiveness Group, East London Database, 2022. (28)

Notes: Because there are many different terms used for self-reported ethnicity, only the most common ones are included in this figure. These terms account for 80% of smokers in Hackney, excluding those with blank, unclassified, or unknown ethnicities. The colours in the figure represent broader categories of ethnicity that group together more specific self-reported ethnic terms.

Local insight was gathered from Turkish, Cypriot and Kurdish residents and black Caribbean residents (Box 2) to inform this needs assessment. The findings from the insights highlight the complexity of people's beliefs when it comes to tobacco and its harms, as well as the impact of culture, family and friends on their behaviours and beliefs.

Box 2: Local insight gathered from Turkish, Cypriot and Kurdish residents and black Caribbean residents

Residents highlighted a number of reasons for smoking. One reason identified was that in the countries where they grew up, smoking was a daily part of life. They saw everyone around them smoking (which is often how they started smoking) and so they identified it as part of their cultural norms:

"Drinking coffee is part of our culture and all of my neighbours would give me one coffee and one cigarette a day and that led to me starting to smoke in 1974. I was 26."

As with other groups, smoking was often described as a mechanism for calming themselves down and relaxing. They also spoke of peer pressure to start smoking as it was something friends and colleagues around them were doing. One participant spoke about smoking as a way of maintaining her 'image' in her career role and another felt their smoking was justified because they didn't engage in other behaviours:

"I don't drink so I think smoking is ok"

Many recognised that smoking was harmful and identified a number of reasons for wanting to quit smoking, such as the health impacts on themselves and their families. They also identified a number of barriers to doing so, such as being around other people who are smoking and not knowing how to deal with feelings of craving/addiction and the related impacts on their body:

"You have to stay away from places where they smoke cigarettes, not to drink."

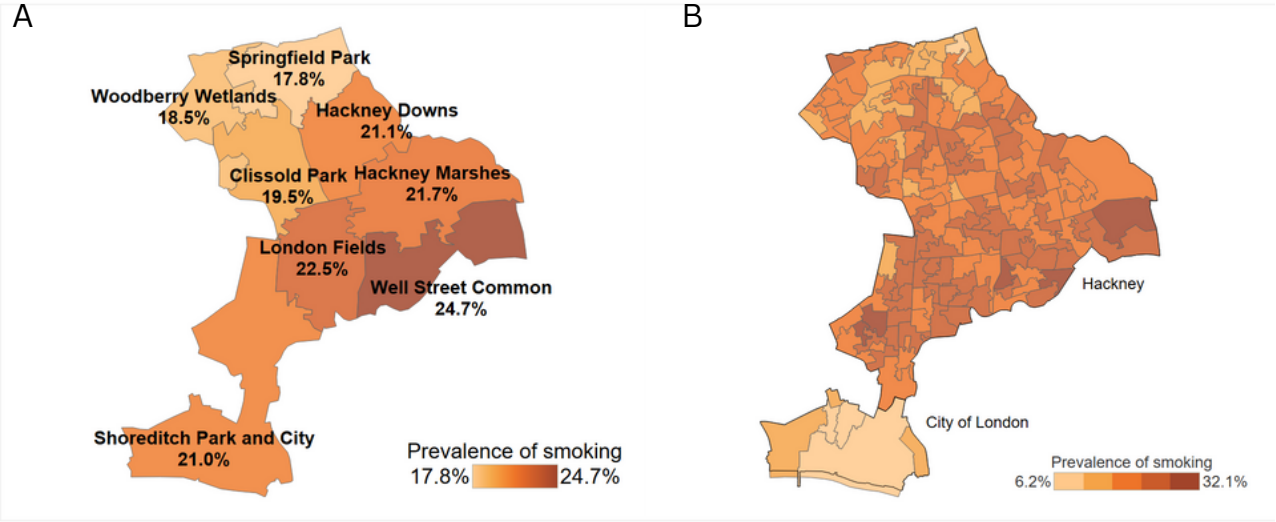
"I tried many times, most recently 14 hours, but I give into the craving."

"[After you quit smoking] you eat more and put on weight... But if you are strong you stay no [to cigarettes still]."

Geography

GP recorded smoking prevalence varies across the local area. The highest prevalence is seen in areas in the south east of Hackney, in Well Street Common Primary Care Network (PCN)/Neighbourhood (Figure 10, A). A smaller area map, however, shows a notable variation within the City and Hackney PCNs (Figure 10, B). (28)

Figure 10: GP recorded prevalence of current smokers (18+) by primary care network (PCN, A) and LSOA (B), City of London and Hackney, 2022

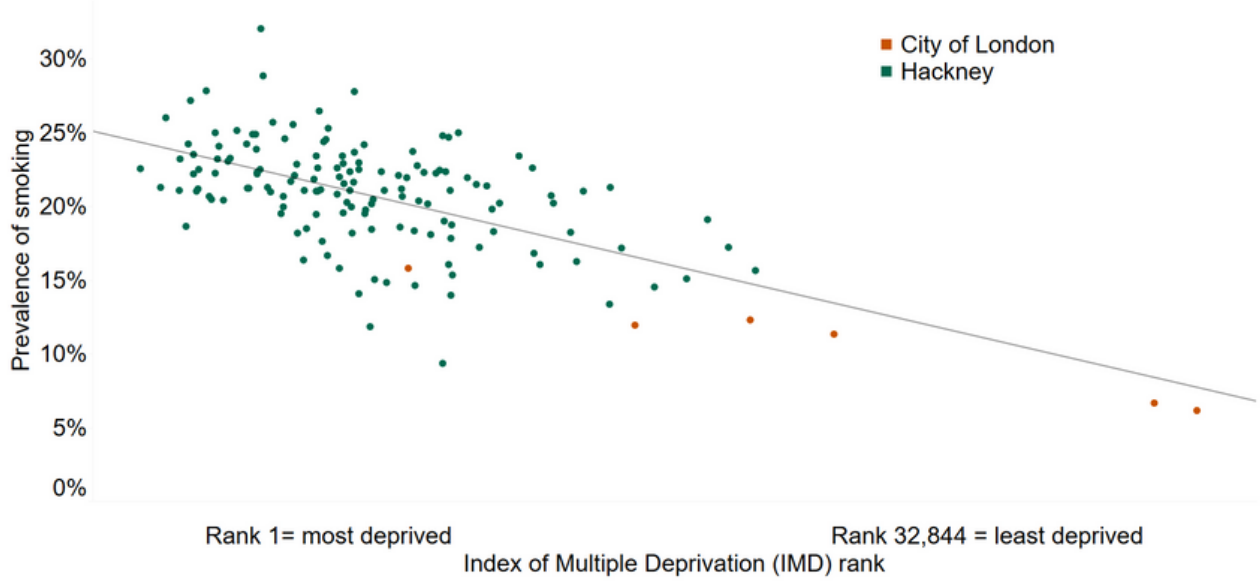


Data source: Clinical Effectiveness Group, East London Database, 2022. (28)
Notes: Lower Layer Super Output Areas (LSOAs) are small geographical areas consistent in population size (between 1000 and 1500 residents).

Socioeconomic status

Across the whole of the City and Hackney smoking prevalence is strongly positively correlated with area deprivation. This generally means that as area deprivation increases, so does smoking prevalence in that area (Figure 11). (28)

Figure 11: Correlation of LSOA level smoking prevalence and area deprivation (IMD rank), City and Hackney, 2022

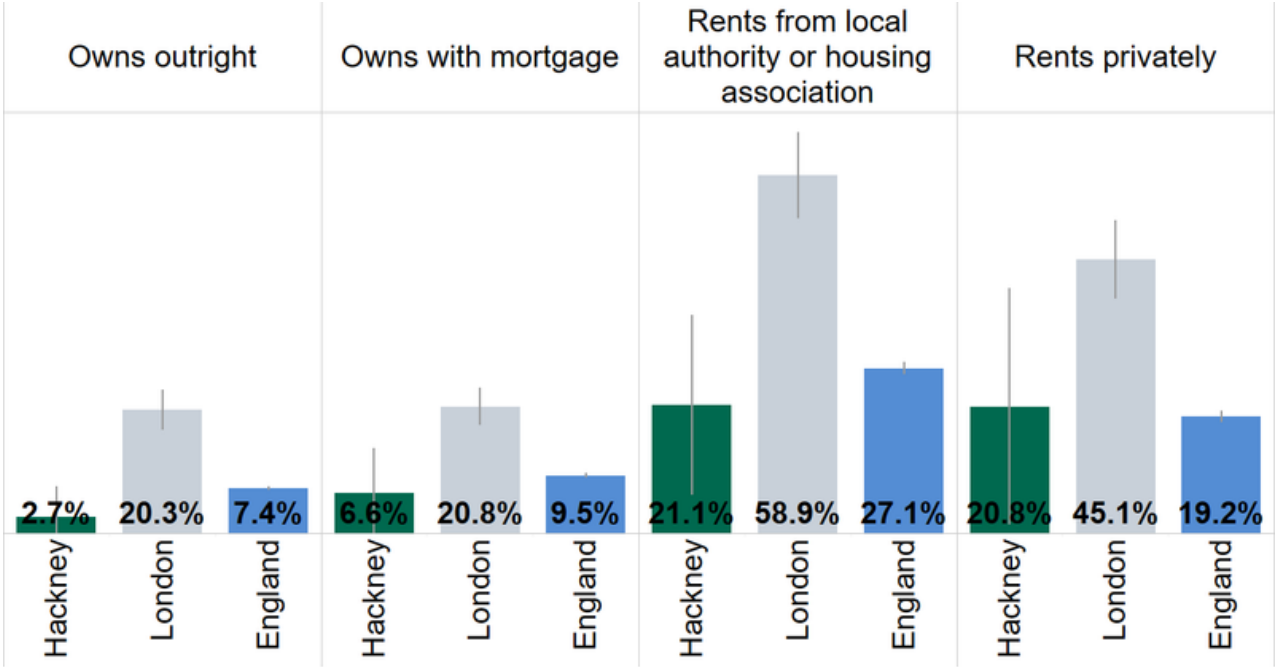


Data source: Clinical Effectiveness Group, East London Database, 2022 (28)
Ministry of Housing, Communities & Local Government, IMD, 2019.
Notes: The index of multiple deprivation (IMD) is an area-based indicator of deprivation across a range of domains (income, employment, education, health, crime, barriers to housing & services and living environment) in England. National quintiles have been used here. The denominator for the prevalence estimate is the total population with smoking status recorded in the last 5 years (from 2017/18 to 2021/22). Lower Layer Super Output Areas (LSOAs) are small geographical areas consistent in population size (between 1000 and 1500 residents).

Smoking prevalence also varies by other socioeconomic characteristics, such as occupation and housing tenure: [3]

- **Occupation**: People in **routine and manual** occupations are the most likely to smoke. The most recent data for Hackney (2020) show that smoking prevalence varied from around 10% among those working in managerial and professional occupations to around 25% among residents employed in routine and manual occupations. (8) [4]
- **Housing tenure**: In Hackney in 2021, adults living in **social housing** (that is renting from a local authority or housing association) were almost eight times more likely to smoke, and those renting privately were about seven times more likely to smoke than residents who owned their house outright (Figure 12).

Figure 12: Smoking prevalence in adults (18+) by housing tenure for Hackney, London and England, 2021.



Data source: OHID, Fingertips, 2023. (34)
Note: Data not available for the City of London.

National evidence shows that higher rates of smoking are also observed across many other indicators of social disadvantage, including among people with no qualifications and those who receive income support. (32) Local data are not available for analysis.

When combined with the individual economic cost of smoking, these patterns act to further exacerbate inequalities. Research by ASH Scotland suggests that poorer households spend almost 30% of their income on tobacco. This is about **ten times more** than the proportion estimated to be spent by households in the highest income group, which is around 3%. (33)

[3] Equivalent data broken down by occupation or housing tenure are not available for the City of London.
[4] This difference was not statistically significant, most likely as a result of small sample sizes.

Vulnerable groups

Smoking prevalence is higher in certain vulnerable population groups, including the following.

- **Severe mental illness (SMI)**: The prevalence of GP-recorded smoking among adults (18+) in 2022 was significantly higher among those diagnosed with SMI in Hackney (around 41%) and the City of London (around 20%), compared to adults without SMI (around 21% and 10%, respectively). (28) This is thought to be linked to lower levels of health literacy and social factors such as small or poor social networks (35-36). People with SMI are also more likely on average to have a history of substance use (see below) than the wider population. (37)

- **Substance use**: A significantly higher proportion of adult Hackney residents (18+) with GP-recorded substance use issues were smokers (around 72%), compared to those without a record of substance use (around 21%) in 2022. (28) Less than five people who were both smokers and substance users were recorded in the City of London.

- **Homeless**: Homeless adults (18+) in Hackney and the City of London are significantly more likely to smoke than those who are not homeless. Among those registered with a GP across NEL in 2022, around 55% of homeless people in Hackney and 71% in the City of London were recorded as smokers, compared to 21% and 10%, respectively, among those who were not homeless. (28)

- **Lesbian, gay and bisexual**: Nationally, more lesbian, gay and bisexual adults (27%) than heterosexual adults (18%) were current smokers in 2021. (38) Local primary care data have low level of completeness when it comes to sexual orientation and were, therefore, excluded from the analysis.

City of London and Hackney residents with GP-recorded **learning disabilities** are significantly less likely to smoke (around 15%) than the general population (around 21%). (28) However, underlying smoking prevalence in the wider population with learning disabilities is likely to be underestimated. This is because less is known about those with milder learning disabilities who may not be identified on GP records and, due to their greater independence, they may be more likely to smoke. (39)

Pregnant women

Smoking in pregnancy has well-documented detrimental effects on the growth and development of the baby and the health of the mother. In 2021/22, 4.5% of pregnant women were recorded as smokers at the time of delivery in City and Hackney combined (N=173), which is similar to London (4.5%) and Hackney's statistical neighbours (4.3%), and lower than England (9.1%). (1) Reported smoking prevalence at the time of delivery has been relatively stable in the last 10 years locally.

It is, however, worth noting that the recorded prevalence of smoking at the time of delivery is likely to be underestimated due to the stigma attached to reporting smoking status in pregnancy. (40) In addition, methods used to ascertain smoking in pregnancy (self-reported vs CO validated) vary between different areas. Moreover, the high number of births in the local Orthodox Jewish community, where smoking rates are thought to be low, is likely to skew overall prevalence in Hackney in particular. (41-42) Comparisons presented here should therefore be treated with caution.

As part of this needs assessment, insight was gathered from women who were currently pregnant or had a baby in the last year and were current or ex-smokers. A selection of the findings are summarised in Box 3 below. This local insight confirms the complexity of quitting in pregnancy, with women aware of the harms of smoking to themselves and their babies, but struggling with nicotine addiction and willpower to quit.

Box 3: Local insight gathered from pregnant and postpartum women

Pregnant and recently postpartum women were all aware of the health risks of smoking during pregnancy, both to themselves and their unborn babies. They recalled having conversations with various health professionals they encountered over the course of their pregnancy (for example, doctors and midwives) about the health harms:

"Of course, I know it's bad for me and my unborn child, it's very important if I can quit, I know it's extremely important to want to stop. It will reduce the risk of terminating pregnancy."

Despite knowing the harm to health, they expressed difficulty in quitting due to the 'enjoyment' of smoking. This was similar to views expressed by other smokers.

"Smoking makes me feel better, sometimes I do feel guilty that I shouldn't be doing it, it's making me feel good so I do it, but [I feel] guilt that health wise you shouldn't be doing this."

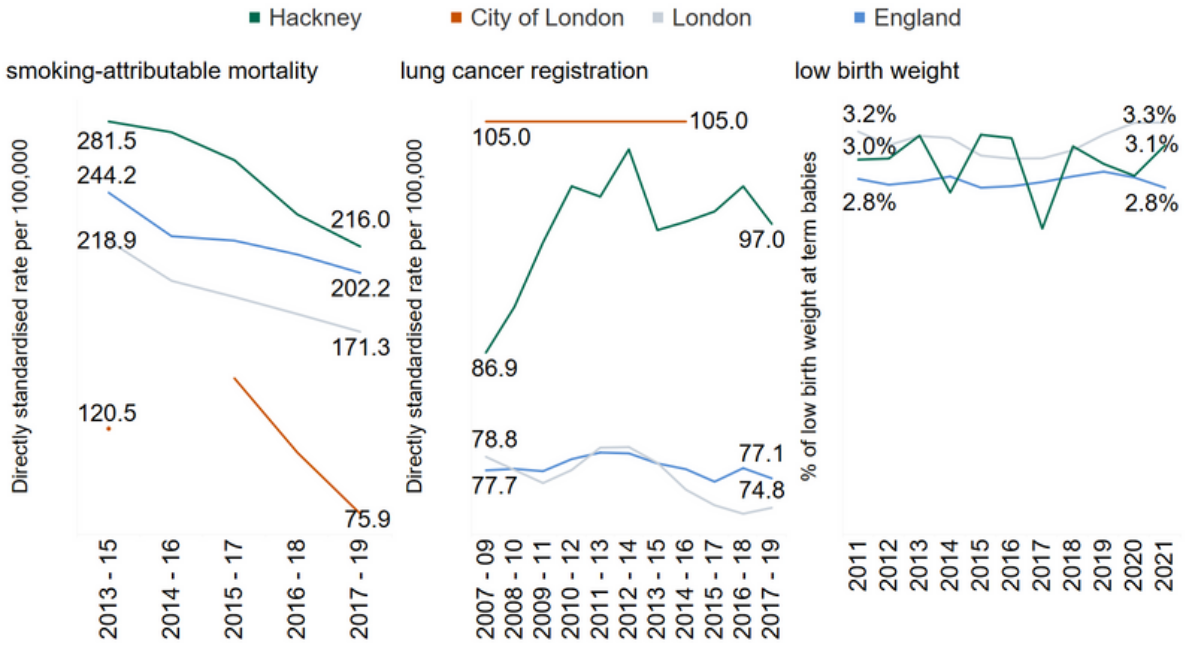
MORTALITY AND SMOKING-RELATED HEALTH OUTCOMES

As described in the introduction to this report, smoking is a major cause of premature mortality and serious health problems such as cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis).

Figure 13 shows that smoking-attributable mortality rates in Hackney fell by 30% between 2013-15 and 2017-19. Despite this decrease, mortality rates in Hackney remain significantly higher than the London average. In contrast, the smoking-attributable mortality rate for the City of London remains significantly below the Hackney, London, and England average. However, caution is needed when interpreting City findings due to very small numbers (11 deaths in 2017-19).

Locally, lung cancer registrations also remain significantly above the London and England averages, while the low birth rate is broadly in line with regional and national trends (Figure 13).

Figure 13: Trends in smoking-related health outcomes, City of London and Hackney.



Source: OHID, Fingertips, 2022. (24)

Notes: For the indicator "smoking-attributable mortality", City rates were statistically significantly lower than London and England in all periods but from 2015-17. Hackney rates were statistically significantly higher than London and England up to 2015-17 and statistically higher than London only from this period. For the indicator "lung cancer registration", the City of London and Hackney were combined from 2016-18. Rates for both City and Hackney combined or separately were higher than London and England since 2008-10. For the indicator "low birth weight", the City of London and Hackney were combined, except for 2016 and 2017, which includes Hackney-only data. For this indicator, there was no statistically significant difference between City and Hackney and both London and England since 2011.

4. EVIDENCE AND GOOD PRACTICE

There is a wealth of evidence and good practice guidance available to guide comprehensive action at the national and local levels to reduce the significant harms of tobacco smoking. The 2022 Khan review made 15 recommendations to ensure the Government's 'smoke-free 2030' target is met (see Section 2 for more details), including three 'critical' interventions requiring national action:

1. urgently invest an additional £125m per year in tobacco control (preferably through a tobacco industry levy)
2. raise the age of sale of tobacco from 18, by one year, every year
3. NHS to prioritise further action to stop people smoking.

The government has announced a range of proposed measures to create a 'smoke-free generation' that responds to most, but not all, of the Khan review recommendations (again, see Section 2).

Complementing the Khan review recommendations, ASH has made its recommendations for local partnership action across 10 'high impact' areas, as part of a comprehensive tobacco control strategy (again as described in Section 2).

The National Institute for Health and Care Excellence (NICE) has published a wealth of evidence-based guidance on tobacco control and smoking. (43) Much of this has recently been consolidated into a single guidance document, published in 2021 and last updated in January 2023: **NG209 Tobacco: preventing uptake, promoting quitting and treating dependence**. This is complemented by Quality Standard **QS207 - Tobacco: treating dependence** (last updated December 2022). This latest guidance sets out a range of recommendations relevant to smoking prevention; identification and early intervention; plus treatment, care and support. The remainder of this section provides further detail on evidence-based approaches under each of these headings, as well as e-cigarettes and workplace interventions.

PREVENTION OF SMOKING UPTAKE

Young people are more likely to start smoking tobacco if they live with a parent, carer, or sibling who smokes. (27) Other factors influencing smoking uptake include smoking by friends and peer group members, the ease with which young people can obtain cigarettes (often illegally), exposure to tobacco marketing, and depictions of smoking in films, television, and other media. (9) Therefore, to be successful in preventing smoking uptake, it is not sufficient to focus on youth-targeted interventions alone.

Other elements of tobacco control activity - such as tackling the sale of cheap or illegal tobacco and proxy purchasing, and reducing exposure to secondhand smoke through national legislation and smoke-free policies - also support work to prevent smoking uptake (44). Illegal tobacco is a public health concern because it undermines efforts to reduce the impact of smoking by offering a cheaper alternative to people who may otherwise be persuaded to quit because of the expense. Illicit tobacco has not been subjected to quality control and may contain even more harmful chemicals and toxins compared to their legal counterparts. There is also a concern with such products being cheaper and easier to access by children and young people. Supporting retailers to avoid illegal tobacco (and vape) sales is a key recommendation in NICE NG209, for example through training and guidance, test purchases, improved inspection and enforcement through partnership action, and campaigns to publicise legislation.

School-based interventions have also been effective in reducing smoking uptake. (44) NICE NG209 recommends taking a coordinated approach to school-based interventions that are evidence-based, linked to the school's smoke-free policy and integrated into the curriculum. The school should develop an organisation-wide smoke-free policy in consultation with staff and young people that includes prevention activities (led by staff or young people themselves) and training and development for staff. The policy should apply widely to anyone using the school premises (including caretakers and facilities maintenance staff) and shouldn't allow designated smoking areas on the premises.

School-based interventions should be led by both adults and young people (peers), if appropriate. They should feature the health effects of tobacco use, as well as the wider legal, economic and social aspects of smoking. The interventions should encourage family participation where possible. In secondary schools and further education settings, interventions should be peer-led, both formally and informally, and aim to challenge the norms on smoking.

NICE also recommends using targeted mass media and advocacy campaigns to prevent the uptake of smoking among young people. (45)

IDENTIFICATION AND EARLY INTERVENTION

All frontline health and care staff can play a key role in identifying smokers, delivering very brief advice (VBA), and referring people to local stop smoking services (SSS). (45) This is in line with the Making Every Contact Count (MECC) agenda (see Box 4 below) and with NICE guidance on identifying and supporting people most at risk of dying early from cardiovascular disease (CVD). (46,47) In particular, owing to the links between CVD, social deprivation, and smoking, targeting adults who are disadvantaged and at high risk of premature death from CVD is recommended.

Box 4: The making every contact count (MECC) approach

The MECC approach is about using the power of very brief conversations to help people to stay well, access the support they need and generally cope better in these challenging times. MECC training empowers staff and volunteers to have opportunistic, strengths-based conversations with residents to improve their health and wellbeing. At a population level, very brief advice has been shown to be effective in improving the uptake of preventative services and modifying health-harming behaviours. MECC can support conversations on a range of 'traditional' public health topics (for example healthy weight, physical activity, tobacco, alcohol, mental wellbeing, vaccine uptake) as well as conversations around wider determinants of health (for example housing, employment, financial support).

Supporting pregnant women to stop smoking

Given the significant harm from smoking during pregnancy, NICE recommends that pregnant women are provided with routine carbon monoxide (CO) testing at the first antenatal appointment and at the 36-week appointment, to assess every pregnant woman's exposure to tobacco smoke. (44) If the pregnant woman smokes, is in the process of quitting, used to smoke, or tested with 4 ppm or above at the first antenatal appointment, CO testing at all other antenatal appointments is recommended.

NICE also recommends that an opt-out referral to local SSS is provided for all pregnant women who say they smoke or have stopped smoking in the past 2 weeks, have a CO reading of 4 ppm or above or have previously been provided with an opt-out referral but have not yet engaged with stop smoking support. (45)

NHS Long Term Plan

The NHS Long Term Plan states that by 2023/24, NHS-funded tobacco dependency treatment services will be offered to:

- anyone admitted overnight to a hospital who smokes
- pregnant women and members of their household
- long-term users of specialist mental health services.

These tobacco dependency services, currently being rolled out across England, have a key role in identifying those with smoking-related health conditions and referring them to in-house support and/or to community SSS, depending on local arrangements.

TREATMENT, CARE AND SUPPORT

Targeted, high-quality SSS are a necessary, although not sufficient, component of cost-effective tobacco control strategies. Research shows that people who access evidence-based SSS are three times as likely to quit as if they tried to go it alone. (48) A summary of current NICE guidelines on delivery of SSS can be found in Box 5 below. (44) Further detailed guidance for providers and commissioners of SSS are produced by the National Centre for Smoking Cessation and Training (NCSCT). (49)

Box 5: Summary of current NICE recommendations for delivery of stop smoking interventions (45)

- All people who smoke should be made aware of the range of interventions available to help them stop smoking and how to access them.
- The most effective stop smoking intervention for adults (age 18+) involves a combination of the following:
  - behavioural support (individual and/or group)
  - medicinally licensed products (including varenicline and short/long acting nicotine replacement therapy, NRT) and/or
  - nicotine-containing e-cigarettes.[5]
- NRT can be considered for young people aged 12 and over who are smoking and dependent on tobacco, in combination with behavioural support.
- The intervention should be flexible to the needs and preferences of smokers and agreed in discussion with them.
- Services should aim to treat at least 5% of the estimated local population who smoke, and aim for a success rate of at least 35% of service users having quit at four weeks (validated by CO monitoring) - four week quitters are much more likely to remain smoke free once they reach this point
- Success should be validated by a CO monitor reading of less than 10 ppm of CO in their exhaled breath four weeks after the quit date. This does not imply that treatment should stop at four weeks.
- Those who do not want, or are not ready, to stop smoking in one go should be supported to reduce the amount they smoke, as part of a harm reduction approach.

Source: NICE, 2023 (45)

[5]As of August 2022, varenicline (Champix) has been unavailable in the UK. A new prescription only drug (cytisine) has been developed, which works in a similar way to reduce withdrawal symptoms and urges to smoke. Cytisine is due to be launched on the UK market in January 2024.

E-CIGARETTES

Nicotine-containing e-cigarettes are now recommended as a 'first line' smoking quit aid for adults (age 18+) who smoke. For those who are not ready, willing or able to stop in one step, e-cigarettes can also be used as part of a harm reduction approach, to support people in reducing the amount they smoke. (44)

E-cigarette use has increased significantly in recent years in the UK, both among adults and young people. A recently published survey from ASH found that in 2023 around 21% of children aged between 11 and 17 had tried vaping, up from 16% in 2022 and 14% in 2020; the 50% growth in experimentation (trying once or twice) from 8% in 2022 to 12% in 2023 was significant, while the change in current vaping (from 7% to 9%) was not. (50) Among adults (18+), regular e-cigarette use was estimated at around 7% of the population in 2022. (51)

There is now good evidence that e-cigarettes are an effective stop-smoking aid (52): e-cigarettes remain the most common aid used by people to help them stop smoking and were associated with the highest quit rates in SSS in 2020/21 (65% of quit attempts involving vaping products were successful compared with 58.6% of attempts not involving a vaping product) (52). The most popular device in 2022 remained tank-type products (used by 64% of adult vapers) but the popularity of disposable vaping products has increased from 2% in 2021 to 15% in 2022 among adults. (51) Disposable vapes are particularly attractive to children and young people (aged 11 to 17), with use increasing dramatically in recent years - from 5% in 2020 to 53% in 2022. (50) As well as concerns about appealing to children, disposable vapes are detrimental to the environment.

E-cigarettes are an effective stop-smoking aid for adults, but should be strongly discouraged among non-smokers

The most comprehensive evidence review of e-cigarettes to date recently confirmed that the use of such devices poses a fraction of the risks of tobacco smoking in the short to medium term. (51) However, this does not mean e-cigarettes are risk-free and further research is required to examine the longer-term health effects of vaping. (51) Despite this, a significant proportion of both adult and younger populations continue to believe, incorrectly, that vaping is at least as harmful as smoking, with this misperception becoming more prevalent (in 2022, just 45% of adults and 42% of 11 to 17-year-old believed that e-cigarettes were less harmful than cigarettes). Evidence suggests that education and communication around the absolute and relative risks of e-cigarette use is effective in changing these misperceptions. (51)

Counterfeit e-cigarettes have not been subjected to quality control and may contain many harmful chemicals and toxins compared to their legal counterparts. The government has published guidance on e-cigarette regulation, which is used to guide enforcement activity by Trading Standards colleagues. (53) They have also announced funding to support investigations into underage sales and usage of e-cigarettes, which will guide a review of current legislation and possible new legislation to strengthen sanctions. Supporting retailers to avoid illegal e-cigarette sales is a key recommendation in NICE NG209, for example through training and guidance, test purchases, improved inspection, and enforcement through partnership action and campaigns to publicise legislation.

It is possible that e-cigarette use in younger populations could be a 'gateway' to tobacco smoking, increasing smoking initiation. (54) There is no clear evidence of this to date, but these trends are being closely monitored by ASH to further guide tobacco control work.

School-based, peer-led interventions covering the impacts of using e-cigarettes and clarifying myths surrounding their use can be useful. (55) E-cigarettes should be discussed separately from tobacco products and it should be made clear that anyone who doesn't smoke should avoid e-cigarettes. There are resources available to support this work, such as the ASH youth vaping resources. (56) OHID has also produced a new resource pack for schools on vaping, aimed at Years 7 and 8 (ages 11 to 13), featuring films made with young people in which they talk in their own words about the issues around vaping, as well as a clear presentation of the latest evidence. (57)

WORKPLACE INTERVENTIONS

The workplace presents an opportunity to encourage and facilitate action on smoking. There is specific NICE guidance on how to encourage and support employees to stop smoking. Recommendations are outlined below. (45)

1. Employers should develop a smoking cessation policy, provide employees with information on local SSS, publicise local interventions, and allow staff time off to attend smoking cessation services.

2. Employees and their representatives should encourage employers to provide advice, guidance and support to help employees who want to stop smoking.

5. LOCAL RESPONSE

There is a strong local commitment to taking broad action on tobacco control. Hackney Council signed up to the Local Government Declaration on Tobacco Control (13) in 2014 and, in 2018, NHS partners Homerton Healthcare Foundation Trust, East London Foundation Trust (ELFT) and the GP Confederation all signed the NHS Smoke free Pledge.

Local partnership action on tobacco control is overseen by a Tobacco Control Alliance (TCA), which is chaired by Hackney Council Cabinet Member for Health and has membership across a broad range of local authority services, the NHS and voluntary sector, as well as the locally commissioned SSS provider. The work of the TCA is guided by ASH's 10 'high impact' local actions (see Section 2) and its priorities shaped by the outputs of a recently refreshed self and peer assessment, using the CLeaR (Challenge, Leadership and Results) tool. (58) At the time of writing, the current partnership priorities of the TCA are described in Box 6.

Box 6: Local Tobacco Control Alliance partnership priorities 2023

1. Re-set our strategic approach through senior level re-engagement, and ensure alignment of tobacco control priorities with the Health & Wellbeing Strategy implementation plans and City & Hackney Place Based Partnership delivery plan.
2. Develop and implement a proactive, coordinated approach to local communications about smoking - consistent messaging, maximise use of all available channels, focused on high prevalence communities/groups, measure impact.
3. Co-design a new stop smoking service that is explicitly focused on reducing stubborn inequalities in smoking prevalence and addresses the needs of disadvantaged communities.
4. Ensure careful coordination (and effective communication) of NHS and local authority funded tobacco dependency and stop smoking treatment pathways.
5. Review/refresh our approach to smoke free environments - including promotion of smoke free homes (including training and comms) and social housing public spaces, and refresh of NHS and local authority smoke free policies.
6. Better enable young people to live smoke free by 'denormalising' smoking - targeted comms for parents who smoke, continue work to reduce supply of illegal tobacco (and vapes, see below), education outreach, youth engagement (e.g. system influencers, youth leaders, young black men inspirational leaders).
7. Review and strengthen coordinated system-wide action to address illegal and niche tobacco use.
8. Improve local understanding of how to maximise the benefits and balance the risk of using e-cigarettes and agree a partnership position to inform our local communications and service delivery.

PREVENTION OF SMOKING UPTAKE

There are a number of local initiatives to support the prevention of tobacco smoking uptake.

Illicit tobacco

City and Hackney Public Health Service fund a senior Trading Standards Officer role to focus on illicit tobacco and alcohol enforcement work. The overall aim is to reduce access to tobacco, illegal tobacco, counterfeit alcohol and underage sales in City and Hackney. This enforcement work helps to support wider tobacco control efforts in reducing the available supply of cheap tobacco, as this can undermine efforts to support smokers to quit.

This joint work has been undertaken in Hackney since 2019 and since 2022 has expanded to include a partnership with the City of London Corporation Trading Standards team to widen the scope of the work. More recently, the focus has also shifted to enforcement work around underage and illicit sales of e-cigarettes (see later in this section).

Prevention work in schools

At the time of writing, a health and wellbeing education outreach service (funded by Public Health and delivered by Hackney Council's young people's service) was leading work with primary and secondary schools to offer a suite of personal, social, health and economic education (PSHE) and relationship and sex education (RSE) curriculum topics. This includes lessons for pupils on the harms of smoking and the use of nicotine-containing electronic cigarettes, with 20 lessons delivered between May 2019 to July 2023. In addition, drop-in information sessions are offered, where the harms of smoking are presented as one of a range of health and wellbeing topics.

The local insight gathered from young people (aged 16 to 25) as part of this needs assessment showed that school-based education sessions are a useful way to raise awareness of the harms of smoking and prevent uptake.

IDENTIFICATION AND EARLY INTERVENTION

Nationally recognised training on smoking very brief advice (VBA) is available to all frontline staff and volunteers working in the City of London and Hackney through the local SSS. At the time of writing, over 1,000 people have been trained in VBA since 2018. This is complemented by a local offer of MECC training, covering a broad range of public health issues (including smoking). Since 2018, more than 1,800 staff and volunteers have been trained in MECC across the City and Hackney (at the time of writing).

General practice

Smoking status is assessed in primary care settings in several ways: new patients are asked when they register with the GP surgery, patients with a long-term condition are routinely asked their smoking status at their annual review appointments, and patients without a long-term condition will be asked opportunistically if their smoking status record is correct. This can be done by practice nurses, healthcare assistants, GPs, or reception staff members. Practices also send out messages to smokers about stop smoking support. This usually has a facility for patients to text back to update their smoking status if this is incorrect.

NHS Health Checks

The NHS Health Check service targets adults aged 40-74 to assess their risk of CVD and offer early preventative advice and support to reduce this risk. It helps spot early signs of heart disease, stroke, diabetes, kidney disease and dementia, and provides people with advice on how to reduce the risk of disease (such as through quitting smoking) and facilitates referrals to relevant local services (such as SSS). The NHS Health Check service in City and Hackney is commissioned by the local Public Health Team and is currently delivered through GP practices.

NHS targeted Lung Health Check programme

As described previously, smoking significantly increases the risk of lung cancer. Lung cancer causes more deaths than any other cancer in the UK and very often there are no early signs or symptoms. Lung health checks are being introduced for anyone aged between 55 and 74 who has ever smoked. The aim of the targeted Lung Health Check programme is to find lung cancer early, sometimes before an individual shows symptoms. Early diagnosis can make lung cancer more treatable and make treatment more successful.

Anyone who has been identified as a current smoker following a lung health check who would like support to quit is referred to a local SSS, providing an important early intervention opportunity for a group of high-risk smokers.

Lung health checks have recently been delivered in neighbouring north-east London boroughs, with good uptake. While this service does not currently exist locally, there is a proposal to roll out a targeted lung health check programme in City and Hackney in 2026/2027.

TREATMENT, CARE AND SUPPORT

Evidence-based support to quit for smokers aged 18+ is currently available through a local SSS, Smokefree City and Hackney. This service is commissioned by Public Health and delivered by telephone and in person from a range of community settings including GP practices, community pharmacies (via walk-in), hospitals and a number of other outreach locations.[6]

[6] This includes drug and alcohol services, health centres, City office buildings and (soon) in a library and via a mobile clinic.

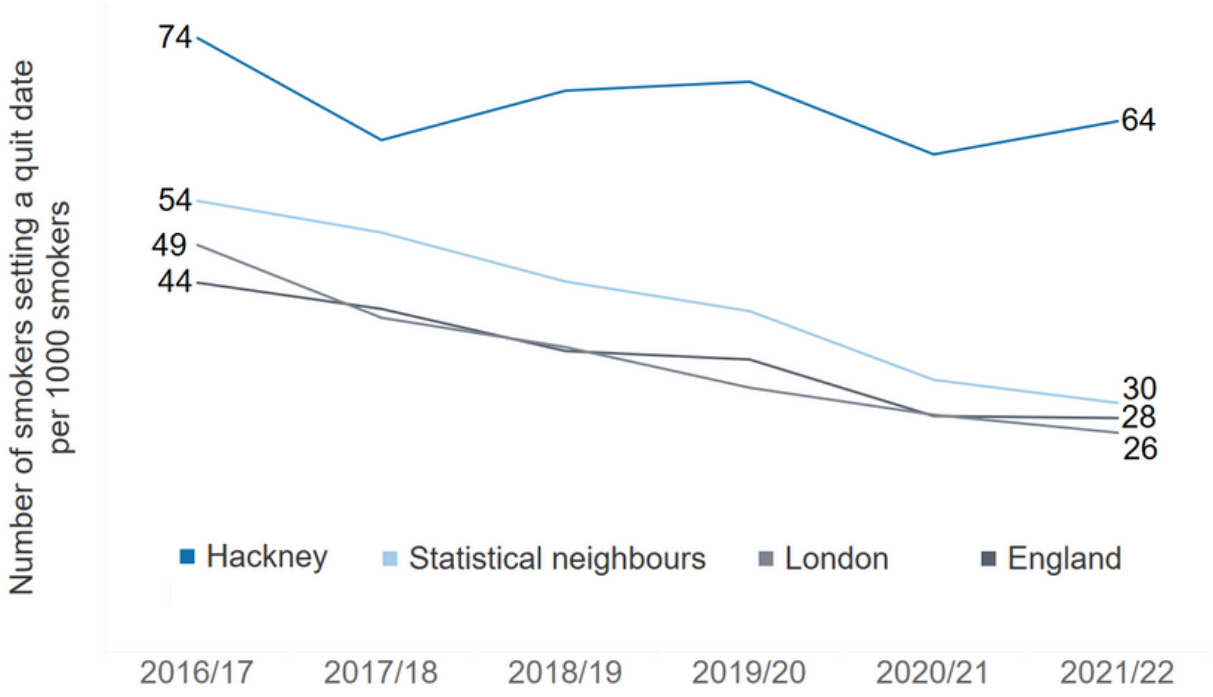
The Hackney-based SSS largely serves local residents (around 86% of people setting a quitting date in 2018-22 lived in Hackney). Most of City-based SSS clients are registered with a City GP (around 70% of people setting a quitting date in 2018-22), but most are not City residents (only around 38% are City residents). (59)[7]

Across both the City and Hackney, 2,132 people set a quit date with the SSS in 2021/22 (the latest full year of data available at the time of writing). (59) This represented 7% of the estimated number of smokers locally (see Section 3), which is above the NICE standard of 5% of the estimated local smoker population who should be treated each year. (44)

There has been a decrease in the rate of smokers setting a quit date over the past five years in Hackney, in line with trends observed elsewhere.[8] However, Hackney continues to outperform the average of its statistical neighbours, London, and England on this measure (Figure 14).

Despite this decline in the rate of smokers setting a quit date, 4-week quit rates in Hackney have remained broadly stable in recent years and above the London and England averages (Figure 15).[9] Locally, the percentage of those setting a quit date who had successfully quit at 4 weeks has consistently exceeded the target set by NICE (at least 35%), and in 2021/22 stood at 59%.[10]

Figure 14: Smokers setting setting a quit date (per 1,000 smokers) over time, Hackney and comparators



Data source: NHS Digital, Statistics on NHS stop smoking services

Notes: Smoking prevalence estimates at local authority level for those aged 18+ (calculated from the Annual Population Survey) were multiplied by the corresponding ONS mid-year population estimates for age 16+ to calculate the smoking population (denominator). A smoker is counted as a 'self-reported 4-week quitter' if s/he is a 'treated smoker', is assessed (face to face, by postal questionnaire or by telephone) 4 weeks after the designated quit date (minus 3 days or plus 14 days) and declares that s/he has not smoked even a single puff on a cigarette in the past 2 weeks. (49)

[7] Data on the number of City workers accessing the service are not available.

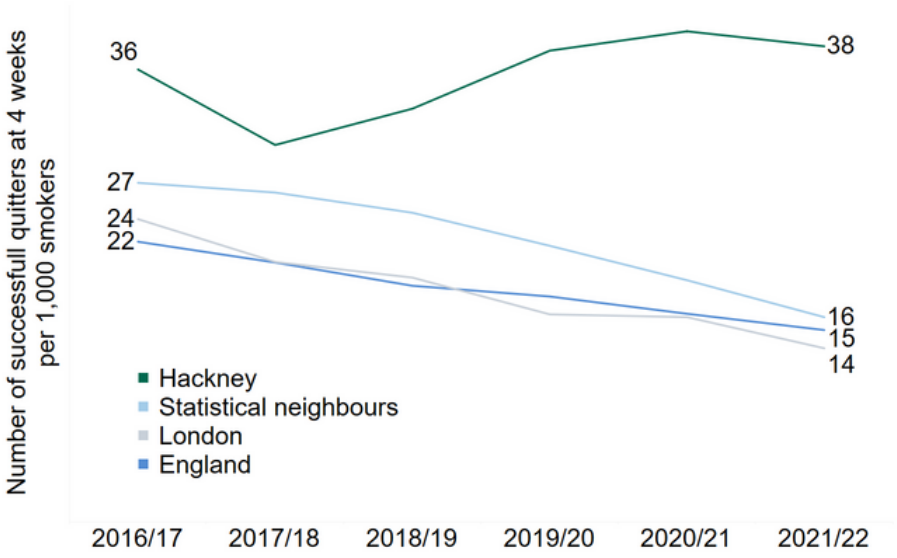
[8] Data for the City of London are not available.

[9] The main quality standard for local stop smoking services.

[10] Please note, this figure is based on self-reported quits, due the suspension of CO monitoring (used to validate successful quit attempts) during the coronavirus pandemic.

Figure 15: Smokers that have successfully quit at 4 weeks (per 1,000 smokers) over time, Hackney and comparators

Data source: NHS Digital, Statistics on NHS stop smoking services
Notes: See Figure 14 notes.



Most people (76%) set a quit date with the local SSS through their GP. Those accessing via community pharmacies were the least likely to successfully quit at 4 weeks (Table 2).

Table 2: Number of clients who set a quit date and % success at 4 weeks, City and Hackney, 2021/22

Intervention Setting	Number of clients who set a quit date	% of those setting a quit date who successfully quit at 4 weeks
GP setting	1,617	60.8%
Pharmacy setting	316	44.1%
Community setting	134	63.4%
Hospital setting	60	56.5%
Total	**2,127**	**58.4%**

Data source: Smokefree City and Hackney, 2023
Notes: Information on intervention setting is missing for 23 people.

Pregnant women

In 2021/22, 53 pregnant women in City and Hackney set a quit date with the local SSS, 26 were successful quitters at 4 weeks (49% of those setting a quit date). These represent lower success rates than were seen across the general population.

Local NHS tobacco dependency treatment pathways

The NHS tobacco dependency treatment services within Homerton Healthcare NHS Foundation Trust (acute and maternity) and East London Foundation Trust (mental health) are currently being developed (December 2023). Integrated pathways are being established with the community SSS to ensure a streamlined local offer as part of a patient's healthcare journey, from inpatient stay through to post-hospital discharge support. A new national pharmacy SSS (the Advanced Pharmacy Service) is also in place, which will enable NHS trusts to refer patients to a community pharmacy of their choice to continue their treatment following hospital discharge. Many City and Hackney pharmacies are already signed up for this scheme and will deliver this service, providing additional choices for patients on top of the locally commissioned SSS.

Local insights

Boxes 7 and 8 summarise relevant local insights from young people and key high-smoking prevalence communities, respectively, gathered to inform this needs assessment. The insights highlight the importance of offering a variety of options for accessing support to quit, including different locations and formats (for example face to face and virtual options). Some people felt that a service offer that was more discreet and convenient to access would potentially reduce the stigma that might otherwise discourage them from accessing support to quit.

Box 7: Local insight gathered from young people

Young people (aged 16 to 25) were also asked about the stop smoking service (SSS). They showed a good awareness of SSSs, despite the current SSS not being directly promoted to their age group (17 and below); 60% stated they could go to the NHS SSS or to their GP to access support. They mentioned seeing promotional materials from the local SSS (Smokefree City and Hackney) in their GP surgeries and local pharmacies. One person mentioned hearing about the service through the City and Hackney Young People's Service (CHYPS+). Fewer young people (40%) were aware of what that support entailed.

Some young people suggested using social media to attract young people to health services (in general) in an engaging way, for example using animations rather than actors to make young people feel less judged for smoking. They also spoke about the importance of stopping young people from smoking in the first place by offering education and awareness raising in schools.

Box 8: Local insight gathered from Turkish, Cypriot and Kurdish residents, black Caribbean residents (high smoking prevalence communities)

Residents talked about quitting smoking using a range of methods, including "going it alone", using a stop smoking service and switching to nicotine containing e-cigarettes.

"I got rid of cigarettes, ash trays, and alcohol. And when I would go out, I sat in the no-smoking section. I got rid of any reminders in my house. But 6 months is difficult. When I see someone smoking, it makes me want to smoke a cigarette".

Residents in these groups cited health reasons as an important reason to quit, and those who had managed to quit reported noticing improvments in their health as a result.

"I was surprised personally how many bad things are in tobacco like tar and mouse poison. The sticky stuff and you pay your money to kill yourself".

"[Since quitting] I now have more energy now and can move more. I can now walk a bit".

Being able to access support via non-health settings was deemed to be important for some in encouraging the uptake of an SSS, by reducing the stigma and 'shame' in seeking support.

"[Services should be offered at] a community centre or youth centre rather than hospital or clinic or GP, everyone can see you entering. People might see me and judge me".

"Personally I wouldn't go to a pharmacy, I'm Muslim, my culture and religion plays a part so I wouldn't really go to pharmacy and openly say that [I need help to stop smoking], someone might see me".

Insight was also gathered from people who had used the Smokefree City and Hackney service to quit smoking. When asked about what would make it easier to quit, smokers and ex-smokers said having support available beyond the 12-week treatment period currently offered would potentially prevent them from relapsing and going back to smoking. One resident suggested this could be in the form of a 'buddy system', whereby other ex-smokers could provide them with support and advice. They felt their first-hand experience of stopping smoking would help the advice feel more relevant and trusted.

Many previous service users reported that speaking to their GP was the trigger for them accessing the SSS. This echoes feedback received from GPs, who perceive that patients expect to be asked about their smoking status. This suggests that providing VBA training to enable consistent messages to be promoted through healthcare professionals, including GPs, about support available to quit and the benefits of doing so can influence whether smokers go on to eventually seek out this support.

Further relevant insights gathered from GPs to inform this needs assessment are summarised in Box 9.

Box 9: Local insight gathered from GPs

GPs who provided feedback perceived that some patients were reluctant to discuss smoking and felt "humiliated by something they may already feel ashamed and embarrassed about".

They identified the importance of self-referral for many patients, indicating this is an important element to retain:
"My understanding is that if clinicians refer patients they don't attend and patients are much more likely to attend if they are able to refer themselves. Something to do with agency".

When asked about changes to the existing service, GPs had some suggestions including providing support to people after they had quit to prevent relapse (as highlighted by ex-smokers). They also expressed support for a GP-based stop smoking service delivery model, where there are stop-smoking advisors within the practice.

INEQUALITIES IN ACCESS

This section describes inequalities in the local stop-smoking pathway, comparing the characteristics of smokers to those setting a quit date and successfully quitting at four weeks. As such, it provides evidence of an unmet need to access specialist support to quit.

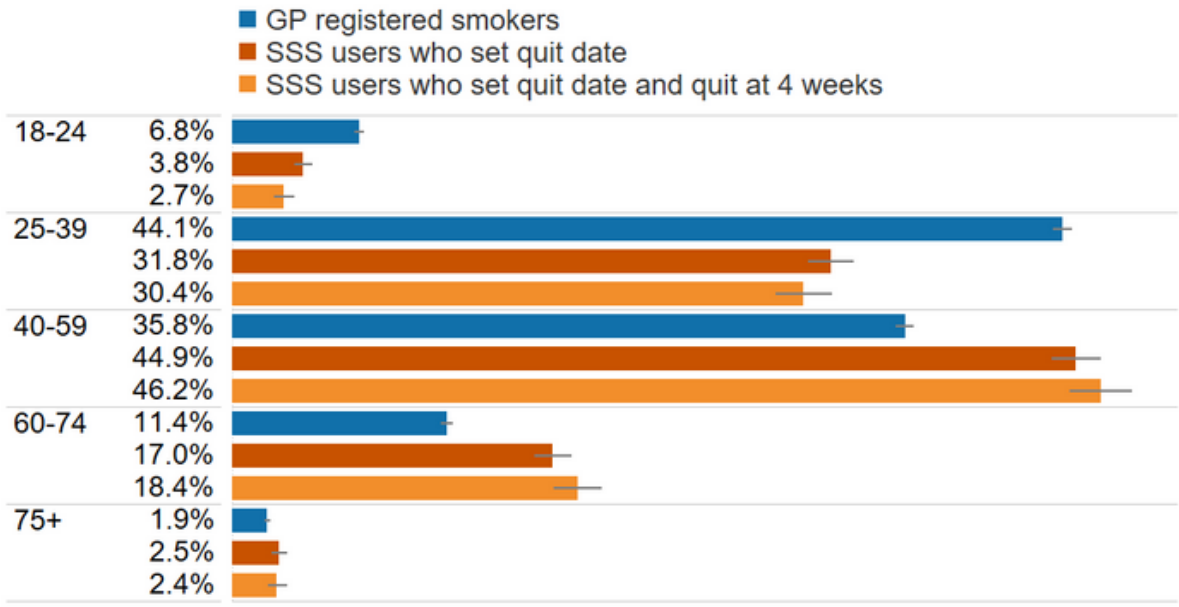
Data on the characteristics of City and Hackney residents who were smokers were taken from GP records (28) and from the APS (24) (see Section 4). Data on the characteristics of those setting a quit date and 4-week quitters are from the local SSS, covering the period 1/07/2018 to 30/06/2022 (to create a larger sample size and allow for more detailed analysis). (59)

Demographic

Comparing the demographic profile of the City and Hackney adult (18+) smoking population to the characteristics of service users highlights a significant unmet need among some groups.

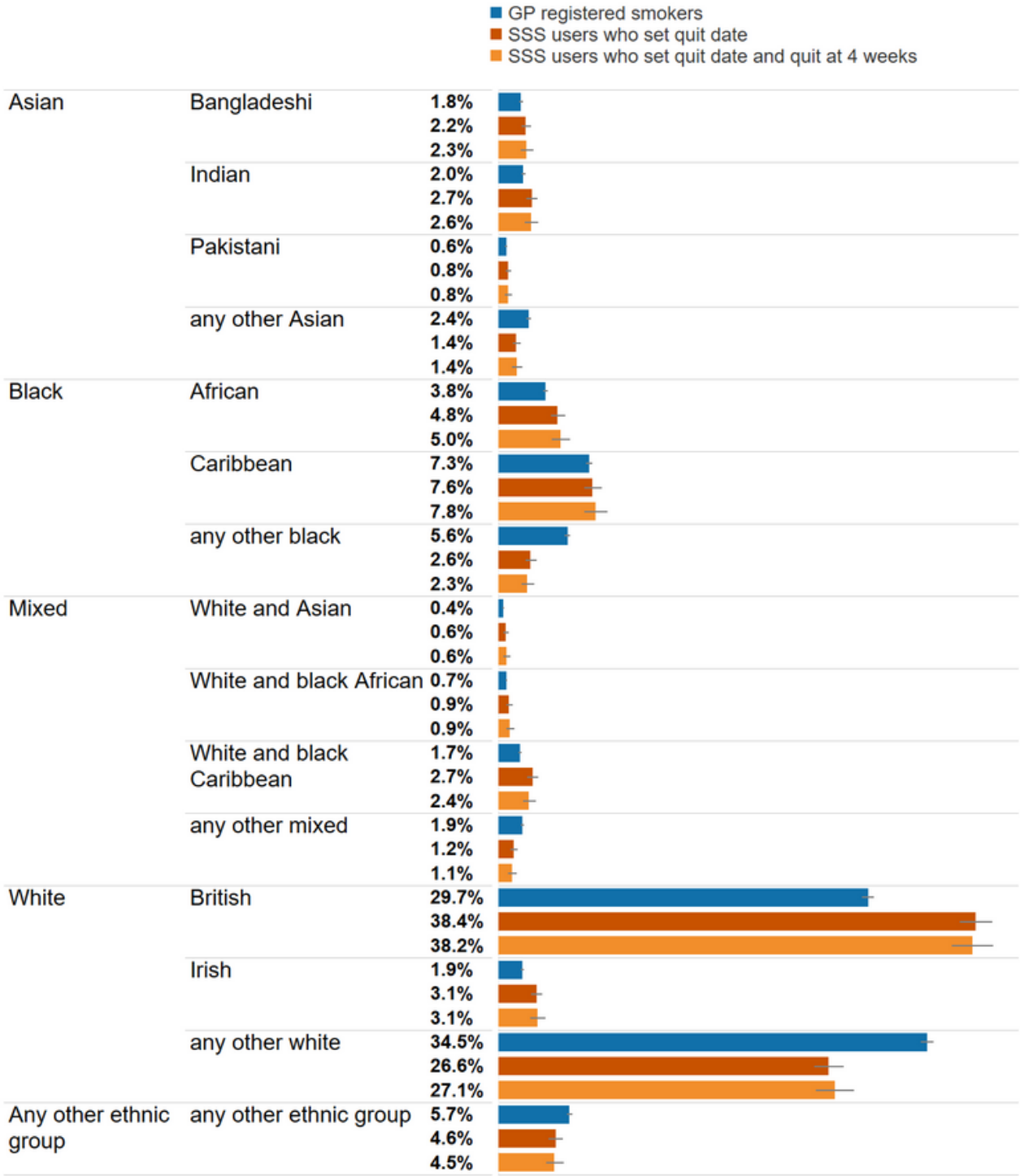
- **Younger adults** (18-39 years) are under-represented among service users (that is they represent a larger proportion of the local smoker population than the SSS user population), and residents aged 40 and older are over-represented (Figure 16).
- The **female** smoker population is over-represented in the service while the male population is under-represented: 43% of GP-recorded smokers are women, while 49% of those setting a quit date (and 49% of 4-week quitters) are women.
- Those classified as white ethnicity as well as black African, mixed white and black Caribbean, and white Irish people are over-represented among service users. **Under-represented** groups (that is where there is potential unmet need) include those of **'other' white**, **'other' black**, **'other' Asian** and **'any other' ethnicity** (Figure 17). The main groups within the 'other white' category are **Turkish, Kurdish or Cypriot** (making up more than 40% of this category), followed by people from **Eastern Europe** (at least 15% of this category) and **Western Europe** (accounting for more than 12%).

Figure 16: Comparison of the % of GP registered smokers and % of stop smoking service users (setting a quit date and quitting at 4 weeks) by age group, City and Hackney, 2018/19 to 2021/22



Data source: GP data - Clinical Effectiveness Group, East London Database, 2022; stop smoking service data - City and Hackney stop smoking service data between 01/07/2018 to 30/06/2022.

Figure 17: Comparison of the % of GP registered smokers and % of stop smoking service users (setting a quit date and quitting at 4 weeks) by age group, City and Hackney, 2018/19 to 2021/22



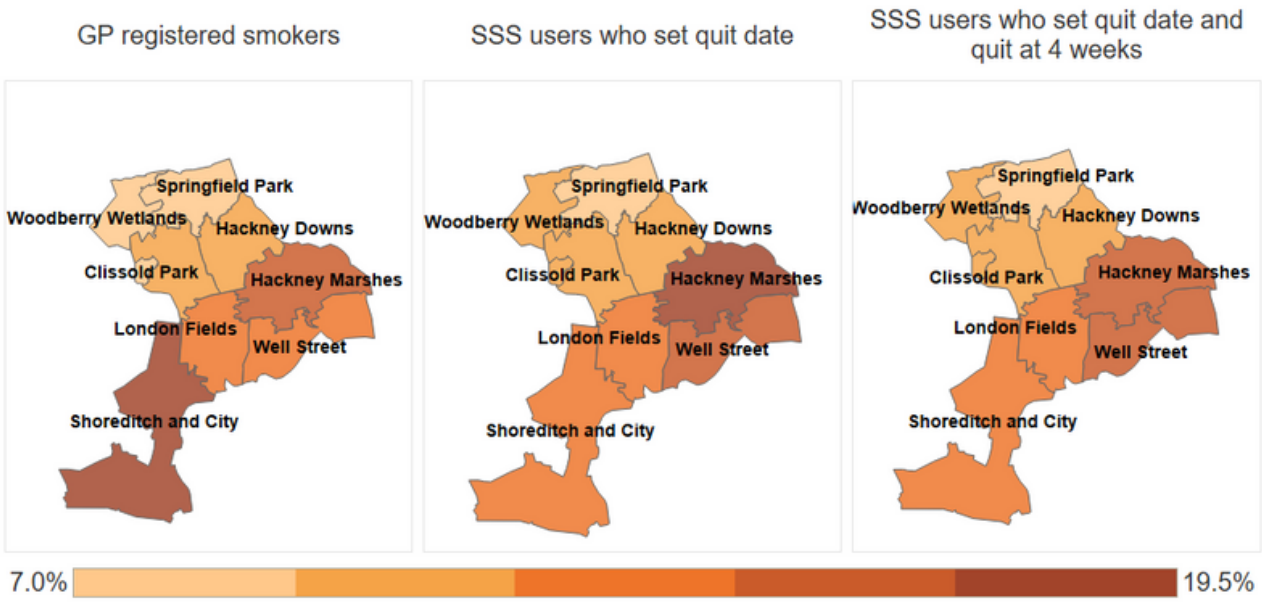
Data source: GP data - Clinical Effectiveness Group, East London Database, 2022; stop smoking service data - City and Hackney stop smoking service data between 01/07/2018 to 30/06/2022.

Of those who access the local SSS (that is set a quit date), the 4-week quit success rate is broadly the same across all demographic groups, except among those aged 18-24. Although the percentage of 4-week quitters in this age group is higher than recommended by NICE (42% compared to 35%), it is lower than among other age groups (55+). This suggests that there may be a need for **tailored treatment approaches for younger adults** to improve outcomes.

Geography

Figure 18 compares the percentage of GP-registered smokers who live in each Neighbourhood/PCN with the percentage of SSS users who live in each locality. The darker the colour, the higher the percentage. The figure shows that the percentage of smokers who live in Shoreditch Park and City Neighbourhood/PCN is higher than the percentage of service users who live in this area, which suggests some degree of unmet need in this locality. Conversely, smokers living in Well Street Common and Woodberry Wetlands appear to be over-represented among service users, that is, residents from these Neighbourhoods/PCNs access SSS at a higher rate compared with other localities.

Figure 18: Comparison of the % of GP registered smokers and % of stop smoking service users (setting a quit date and quitting at 4 weeks) by Neighbourhood/Primary Care Network (PCN), City and Hackney, 2018/19 to 2021/22

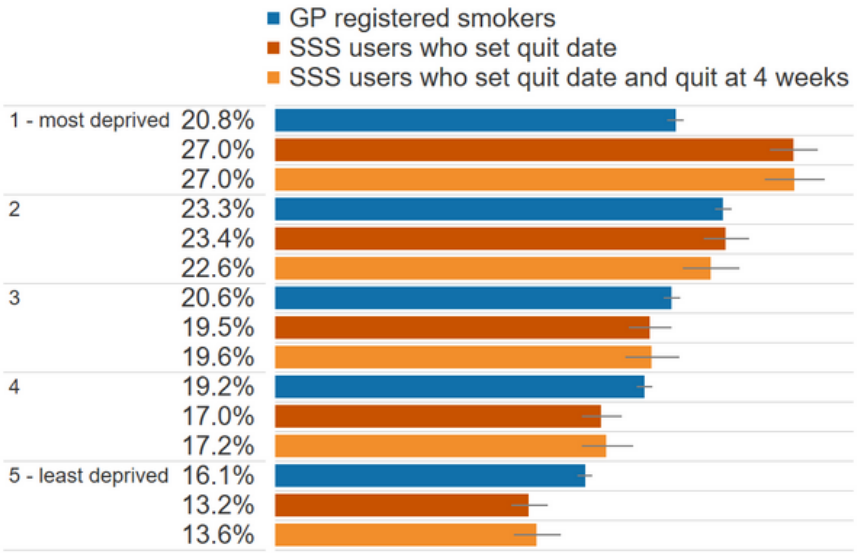


Data source: GP data - Clinical Effectiveness Group, East London Database, 2022; stop smoking service data - City and Hackney stop smoking service data between 01/07/2018 to 30/06/2022.

Socioeconomic factors

Service data suggest that the current SSS is successful at engaging with and supporting the most socially deprived smokers. Figure 19 indicates that smokers from the most deprived areas of Hackney and the City are over-represented among service users (both those setting a quit date and successfully quitting at 4 weeks). However, those living in the least deprived areas appear to be under-represented in the service.

Figure 19: Comparison of the % of GP registered smokers and % of stop smoking service users (setting a quit date and quitting at 4 weeks) by local deprivation quintile, City and Hackney, 2018/19 to 2021/22



Data source: GP data - Clinical Effectiveness Group, East London Database, 2022; stop smoking service data - City and Hackney stop smoking service data between 01/07/2018 to 30/06/2022.
Notes: The local deprivation categories determined by CEG show the variation of deprivation within City and Hackney. The scores were ranked and divided into five groups, each containing an equal number of LSOAs in City and Hackney.

Although information on the client's **occupation** is available in both population data and the SSS data, there is a mismatch between the categories used, and, therefore, **no comparison can be drawn**.[11]

Another key socioeconomic group with high smoking prevalence is individuals living in social housing (see Section 3). However, **data on housing tenure for SSS users are not available** to enable an analysis of unmet needs. A recent survey of over 200 local residents living in social housing (142 of whom were ex or current smokers, administered to inform this needs assessment) gathered feedback on attitudes to smoking and quitting and highlighted the potential barriers and enablers to accessing SSS. While this service was not designed to be representative of all social renters in City and Hackney, most of those who did respond who were current or ex-smokers were aware of the local SSS, and approximately half of ex-smokers said they had accessed the service. Similar to the reasons given by other smokers (see Sections 3 and 5), the most commonly cited reason for making a quit attempt in this survey was health concerns (their own health and/or that of their children/families). The drivers for smoking include relieving stress, social triggers, and daily habits - all of which make it harder to quit, which again is similar to other groups (see Sections 3 and 5).

[11] In order to improve population coverage, the National Statistics Socioeconomic Classification User Manual states that the normal procedure is to classify retired people; those looking after a home; and people who are sick or disabled according to their last main job. However, at SSS this is not the standard and these categories stand alone, omitting the information about the last main job. The SSS has also an additional category of individuals in prison. As it is not possible to classify these people and also the full-time students in one of the categories used by ONS to calculate the smoking prevalence by occupation, they needed to be excluded from the analysis. This leads to a reduced proportion of 'never worked' in the population estimate and an increase in one or some of the other categories presented, making any comparison unreliable.

Much of this local insight echoes the findings of national research recently commissioned by ASH, which examined the experiences of smokers and ex-smokers living in disadvantaged communities and challenging environments (Box 10). (60) Again, these findings provide some valuable insight into the potential barriers and enablers to accessing SSS among disadvantaged communities.

Box 10: National insights from disadvantaged communities (ASH)

Smoking is commonly perceived as an essential coping tool for many in dealing with the challenges of daily life, which manifests itself in a lack of interest in trying to quit.

There are many barriers to quitting in these communities, dominated by mental health concerns. Smoking was seen to actively relieve stress and tension, diffuse tense situations/anger and give them space ('time out', 'me-time'); as well as relieve isolation, loneliness, and boredom. People often stated that they weren't ready to quit and there was "no point in trying if you're not". For many, life felt difficult enough and quitting would layer on more difficulty, more anxiety, and more stress while simultaneously removing their main coping mechanism and a key pleasure. They found it hard to believe that quitting would ultimately help with their mental health.

When asked about what they perceived as the benefits of accessing specialist support to quit smoking, some people were unaware that this was available. Many believed quitting was all down to willpower and, without that, there was no point in accessing stop-smoking support. There was, however, a recognition that quitting alone is hard and that peer support could be helpful.

For those who had successfully quit, they had used many different methods to do so. Many saw cutting down their cigarette smoking as an obvious route to quitting for good, having learned through failed attempts at going 'cold turkey'. Many had tried e-cigarettes, as a way of reducing their smoking or quitting. Those living below the poverty line had all tried vaping in an attempt to save money, but everyone perceived this to be a cheaper option.

Vulnerable groups

Comparing the proportion of smokers in the primary care or general population to the proportion of people setting a quit date who have successfully quit at 4 weeks in the local SSS, there is evidence of significant unmet needs within several vulnerable groups.

- **SMI**: Adults with recorded SMI are under-represented in the service, accounting for 3% of all adults setting a quit date and 2.9% of those successful at 4 weeks (59) while making up 4.8% of GP-recorded adult smokers (28). This is despite strong evidence of the effectiveness and safety of SSS specifically designed for people with SMI (61).

- **Homelessness**: Adult smokers who are homeless are under-represented in the SSS. Homeless people represent 1.6% of those setting a quit date and 1.4% of 4-week quitters (59) but 2.5% of GP-recorded smokers (28). However, these comparisons should be treated with caution because it is likely that there is under-reporting of homeless status, especially within the SSS.
- **Prison population**. While smoking prevalence is very common among the prison population, there are no prisons located in the City or Hackney. (62) Care pathways have been established for those leaving prison to connect them with local substance use, housing, and mental health services, amongst others. However, currently, SSS is not part of this post-release care planning in City and Hackney.

To help understand some of the potential reasons for unmet needs among smokers with SMI and those who are homeless, insight was gathered from two 'expert witnesses' working with these groups (see Boxes 11 and 12). This insight shows the barriers to quitting are similar to other smokers, but they are often exacerbated in these groups due to the challenging contexts in which they live.

Box 11: Local insight gathered from 'experts witness' working with people with SMI

Insight was gathered from a mental health specialist currently working in an acute setting supporting patients with SMI. They provided their views from the perspective of the client group they work closely with.

Similar drivers of smoking behaviour and motivators for quitting were described as for other groups (see Sections 3 and 5). For example, smoking is often used as a stress reliever and a way to calm down when life becomes challenging. Health gains, or positive impacts on the efficacy of their prescribed medication, along with financial reasons were cited as common motivators to quit smoking.

Commonly cited barriers to quitting include mental capacity to make decisions, stress associated with hospital admission, and discouragement following a previous failed quit attempt.

Much like other smokers, a range of methods are used by those who do make a quit attempt. This includes going 'cold turkey', using NRT without support, professional help from a stop-smoking advisor (in a hospital or at a community pharmacy) and nicotine-containing vapes (with or without support).

A harm reduction approach is often the most effective approach for people with SMI in terms of leading to an eventual quit attempt, supporting them to cut down the amount of tobacco they smoke gradually, with NRT or e-cigarettes/vapes.

Box 12: Local insight gathered from 'experts witness' working with homeless people

Insight was gathered from a specialist who conducts research into the health and wellbeing needs of homeless people and how best to tailor services to make them more accessible. They provided their views from the perspective of the findings of their own research and the wider evidence base.

Overall, to encourage this group to access any healthcare services (not just stop smoking services), the key factor is building trust, which can often take some time. Therefore, the support that is offered needs to be flexible to allow for this. This group is also more likely to take up health care services that go to them and are provided in the spaces where they are, rather than asking them to travel to another service location. Other generic barriers to service access include financial barriers (for example not having sufficient funds to be able to make calls for telephone appointments, and/or not having access to the data or devices needed for virtual/digital services).

Additional complex needs (including SMI) often lead to deprioritisation of other health issues, such as quitting smoking. Their lives are also often quite chaotic and quitting smoking may not be a priority in this context. While homeless people do access support to quit smoking, they often relapse when their personal circumstances become challenging. Smoking is also often viewed as 'their last pleasure' and sometimes even support staff may be reluctant to raise the issue of smoking cessation and take this 'pleasure' away from them.

To encourage a quit attempt, again a harm reduction approach (gradually reducing tobacco use) was identified as the most effective approach for people with SMI in terms of leading to an eventual quit attempt. Financial gain may also be an important motivating factor. Once a decision has been made to quit, support needs to be available immediately, as any delay often leads to disengagement (with any service, not just stop smoking services).

E-CIGARETTES

While there is evidence of increasing use of e-cigarettes at national level (see Section 4), no data are available on the prevalence of vaping at a local authority (or even London) level. Local insight from young people suggests that the use of disposable vapes may be common, as national survey data would suggest.

The current City and Hackney SSS does not supply e-cigarettes as part of the service offer, but the service is 'vape friendly'. This means that anyone wishing to access the service and use an e-cigarette to reduce or quit smoking tobacco will be supported to do so. Local insight suggests that there may be a future need to provide support for nicotine-containing e-cigarette users to quit this habit, including those who have never smoked tobacco.

In recent years, there has been an increase in the number of illicit/non-compliant e-cigarettes available on the market. Tackling this issue forms a core part of the enforcement work undertaken by local Trading Standards teams, including test purchase operations and seizing non-compliant products. For a number of years, the City & Hackney Public Health Service have funded a Senior Trading Standards Officer in Hackney Council to lead this work. Between 2019 and 2023, this has resulted in over £132,000 of illicit goods (including tobacco and vapes) removed from Hackney retail businesses. This was through a combination of visits to premises, multi-agency enforcement work and public awareness campaigns (such as "Stamp it Out" London). More recently, the Hackney and City Trading Standards teams have been working collaboratively on joint operations.

To inform this needs assessment, a sample of local residents were asked their views on the use of e-cigarettes. Box 13 below highlights the views of Turkish, Cypriot and Kurdish residents, black African and Caribbean residents, young people, current smokers and ex-smokers. The insight work shows there are many concerns across all groups of residents about e-cigarettes and what the potential harms to health might be. People also expressed common misconceptions about the usage of e-cigarettes as a quit aid. They did not always view e-cigarettes as being less harmful when compared to tobacco cigarettes. E-cigarettes were viewed as another mechanism for developing a nicotine addiction.

Box 13: Local insight gathered from Turkish, Cypriot and Kurdish residents, black African and Caribbean residents, young people and smokers and ex-smokers on e-cigarettes

The insight gathered identified common misperceptions of the relative risks of using e-cigarettes in comparison to smoking tobacco cigarettes. Many were discouraged from trying e-cigarettes as a quit aid due to a belief that they are more harmful than tobacco. Specific concerns were raised about the longer-term health risks associated with using a product that was still relatively new, even among those persuaded of the lower harm profile of e-cigarettes.

"You don't know what type of effects [e-cigarettes] will have on people, the one where you put liquid inside. You don't know what the effect will be in years to come."

"My daughter told me that the e-cigarettes are more harmful and not to try it. Potentially even worse than cigarettes and shisha."

"I think because we don't yet know the health implications of a long time of using vapes, we can't yet say they are safe to use. Vapes are so new and therefore it is hard to accurately judge and compare them to cigarettes. However, I would say with the information that we currently know vapes are healthier than cigarettes, only because we know cigarettes are so bad for your short-term and long-term health."

Some smokers and ex-smokers expressed concerns that using e-cigarettes as a quit aid was simply "swapping one [nicotine] addiction for another".

WORKPLACE INTERVENTIONS

Two of the major employers in Hackney, Hackney Council and Homerton Healthcare NHS Foundation Trust, have produced smoke-free policies, setting out clear expectations of staff who smoke and enforcing smoke-free premises. These policies are in line with NICE guidance on encouraging and supporting employees to stop smoking. (45) As described earlier in this section, Hackney Council also previously signed up to the Local Government Declaration on Tobacco Control and Homerton have signed the NHS Smoke-Free Pledge.

Smokefree City and Hackney promotes the service to employees via the Hackney Council and City of London Corporation communications channels and also via the Business Healthy network in the City. The service works with any employer who wants to include stop-smoking support as part of their health and wellbeing offer, tailoring their approach where possible (e.g. translating promotional materials for specific staff groups with common languages). Service information is also promoted in the workplace to NHS staff via intranet and screensavers.

6. RECOMMENDATIONS

1. Smoking prevalence has been steadily declining locally (as nationally) over the past decade. However, stubborn inequalities remain, which require robust and sustained **partnership action** to address.

2. Most smokers start before the age of 18 and so **preventing smoking (and vaping) among young people** and offering a **tailored offer of support to quit** for those who already engage in these behaviours, should be a priority. **Whole school approaches** to supporting pupil wellbeing, including preventing/reducing tobacco-related harms, should be prioritised as part of these actions - through both adult and peer-led action.

3. **'De-normalising' smoking** through a comprehensive tobacco control plan is key in preventing uptake among young people as well as creating an enabling environment for current smokers to quit, including wider implementation of smoke-free public spaces across the City and Hackney. To advance these objectives, the local Tobacco Control Alliance should take the lead in revitalising the partnership commitments endorsed via the Local Government Declaration on Tobacco Control (signed by Hackney Council in 2014) and the NHS Smokefree Pledge (signed by Homerton Hospital and ELFT in 2018). The City of London Corporation should sign up to the Local Government Declaration on Tobacco Control to the same end.

4. Many high-priority groups are under-represented in stop smoking service (SSS, including Hackney's Turkish, Kurdish, and Cypriot communities as well as residents of Eastern European origin). This requires a carefully **tailored and targeted approach** to supporting smokers to quit, through **collaboration** between those commissioning and providing stop-smoking/tobacco dependency treatment services and other organisations that work directly with, or represent, high-prevalence groups and communities. This includes partners from the voluntary community sector (VCS), social housing, local employers, welfare advice services, mental health services, substance misuse services, and probation services. Opportunities to embed stop-smoking support within the new Family Hubs offer should also be explored, capitalising on the wide reach of the hubs in delivering services for children as well as parents/caregivers through both targeted and universal provision.

5. **Evidence-based** community SSS and NHS tobacco dependency treatment services should continue to be funded as part of a comprehensive local tobacco control plan, informed by the latest best practice guidance. These **services should be flexible** to the needs of individual smokers and tailored to their specific circumstances, offering support that considers and responds to the wider context that may be influencing their smoking behaviour. This should include a **harm reduction offer** for those smokers not ready/able to make an abrupt quit attempt, plus ongoing support to prevent relapse following a successful quit. Accurate and transparent information about the relative harms of vaping as an effective stop-smoking tool should be communicated as part of this offer.

6. Efforts should be made to **improve reporting of smoking status** on GP records for all patients, to facilitate targeted very brief advice (VBA) conversations and referrals to relevant evidence-based support to quit.

7. **Investment in enforcement activity** to reduce the availability of illicit tobacco and e-cigarettes, as well as prevent underage sales, should continue as part of wider action to reduce related health and social harms.

8. Local (as well as national) insight suggests widespread misperception of the relative harms of using vapes compared with tobacco. A coordinated and sustained **communications campaign** is needed to dispel the myths associated with vaping, carefully **balancing** the twin messages of **vaping being an effective stop-smoking tool for adults (18+)** and **strongly discouraging uptake among non-smokers and children/young people**.

9. There is a broader role for communications in reducing the harms from smoking, as part of a comprehensive tobacco control strategy. A coordinated approach should be taken locally, across all partner organisations, to **communicate clear messages about the harms of using tobacco and the hope of positive action to stop smoking**, as well as promoting all opportunities available for people to access support to quit.

APPENDIX 1. DATA LIMITATIONS

Both the Annual Population Survey (APS) and the primary care (GP) data used to calculate the prevalence of smoking locally have limitations. Therefore, it is important to understand differences in the measures used to establish smoking prevalence between the two sources.

APS data

The data are based on a small (not necessarily representative) sample of Hackney residents. This could lead to selection bias as the selected sample could have different characteristics compared to the whole population.

Some individuals may be less inclined to report their smoking behaviour, or they may not accurately recall their smoking behaviour. Therefore, prevalence may be underestimated. There are no data available for the City of London. So, London prevalence was used when estimating the City of London's number of smokers.

It is worth noting that there was a change in the APS methodology in 2020 due to COVID-19; instead of having telephone and in-person interviews, all samples were collected by telephone interviews. Some studies show that telephone interviews may underestimate smoking prevalence. Because of this, in 2021, larger confidence intervals were assigned to the data. (25)

GP data

The GP-recorded smoking prevalence in this needs assessment was calculated as the number of recorded current smokers over the number with smoking status recorded in the last 5 years (from 01/04/2017 to 31/03/2022).

The GP data used here was provided by the Clinical Effectiveness Group (CEG) and only covered City of London and Hackney residents who were registered with a GP in North East London (NEL). This could potentially underestimate the number of City and Hackney residents (and smokers) as some are registered in practices outside NEL.

GP registrations are only updated upon a patient's request, so practice lists may be out of date (with some people who have moved out of the City of London or Hackney remaining on their old GP practice lists).

Smoking status is assessed when new patients register with the GP surgery. Patients with long-term conditions are routinely asked about their smoking status at their annual review appointments. Patients without long-term conditions will be asked opportunistically if their smoking status as recorded in their record is correct.[12] Patients eligible for NHS Health Check (aged 40-74 with no previous CVD diagnosis), and who attend their appointment, are also asked routinely about their smoking status on a 5-yearly basis. Therefore, the data can be missing or out of date for residents who do not fall into either of these categories.

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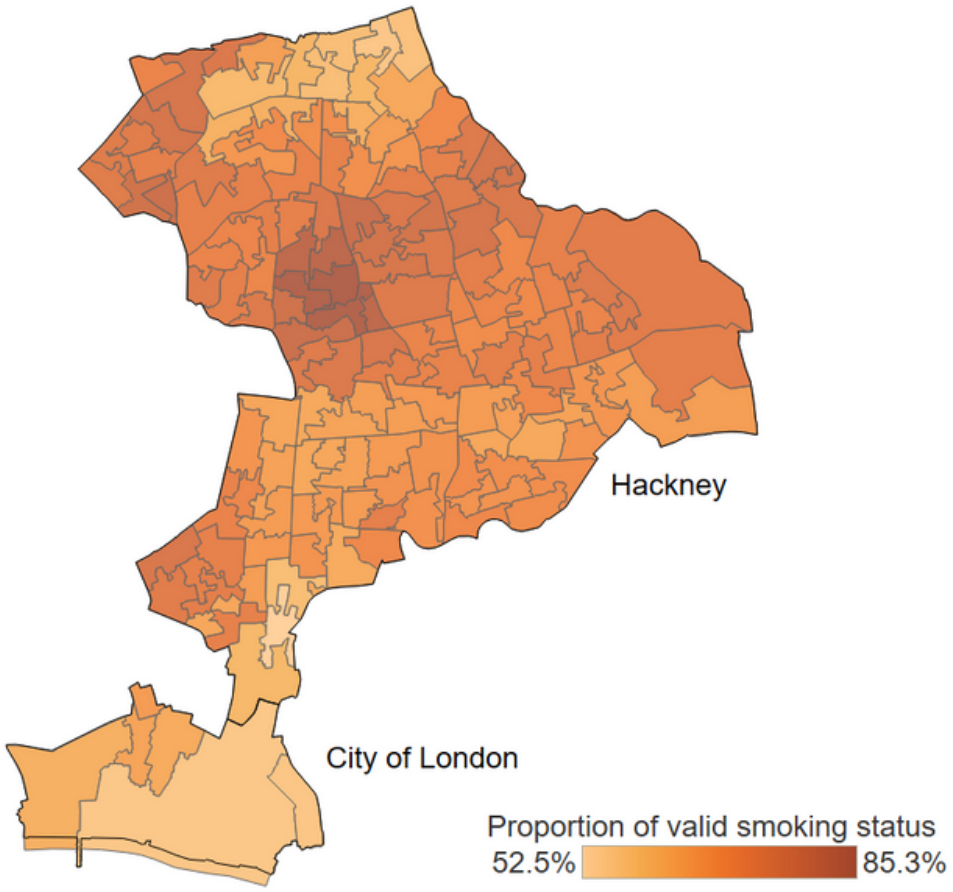
Overall, 69.4% of the population 18 or over had smoking status recorded in the last 5 years, meaning that about 30% of all GP patients were excluded from the estimates as their smoking status was unknown. There were also geographical variations in the data quality, with a lower proportion of GP records containing a valid smoking status in the North and South of Hackney and in the City of London as a whole (Figure 20).

Population groups that are less likely to be registered with a GP will not be fully reflected in the data and may have very different smoking behaviours in general. For example, homeless people and asylum seekers from some countries tend to have much higher smoking prevalence than other groups.

There is evidence to suggest that the GP data might overestimate the true prevalence of smoking. (63,64)

[12] A data quality review was undertaken to compare the recorded prevalence of smoking status among individuals with specific health conditions (as required through the primary Quality and Outcomes Framework) and those without these conditions. This revealed that smoking status was recorded for almost 90% of the former and only around 44% of the latter.

Figure 20: Proportion of residents (18+) with valid smoking status by Lower Super Output Areas (LSOAs), City of London and Hackney, 2022



Data source: Clinical Effectiveness Group, East London Database, 2022.
Note: Having a valid smoking status means that an individual was classified as a smoker, ex-smoker, or never smoker in the past 5 years, from 01.04.2017 to 01.04.2022. The proportion displayed here was determined by dividing the number of individuals with a valid smoking status by the total number of residents in the LSOA who were registered with a GP in North East London.

APPENDIX 2. STATISTICAL NEIGHBOURS

CIPFA statistical neighbours (as used in OHID's Local Tobacco Control Profiles as well as this needs assessment) are local authorities which are similar in terms of demographics and socioeconomic conditions but are not necessarily geographical neighbours. The following are Hackney's comparators in order of similarity:

1. Southwark
2. Tower Hamlets
3. Lambeth
4. Lewisham
5. Haringey
6. Greenwich
7. Islington
8. Newham
9. Brent
10. Hammersmith and Fulham
11. Waltham Forest
12. Camden
13. Ealing
14. Wandsworth
15. Hounslow

Due to the relatively small population in the City of London, data are often combined with population data for Hackney. Therefore, Hackney statistical neighbours are used throughout this report.

APPENDIX 3. QUALITATIVE AND QUANTITATIVE INSIGHT GATHERING METHODOLOGY

A number of residents and stakeholder events were conducted as outlined in Table 3 below. These were chosen as the data shows they are groups with high smoking rates and/or groups that do not access the service. The findings have been summarised (Tables 3 and 4) and included in the relevant chapters throughout this report.

Table 3: Stakeholder events held as part of the insight gathering

Stakeholder group	Rationale for inclusion	Key topics covered	Format of engagement
Current SSS provider	Evaluation of current spec and how current service is being delivered, challenges in delivery for future consideration	Various elements of service delivery covered	Half day service review
Tobacco Control Alliance members	Stakeholders who may be referring into service / working with residents who may access service	Views on current SSS and perceptions of barriers and motivators to smokers accessing support	Consultation as part of the TCA meeting
GP colleagues / other practitioners	Feedback on referral process	Referral pathways in, barriers to having conversations with patients/making referrals to SSS	Practitioners forum and online survey

Table 4: Resident events held as part of the insight gathering

Resident group	Key topics covered	Format of engagement
General resident feedback	• Awareness of SSS • Barriers and motivators to accessing support • Barriers to quitting • General views on e-cigarettes, including inclusion in service	Online focus group
Homeless		Expert opinion interview*
Residents with a mental health condition		Expert opinion interview*
Those from a lower socioeconomic background		Expert opinion interview and survey with residents living in social housing
Pregnant women		One to one interviews
Charedi		Focus group and one to one interviews
Turkish /Kurdish speaking		Focus group
Black African Caribbean		Focus group
Residents living in social housing		Online survey
Ex smokers		Focus group and follow up one to one interviews
Young people	• All the above • Current knowledge around support for young people • Views on lowering age of service	Online survey

Notes: Rationale for inclusion was communities with high prevalence of smoking but low uptake of the service.
*It was not possible to engage with this group directly so the perspectives of 'experts' who work closely with this client group was sought

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Tobacco Needs Assessment 2024

Findings, local implementation and recommendations

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21 March 2024

CITY OF LONDON AND HACKNEY PHIT
Hackney
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Outline of the presentation

- Background to the report
- Findings from the Tobacco Needs Assessment for City and Hackney
- Key recommendations
- City and Hackney tobacco control priorities and plans
- New stop smoking service provider
- Discussion

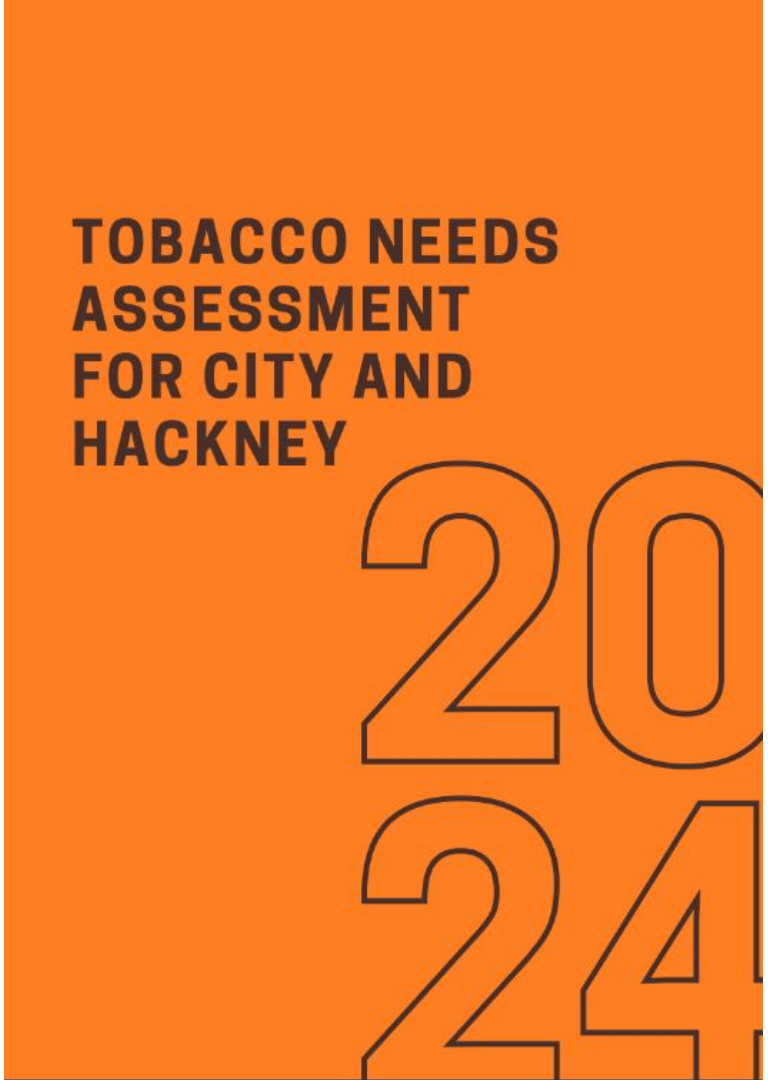
Background

Purpose:

- To refresh of our local tobacco control plans
- To guide the work of the local Tobacco Control Alliance
- To inform the re-commissioning of a local stop smoking service

Methods:

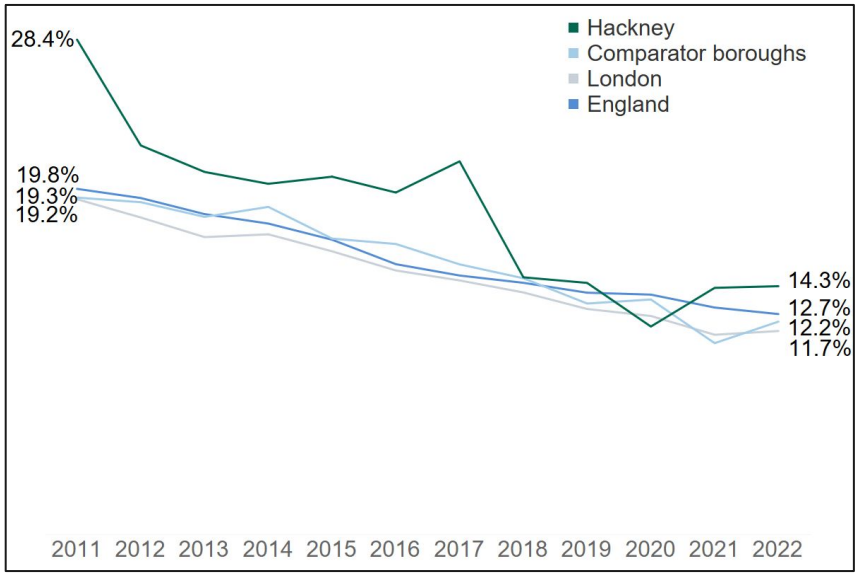
- Quantitative data analysis
- Insight work with groups with high smoking rates and/or limited access to the service



Findings from the Tobacco Needs Assessment for City and Hackney: local data

The decline in local smoking prevalence appears to have stalled compared to London/national trends

Prevalence of smoking amongst residents aged 18+ over time, Hackney, 2011-2022



- Smoking prevalence in Hackney has more than halved between 2011 and 2020, but this decline has stalled in the two years to 2022.
- The number of smokers in Hackney is estimated to range between 28,900 (APS) and 51,700 (GP), depending on the source and methodology used.
- Annual Population Survey (APS) data is the 'official' published source and used to estimate number of smokers, plus for trends and comparison purposes; local GP data is used for the detailed inequalities analysis.

Data source: Smoking prevalence in adults (18+) - current smokers (APS), OHID Fingertips, 2023.
Notes: Comparators are the CIPFA 'statistical neighbours', i.e. local authorities which are similar in terms of demographics and socioeconomic conditions (not necessarily geographical neighbours). Hackney statistical neighbours in order of similarity are: 1.Southwark, 2.Tower Hamlets, 3.Lambeth, 4.Lewisham, 5.Haringey, 6.Greenwich, 7.Islington, 8.Newham, 9.Brent, 10.Hammersmith and Fulham, 11.Waltham Forest, 12.Camden, 13.Ealing, 14.Wandsworth, 15.Hounslow.
The data from 2020 may not be comparable due to changes in survey methodology as a result of the pandemic

Characteristics of residents with higher smoking rates

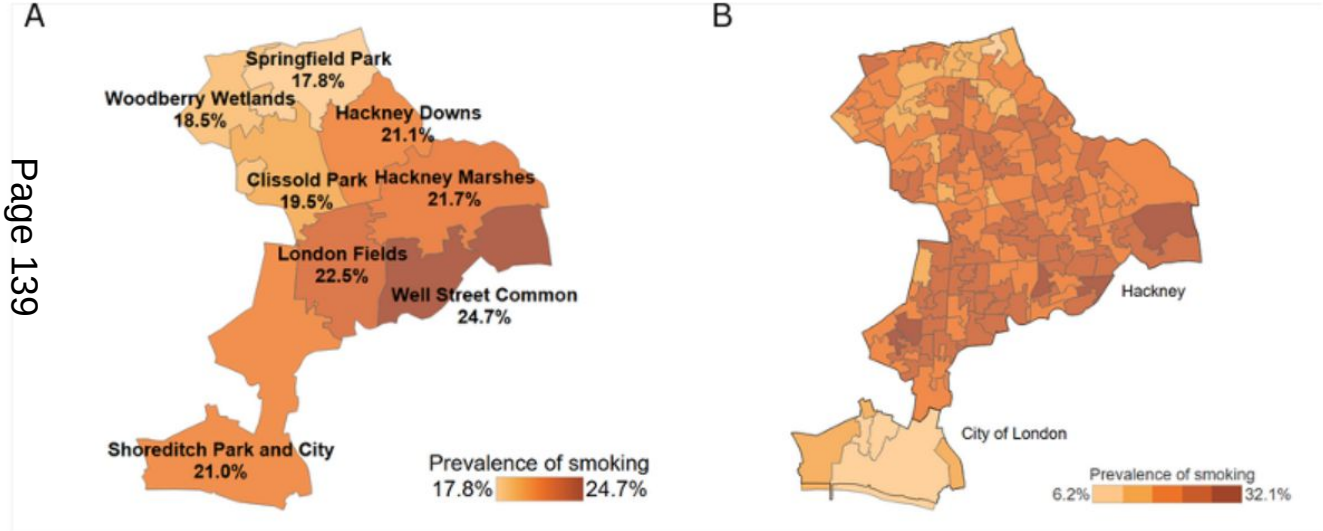
Sex	Men (+26%)	**Occupation**	Manual and routine occupations (+76%)
Age	No reliable data for <18, highest GP-recorded prevalence age 25-29 (+13%) Smoking prevalence relatively stable up to age 59, then declines with age	**Housing tenure**	Social (+49%) and private (+46%) renters
Ethnicity*	Bangladeshi men (+19%) Black Caribbean men (+30%) 'Other' black men (+16%) White and black Caribbean - men (+39%) & women (+50%) 'Other' mixed ethnicity - men (+19%) & women (+16%) 'Other' white ethnicity - men (+19%) & women (+35%) British women (14%) Irish women (25%)	**Other groups**	People with severe mental illness (SMI +92%) People engaged in substance use (+223%) People who are homeless (+149%) Gay, lesbian and bisexual people (National data +50%, heterosexual comp.)
Deprivation	Residents in most deprived areas		

Data source: Smoking prevalence in adults (18+) - current smokers (APS), OHID Fingertips, 2023 and Clinical Commissioning Group, 2023.

* Some groups with higher prevalence are hidden within broader ethnicity categories. They include **Turkish/Kurdish/Cypriot (+50% men/+59% women)**, **Eastern (+53% men, +60% women) and Western European (+18% men, +40% women)**, **Vietnamese (+ 25% men only)**, and **Gypsy/Roma/Traveller** (**+106% women only**, data for males not reported due to small numbers).

There is wide variation in smoking prevalence between different areas in Hackney

GP recorded prevalence of current smokers (18+) by primary care network (PCN, A) and LSOA (B), City of London and Hackney, 2022



- The highest % of smokers is recorded in the south east of Hackney, in Well Street Common Primary Care Network (PCN)/Neighbourhood (A)
- There is also significant variation *within* PCN areas/at lower level geography (B)

Data source: Clinical Effectiveness Group, East London Database, 2022.
Notes: Lower Layer Super Output Areas (LSOAs) are small geographical areas consistent in population size (between 1000 and 1500 residents).

Drivers of starting smoking and quitting

Motivation to start:

- Cultural norms
- Peers influence

Barriers to quit:

- Difficulty breaking addictive habit
- Misperception that smoking relieves stress
- Enjoying the habit
- Smoking as a coping mechanism
- Smoking to reduce isolation and boredom
- Cultural norms
- Peers influence

Motivations to quit:

- Positive impact on health after quitting
- Smoking financial costs
- Availability of support via non-health settings (reduces stigma)
- Role model for children
- Peer support

Data source: Local insight work, City and Hackney, 2023; ASH Bluegrass Attitudes, behaviours and perceptions of support for quitting in disadvantaged groups, 2022.

There is a stable trend in the recorded smoking prevalence among pregnant women

- In 2021/22, 4.5% of pregnant women were recorded as smokers at the time of delivery in City and Hackney combined (N=173).
- This is similar to London and Hackney's statistical neighbours, but lower than England (9%).
- Reported smoking prevalence at time of delivery has been relatively stable in the last 10 years locally.
- The high number of births in the local Orthodox Jewish community, where smoking rates among women are thought to be low, is likely to skew recorded smoking prevalence in Hackney.
- The rate of low birth weight, which can be a consequence of smoking in pregnancy, is also relatively stable in Hackney and broadly in line with regional and national trends.

Data source: OHID Fingertips, Local Tobacco Control Profile, 2023.

Nicotine containing e-cigarettes (vapes)

- In 2023 around 21% of children aged between 11 and 17 had tried vaping, up from 16% in 2022 and 14% in 2020.
- Adults (18+) regular e-cigarette use was estimated at around 7% of the population in 2022.
- Latest evidence-based advises to prevent non-smokers from taking up vaping, it does recommend e-cigarettes as a safe and effective tool to quit tobacco smoking.
- Government response to consultation on youth vaping recommended to ban disposable vapes, restrict flavours, playing packaging and change how displayed in shops to reduce appeal to children and young people.
- Hackney Trading Standards officer is leading the way in informing the Government's response to enforcement of vapes.

Data source: ASH, Use of e-cigarettes among young people in Great Britain, 2021.

Local insight revealed:

- the use of disposable vapes may be common among young people
- there are common misperceptions locally (as elsewhere) about the relative risks of e-cigarettes vs tobacco smoking, which may be discouraging smokers from trying e-cigarettes as a quit aid.

Findings from the Tobacco Needs Assessment for City and Hackney: the local response

Tobacco Control Alliance Partnership Priorities 2023-2026

1	Re-set our **strategic approach** through senior level re-engagement, and ensure alignment of tobacco control priorities with the Health & Wellbeing Strategy implementation plan and City & Hackney Place Based Partnership delivery plan
2	Develop and implement a proactive, coordinated approach to local **communications** about smoking - consistent messaging, maximise use of all available channels, focused on high prevalence communities/groups, measure impact
3	Co-design a new **stop smoking service** that is explicitly focused on reducing stubborn **inequalities** in smoking prevalence and addresses the needs of disadvantaged communities
4	Ensure careful coordination (and effective communication) of NHS and local authority funded **tobacco dependency and stop smoking treatment pathways**
5	Review/refresh our approach to **smokefree environments** - including promotion of smokefree homes (including training and comms) and social housing public spaces, and refresh of NHS and local authority smokefree policies
6	Better enable **young people** to live smoke free by 'denormalising' smoking - targeted comms for parents who smoke, continue work to reduce supply of illegal tobacco (and vapes), education outreach, youth engagement (e.g. system influencers, youth leaders, young black men inspirational leaders)
7	Review and strengthen system-wide action to address **illegal and niche tobacco** use
8	Improve local understanding of how to maximise the benefits and balance the risk of using **e-cigarettes** and agree a partnership position to inform our local communications and service delivery

Treatment, care and support

Local Stop Smoking Service

- Commissioned by Public Health
- Telephone and in person
- Range of community settings:
  - GP practices
  - community pharmacies (via walk-in)
  - hospitals
  - other outreach locations.

SMOKEFREE City&Hackney

Local insight revealed:

- It is important to offer a variety of **options for accessing support** to quit, including different locations and formats (virtual and in person)
- the importance of **self-referral** for many patients
- **peer support following a quit attempt** can help to reduce relapse
- a **harm reduction approach** may be more effective than an abrupt quit **for some groups** (e.g. those with SMI)
- **awareness of the service is lower among younger age groups**
- **social media** could be used to **attract** young people to health services

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The current local stop smoking service performs above NICE standards.

- The current stop smoking service consistently achieves impressive performance compared to London and England.
- In 2022/23, 76 persons per 1,000 smokers set a quit date in Hackney. This was way higher than in London and England (both with 30 persons per 1,000 smokers).
- In the same period, 52% of those who set a quit date in Hackney successfully quit at 4-week (self-reported). This is similar to London 53% and England (54%), and above the national standard (35% minimum).
- The rates of successful quitters are broadly similar across all socio-demographic groups.

Data sources: Clinical Effectiveness Group, East London Database, 2022. Smokefree City and Hackney, 2023.
Notes: 'Underrepresented' groups refer to groups that represent a larger proportion of the local smoker population than the SSS user population

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Some groups of smokers are ‘underrepresented’ in the local stop smoking service.

Sex	Men	**Occupation**	Not possible to analyse
Age	Younger adults (18-39)	**Housing tenure**	Not possible to analyse
Ethnicity*	‘other’ white* ‘other’ black ‘other’ Asian and ‘any other ethnicity’	**Other groups**	People with severe mental illness People engaged in substance use is not possible to analyse People who are homeless Sexual orientation is not possible to analyse
Deprivation	Residents in least deprived areas	**Geographic area**	People living in Shoreditch Park and City PCN.

* The main groups within the ‘other white’ category are Turkish, Kurdish or Cypriot (making up more than 40% of this category), followed by people from Eastern Europe (at least 15% of this category) and Western Europe (accounting for more than 12%).

Data sources: Clinical Effectiveness Group, East London Database, 2022. Smokefree City and Hackney, 2023.
Notes: ‘Underrepresented’ groups refer to groups that represent a larger proportion of the local smoker population than the SSS user population.

Quick update - new stop smoking service (from 1 July 2024)

Thrive Tribe

- A community based organisation located in East London providing comprehensive health and wellness services across England, in particular as stop smoking specialists
- (Up to) 5 year contract commences 1 July 2024

Focus on community engagement and outreach

- A centerpiece of the service specification
- Across the lifecycle of the programme
- Joint work with (new) dedicated community outreach & engagement lead hosted by Hackney Council
- Capacity building to support direct delivery by community partners (focus on VCS but not exclusively) - annual ring fenced budget to support this work
- Outreach delivery targeting areas with historically lower provision and high smoking prevalence, in response to local need

Local Initiatives

Local NHS tobacco dependency treatment (TDT) services

- Homerton Healthcare NHS Foundation Trust (acute and maternity) and
- East London Foundation Trust (mental health)

Prevention work in schools

Primary and secondary schools receive lessons on the harms of smoking and the use of nicotine-containing electronic cigarettes

Smokefree policies

- Hackney Council
- Homerton Healthcare NHS Foundation Trust

Trading standards enforcement

Senior Trading Standards Officer focused on illicit tobacco and alcohol enforcement, including enforcement work around underage and illicit sales of e-cigarettes

Recommendations

Recommendations Summary

1. Addressing smoking inequalities requires strong, sustained collaboration.
2. Prioritise preventing smoking initiation and aiding young smokers to quit, with focus on whole-school approaches and peer-led initiatives.
3. De-normalize smoking through a robust tobacco control plan, advocating for smoke-free public spaces and reaffirming partnership commitments.
4. Tailor support for high-prevalence communities to quit, partnering with relevant organizations and leveraging Family Hubs.
5. Continue funding evidence-based community stop-smoking services, offering flexible support, harm reduction, and transparent vaping information.
6. Improve reporting of smoking status in GP records for targeted very brief advice and referrals to quit support.
7. Sustain investment in enforcement to curb illicit tobacco and e-cigarette supply, preventing underage sales and associated harms.
8. Launch a coordinated campaign to clarify vaping misconceptions, highlighting its effectiveness for adult smokers while discouraging non-smokers and youth from uptake.
9. Implement a local communications strategy to promote quit attempts, emphasizing tobacco harms and support availability.

Questions for discussion

Q1. How can the Health and Wellbeing Board - as a collective body and as leaders within your organisations - use your influence to implement the recommendations of the needs assessment?

Q2. How can we better align our local tobacco control plans with the implementation of Hackney's Health & Wellbeing Strategy priorities (improving mental health, increasing social connection, supporting greater financial security)?

Thank you

For follow-up questions or support around tobacco control, please contact City and Hackney Tobacco Lead:

Nickie Bazell

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Hackney

Title of Report	**Addressing health inequalities among the hidden and essential workforce**
For Consideration By	Health and Wellbeing Board
Meeting Date	21 March 2024
Classification	Open
Ward(s) Affected	All
Report Author	Froeks Kamminga, *Senior Public Health Specialist* Chris Lovitt, *Deputy Director of Public Health*

Is this report for:

☐	information
☐	discussion
☑	decision

Why is the report being brought to the Board?

The hidden workforce are those essential staff in routine, manual and service occupations who often work during anti-social hours and without whom businesses and the public sector could not function. Research and published reports have confirmed that shift workers often have significantly worse health and wellbeing with increased health inequalities.

To reduce such health inequalities, measures such as Safe Sick Pay are recommended to reduce sickness and absenteeism, increase productivity, and provide more financial stability, especially for workers employed via third-party contracts.

The Health and Wellbeing Board can play a key part in ensuring this is considered by businesses, members and anchors institutions in Hackney.

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

C&H Neighbourhood Health and Care Board - 23/1/24. The Board was supportive of the principles to reduce health inequalities among those in the hidden and essential workforce.

C&H Place Based Partnership Delivery Group - 14/9/23.

It is a subject of regular discussion at the City HWB and within the City of London Corporation more widely, and actions are being taken to assess what the cost implications would be of adopting recommended measures.

1. Background

Ill health within the working population has become an increasingly pressing and costly issue, exacerbated by the COVID-19 pandemic. Currently, 2.6 million people are out of the workforce due to ill health while 3.7 million people are in work with a work-limiting condition[1, 2].

Ill health and work-limiting conditions are not distributed evenly across the working population and people in low paid and insecure jobs, or lower quality jobs, have worse health and wellbeing[3].

The COVID-19 pandemic demonstrated further how people working in routine, manual and service jobs, often referred to as “hidden workers”, who could not work from home but were essential for keeping businesses and organisations going, had worse outcomes in terms of their health and wellbeing.

In 2022, Legal & General (L&G), a business member of the “hidden workers” project team convened by Business Healthy, commissioned research with people working in manual, routine and service jobs. Business Healthy is a City of London Corporation-based and Public Health managed workplace health initiative.

The resulting report *Working Well: Delivering Better Health Outcomes for Hidden Workers*[4] presents lived experiences and recurring themes, including sleep, shift and night working, working hours, travel and transport, caring responsibilities, money and cost of living pressures, and health services.

The report makes suggestions for immediate and longer term changes: daily modifications, management and procurement considerations. They include, among other things, introducing sick pay without a three day delay, death in service benefits, more predictable shift patterns, adequate space for breaks, and opportunity for engaging with health services (online or by phone).

Locally and nationally, momentum is building around this approach, including the Safe Sick Pay campaign.

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[1] Office for National Statistics, Labour Force Survey; Health Foundation

[2] In the UK, the total economic cost of sickness absence, lost productivity through worklessness, informal caregiving, and health-related productivity losses, are estimated to be over £100bn annually: Public Health England, Health and Work Infographics

[3] Source: University of Essex, Understanding Society, The UK Household Longitudinal Study, 2022.

[4] https://group.legalandgeneral.com/media/o1wfq1qp/2829476_hidden-workers-report_v9-0-22-final.pdf

Adopting and implementing any of the suggested measures would directly contribute to the first strategic priority for Hackney Council to strive towards a fairer and safer Hackney, that aims to tackle inequality through, among other things, poverty reduction and creating pathways into decent jobs.

2. Current Position

Reducing health inequalities among hidden and essential workers will benefit both individuals and the businesses and organisations they work for, either as directly employed staff, or as outsourced workers. The following measures would contribute to this:

2.1. Implement Safe Sick Pay which includes removing the waiting period for sick pay for all absences, abolish the Lower Earnings Limit for Statutory Sick Pay, and increase sick pay so that it is in line with an employee's wages.

2.2. Offer death in service benefits to outsourced workers.

2.3. Provide access to workplace facilities e.g. kitchen or private space for breaks.

2.4. Offer access to Employee Assistance Programmes including e.g. access to 24/7 GP service and a private space to do so.

2.5. Ensure that outsourced contracts do not provide for lesser health and welfare benefits than employed staff.

2.6. Ensure any work to improve equality, diversity and inclusion (EDI) and reduce health inequalities includes the hidden and essential workforce.

2.7. Reviewing outsourced roles (e.g. in cleaning, security, facilities management and maintenance, hospitality) to ensure appropriate consideration is given to measures to improve the health and wellbeing of these workers.

2.8. Some of these measures will have cost implications. Although benefits, including long term reduction in absenteeism and presenteeism, as well as increase in productivity, will be bigger than the investment, it is acknowledged that in the short term, costs may increase but can be offset by other direct and indirect gains.

2.9. For illustration, a macro level business case for reform of Statutory Sick Pay was calculated by WPI Economics[5]:

- Reduction of sickness absence of 12.5% among those who have to take time off sick and are newly eligible to Safe Sick Pay.
- Reduction of sickness absence of 5% for workplaces by Safe Sick Pay.
- Overall increase of productivity of half a day of extra output per employee affected.

[5] Full report: https://wpieconomics.com/site/wp-content/uploads/2023/07/01.-WPI-Economics-Making-SSP-Work-FINAL.pdf

2.10. UK cost and benefit:

- Cost to business: £4 billion per year.
- Benefit to business: £4.3 billion per year.
- Net benefit to business £0.3 billion.
- Government benefit: £1.7 billion (reduce benefits pay, increased tax due to increased output).
- Wider economy benefit: £2.1 billion (increased productivity, increases in labour supply, lowered spread of infectious illnesses).

2.11. For further illustration, a case example is provided below[6].

Reform	**Direct Business Cost Per Year**	**Net Business Benefit Per Year**	**Government Benefits**
Day one sick pay	£60 per employee Total: £525m	£2.4bn	£800m
Removing the lower earnings threshold	£20 per employee Total: £125m	£1bn	£400m
Increase rate of SSP to National Living Wage	£90 per employee Total: £850m	£0.4bn	£700m

3. Recommendations for decision

3.1. Note the measures suggested and confirm support of the principles of reducing health inequalities among the hidden and essential workforce.

3.2. To confirm that the Board wishes to provide leadership to ensure the health inequalities of the hidden and essential workforce are addressed among Board members, including the Council and anchor institutions, and across the wider business, corporate and public sector community.

3.3. To request member organisations of the HWB review their procurement policies to strengthen focus on ensuring the health and wellbeing of outsourced hidden and essential workers are included in social value and responsible procurement policies.

3.4. To request member organisations of the HWB review current working arrangements of hidden and essential workers to ensure equal access to facilities including rest, food preparation etc are enabled.

[6] As taken from Safe Sick Pay Treasure Briefing, Centre for Progressive Change

4. **Policy Context:**

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

☑	Improving mental health
☐	Increasing social connection
☑	Supporting greater financial security
☐	All of the above

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

☑	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
☐	All of the above

5. **Equality Impact Assessment**

Adopting the principles to support reducing health inequalities among hidden and essential workers, and seeking to adopt the measures to do so, would contribute to improved health and wellbeing outcomes and reducing health inequalities.

6. **Consultation**

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

☑	Yes
☐	No

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

☑	Yes
☐	No

7. **Risk Assessment**

Implementing the measures suggested would likely come with an immediate cost implication which would need to be offset against the gains such as reduced absenteeism or presenteeism due to illness, reduced spread of illnesses within the work environment, and increased productivity.

8. **Sustainability**

Service providers are required to address sustainability as a key issue in procurement and delivery of services.

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Appendices	N/A

Title of Report	Ageing Well and Dementia Friendly work update
For Consideration By	Health and Wellbeing Board
Meeting Date	Thursday 21 March 2024
Classification	Open
Ward(s) Affected	All
Report Author	Simrat Dhaliwal, Judy Harris, Sonia Khan

Is this report for:

☐	information
☑	discussion
☐	decision

Why is the report being brought to the Board?

1. To provide an update on progress against the Ageing Well Strategy, noting the impact of the pandemic and the difficulty being able to prioritise the driving of this work until April 2023. Hackney's Ageing Well Strategy was developed in response to an ageing population which was reflected in a 2018-2022 manifesto commitment.

2. To support the Board to develop a proactive approach in response to the dramatic increases in Hackney's ageing population which lie ahead.The Board is asked to review how well it is building consideration of this ageing population into its plans, and how the ageing well strategy can help support this consideration.

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

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

- Report presented to Corporate Leadership Team (CLT) on 27 February 2024
- Monthly updates are presented to the Lead Cabinet member, Cllr Christopher Kennedy
- Regular updates to Hackney Older Citizens' Committee members

1. Background summary

This paper is presented in order to support the Board to develop a proactive approach in response to the significant increases in Hackney's ageing population. Between 2021 and 2042 the population of residents aged over 55 is expected to increase by 78% (from 42,000 in 2021 to 75,000 in 2042). We also anticipate a 90% increase in residents aged over 65 (from 22,000 in 2021 to 42,000 in 2042).

The increase in the older population should be a priority in terms of future proofing the borough given its potential impact on both demand and health inequalities, given the increased use of health and care services as people age and the fact that inequality is compounded across the life course. We propose working with the Board to consider what steps can be taken now and in the medium term to ensure that Hackney is able to meet the needs of the older population and enable them to age well, an approach which would ease demand on public services, Ensuring greater accessibility, better access to work and the ability to maintain social connections are key components of developing an age-friendly borough, as identified in the Ageing Well Strategy.

The paper provides an update on progress against the Ageing Well Strategy, noting the impact of the pandemic and the difficulty of being able to prioritise the driving of this work until April 2023.

The paper identifies the proactive areas of work that have been prioritised, as set out in the paper to the Health and Wellbeing Board last March and also developing a dementia friendly borough. The paper also sets out how we are supporting and keeping track of progress against all the Ageing Well Strategy commitments, as set out **under point 6,** noting we have mapped dementia friendly issues against this.

- Dementia friendly work
- Age Friendly Employment
- Helping people **to get out of the house, remain mobile and physically active** and how we might track the impact on managing demand

As part of this, how we ensure that age-friendly approaches are consistently championed and considered in the framing and shaping of longer term strategies, including commissioning practices and infrastructure plans, current ones under development are Transport and Housing strategies.

As you read this paper we ask that you consider:

1) What impact will the future increase in the older population pose for your area of work?
2) How can we best support you to develop an intersectional and evidence based approach to preparing for an increase in the older population?
3) What steps can you take or are you taking to begin to prepare for the future increase in the older population?

In terms of meeting immediate need and reducing demand on services in the short and medium term we ask the Board to consider:

4) What opportunities are there to increase the provision of support for older people to leave home in service planning or support for the VCS to attract external investment in this are?
5) What opportunities are there to share data with the VCS to support the sector to better

engage with older people who have mobility issues, are housebound or who have had a care needs assessment but not received a care package?

6) How the AW strategy can best support the H&W Strategy Social Connections priority?

2. Working with the Board to develop a proactive and collaborative approach

We suggest that throughout the year we provide more detailed updates and discussion in relation the three areas of work most relevant to the Board:

- Age-friendly employment
- Getting out and about
- Dementia friendly work

We also propose that we return to the Board in 2025 to reflect upon the progress made by the Board in developing a proactive approach to ageing well.

3. Key issues

Strategic Context:

- 42,000 people are estimated to be over 55 in Hackney in 2021 and this is projected to grow to 75,000 by 2042 (78% increase)
- 22,000 are estimated to be over 65 in 2021 and this is projected to grow to 42,000 by 2042 (90% increase)

Hackney's population is set to increase by under 10% in this time, so we will see a far sharper growth in over 55s and over 65s and older people will form a more significant proportion of the population. Given inequalities, we expect this will mean more people in Hackney are living with one or more long term conditions. Given trends in housing, we expect more older people to be in private sector housing (they are over represented in social housing at present). We also expect the number of people living with dementia to increase.

This needs to be considered across long term plans so that older people are recognised and valued in a still predominantly young borough. We need to consider how we enable people to age well through preventative work, and making Hackney a more age friendly place and system.

Hackney's Ageing Well Strategy was developed in response to these trends and as a way of taking forward the 2018-2022 manifesto commitment:

'We will develop a new Older People's Strategy, through a process led by older people, ensuring they have a central place in shaping all council services and the wider priorities of the Council'.

These commitments were refreshed in the 2022-26 Manifesto, although officers have pushed back in the recent prioritisation exercise on the value of two of the commitments relating to an "Ageing Well Week" and Dementia Friendly Festival. The Ageing Well Strategy informed the Strategic Plan and the Equality Plan which goes to Full Council on 28th February.

The Strategy was the result of significant engagement work led by peer researchers, and recognises older people as assets and the importance of understanding individual needs and

preferences, as well as synthesising data on structural challenges and the intersection of ageism with other forms of disadvantage. There is a vision set out in the Strategy:

- *We are committed to being an age-friendly borough and for Hackney to be a great place to live and grow old in.*
- *Older residents in Hackney want to feel empowered, informed, valued and supported; through age-friendly communities and services and specialist care if need arises.*

The Strategy was being finalised during the pandemic and as we were moving into a cost of living crisis. This both impacted Hackney's older population who are the second most income deprived group of older people in the UK, as well as our ability to do the final deliberative work across the system to embed commitments. It also made it difficult to prioritise the resource and the oversight to drive forward the strategy, until last April when some dedicated capacity was created for one year last April 2023 (and this will now be mainstreamed into the service).

During this time, the lead for dementia friendly work (also linked to Manifesto commitments) has also moved from Adults so that we are embedding dementia friendly considerations into how we take forward the strategy.

We have focused over the last 10 months on:

- Establishing and progressing a systematic approach to implementation, that is focused on strategic plan outcomes rather than prescriptive interpretation of each commitment and based on an understanding of financial and institutional constraints:
- Developing the proactive work needed to respond to emerging issues
- Developing the community engagement model

The Strategy is mapped against the World Health Organisation age friendly cities framework.

3. These are the key overall issues that are impacting on progress against the strategy are:

a) Limited resources

Issue: Some commitments could have a significant impact but require growth which cannot be prioritised.

Response:

We are seeking to influence existing mainstream activity. For example, age-friendly employment highlights three main barriers to older people accessing employment such as caring responsibilities, complex benefits system and the need for flexible working arrangements. We are therefore working with DWP and Employment and Skills

We are seeking to develop scalable responses, eg. online dementia-friendly training resources which have longer term impact than one off generic in-person training sessions

We are working with the voluntary and community sector and partners to share priorities and influence fundraising priorities

We are working with the Population Health Hub to ensure work continues to be informed by relevant data and research.

b) Changing context

Issue: The AW strategy was developed prior to the pandemic and the cost of living crisis meaning the strategy is being implemented in a significantly altered context. For example, in 2019 Hackney's older population was already the second most income deprived group of older people in the UK on the IDAOP and data from Hackney Foodbank indicates that in 2023 the number of people aged 65 and over they supported increased by 95%. More work therefore needs to be done to ensure the strategy addresses the issue of poverty and the impact of the pandemic.
Response: We are adopting an iterative approach to the implementation of the strategy while maintaining a focus on the delivery of the commitments. Continual dialogue with partners, attendance at neighbourhood forums and other provider networks, embedding the strategy within the wider work of the Policy and Strategic Delivery team and continually gathering quantitative and qualitative evidence on cross-cutting themes enables the identification of emerging needs. We are working closely with the Poverty Reduction Team to raise issues around older people's access to food and rising poverty including supporting Money Hub to co-produce communications with older people. We supported the development of a research bid from Sheffield University on older and disabled people and eating well which would feature Hackney as a case study,

c) Limited access to data and research

Issue: The existing Census data was collected in the context of a national lockdown and may not provide a comprehensive picture of older people in the borough. This is challenging in terms of planning and developing appropriate support measures. There are also challenges accessing research through national databases such as SCIE meaning that our ability to conduct structured literature reviews and identify best practice and innovative delivery models.
Response: We will continue to develop relationships with the Public Health team and the Population Health Hub in order that Clinical Effectiveness Group data (CEG) can be used to support our understanding of the needs of the older population and support partners to design more effective services. We are working closely with the Centre for Ageing Better and using their research as part of this work.

4. We have identified these three areas as requiring proactive approach to improving the health and wellbeing of the older population:

- Dementia friendly
- Age-friendly employment
- Supporting residents to get out, be more mobile and physically active

a) Dementia-friendly Community Group (DFC group):

Risks: The DFC group is a cross-sector partnership which meets quarterly to support the ambition to make Hackney a dementia-friendly community. There is limited resource to support the commitment to make Hackney a dementia-friendly borough and growing need (In 2018 a total of 1,300 residents aged 65 and over were living with dementia which is predicted to rise to almost 2,000 by 2030);

Partners have raised frustrations that the system is focused on diagnosis rates and awareness raising rather than the provision of support for people with dementia and their carers post-diagnosis. Low attendance by people with dementia at both clinical appointments and community activities highlights the need for greater physical support to access services since when transport is provided attendance increases.

Opportunities: The DFC group has agreed a set of outputs and outcomes which are achievable without significant investment (overview here) links between the DFC group and the Dementia Alliance continue to ensure more joined up working and reduces the chance of duplication; membership of the DFC group is growing and includes organisations working with priority groups including global majority communities; the commissioning of awareness raising champions by the Dementia Alliance means there is scope to use the AW resource to commission a bespoke training tool for frontline staff and support for commissioners and policy makers to embed dementia-friendly approaches in the design and delivery of strategies and services; there are opportunities to share learning and resources with other inclusivity programmes such as the autism-friendly work led by Homerton Hospital.

b) Age-Friendly Employment

Risks: Hackney has a higher than average number of residents aged 50 plus claiming unemployment benefits. Nearly a third (27.6%) of Hackney's out of work benefit claimants (3,110 people) are aged 50+. Ageism in employment is entrenched and turning 50 is considered a key marker in relation to employment given that people aged 50 and above continue to face greater difficulty in accessing work-related training and re-entering employment than younger age groups. The pandemic has also had a negative impact on older workers aged 50-64. Data shows that working-age adults between 50 and 64 have experienced the highest increase in economic inactivity since the pandemic compared to any other generation.[1] Three in five over-50s left the workforce sooner than planned and half a million more people aged 50 plus are out of work than before the pandemic. The majority of businesses in Hackney are 'mini-micro' and evidence suggests that micro businesses (0-9 employees) are at the forefront in the decline in domestic sales meaning that local employment opportunities may decline.

Opportunities: Working closely with Employment and Skills and the Cabinet Lead, we have developed a commitment to co-designing improvements to employment support services to ensure they are more age-friendly. This work is underpinned by local data on both the supply and demand of labour and which utilises personas and design thinking. We are collaborating with Job Centre Plus (JCP), Hackney Works and City and Hackney Carers centre to design small sessions with residents. This development work will initially be funded through the remaining Ageing Well budget. Our work in this area is being highlighted by the Centre for Ageing Better and is being used as a case study of best practice. We are about to engage with the Hackney Business Network to begin to better understand issues from a demand side perspective. We are using census data and other research to ensure our approach is evidence based, draft report here.

c) Social Isolation/Getting Out and About

Risks: The implementation of the strategy raised the issue of isolation as an emerging need post pandemic, a need which aligns with the Social Connections priority of the Health and Wellbeing Strategy. Our qualitative interviews with a range of partners confirmed that older people are less inclined to leave home post pandemic due to various factors including worsening mental and physical health, fear of illness and a loss of social habits. There is currently no community

[1] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/movementsoutofworkforthoseagedover50yearssincethestartofthecoronaviruspandemic/2022-03-14

transport provider in Hackney since the closure of Hackney Community Transport. The cost of living crisis has also increased older people's isolation. The lack of support workers and befrienders to assist people to leave home either short term to build confidence or longer term poses a significant threat to the older population with many people being left at home. Partners are concerned that there is a focus on signposting and navigation rather than physical support to leave home. There is ambiguity in the system about the impact on the system of reaching isolated people with an awareness that this could lead to increased demand for services which are already at capacity.

Opportunities: This issue speaks directly to the Health and Wellbeing Strategy's Social Connections priority. Through the AW strategy a cross-sector network has been convened to raise awareness of this issue across the system (initial findings listed here). Learning from our scoping work is informing the Housing, Carers and Transport strategies, the work of the Social Connections subgroup and the Proactive Care programme; there is a need to explore opportunities for pooling resources in order to invest in befriending services which is even more crucial given the closure of East London Cares; We are undertaking a piece of scoping work to explore the impact of the loss of Hackney Community Transport and look at other models of community transport that are more sustainable; We are building on learning from the King's Park Moving Together Programme to explore a system wide approach to increasing walking in the older population and different walking models that can be used to reduce social isolation.

5. Engagement

In order for the strategy to be implemented in line with the council's equality objectives and to ensure that ageism is addressed through an intersectional lens it is imperative that a diverse range of older people are engaged with the Ageing Well agenda.

Our current engagement model was developed in the pandemic and is geared toward older people who are digitally engaged and who do not need support to participate. Co-production with a group of residents who are more reflective of the borough's older population would require an element of frontline delivery and our current engagement model does not accommodate this. The absence of those voices mean that there is a risk of growing and unmet need as well as unrealised opportunities for learning and collaboration.

We have an active Hackney Older Citizen's Committee (HOCC) who, through meeting in person and via online methods, have been involved in influencing work around housing, transport, employment and getting out and about as well as co-producing a more accessible version of the Pension Credit uptake letter. In order that the strategy is informed by the lived experiences of older people who experience multiple forms of disadvantage we have established good working relationships with a range of partners including foodbanks, the Community Library Services and grassroots community groups working with migrant communities. Desk research on issues where age intersects with other forms of disadvantage is also utilised to inform our approach. We are devising new engagement models as part of the Equality Plan, to be developed further with the Communications and Engagement Service.

Age UK will be moving into Marie Lloyd and we are working closely with them to maximise the opportunities for this to be a hub for ageing well activity.

Developing awareness of why ageing well matters and becoming an age friendly borough

Research from the Centre for Ageing Better identifies the physical, mental and financial implications of ageism and how pervasive it is. According to their research a higher proportion of British adults have reported experiencing prejudice based on their age than on any other characteristic, and a study of the use of language related to older age in web-based magazines and newspapers found that of 20 countries, the UK was the most ageist of all. The strategy is therefore being delivered within the context of a deeply ageist society and the intersection of ageism with other forms of discrimination and disadvantage must be recognised in order that the strategy is implemented in line with the council's commitment to equality.

As knowledge of the pervasive impact of ageism and its risks to a society with an ageing population is better understood there is an opportunity to develop communications strategies which take this into account and actively work to undermine ageist assumptions. Through our relationship with the Centre for Ageing Better and the network of Age-Friendly communities we can embed anti-ageist communications practices within the council and lead by example in order that other anchor organisations adopt an anti-ageist communications position. We are supporting the development of an intersectional approach to ageism and worked with Hackney Caribbean Elderly Organisation to support their involvement in the Anti Racism Summit.

6. Delivering the Key Commitments: The Strategy includes commitments that are covered under the following strategic priority areas, which broadly map to the World Health Organisation age friendly framework domains.[2]

- Priority 1: Health and Wellbeing
- Priority 2: Social and civic inclusion and respect
- Priority 3: Housing
- Priority 4: Public spaces and transport
- Priority 5: Employment and skills
- Priority 6: Safeguarding, Safety and Security
- Priority 7: Hackney as an employer

Improving communication and information for older people is a cross cutting enabler.

The implementation of the strategy is grounded in a robust understanding of the institutional and financial realities of the present moment while looking toward the future and the need for proactive, preventative measures which will meet the needs of the growing older population.

We have stress tested all commitments to focus on what matters in the context of the age friendly framework so that when we track progress against commitments this is what is guiding us rather than an overly prescriptive focus on whether the specific actions have been delivered. Progress is also informed by ongoing engagement with older people, assessment of current context and emerging needs and priorities.

There are three commitments which are RAG rated red, because they require a prioritisation of resource that has not yet been identified:

[2] outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services.

1. Develop a public campaign around pedestrian and cyclist behaviour and safety- this requires dedicated resource

2. Ensure enforcement powers for obstructions to pavements, for instance dockless bikes parked on the pavement- we are in contact with service head and we are aware this is being raised a a wider issue that is being responded to

3. Build in opportunities via the Hackney an accessible place for everyone programme, for planning consultations to have 'planning for real' exercises that involve walking around the borough with residents and considering accessibility concerns including from the perspective of age and dementia- this had to be deprioritised due to other pressures, but has been identified as an Equality Plan priority and will be picked up.

This is a summary of specific challenges and our response:

- **Health and Wellbeing:** The crisis in health and social care, the pandemic and the cost of living crisis have resulted in increasingly complex physical and mental health issues in the older population. We have therefore focused on walking as a low cost method which could play a key role in both enabling older people to be socially engaged, increase access to information and activities and benefit their physical and mental wellbeing. Nonetheless barriers to walking are significant and multi-faceted and work must be done to understand the successes and challenges of different approaches. We are working with Neighbourhoods, the Proactive Care Team, King's Park Moving Together, the culture team, the Resident Engagement team and VCS partners to identify emerging needs and develop solutions to improve older people's health by increasing older people's physical activity. Our current focus is on exploring barriers and opportunities around walking and the physical, psychological and environmental issues that impact older people's capacity to walk. Desk research and learning from other areas including Haringey Council's walking programme are supporting this work. We are increasingly aware of the impact of the pandemic and the cost of living crisis on older people's health and are gathering data on this which is shared with internal and external partners. We are working with Hackney Circle and the resident engagement team to explore and promote the health benefits of increasing access to arts and creative activities especially for people with dementia. Our scoping work on getting out and about is promoting the development of increased provision of befriending and exercise for people with dementia as the services we have mapped are at capacity.

- **Social and Civic Inclusion and Respect:** The pandemic and the cost of living crisis has had an enormous impact on older people's social engagement and exclusion. We have identified this issue as a cross-cutting theme which impacts several domains of the strategy and are undertaking scoping work to better understand the current situation and to develop solutions.

- **Housing:** Many of the housing recommendations require resources and a long term approach which is challenging in the current context. In addition to supporting the delivery of the housing recommendations we have supported older people to input into the housing strategy and are working with MRS Independent Living to support a new understanding and approach to address hoarding which will better link up health services and housing services. Our scoping work on dementia and getting out and about include significant

engagement with partners in housing with care.

- **Public Spaces and Transport:** We continually share learning and resources with the transport team and supported HOCC members to input into the transport strategy. Our getting out and about partnership is informed by their work and the health and wellbeing scoping work on walking also feeds into the transport strategy as well as being informed by the expertise of the team in terms of road safety. There is an issue around shared spaces between pedestrians and cyclists, for example cyclists using pedestrian areas or pavements pose a risk for frail/older people or those with children and this can be off putting. Often transport decisions are made at a national level and they can be hard to impact at local level.

- **Employment and Skills:** More proactive work was needed on this issue as a gap addressed (please see below)

- **Safeguarding, Safety and Security:** In addition to supporting the implementation of the strategy recommendations we have gathered evidence that the pandemic has impacted older people's sense of safety. This is a significant behavioural change to address. We are working with colleagues on building trust and confidence in the police to ensure that the views of older people are input into this work. We have encountered little interest from the older people we work with in attending meetings with the police which indicates we need a different engagement model to take this work forward and this is being factored into the engagement plans we are developing.

- **Hackney as an Employer:** As one of the biggest employers in the borough, Hackney Council has an opportunity to lead by example by making our policies and procedures more age friendly in order to attract a diverse age group of employees. An example would be to promote flexible working patterns, raise managers' awareness in managing and supporting an ageing workforce. It is important to allocate proper resources to carry out a review of our policies and procedures to make them age friendly. Provide training for managers and staff on raising awareness around ageism. In order to progress this work, we propose that Hackney sign up to be an age friendly borough and sign the Centre for Ageing Better age-friendly employer pledge. We have collated qualitative and quantitative data and best practice in this draft report.

Attachments
• Ageing Well strategy • Ageing Well intranet page

Ageing Well

Strategy 2020-2025

Supporting older people
to age well in Hackney

Hackney

Contents

Contents *continued*

Foreword

Hackney is a great place to live and we want to make sure that it is also a great place to grow old in. A strategy that focuses on the needs and interests of older people in Hackney is long overdue and we are pleased to be focusing our attention to where it should be; not just listening to what older people are saying, but actively working with them to create change through co-production.

The diversity that exists in Hackney is one of our borough's greatest strengths, and recognising that this diversity still exists as people age is essential. Not every older person is supported through social care, but some are. Not everyone is retired or seasoned marathon runners or volunteers and carers, but some are and continue to be. Part of changing the narrative is greater recognition that older people continue to give back to their communities and are supported in varied and different ways.

One of our greatest community assets are our older residents. What we have found through the development of this strategy is that; stories matter, context matters, and you can not look at one element of a person's life without it being interlinked to another area in that person's life. For instance, mobility can be impacted by the quality of footcare; personal hygiene impacted by housing adaptations that enable a person to wash safely; volunteering impacted by the lack of social and civic inclusion and access to information. This strategy looks at a range of different areas, but they are all interconnected in some way and should be considered in the round.

What creates challenges for older people is not by virtue of being an older person. Challenges exist because of the way that society is run and organised. There is work happening all over the world to make places more age-friendly and to create cultural shifts in how older people are perceived, engaged, involved and treated.

Our ambition to be guided in part by the World Health Organisation's framework on this, means that we are able to incorporate best practice from the get go and learn from other places on how they make their cities and communities welcoming, accessible and inclusive for older residents. By joining this global network, we are also adding another driver for accountability and placing a key focus on this agenda.

Work on the ageing well strategy was in development prior to the start of covid19, but the challenges faced show how important it is for Councils to be responsive and flexible in order to truly build back a better Hackney. This strategy is not static; the resulting action plan will be a living and responsive document that can adapt and change as needed and the implementation will continue to involve older people through co-production and governance.

We want the saying 'nothing about us, without us' to ring true in all of our Council work. In order to tackle the challenges of attitudes, service barriers and access, the conversation needs to continue and action needs to involve everyone, with older people at the heart of all of it.

Cllr Christopher Kennedy,
Cabinet Member for Health,
Adult Social Care and Leisure

Cllr Yvonne Maxwell,
Mayoral advisor for older people

Acknowledgements

We are grateful for the input, insights and feedback shared by the community engagement facilitators supported by a community engagement coordinator, residents, Connect Hackney and all stakeholders who have helped shape this strategy. We share full acknowledgements of support from groups who generously gave us their time to host focus groups or contributed to discussions in the appendix.

Thank you all.

Our vision for ageing well in Hackney

We are committed to being an age-friendly borough and for Hackney to be a great place to live and grow old in.

Older residents in Hackney want to feel empowered, informed, valued and supported; through age-friendly communities and services and specialist care if the need arises.

Hackney is a place where everyone should be ableto enjoy and lead healthy, active and fulfilling lives and this ambition should be no different as we get older.

Growing older is a natural part of the life course process and as people increasingly live longer, actively ageing well for as long as possible is important. This means ageing in a way that promotes as much independence, dignity and participation. We want to remove barriers that older people experience but also enable opportunities and conditions in which older people can flourish in Hackney.

Older people are assets to the community and make a significant contribution working, providing informal care, volunteering locally, including as advocates and activists, boosting up the economy with spending as well as producing and running businesses, and using their varied experiences to advocate for, nurture and connect communities.

Part of ageing well is preparing well. We know that ageing is a very individual experience that looks different for everyone and we do not want to place an arbitrary definition of what age an ‘older person’ is defined as. At the same time, we do want residents to feel prepared for their later years and therefore want to encourage better and more informed individual decision making about how an individual can age well at earlier points in life. Because of this reason, this strategy considers Hackney residents aged 55 and over, but we remain careful to not categorise everyone over 55 into one undifferentiated group, recognising the differences that exist between age bands and indeed individuals.

What will this strategy do

This strategy is about catering for the very wide range of people aged 55+ through age friendly policies, building a community that values and includes older people, benefits from their contributions and supports them in their later years.

While we know that at certain points in a person's life, extra support may be needed and the state has an important role in this, there does need to be a culture shift and changing societal attitude around how older people are perceived. This population are fully capable, economically significant citizens in charge of their own lives and valued and important community assets.

We want this strategy to be used as a resource by council services, providers, the community and voluntary sector, businesses, health systems and other stakeholders in order to understand the localised needs and interests of older people living in the borough. We want this focus to be as much about realising opportunities as it is about addressing issues.

While this strategy is primarily focused on what Hackney Council will do to support older people to age well, a crucial part of this is the joined up working with partners and the local community that can enable and support this shared vision. We want to lead by example and use our influence and levers to promote a more age-friendly Hackney and learn from best practice elsewhere. This strategy aims to future proof services in Hackney as older populations will continue to increase in the future, so that policy and delivery always reflect what is required.

Guiding principles - overview of our approach

Three key principles guided the development of this strategy:

Co-production approach

Co-production for this programme of work meant that the council and residents shared power to design, plan and agree the context of this strategy. We worked with Connect Hackney (Hackney Council for Voluntary Services) to recruit and train five older residents as community engagement facilitators to co-produce the strategy. Using a peer research model, the community engagement facilitators worked with the council to look at the evidence base of local and national research and data collected about older people, designed the questions to ask in the engagement phase, ran focus groups and 1:1 interviews with residents, planned and facilitated a stakeholder workshop, considered what the priorities and focus of the strategy should be and agreed the draft. The facilitators were supported by a coordinator and were trained to deliver consultation and engagement.

Using this approach, we spoke to approximately 400 Hackney older residents either through one to one interviews, focus groups or online submissions. We wanted to find out what residents' needs and interests were in the context of ageing well. We went along to exercise classes, open house sessions, resident participation forums, carer support groups, cultural specific gatherings, the winter warmer, lunch clubs,, estate based pensioner groups and residential care settings. We spoke to working older people and those who have retired, older carers and those who are supported through social care, home owners and social housing tenants, keen gardeners, exercise fanatics and life long volunteers, to name but a few of our diverse residents.

Working with partners and stakeholders

We acknowledge and value the importance that other actors play in leading and supporting the ageing well agenda and ensured that their views and concerns were captured in the development of the strategy. This is particularly key as ageing well is a cross cutting topic that requires joined up working, personalised approaches and localised responses. We consulted both council services and external stakeholders such as the community and voluntary sector, local health systems and housing providers in order to understand what they would like to see in the strategy. As part of the learning process, we also hosted a solution focused stakeholder workshop attended by 60 stakeholders to look jointly at possible solutions to the ageing well agenda.

Hackney Council as an anchor institution and the impact this has

Anchor institutions are organisations that have a significant influence on the health and wellbeing of a local community through their sizable assets. Given this, they can be a key voice in where and how resources are spent. Hackney Council can be considered an anchor institution as it is a large employer and therefore plays a part in considering its own ageing workforce. The council is a purchaser and commissioner and therefore has impact on quality and delivery of services and where some resources are targeted. Finally the council is also a planner and developer which holds significant scope in exploring how assets are used in ways that address resource gaps in communities and support residents to live healthy lives. In developing this strategy, we had to consider all the roles the council plays in the local community and how maximum benefit to older people could be achieved.

Global Context

Decade of healthy ageing 2020-2030

The World Health Organisation (WHO) have said that between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22% and that globally, the number of older people is growing faster than the number of people in all younger age groups. WHO have committed an agenda to a 'decade of healthy ageing 2020-2030' which aims to achieve concerted and sustained collaboration with member states to foster healthy ageing which will shift population ageing from a challenge to an opportunity[1]. Globally, the pace of population ageing is much faster than in the past and this demographic transition will have an impact on almost all aspects of society.

1 World Health Organisation: ageing and health

Alongside emerging plans for 'the decade', the World Health Organisation have also established the Global Network for Age-friendly Cities and Communities to connect cities, communities and organisations worldwide with the common vision of making their community a great place to grow old in. The Network focuses on action at the local level that fosters the full participation of older people in community life and promotes healthy and active ageing. The mission of the Network is to stimulate and enable cities and communities around the world to become increasingly age-friendly. London as a city has signed up as a member of this network and Hackney Council intends to do so as well to commit work at a local level. Joining the network is also an opportunity to learn from best practice on global programmes to support older people to age well.

Impact of coronavirus disease- Covid-19

The ageing well strategy was being developed at a time where a global pandemic is underway. Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus and its impact is significant and fatal, with increased risk to people with underlying health conditions and/or who are older. As the pandemic continues to unfold, there is a need to ensure that this strategy considers how in times of emergency, community and statutory bodies are resourced, organised and coordinated to protect and support older residents as much as possible. The community response through neighbourly volunteering has been hugely successful and it is important to look at how to nurture and continue this form of informal support as well as how to manage the impact that covid has on the lives of older people; through this strategy and other vehicles for change. We know already that this disease has affected older people in the following ways:

- Older people are most likely to be digitally excluded. During this crisis older people risk not being able to tap into formal and informal support now delivered online and language barriers remain a concern.
- According to the World Health Organisation those who have been infected by Covid-19 are likely to be more susceptible to infection and diseases in future. We share the concerns of Cancer Research UK about long-term serious illnesses and excess deaths from other diseases undetected or untreated during this crisis.
- Social isolation and loneliness and the impact on mental health is likely to become even more profound.
- Concern around the increase of scams and challenges as some older people are not able to go to the cash machine during periods of lockdown and shielding, and therefore there are additional security risks around access on their behalf.

National and local context

Currently, there is a lot of local activity and transformation happening within and between systems in the borough, as well as being set against a backdrop of national policy and legislation related to ageing well. Because of this local activity, there is a lot of opportunity to look at how the needs and interests of

older residents could be better met through culture and service change, which is what this strategy aims to deliver and enable. At the same time we must acknowledge how stark the challenges facing local government and other sectors are in managing an ageing population and supporting the health and wellbeing of all residents. This places limitations on what can be fully achieved without governmental commitment and resource allocation.

Financial challenges

Adequate local government finance is essential for the continued functioning of public services. Hackney Council has faced some of the highest levels of cuts in the country with a reduction of £140m in core funding since 2010 and the current pandemic has also impacted on council budgets. The front-loaded nature of ongoing cuts has meant a greater pressure on service delivery across the board, meaning that there is less available funding despite a greater need for it. In order to meet new and greater responsibilities with decreased funding, we will need to continue to creatively change the way we support older people to remain active.

Integration between health and social care

The NHS Long Term Plan published in 2019 sets out an ambitious trajectory for health services for older people living with frailty and multiple long term conditions. The plan recognises that a growing and ageing population will inevitably increase the number of people needing NHS care and the intensity of support they require. In addition the government is committed to a more joined-up integrated care and support service that will lead to a seamless, efficient and more person-centred experience with better outcomes for residents. While an integrated care agenda that recognises the importance of local and relevant delivery of services is welcomed, there remains cause for concern around organisational and financial plans for the NHS which looks set to be reformed ahead of and out of step with reforms to social care, which remain currently unknown. The risk here is that when reforms occur, proposals for social care are shaped to fit within a model that has been designed on medical and health care by default, rather than social care.

Despite this unknown, Hackney partners and providers are moving towards an Integrated Care System by April 2021. Since 2017, health and social care organisations in Hackney and the City of London have been working together more to try to improve residents' health and wellbeing. The local organisations that commission (plan and buy) health, social care and public health want to join-up these services more around people through integrated commissioning. There are two workstreams that are involved in this work related to older people:

- Planned care: the Planned Care workstream focuses on continuing health care, transforming outpatient services and improving community services.

- Unplanned care: The key objective is to bring together partners to create services that meet people's urgent needs and support them to stay well.

There is also a proposed population health hub that will ensure that the health and wellbeing needs of local communities and places are well understood, so that effective preventative action is taken, appropriate health and care services are delivered, and the wider socio-economic drivers of health are addressed. The overarching aim is to ensure system-wide action to reduce health inequalities.

An important and related aspect of the workstream is the neighbourhoods programme which is a neighbourhood model of care in City and Hackney that will provide joined up health and social care services across eight neighbourhood areas defined around GP practice populations of 30-50,000 people. Neighbourhoods will bring a number of services together to provide support for patients with complex health and social care needs and work with wider community services to support prevention and keep people healthy where possible. Priorities include:

- supporting the development of primary care networks and digitally enabling primary care and outpatient care through a Directory of Services.
- ongoing transformation of community health and care services to deliver neighbourhood services.
- transformation projects around adult community nursing, adult community therapies, adult social care, community mental health services, and dementia.
- implementation of an anticipatory care service, which will build on the proactive care services in primary care and will also include wider community partners.
- working with voluntary sector and borough partners to ensure that neighbourhoods provide the platform for addressing the wider determinants of health through a place based approach.
- developing a model of community navigation to support people to make the most of local community assets to manage their own health and wellbeing, a focus on this is also around reducing social isolation at a local level.
- Establishing multi-disciplinary teams of professionals across primary care, social care and mental health to support residents at a local level.

Adult social care reforms

The Dilnott review published in 2011 set out a number of recommendations for changes to the funding of care and support in England for current and future users of social care services. These proposals have been put on hold by national government since 2015 alongside the delay of the long awaited but yet unpublished social care green paper. The lack of mention of planned legislation in the Queen's speech (December 2019) has meant that social care has still not become a high enough priority for national government and as a result has severe consequences for local delivery.

In the context of the ageing well strategy, despite the lack of reform and funding, Hackney services continue to innovate and creatively look at delivery that enables independence and resilience. We want to continue to help people to stay well and support better prevention of problems before they arise, rather than only stepping in when things go wrong.

Increased pension age

From 2019, the State Pension age increased for both men and women to reach 66 by October 2020 and will rise to 67 between 2026 and 2028. This increase in age will impact on financial retirement planning for many older residents as well as a need to stay in work for longer due to need and not necessarily want.

Appointment of mayoral advisor for older people

In early 2020, the mayor of Hackney made a decision to appoint a mayoral advisor for older people that would drive the work around the ageing well strategy in Hackney. This is a welcomed step in raising the profile of older people's needs and interests across the council and ensuring that the ageing well agenda is kept at the forefront of decision making that impacts residents.

Interface with other strategic priorities

There are a number of council strategies that will interact with and complement this ageing well strategy, displayed below. There are solid opportunities for cross council working to ensure that the needs and interests of older people are taken into consideration through developing and existing programmes of work, so that no plan is made without considering inclusivity in the round and how all residents may be impacted, including older people.

Borough wide and corporate priorities (Council)

- Community strategy
- Single Equality Scheme
- Local Plan 2033
- Housing strategy
- Transport strategy
- Inclusive Economy strategy
- Community Safety Plan
- Food poverty action plan
- Culture strategy
- Communications strategy
- Violence against women and girls strategy
- Sustainability plans
- Poverty reduction framework (in development)
- Resident participation strategy (in development)
- Rough sleeping strategy
- Parks and green spaces strategy (in development)

Ageing Well in Hackney

Health and social care (wider partners):

- Integrated health and care agenda
- Healthy and Wellbeing strategy
- Joint City and Hackney mental health strategy
- Dementia strategy (in development)

Health and social care (Council):

- Autism strategy
- Learning Disabilities strategy

Health and social care (wider partners):

- Hackney Young Futures Commission
- Kings Park Moving Together
- Hackney access for everyone programme
- Review of access to leisure centres
- Community halls strategy (in development)
- Child Friendly Hackney

The Profile of older people

The Hackney profile[2]

- As of 2018, 279,554 people lived in Hackney[3]. 15 % of people in Hackney are over 55 years old (42,219) and 7.6 % of people in Hackney are over 65 years old (21,105). A breakdown of age brackets for over 55 is below[4]:

Age Bracket (55 to 90+)	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	Total
Population number	12,068	9,046	6,891	5,271	3,598	2,805	1,585	955	42,759

- The number and proportion of older people aged 65 and over in Hackney will rise steadily over the coming years reaching 23,426 by 2025 and 32,249 by 2037[5].
- The average age of life expectancy for men in Hackney is 78.8 and 82.9 for women.
- Hackney has proportionally more older people of White British and Black Caribbean origin, but fewer from Other White, Asian or Black African communities.
- Nearly two thirds of older people in Hackney live in social housing, 22 % higher than the borough average while 7 % live in the private rented sector but this is expected to increase in the future.
- In 2015, Hackney had the highest Job Seeker Allowance claimant rates among over 50's for comparable boroughs[6].
- The income deprivation affecting older people index for Hackney indicates that 40 % of older people in Hackney are living in income-deprived households. This means that 40 % of those aged over 60 are either in receipt of Pension Credit, out of work benefits or had an income of less than 60 % of the national median.
- Some 86 % of Hackney residents aged 65 and over speak English as their main language, a further 8 % do not have English as their main language but say they speak it well or very well, the remaining 5 % say they do not speak English or do not speak it well.
- Older people in Hackney are more likely to be carers. Some 11 % provided some unpaid care, compared with 7 % of the population overall, with 4 % of older residents reporting that they spent over 50 hours a week caring for someone else, compared with 2 % of the population overall.
- The most common impairments amongst older people appear to arise from hypertension, diabetes, cancer, heart, respiratory, and eye conditions.
- According to GLA projections, Hackney and the City had 1450 people aged 65 and over living with Dementia in 2019. We expect the numbers to increase by 46 % to over 2120 by 2030.

2 Profiling the needs of older people in Hackney (London Borough Hackney, 2015)
3 ONS June 2018, Mid-year Estimates
4 Hackney Facts and Figures, September 2019
5 GLA Round SLAA-based population projections, 2013
6 Scenario Planning Paper on Work and Worklessness, 2015 (London Borough Hackney)

- As nationally the proportion of disabled people increases with age in Hackney. While just 4 % of under 16's are disabled, over 60 % of over 65's are disabled. Nearly a third of disabled people in Hackney are 65 and over. 85 % of residents aged 85 and over are disabled.
- In a recent survey 11.4 % of users of adult social care services in Hackney said they have little social contact with other people and feel socially isolated - the highest rate for any council in England. Nearly 60 % of respondents to a survey of almost 500 Hackney residents aged 50 plus said they sometimes or always lacked companionship. Over 30 % said they rarely or never felt part of their neighbourhood, but 86 % said they were sometimes or always happy with their social life. A fifth said they were lonely.
- Men, lesbian, gay and bisexual, disabled, black and minority ethnic, and respondents aged 75 plus were generally more likely to feel socially isolated.
- The incidence of depression increases with age. An estimated one in four people aged 65 and over living in the community in the UK have symptoms of depression, rising to 40 % of those over 85.
- Around 42 % of people aged over 65 in Hackney live alone, compared to 11.5 % nationally.

What factors impact on ageing well?

As people do not age uniformly, any segmentation purely by age is not helpful in understanding the needs of people as they grow older. Factors that determine the ability to age well include people's physical and social environments and the impact of these environments on their opportunities and health behaviour. The relationship we have with our environments is also skewed by personal characteristics such as socio-economic status, gender and our ethnicity, leading to inequalities in health and wellbeing. A significant proportion of the diversity in older age is due to the cumulative impact of these health inequities across the life course. This section raises key intersectional realities that can be experienced by older people in the United Kingdom, owing to a range of factors[7].

Gender

- Women live on average 3.6 years longer than men and women only have an additional 0.6 years of good health compared to men, therefore women live a smaller proportion of their lives in "good health".
- Hip fractures are more common in women who are more susceptible than men to osteoporosis (weak and fragile bones).

7 Age UK, 2019: Later Life in the United Kingdom 2019

- Women face particular difficultiesin accessing work in later life as, on average, they do the majority of caring for children and older, sick or disabled family members.
- The men most affected by prostate cancer are older than 50 and the likelihood of being diagnosed with prostate cancer increases with age. Research has shown that older men are often at greater risk of poor health and social isolation in comparison to women due to factors such as poor help-seeking behaviours, disinterest in their own health, limited health literacy in marginalised groups of men, and disengagement with traditional models of health service delivery.

Race and Ethnicity

- Analysis of the 2001 Census showed that there were marked ethnic differences in the health status of people aged 65 and over in England according to ethnicity.
- Bangladeshi, Pakistani, Indian and Black Caribbean groups are at increased risk of diabetes, coronary artery disease, arthritis, stroke, and respiratory disorders, predisposing them to higher levels of limiting long-term illness than the general population.
- People from Black and South Asian backgrounds are up to six times more likely to develop diabetes. Complications of diabetes such as heart disease, stroke and kidney damage are three and a half times higher in lower socio-economic groups.
- People of South Asian origin are up to six times more likely, and Black African-Caribbean origin up to five times more likely, to develop diabetes compared to white groups.
- Despite high rates of dementia in people who are black or from ethnic minority backgrounds, research has found that these groups are less likely to receive a diagnosis or support.
- In terms of ageing populations, not all ethnicity groups are ageing at the same rate. White ethnic groups have an older age structure while Mixed and Chinese groups have relatively youthful age profiles. In contrast to Pakistani or African subgroups, Indian and Black Caribbean groups have a larger share of people aged 65 and over, which can be understood due to migration and settlement patterns in the 1950s and 1960s.
- There is a current increased vulnerability for older people who are from the European Union in establishing settled status in the UK post Brexit, particularly around sourcing evidence and identity documents.
- Older generations may also be more likely to need language-specific support and advice to navigate changing welfare systems.

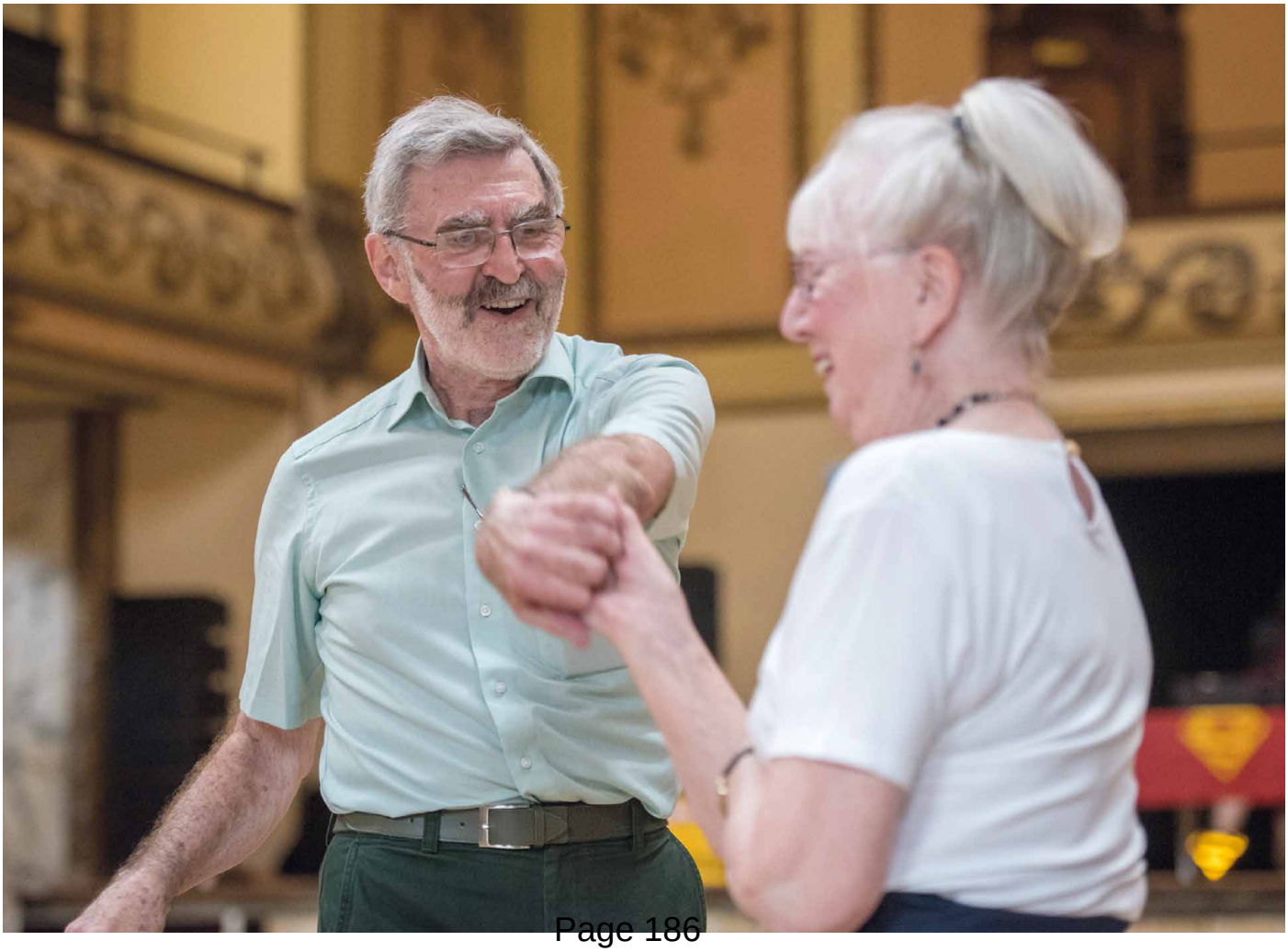
- Experiences of racism impact on health and increase risk of vulnerabilities due to differential treatment. Racial profiling by police for instance towards older black people can cause significant stress.

Sexual orientation

- Mental health issues, particularly around suicide, have been identified as a key concern among older Lesbian, Gay, Bisexual and Transgender (LGBT) people, especially among transgender and bisexual women.
- Older LGBT people can sometimes experience difficulties accessing health care that appropriately deals with their sexual identity; one national study found that 18% of older LGBT people would feel uncomfortable disclosing their sexual orientation to their GP.
- Older LGBT people are more likely to be single, or live alone. Older LGBT people are concerned about the quality of care they may receive from homecare/residential care workers. Many worry that they may have to go 'back into the closet'.
- There is also concern around older LGBT people in relationships in relation to visiting, Power of Attorney or Next of Kin and that their rights will not be respected.
- Older gay men were greatly impacted by the HIV epidemic due to the loss of friends and partners, with commercial safe spaces today sometimes seen as youth-oriented or actively ageist.

Health and wellbeing

- The most common impairments amongst older people appear to arise from hypertension, diabetes, cancer, heart, respiratory, and eye conditions. Furthermore, as people age, they are more likely to experience several conditions at the same time.
- Most chronic diseases become more common with age. The likelihood of having two or more significant conditions is 60% by the age of 75-79 years, and more than 75% by 85-89 years.



- In terms of personal well-being, levels vary across different ages according to UK based research. Ratings of personal well-being are lowest around mid-life but then start to rise around ages 60 to 64 years, peaking between the mid-60s and mid-70s before starting to decrease with age.
- Older people are disproportionately represented in malnourished groups; 43 % of UK malnutrition cases are people aged 65+.
- Falls are the largest cause of emergency hospital admissions for older people.
- People with learning disabilities may have a higher risk of dementia because of premature ageing and, in the case of Down's syndrome, genetic factors.
- The National Autistic Society (NAS) published a policy report in 2013[8] which identified that there is likely to be a significant number of undiagnosed older autistic people because autism was not included in psychiatric classification systems until 1980.
- More than 40 % of people over 50 years old in the UK have hearing loss, rising to 71 % of people over the age of 70.
- 1 in 14 people over the age of 65 (7 %) and 1 in 6 people over the age of 80 have dementia (17 %).

Caring responsibilities

- National research has commented on indicators that can reduce wellbeing, one of which is high levels of intense caring responsibiliites. The realities of caring responsibilities can take a number of different scenarios, including:
  - An older person caring for a spouse
  - An older person caring for adult children with a disability
  - Hidden carers, especially those caring for partners with dementia
  - An older person caring for grandchildren (for instance through a special guardianship order) or providing day childcare
  - Sandwich generation of people in their 40-60s who are caring both for their children and their ageing parents.
- One in five people aged 50–64 are carers in the UK and a quarter of those who provide family care are 65+.
- 65 % of older carers (aged 60-94 years) have long-term health problems or disabilities themselves.
- 69 % of older carers (aged 60-94 years) report that being a carer has had an adverse effect on their mental health.

Socio-economic factors

- Healthy ageing is closely linked to social and economic inequities. Disadvantages in health, education, employment and earning, start early, reinforce each other and accumulate over the life course. Men and women in poor health work less, earn less and retire earlier. Some older people also feel compelled to work past the state retirement age because they have to and not necessarily because they want to.
- Dependency in older age is felt more acute by lower socioeconomic groups. People from lower socioeconomic groups are more likely to experience declines in physical and mental capacities and require support for activities of daily living.
- According to ILC-UK, of the 3.3 million economically inactive adults aged 50 through 64, approximately one million have been made "involuntarily workless" after being pushed out by a range of factors, highlighting the lost productive opportunity and the need for more support for older adults in the workplace.
- There are also particular challenges for older people who are rough sleeping or homeless.

8 Getting on? Growing Older With Autism

What is the council going to do?

Through engagement with older residents and discussion with stakeholders, we have agreed on seven key priorities to focus on. We have based our seven priorities loosely around the World Health Organisation's age friendly city framework[9] which proposes a number of interconnected domains that can help to identify and address barriers to the well-being and participation of older people.

These domains overlap and interact with each other and likewise the seven priorities in this strategy should not be completely viewed in isolation from the others.

As part of this strategy, we also want to consider our role as an employer in supporting our ageing workforce. We expect this strategy to act as a catalyst that will ensure the voices of older people are at the heart of the design, implementation, monitoring and evaluation of services both within the council and across the borough.

Essentially we want older people to feel like the borough they live in caters to their current and future needs and they can access the support they require.

The transformational element of this strategy will be realised through increased working relationships, training of front-line staff, more connected intergenerational communities and continued involvement of older people themselves.

9 World Health OrganisationAge friendly cities: framework

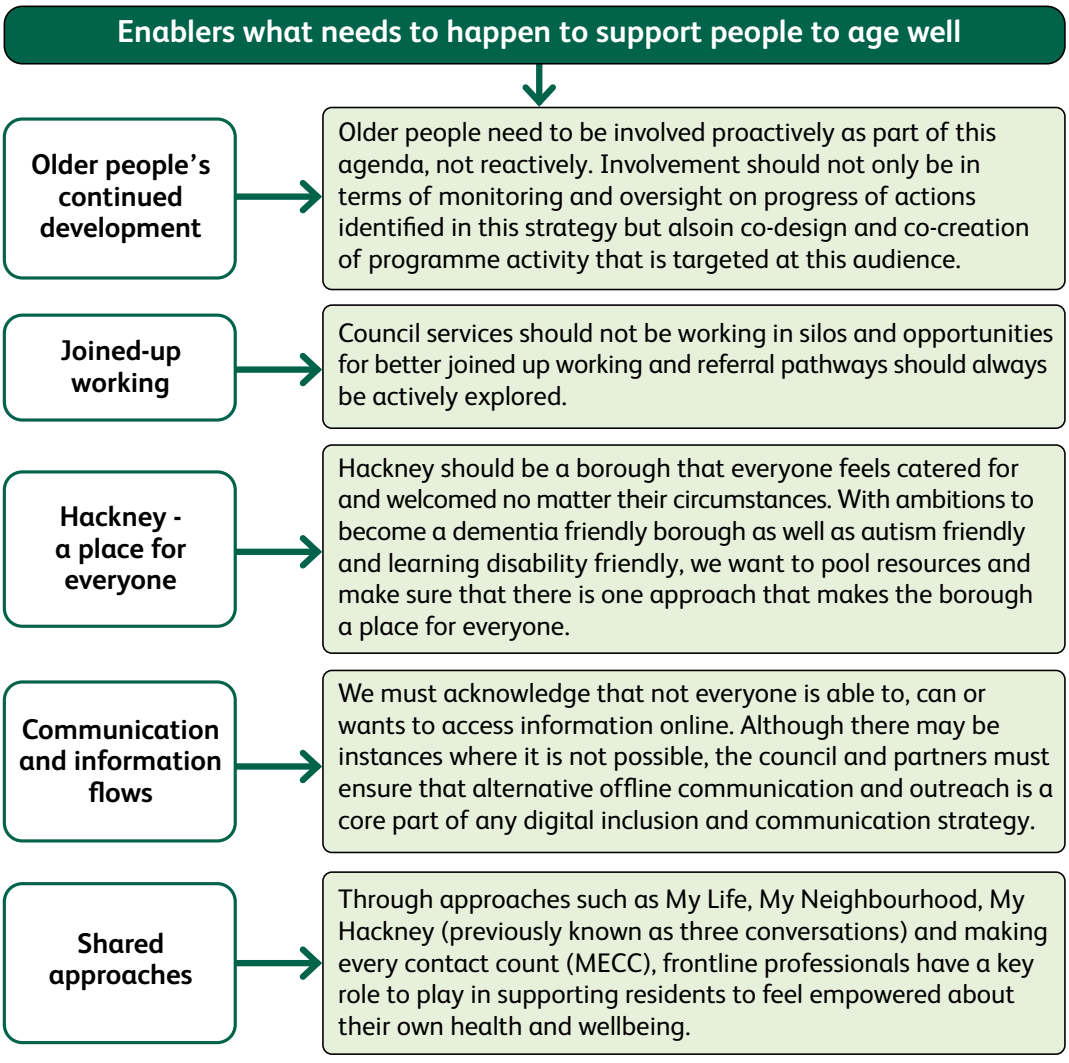
Priority areas for ageing well in Hackney

Key enablers

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

Key enablers for an age friendly borough

Ageing well is a cross cutting area that requires it to be everyone's business. Creating the right environment that enables people to be supported to age well is crucial. There are five prominent enablers for action that run through the course of this strategy and are essential; **shared approaches, joined up working, Hackney a place for everyone, communication and information flows and continued involvement of older people**. The actions identified under each of these enablers are critical to ensuring success of an ageing well strategy and all partners should consider this as part of their learning and review of services.



Shared approaches: what the council will do

- Deliver training and embed the 'Making Every Contact Count' (MECC)[10] approach within the council and the community and voluntary sector, focusing on how to utilise day to day interactions that frontline professionals have with residents to encourage changes in behaviour.
- Deliver training and embed My Life, My Neighbourhood, My Hackney (previously the three conversations' model)[11] which aims to look at strengths-based and preventative approaches across social care practice in Hackney and will be rolled out across the council and partners where appropriate.

10 Making every contact count framework
11 Three conversations model

Joined up working: what the council will do

- Strengthen and develop working relationships between:
  - public health, housing and adults social care to achieve a better focus on prevention and understanding of wider health and wellbeing needs of older people.
  - public health and employee engagement to support improved practice around employing and retaining older staff.
  - library services (including the community library service) and adults social care
  - housing, benefit needs and adults social care teams with a focus on how to make jointly appropriate decisions that enable the best outcomes for older residents, addressing adaptation decisions for older under occupiers and reviewing housing stock and strategy.
  - property asset management and adult social care to ensure that full information is available to contractors when they go into properties occupied by vulnerable and older residents.
  - children's social care and adult social care in the context of parent, young and adult carers and whole family approaches.
  - Consultation team and customer service contact centre so that there is better awareness and signposting of current and future consultation plans.
  - Lunch clubs, faith based groups and wider council services.
- Continue to develop joint working with wider council services and health systems, including social care and hospitals.
- Continue to develop joint working and co-production with third sector partners and residents.
- Share learning of the King's Park moving together pilot across the council.

Hackney a place for everyone: what the council will do

Dementia

Dementia Friendly Communities are a national social movement to create communities in which people living with dementia and their carers feel understood, valued and involved. Hackney has been widely recognised as effectively working towards creating the foundations for a dementia-friendly borough. The work of local partners, the Dementia Friendly Hackney group and coordinators has ensured that, if efforts are continued, the borough can serve as a model for effectively engaging with a broad cross-section of the community, to deliver tangible change for some of its most vulnerable residents.

- Develop dementia strategy through the Dementia Alliance with a focus on prevention.
- Ensure that dementia services cater for those with learning disabilities.
- Continue to deliver an annual dementia festival for the borough.
- Identify 'Dementia Champions' in departments across the council and continue to promote dementia-friendly activity across the council, as per the council commitment.
- Continue to promote dementia friendly sessions to council staff and those they contract out to.

Hackney a place for everyone: what the council will do *(cont'd)*

Learning disabilities and autism

Services need to be able to respond to older people with learning disabilities, many of whom begin the ageing process at an earlier age than the general population. For some, their difficulties as older people overshadow any problems associated with their learning disability and their needs are practically identical to the older population as a whole. Others remain active and alert and would be misplaced alongside much older people but nevertheless need occupational and recreational activity and residential support which takes account both of their learning disabilities and of the ageing process. About a third of people with Down's Syndrome may be expected to show clinical signs of dementia. Dementia may begin in the early thirties and health can deteriorate quite rapidly.

- Continue to develop newly commissioned dementia service in relation to access for people with learning disabilities.
- Develop dementia awareness training in the context of learning disabled people, particularly for professionals such as GPs and care staff.
- Deliver autism appreciation sessions through community settings that are targeted at older people in order to identify autistic older people and better understand what support is needed.

Cross cutting actions:

- Explore working with nurseries and children's centres to run parent and staff awareness sessions on dementia, learning disabilities and autism.
- Develop guidance on what makes a welcoming and accessible space for businesses and services operating in Hackney to circulate via the Hackney Business Network. This would include a guide that is age-friendly, autism friendly, learning disability friendly and dementia friendly.
- Deliver training around sexuality to care staff who are contracted by Hackney Council or in-house, particularly focusing on the circumstances faced by older Lesbian, Gay, Bisexual or transgender (LGBT) people. This is particularly important in the context of understanding needs as previous local research has shown challenges for some older LGBT people who felt they were unable to present as their authentic selves with care staff.

Communication and information flows: what the council will do

Through our engagement work for this strategy, older people told us that only using digital communication can increase isolation and inequalities as not everyone has access to the internet. In addition, the lack of translated services has made it even more difficult for residents to access and understand availability of health and housing services. Some residents also are unaware of what ward they are part of.

Accessibility

- Work with frontline services to understand duties around responding to reasonable adjustments that should be made such as providing information in hard copy, offline or in different languages or use British Sign Language where required.
- Review and update internet pages around adult social care and support so that it is more user friendly.
- Promote the Older People's Reference Group Readers' Group offer that reviews accessibility of resident facing material to council services.
- Develop guidance and deliver workshops to council services on how to engage and consult with residents regarding service changes.

Communication channels

- Develop and pilot new communication materials with specific groups of older people and neighbourhood partnerships to check they find them useful and we are using the right channels and methods to reach and engage them.
- Map out and circulate settings and 'touch points' where older people may attend and find out about council services. For instance, many older people are carers for their grandchildren and may frequently attend nurseries and children centres, other settings are supermarkets.
- Maximise opportunities for outreach through council partnerships and events. For instance drop in sessions that are estate based and partnerships with tenant and resident associations.
- Consider value and reach of Hackney Senior - a quarterly magazine for older people produced by Connect Hackney as part of consultation into Council publications and e-communications.
- Include regular feature articles for older residents in Hackney life publications.

Events

- Promote and celebrate the United Nations international day of older persons on 1 October of each year.
- Review the winter warmer event to incorporate seminars around topics of interest such as grants that can be applied for, pension credit uptake, support for key transitions such as bereavement and changes to council services.

Keeping informed

- Launch the Hackney Circle website that will include service and activity information of interest to older people living in Hackney.
- Explore which age related services require additional promotion and through which communication channel.
- Pilot an annual event for service providers and council services to share information of what is available, with a similar objective and format to Winter Warmer but for all older people and locality based.

Getting online and supporting digital inclusion

- Support older people who want to get online through a digital buddy programme, involving young people as volunteers.
- Continue to produce 'how to' guides online that support users with particular tasks such as setting up an email account, or how to shop for groceries online.
- Consider the need of older residents as part of the Better Broadband programme, a partnership between Hackney Council and full fibre broadband providers to offer quicker, more reliable internet services to people living in social housing in Hackney, as well as a range of other community benefits.

Continued involvement of older people: what the council will do

- Establish a co-design, monitoring and oversight group whereby older residents are fully involved in the continual cycle of achieving and maintaining age friendly status in Hackney (see monitoring and oversight section in this strategy).
- Facilitate ongoing conversations with older people around the ageing well agenda through a range of thematic learning forums that involve co-design of solutions across borough services. These conversations should involve relevant services along with older residents and be an opportunity to showcase work, test ideas, share experiences and establish dialogue between services and residents.
- Share learning and insight with partners and system leaders in Hackney so that there is a continual refreshed understanding of needs and interests of older people living in the borough.

Strategic priority 1:
Health and Wellbeing

We know that good quality health, care and support services are essential for maintaining health and independence in the community. Although age can be one of the biggest risk factors for having a long-term condition, being free of disease is not a requirement for healthy ageing as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing.

Some of the increasing challenges in relation to health and ageing include:

- Increasing life expectancy but with poorer health
- Increased vulnerability to winter deaths
- Greater prevalence of some illnesses among specific groups of people, for example increased rates of hypertension and stroke among African-Caribbeans and of diabetes among South Asians.
- Locally, we know that many older people struggle with alcohol misuse.
- Increased caring responsibilities.

In terms of our ambitions, there are opportunities to consider different models of how we deliver care and how we utilise the neighbourhoods model to pilot programmes that are place based and effective. By focusing on prevention, everyone regardless of age, is able to consider their health and how best to maintain it. We also want older people to be not only supported with their treatment plans, but also fully engaged in informing it. We know it is important also to consider how some people do not gradually become unwell, for some it is a sudden event that can increase vulnerability and need for support.

Another key consideration is that end of life of care is everybody's responsibility and not just hospices and hospitals. We need to be more comfortable talking about end of life care plans and that all partners working with older people who are unwell know how to facilitate these conversations. Discussions could focus on the desire to die at home, the need for Advance Care Plans, the need for a will and the need to consider lasting power of attorney for health and welfare decisions. The current pandemic has shed a light on how death and grief affects everyone and that more can be done to prepare people for this, by normalising discussion around it.

We currently fund a number of free/low cost community physical activity classes for older people (including through the New Age Games and the Hackney One You programme) as well as fund the falls prevention service that has outreach objectives to deliver programmes in community settings. For specialist support, adults social care services maintain and promote independence and wellbeing of disabled and older residents. The City and Hackney mental health strategy also sets out targets in engaging older adults in the Improving Access to Psychological Therapies (IAPT) programme. The Council and other local organisations also continue to invest in advice and support services for residents, one of which is Age UK.

Continued involvement of older people: what the council will do

- Older people shared their concerns about future mental health and physical health challenges and the negative effect that losing independence can have.
- There is limited awareness of what support is available for mental health.
- Residents are happy about GP services in Hackney, but booking systems can be difficult, especially if online.
- There is a perception that there are limited NHS dentistry services and that it can be too expensive to seek treatment privately.
- Caring responsibilities are increasing and older people do not always know where to go for support.
- Quality of homecare can really vary - some services have been excellent and others quite poor.
- Residents valued opportunities to exercise but noted that the cost of access was sometimes a barrier to participation.
- Residents do not know where to go to find information about welfare entitlements.

Health and Wellbeing: what the council will do or influence

What the council will commit to do:

- Undertake consultation and engagement around physical activity for older people, and use this to inform existing provision and the design of future services.
- Undertake a review of the access needs of older people at Hackney leisure centres through the "Hackney a place for everyone"[12] review.
- Explore opportunities for public health campaigns that promote, for example, appropriate screening programmes and foot care advice, taking care to target particular communities where needed.
- Identify what support and training local organisations need in order for staff to be confident in initiating conversations about preparing for later life and end-of-life care, and then provide that training as appropriate.
- Work with and support advice providers to focus on having "what matters" conversations so they pick up broader issues that matter to people and respond to their needs.

What the council will continue to do:

- Continue to monitor and investigate whistleblowing complaints in relation to homecare services.
- Continue to invest in advice and support services for residents.
- Continue to embed dementia friendly work into service delivery and ensure that the dementia service caters to residents with all types of specific needs, including learning disabilities.

What the council will influence through partners:

- Explore what new models of care can be developed and integrated within services through the neighbourhoods programme.
- Explore development of apprenticeships in care settings
- Explore opportunities for discounted leisure centre passes for older residents through membership of Hackney Circle.
- Ensure that the new social prescribing[13] and community navigation model, and a refreshed directory of services includes advice about welfare, debt, advocacy and legal support.
- Reflect the specific mental health needs of older residents within public health mental health services.
- Work with the alcohol and substance misuse service to engage the older population, including outreach and treatment in community settings.
- Influence the carers commissioned services to consider what support provision is available for older carers specifically, including how we increase the identification of hidden carers, and address their individual health needs.
- Make sure that the oral health promotion service works with and trains care home staff to look after their residents' dental hygiene.
- Promote the recovery college provided by East London Foundation Trust, where attendees can access free classes about physical health, wellbeing, mental health and skill-based sessions like improving confidence, activism, and arts.
- Ensure that older people are fully considered within the food justice alliance action plan in relation to food, nutrition and access.

12 Hackney a place for everyone
13 What is social prescribing

Strategic priority 2:
Social and civic inclusion and respect

Social and civic inclusion and social support are strongly connected to good health and well-being throughout life. People can be present in a community but still be socially excluded. Social inclusion means that people:

- experience a sense of belonging
- are accepted (for who they are) within their communities
- have valued roles in the community
- are actively participating in the community
- are involved in activities based on their personal preferences
- have social relationships with others whom they choose and share common interests
- have friends

Language and imagery that stereotypes people in later life as feeble, not fit for work, lonely and incapable ignores the huge diversity of backgrounds, experience and ambition of people who are older. A societal change is needed that reflects and represents the diversity of later life more accurately and shifts the conversation to one which celebrates and recognises the successes and benefits of an ageing population. Older people should feel empowered about how they are represented and wish to be treated. Part of respecting a population is also about including them. Hackney has a booming economy and older people contribute significantly in financial terms. The businesses that operate within the borough and the services that are provided, both in the council and outside needs to reflect the needs and interests of this group.

Although social isolation and/or loneliness can affect people of any age, many of the risk factors, such as bereavement, transport issues and poor physical health are more common in older people making them more susceptible. Social isolation and loneliness in older people are associated with a significant increased risk of death; poor social relationships are comparable with smoking as a risk factor for mortality. We also know that there is a higher risk of loneliness in older men, people who are LGBT and older people with ethnic minority backgrounds.

True civic inclusion participation ensures that not only a person's voice is listened to, but that it is heard and taken on board and that opportunities are readily available for a person to get as actively involved as they like in their community. There should be opportunities for advocacy and campaigning, whereby older people are at the forefront of these campaigns, and not just passively engaged.

Hackney has a thriving and diverse community and voluntary sector that delivers activities across the borough, with a great range on offer for all ages. In 2015, Hackney Council for Voluntary Services (HCVS) secured six year funding to deliver programmes for residents aged over 50, under the National Lottery Community Fund's 'Fulfilling Lives, Ageing Better' programme. Connect Hackney was then set up with a focus on improving the wellbeing of Hackney older residents by reducing or preventing loneliness and isolation.

There are a number of active older people's forums in the borough and Hackney Council continues to fund fourteen lunch clubs as well as host the annual winter warmer event for older leaseholders. We know that arts and cultural events, as well as venues, spaces and libraries, have a huge role to play in keeping Hackney's communities strong and cohesive, in the face of friction created by rapid social and economic change. The council are currently delivering a strategy that sets out to support community cohesion through arts and culture, which are important aspects of Hackney life with a key focus on commitment to delivering opportunities for older residents to play an active role in Hackney's cultural life.

Social and civic inclusion and respect: what older people told us

- Residents spoke about wanting more opportunities to engage with younger people. For some older people, there is a fear of the younger generation.
- Residents appreciated the range of activities on offer through the voluntary sector, however some commented that this sometimes was not spread well across the borough or not communicated widely enough.
- Social isolation and loneliness was a significant concern for residents and activities such as befriending was really important for those with limited mobility.
- Locality based work is important- older people think about their community more than the borough as a whole.
- Limited awareness of opportunities to input to and influence service delivery and planning, particularly those who are homebound or marginalised.
- Hackney is no longer affordable and new spaces feel unwelcoming for older customers. For instance more places in Hackney have become card only which feels exclusionary. At the same time, some older people feel like others view them as 'money machines'.
- Ageism is very real and has an impact on the treatment of older people.
- Involvement in day to day activities and access to services can be very difficult if english is not a person's first language.
- Gentrification has made many older people feel left behind and they feel there are fewer places to meet and socialise.

Social and civic inclusion and respect: what the council will do or influence

What the council will commit to do:

- Develop community halls strategy that fully considers and enables the needs and interests of older people in locality based provision.
- Develop resident engagement strategy that fully considers the needs and interests of older people in how they want to be engaged.
- Undertake grants analysis of investment in borough that includes consideration of how older people are being supported within different communities and exploring joint up resourcing of investment within the council.
- Develop reciprocal intergenerational programme opportunities through Young Hackney (youth services), Hackney Youth Parliament, Hackney Young Futures Commission and schools, such as building digital skills and tackling stereotypes of both young and older populations.
- Develop new Young Hackney youth award around intergenerational and community relations work.
- Explore with Young Hackney the utilisation of youth hubs that maximise benefit for older residents, for instance use of IT hubs during school hours.
- Re-launch and better promotion of the community development fund (including the disability access fund), especially within different communities. This is funding available for community activities that Hackney council tenants can apply for that benefit residents.
- Re-launch the Hackney Circle and a new website, a free membership scheme for older residents, which aims to tackle loneliness and isolation in partnership with Hackney's cultural venues, restaurants and cafes
- Develop a new network of organisations that could collaborate on a borough-wide cultural initiative for older residents, via the culture strategy.
- Corporately review the opportunities for older people's involvement in policy making and service improvement, not just in the council but through partners at a neighbourhood level.
- Ensure that cultural events and the broader arts and culture offer build in inclusion of older people and cater for groups that feel most isolated, such as older people who are LGBT or from a black or minority ethnic background.

What the council will continue to do:

- Continue to develop uplifting activities for older people to celebrate National Windrush Day and reduce isolation.
- Continue to support older people impacted by migration policies such as through the Windrush Justice Fund and applying for EU settlement.
- Continue to support and promote independent lunch clubs serving older people across Hackney.
- Continue to ensure that the services provided by libraries is linked in to our broader cultural offer.

What the council will influence through partners:

- Undertake grant analysis of the role of the voluntary and community sector in prevention.
- Build on the success of neighbourly volunteering and advocacy and how this can be maintained and supported across neighbourhoods through asset-based development models.
- Build on intergenerational activity between Anchor Hanover extra care housing tenants and nurseries supported by Hackney Learning Trust and facilitate sharing with other housing associations.
- Ensure that the recommissioning of the City and Hackney wellbeing network[14] includes specifications around reducing social isolation and loneliness.
- Ensure that as part of the integrated care agenda, the role of community navigators and social prescribers in relation to social isolation and loneliness is considered.
- Review the learning from Connect Hackney's legacy plan and incorporate into commissioning decisions.
- Work with Hackney Works, the Business Employer Network and Social Enterprise Partnership to raise awareness and deliver training around ageism and the impact of this in recruitment and customer service.
- Review business toolkit which is a delivery mechanism of business objectives and what the council expects of businesses and highlight the importance of equality and tackling ageism.
- Produce guide for businesses and services operating in Hackney of what makes an inclusive and welcoming space. This would include a guide that is age-friendly, autism friendly, learning disability friendly and dementia friendly.
- Explore opportunities to address older people's needs through regeneration and local area plans, for instance the social value role that businesses could play when based on estates.

14 City and Hackney wellbeing network

Strategic priority 3: **Housing**

The quality of housing impacts significantly on people's quality of life. For instance excess cold, fall hazards and damp and mould are all factors that determine health and wellbeing and good housing is also essential for feelings of safety and security. We need an integrated approach to the housing needs of older people in the borough that ensures that people are not isolated and detached from the communities in which they live and that they have the help and support to remain independent for as long as possible.

The 2011 Census showed that over 60% of older residents in Hackney live in social housing. Over 20% are owner occupiers, and 10% are private renters. This is significant because Hackney Council currently owns approximately 31,000 properties and council records indicate that 37% of these properties are occupied by a resident over the age of 50. It is also significant because the 2018 Joint Strategic Needs Assessment (JSNA) showed that since 2011/12, the number of winter deaths has been increasing in Hackney,

resulting in the borough performing worse than its neighbours. Going forward Hackney Council can use its levers as a landlord, a developer, and a manager of its properties to improve housing related health outcomes where possible. In practice this means building homes that are suitable for older people, retrofitting existing stock so that it is more accessible for our older tenants, and where possible looking to facilitate transfers and downsize moves in social housing stock throughout the borough. In 2010/11 the Council facilitated 170 downsize moves annually. In 2019/20 only 20 downsize moves have occurred. This is due in part to the extreme demand for social housing. Because we know that housing and health are closely linked, looking at how we can facilitate older residents moving into better housing is an area the Council has highlighted for improvement.

There is also an increasing concern around the increasing numbers of older people who are or will continue to be private renters. This is because of insecure tenancies and potentially inadequate accommodation that does not meet age-related needs. In Hackney, approximately 10 % of older people are private renters[15]. While this is a relatively small number, 'in London, the number of households containing older people (aged 65+) who rent in the private sector is projected to double by the end of the 2030s'[16].

'Government welfare reforms have introduced new caps and freezes to benefit levels, which have removed the link between benefits and market rents, including a further reduction in the overall Benefit Cap to £23,000, and a four-year freeze to the Local Housing Allowance rate.[17]' Because of Hackney's desirable location, rental prices have increased significantly over recent years. This has meant that very few properties in Hackney are affordable for low-income older people who are in receipt of housing benefit. This issue is especially pressing for Hackney's older population due to the high proportion who are on limited incomes and the major income reduction that many people face when they retire.

In addition to this, according to the Residential Landlords Association (RLA), over two-thirds of the largest buy-to-let lenders do not permit landlords to let property to tenants receiving housing benefit. This means that those older private renters on limited incomes have considerably fewer housing options and might be in an increasingly precarious position as compared to those older people who are in secure social tenancies or owner occupiers. We know that older people who are rough sleeping are also in a very precarious situation and in need of significant and specific support that may be different to other age groups who are rough sleeping.

15 BRE 2017
16 Age UK, Supporting the Needs of Older Private Renters
17 Hackney Housing Strategy 2017-22

Housing: what older people told us

- Older people are worried about increasing electricity and heating bills.
- Residents lack information around how to downsize and what adaptations are possible.
- Residents without internet access feel excluded from the online choice based lettings bidding scheme.
- There can sometimes be difficulty in securing a repairs appointment in a reasonable amount of time.
- Home owners are concerned about service charges increasing against a fixed income and fear being exploited by private repair services.
- Older people are finding their needs are changing in regards to mobility and use of stairs but it is not always clear what housing options they have.

Housing: what the council will do or influence

What the council will commit to do:

Ensure that the new homes Hackney Council builds are designed and specified with older people's aspirations and needs in mind

- Investigate the views of some older people that 'new build homes are too expensive and not for older people' by comparing costs for social housing residents, looking at how schemes are marketed, and researching what affordable options are available.
- Explore opportunities for co-designing new build homes with older people and regeneration designers and programme managers.

Ensure that refurbishment works that Hackney Council carries out on older homes are scoped and specified with older people's aspirations and needs in mind.

- Review our specifications as part of our internal and external works contracts to maximise opportunities to improve their accessibility for and suitability to older people, within existing building design limitations, and available budgets.
- Review our specifications for voids in the housing stock to maximise opportunities to improve their accessibility for and suitability to older people, within existing building design limitations, and available budgets.

Enable older residents in all tenures to make the best housing choices for their needs

- Work with external researchers to understand the health-related and financial impacts of downsizing and moving older social housing tenants to new homes/new build flats.
- Commit existing resource to target and engage identified under occupiers, promotion of mutual exchange, using homefinder to facilitate moves out of the borough and encouraging downsizing where appropriate. This would be an actively supportive service designed to improve the downsizing offer for residents who want to move.
- Benchmark the Council's current disabled facilities grant process and make recommendations to improve customer experience, lead times, promotion and access to the grant.
- Develop training and information packs for frontline workers (occupational therapists, social care workers, private sector grant officers) who work with older people to ensure that older residents are made aware of the various housing options available to them and some next steps.

Ensure that older people are supported with their housing needs

- Explore opportunities to deliver an in-house repairs service offer that homeowners and private renters can request at cost.
- Promote the fuel poverty and energy advice service that Hackney council provides, including affordable warmth grants and a scheme that offers free home insulation for privately-owned and rented homes.
- Establish a quarterly partnership forum for older people to review projects and programmes that are ongoing.
- Review housing with care and shared lives home arrangements and ensure that Hackney's accommodation based care delivers services which are person centred.
- Ensure that the delivery of Hackney's housing strategy incorporates the needs of older people more widely.
- Ensure that the rough sleeping team considers the particular needs of older people who are rough sleepers by increasing support, with a greater focus on providing pre and post- tenancy support, including floating support.
- Ensure that older residents affected from waste collection changes from spring 2021 are supported to mitigate any impacts such as assisted collections, and adapting bin requirements to their specific needs.

Housing: what the council will do or influence *(cont.)*

What the council will influence through partners:

- Strengthen joint working between housing services and health partners.

Support older private renters

- Explore options for targeting information and advice to older private renters to ensure they know their rights, the grants available to them, and what they should do should a dispute arise with a landlord.
- Lobby against high street lenders that offer Buy-to Let mortgages that discriminate against those on pension credit and other benefits.

Support evidence-based innovative forms of housing for older people:

- Encourage innovative housing schemes such as intergenerational developments, housing cooperatives or community led housing where they have been developed based on older people's input and aspirations.

Strategic priority 4: **Public spaces and transport**

Back in 2015, Hackney was the first London borough to produce a Liveable Neighbourhoods Plan recognising the importance of creating a healthy and high quality place-based vision for local neighbourhoods within the context of an active and sustainable transport policy. We are also signed up to the Healthy Streets framework, which sets out clear criteria of street design and the resultant use of the street including clean air; easy to cross; shade and shelter; used by pedestrians from all walks of life; places to stop; not too noisy; people choose to walk and cycle; people feel safe; things to see and do and people feel relaxed.

Hackney's current transport strategy considers the needs of older people, with a particular focus on road safety for this group. We can, however and should, do more.

Public spaces and transportation have a significant impact on the mobility, independence and quality of life of older people and this affects their ability to 'age in place'. Many older residents have felt that the fast pace of change in Hackney has meant that what was once a familiar environment is no longer as welcoming, accessible or accommodating for older people. Good public seating, toilets, well maintained pavements, well lit streets, signage that is clear and visible, particularly for bus stops, and streets that feel safe for pedestrians and other road users, help older people maintain their confidence and independence.

Being able to move about an area determines social and civic inclusion and participation and access to community and health services. Environments and transport systems that enable, rather than disable, make an important contribution to individual feelings of well-being.

Public spaces and transport: what older people told us

Public spaces:

- Traffic lights do not turn green for long enough for people with limited mobility to walk across the road.
- Older residents spoke about fears of falling while out or because of cyclists or due to hazardous objects obstructing the pavement.
- The lack of accessible public toilets and street seating in the borough means that some older residents are unable to go out for long periods of time.
- Some older residents do not feel safe and are scared of being a victim of crime, especially around scams.

Transport:

- Older residents enjoy the use of freedom passes which has allowed for independence and freedom to move around the borough.
- Services such as dial a ride and taxi card were seen as lifelines but poor quality of service due to cancellations, late arrival or inconvenient pick up times.
- Residents spoke about how bus drivers don't always park right by the kerb and drive off before commuters have had a chance to sit down.
- Older residents spoke about the importance of good transportation in being able to access social activities.

Public spaces and transport: what the council will do or influence

Public Spaces:

What the council will do:

- Develop and distribute a toilet map of the borough that includes toilets maintained by Hackney Council.
- Develop a public campaign around pedestrian and cyclist behaviour and safety.
- Explore how residents can feedback to Public Realm on how accessibility can be improved, for instance particular areas that require traffic light countdown timers.
- Involve older people in designing parks and green spaces that enable them to access, enjoy and fully participate in them.
- Review suite of furniture used by Public Realm, such as public benches and ensure that new products are fully accessible and meets the needs of older residents.
- Ensure enforcement powers for obstructions to pavements, for instance dockless bikes parked on the pavement.
- Ensure that new planning proposals and delivery by developers have mechanisms in place to consider older people's needs.
- Build in opportunities via the Hackney an accessible place for everyone programme, for planning consultations to have 'planning for real' exercises that involve walking around the borough with residents and considering accessibility concerns.

What the council will influence through partners:

- Work with members of our Hackney Business Network and Social Enterprise Partnership to sign up to and launch a 'time to rest and use the loo' campaign, where older residents can use toilet facilities and take the time to rest in shops and restaurants without pressure of purchase.

Public spaces and transport: what the council will do or influence *(contd)*

Transport:

What the council will do:

- Convene a forum around transport with older people and bus franchises that operate in Hackney.
- Review fleet of council managed transport and potential for this resource to be shared by other council services for the benefit of older residents.
- Review grant funded community transport provision and how benefits can be maximised for older people, as well as explore new forms of community transport such as cycle taxi services and discounted taxi services.

What the council will influence through partners

- Lobby for training for bus drivers on passenger comfort and access.
- Work with TFL to feedback views of older people on services like dial a ride and taxi card.
- Lobby for the continued use of freedom passes and the removal of time restrictions for use.

Strategic priority 5:
Employment and skills

Older people play a crucial role in their communities – they engage in paid or volunteering work, share experience and knowledge, or carry out caring responsibilities within their families. However, for those who want to work in paid employment, this can sometimes be challenging as people get older.

The Council's 2018 Residents' Survey found that only 31 % of residents agree that access to job opportunities are available to everyone equally in Hackney. Residents aged 55-64 years and 65 years or older were among the least optimistic about this. Local residents aged between 50-64 years have a lower employment rate than residents of the same age across London, and they are more likely to be unemployed and to be economically inactive. We know that some residents in their 50s are struggling to get support to retrain in their existing job or to change careers and find decent, fulfilling work. Some had ended up working on zero hours or temporary contracts and feel that employers were more likely to recruit or train younger workers.

The UK workforce as a whole will continue to age and in Hackney, over the coming decade, we expect to see the largest share of population growth to be amongst people of working age (16- 64), especially in the 40-64 age group.

Employment and skills: what older people told us

- Lack of awareness on how to access training opportunities to 'broaden the mind'.
- Where residents did want to work, they have found employment services to be judgemental and there is difficulty in finding a job, especially where they had additional needs.

Employment and skills: what the council will do or influence

What the council will commit to do:

- Explore a 6-month traineeship programme through Hackney Works that embeds key functional skills qualifications, and improves employability skills through training and a work placement over a sustained period.
- Build into Hackney Works' employment and skills plans an expectation that businesses will maximise social value through a focus around older people.
- Identify opportunities for older residents to volunteer through council activities, such as at Hackney culture events.
- Pilot work to co-design employment support tailored for older people to tackle age related barriers to employment which are already identified.
- Explore how to support local employers to create healthier workplaces for older people using the London Healthy Workplace Award framework.

What the council will influence, through partners:

- Facilitate opportunities for expanded learning opportunities and education for older people, such as intergenerational 'tech and learn' sessions between older and young people to build digital skills.
- Work with partners such as the Job Centre in raising awareness of ageism and stigma.
- Support the promotion of structured volunteering programmes by working with organisations such as Volunteer Centre Hackney and St Joseph's Hospice as well as our future work on volunteering in parks and green spaces.

Strategic priority 6:
Safeguarding, Safety and Security

Everyone should feel safe and secure in their own home and neighbourhoods and this is an important factor for ageing well. Although there is a continued focus to help keep children, young people and vulnerable adults safe, more can be done to look at the particular needs of older people which can be very different from the wider population. Hackney should be a place where everyone is able to live in safety, free from fear of crime, abuse or neglect. In the social and civic inclusion and respect section, older residents told us that they were sometimes scared of younger people in the borough and we will take steps to look at more opportunities for intergenerational engagement. Actions related to intergenerational opportunities cross references with this section as well.

Older victims experience abuse for twice as long before seeking help as those aged under 60 and nearly half have a disability. For those over 60, there is also an increase in numbers of male victims and the violence being perpetrated by an adult family member. Yet older clients, both men and women are hugely underrepresented among domestic abuse services[18].

In terms of safety, assistive technology is a key aid in supporting older residents. We are running a number of small pilots to learn as we go, starting with a wrist-worn alarm that allows the wearer to request help wherever they are if they are feeling unwell or unsafe. We will be comparing this with the pendant alarm that we currently provide. In light of the covid-19 pandemic, the need to support particular groups such as older people was seen as critical. Being able to identify and understand the needs of residents in times of emergency needs to be continually reviewed and forms an important part of this strategy.

18 Safe Later Lives: Older People and Domestic Abuse, SafeLives, 2016

In Hackney, as elsewhere, covid-19 has unleashed a wave of intergenerational solidarity. Mutual Aid groups exist in every Ward and Council staff are joining GPs, voluntary organisations and residents in neighbourhood discussions to ensure residents are supported. We will work to ensure this neighborliness continues beyond the Covid-19 outbreak, but that older people play an active role in co-producing these interventions so they are not just passive recipients of care.

Safeguarding, safety and security: what older people told us

- Fear of young people when walking outside.
- People are scared of being scammed online, over the phone and at the door.
- Sometimes the front gates of a building are kept open which leaves tenants vulnerable to strangers.

Safeguarding, safety and security: what the council will do or influence

What the council will commit to do:

- Develop a public campaign around protection against digital, on the door and telephone scams. This would include outreach awareness raising with services and residents, partnership working with police and setting up registered trader schemes.
- Develop a public campaign raising awareness of adult social care safeguarding concerns, particularly around financial management and neglect.
- Raise awareness with frontline professionals about working with older people and safeguarding needs such as neglect, financial management, fraud, internet safety and domestic abuse.
- Undertake survey to identify social housing residents who may need additional and specific support in the event of an emergency evacuation or may do so in the future.
- Review council and community response to covid-19 and lessons learnt in relation to protecting and supporting vulnerable residents in emergency situations, ensuring that older people are at the heart of these discussions.
- Improve awareness of abuse within all communities through partnership working with grassroots community-based organisations and tailor awareness raising to the needs of individual communities through a range of channels including training, campaigning, social media and mainstream media.

What the council will continue to do:

- Continue to explore how assistive technology might help individuals live independently, healthily and confidently, and be able to access the right services for them.
- Continue to invest in community safety services and work across our services in partnership with the community, police and voluntary sector to divert people away from crime, create meaningful opportunities and keep residents safe.
- Continue to identify vulnerable residents and ensure that support mechanisms are in place through the resident sustainment team.
- Continue to ensure that our response to violence against women and girls acknowledges and addresses the barriers faced by all victims of VAWG, and that professionals develop an intersectional approach that recognises the unique experiences of victims and survivors.

What the council will influence, through partners:

- Work with police around racial profiling and respect in relation to older people.

Strategic priority 7:
Hackney as an employer

39.4 % of our workforce in Hackney council is aged 50 and over[19]. How we plan for an ageing workforce is an important step in supporting our employees as they get older, ensuring that they have the opportunities to excel in their career as everyone else, if that is what they want to do. We need to continue to review our policies and processes to ensure that our offer of employment remains accommodating for all staff. Hackney Council was awarded 'excellence' in the London Healthy Workplace Award framework and this needs to be built upon.

19 Workforce profile 2018/2019.

Hackney as an employer: what employees told us

- It isn't always clear at what age people can retire and what the options are for phased retirement.
- There isn't enough conversation with managers about manual based work and how staff continue to manage this and want to be supported as they get older.
- It is not always clear what benefits are available for staff in regards to supporting their mental and physical health.

Hackney as an employer: what the council will do

Policy and process:

- Monitor recruitment by age, as part of understanding our workforce through data.
- Review all related policies and guidance, such as planning for retirement and flexible retirement, understanding pensions and reasonable adjustments and add a dedicated page for age related topics on the intranet.
- Continue to review work related risk assessments, for instance are there risks/impacts on some older workers because of the nature of the work.
- Continue to explore redeployment processes for age related reasons, for instance where there are ongoing physical demands of a job.
- Continue to promote flexible working patterns and jobs that are part time or involve job sharing.

Raising awareness:

- Develop an in-house training course to managers on managing and supporting an ageing workforce.
- Continue to raise awareness with managers on topics such as dementia and menopause and how to support staff through reasonable adjustments, flexible working and staff forums.

Better promotion:

- Better promote the well being services available to all staff.
- Promote advice on looking after health and wellbeing; and awareness raising of topics like: exercise, sleeping well, nutrition, managing stress, stopping smoking.

Monitoring and oversight

Once this strategy is formally adopted, an action plan will be developed and will prioritise deadlines and the implementation of actions, identified in this document, based on immediate opportunities, drivers and needs. This is especially important as the strategy is working across a whole system and is a living document that can change according to the need at the time.

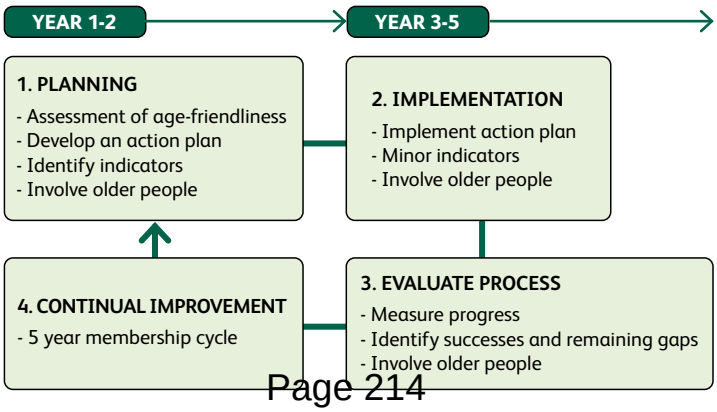
The development of this Ageing Well Strategy also includes the objective of becoming a member of the World Health Organisation's (WHO) Global Network of Age-friendly Cities and Communities (GNAFCC)[20]. Once a member of GNAFCC, Hackney Council will be committing on an ongoing basis to developing policies, services, settings and structures that support and enable people to age actively.

Membership of the Network will enable Hackney to benefit from an exchange of information and experience between cities and communities across the globe. It will also enable Hackney to access information on best practice for developing an inclusive and accessible community and good public spaces. Continued membership of WHO's network requires the pursuit of improvements against indicators[21] from a range of domains from outdoor spaces and buildings, through to transport, social and civic participation, communication and information, and respect and social inclusion. We will be using this framework of indicators, in addition to completion of the actions noted throughout this strategy as measures of success.

In order for this strategy to be truly transformational, there are three areas of focus:

- Governance led by older people will be set up to monitor this work and actions that require co-design will be identified and delivered, ensuring that older people remain fully engaged and part of this process of change.
- a regular reviewing framework will be developed that will monitor progress and report to the community. This strategy is five years to account for the five year WHO continuous cycle (see diagram below). As the cycle is a rolling one, at the point of adoption, we will be able to move through and start at the implementation phase. Reviews will be conducted annually, with outcomes available to the community through a learning workshop. Hackney Council will also report progress to the GNAFCC and report frequently to both the cabinet lead with responsibility for the ageing well strategy and the mayoral advisor on older people.
- Communication is timely and accessible to residents. While this full strategy incorporates a great deal of detail and context, reports and updates for residents and stakeholders will be co-produced with this commitment in mind. We expect to involve older residents in this work as part of the monitoring framework in how messages are being delivered.

20 Age friendly cities network
21 Global Age-friendly Cities: A Guide



Appendix:
Acknowledgements in detail

Below is a list of organisations and resident groups we held resident focus groups and briefing sessions with to inform the development of this strategy.

Age UK East London

Bel Kheir Somali community group

Carers Centre - support carer groups for somali women and turkish speaking women

City and Hackney Clinical Commissioning Group

Core Arts

Dementia Alliance

Friends of Woodberry Down

Hackney Brocals

Hackney Council employees

Hackney Cypriot Association

Hackney Dudes

Hackney Friends at Mount Pleasant urdu speaking women's group

Hackney Pensioners Convention Group

Hackney Matters Citizens Panel (online)

HCVS Connect Hackney

HCVS Lunch Clubs Network

Interlink

Keeping it real Board

Latin American Women's Group

Lunch Up Lunch Club

Older People's Reference Group (OPRG)

Oswald Centre

Rainbow Grows

Residents who attended our sessions at events

Sharp End

Shoreditch Trust

St Joseph's Hospice

St Michael's Church Group

Trowbridge Pensioners Club

Turkish Cypriot Cultural Association

Wenlock Barn Estate Pensioners Group

Wick Awards

Windrush Elders

X,Y,Z club at Cambridge Heath Salvation Army

Thank you also to Connect Hackney who supported the recruitment of the community engagement coordinator and five facilitators who co-produced this strategy.

A special thank you to the facilitators who worked tirelessly and passionately to listen to and advocate on behalf of all older residents in Hackney. Andrew, Gloria, Veronica, Juliana, John and Nic'ola.

Hackney

Title of Report	Hackney Health and Wellbeing Strategy update
For Consideration By	Health and Wellbeing Board
Meeting Date	21 March 2024
Classification	Public
Ward(s) Affected	All wards
Report Authors	Joia de Sa Consultant in Public Health, Co-lead City & Hackney, Population Health Hub Andrew Trathen Consultant in Public Health Jenni Millmore Senior Public Health Specialist Anna Garner Head of Performance and Population Health, Co-lead City and Hackney Population Health Hub Jess Veltman Programme Manager, City and Hackney Population Health Hub Rachel Salmon Policy and Strategic Delivery Team, LBH

Is this report for:

☑	Information
☑	Discussion
☐	Decision

Why is the report being brought to the board?

For an update on the progress of implementing the Joint Local Health and Wellbeing Strategy

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

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

None

1. Background

1.1. Hackney Health and Wellbeing Board have been developing the Joint Health and Wellbeing Strategy since November 2020. Every local Health and Wellbeing Board (HWB) has a duty to produce a Health and Wellbeing Strategy. A Health and Wellbeing Strategy outlines key health and wellbeing priority areas for HWB partners to take joint action on, in each local authority area with a statutory requirement for the NHS Integrated Care Board to reflect priorities in the North East London integrated care strategies

1.2. Hackney Health and Wellbeing Board have agreed that the overall aim of this strategy is to reduce health inequalities, focusing on three priorities: improving mental health, increasing social connections and supporting greater financial security. The Strategy was signed off at the 23 March 2022 Board meeting, and work started to develop the implementation plan in July 2022. Since November 2022, this work has been led by the Population Health Hub

2. Summary of last update - March 2023

The Board was last presented with an update in March 2023. At this meeting, the following was presented and the approach agreed:

2.1. Improving mental health

Scoping was underway for a Mental Health needs assessment which will form part of the Joint Strategic Needs Assessment. It was proposed that this is an ideal opportunity to draw together strategic priorities from across the system, and integrate current data and insights (including from resident peer research) and then formulate a set of actions to address the needs of our community and reduce inequalities in mental health. The Mental Health Integration Committee, which meets monthly, would be tasked with oversight of this and the subsequent strategic action plan.

2.2. Increasing social connections

A group consisting of ‘social connection leads’ from each HWB had been formed with terms of reference, to be co-chaired by Cllr Kenney and Joia de Sa, Consultant in Public Health, with plans to try to increase reach across LBH, health and care services.

2.3. Supporting financial security

A system-wide group had been established, meeting monthly to ensure there is an aligned cross-organisation response to the cost of living crisis, with a

view to ensuring effective interventions are identified to improve the final security of residents, and to reduce inequalities in this.

3. Current update

Overall co-ordination and implementation

3.1. The Population Health Hub has recognised that this would be a good time to bring all the priority areas together to share progress, learning and continue to identify opportunities for collaboration, particularly as the priorities are very inter-related.

3.2. We have been offered support from the Local Government Association in the form of Executive Associates who could facilitate this. The Associates are:

- Eleanor Roaf, Ex- Director of Public Health, Trafford MBC
- Elspeth Paisley, System Convenor, Barking & Dagenham Community Locality Lead
- Julie Wood, Ex-Chief Executive of NHS Clinical Commissioners

3.3. They have also offered to facilitate a development session for the Hackney HWB to enable the real leverage of the HWB as a strategic partnership that supports these 3 priorities, as well as a health in all policies approach. This would follow on from and complement the development session that was facilitated by a previous LGA associate, Alan Higgins, in 2021 (before the new HWB strategy) which aimed to explore the role of the HWB in relation to configuration, operation and impact.

3.4. To inform the development session, the associates are proposing 1:1 interviews with HWB members for about 40 minutes to be held online at a mutually convenient time. The associates are proposing this, rather than a questionnaire, to allow time to 'get under the skin' of issues. These interviews would inform a separate development session/away day to be attended by HWB members, ideally in person to discuss the feedback and agree ways forward.

3.5. To progress this, the HWB would need to agree on objectives and outcomes for this process. These objectives and outcomes would then inform the interviews and development session. Suggested objectives and outcomes are below for discussion:

Objectives of workshop	1. Enable the Board to adopt ownership of the Hackney HWB strategy priorities and work to support the continued implementation of these 2. Define the role of the HWB Board and its relationship with wider partners, particularly the Place-based Partnership, in improving population health

	3. Develop a way for the Board to hold itself accountable for its implementation of a Health in All Policies approach
Anticipated outcomes	● Agreed vision for the Board in relation to the HWB strategy priorities and an agreed approach to support for these ● An agreed set of partnership principles, and structures to support these, in relation to the role of the HWB and its relationships ● Shared understanding of 'health in all policies' and an agreed way of ensuring the Board holds itself to account to this approach

Request for input from Health and Wellbeing Board on overall co-ordination and implementation:

1. To discuss and engage with the idea of the development session provided by the LGA
2. To agree the objectives and outcomes for this process

3.6. Improving mental health

There is a wide range of work being undertaken to support residents' mental health across the Local Authority, NHS and voluntary sector. Despite this, current service capacity does meet the high levels of need locally. Hackney's population has some of the highest rates of mental illness in the country, which is partly related to wider determinants, such as high levels of deprivation, lack of affordable housing and inequalities. Covid-19 and the current cost of living crisis have exacerbated the challenges. Services report a marked increase in the complexity of residents presenting, requiring a greater amount of time and expertise to support them.

Therefore, the Health and Wellbeing Strategy including mental health as one of its three priority areas is very welcome. The inequalities funding has provided some much needed additional funding to develop new mental health projects and support existing ones. However, funding remains a challenge, and it is important we create maximum value from the resources we have.

Work is progressing in line with the previous update brought to the HWB last year. A fuller update will follow in due course.

3.7. Increasing social connection

Approach

The Social Connections Leads Group has met quarterly since the last update. Although an action plan for increasing social connection had been developed before this group was established, there was a consensus that rather than

defining actions immediately, the group should adopt an asset based approach which focussed on learning and listening to partners who are currently delivering effective initiatives to increase social connection across City and Hackney.

The initial meetings have involved:

- Defining the objectives of the group and establishing collective ownership of this priority
- Hearing from different organisations working in Hackney to support increased social connection; showcasing best practice examples and case studies which illustrate what works (including Hackney Libraries, The Pedro Club, Hackney Showroom, The Kitchen Club, Volunteer Centre Hackney, Hackney Caribbean Elders Association, Woodberry Aid).
- Exploring definitions of social connection, social isolation and loneliness and how these factors affect population health
- Sharing data and insight from residents who identified this area as a health and wellbeing priority for Hackney
- Exploring the factors which influence social connection and introducing national evidence, policies and frameworks to help explore these

Developing priorities for action

At the last meeting, the group explored different frameworks for action, including the existing local social connections action plan and the US Surgeon General's framework (which provides a framework for a national strategy to advance social connection. A follow-up facilitated workshop is planned for April to develop and finalise our local approach. It is likely that the group will adopt a similar approach to that of the Health Inequalities Steering Group, focussing on areas in which to 'act', 'enable' or 'watch', based on varying levels of involvement.

We have also recruited an additional 3 representatives from the Voluntary and Community Sector (VCS) to join the Social Connections Leads Group who will be responsible for both bringing in ideas from their sector, as well as feeding back and disseminating ideas from this group.

Links to wider work

Measuring social connection

As part of this work, we have engaged with regional approaches which aim to measure forms of social connection and are exploring how these may support us to measure the impact of this work. These include:

- The GLA Civic Strength Index, which aims to help London boroughs and organisations support discussions about the strengths of their communities and consider how build on them.
- UCL IGP's (Institute for Global Prosperity) citizen-led Prosperity Index, which measures what matters to the prosperity of local communities in east London. The *Citizen Prosperity Index* (CPI) for east London reports

on 17 headline indicators, falling under one of the 5 key prosperity domains, including ‘Belonging, Identities and Culture’.

Director of Public Health (DPH) Report on Social Capital

Social capital has been selected as the topic for the Annual DPH reports for 2023/24 and 2024/25. We are working with colleagues leading on this work to ensure we maximise the learning and opportunities around this work.

Request for input from Health and Wellbeing Board on increasing social connections
1) Renewed effort around membership of the social connections group as not all HWB organisations are currently represented

3.8. Supporting greater financial security

Supporting financial security within the Health and Wellbeing Strategy across the system, brings together work happening in individual partner organisations (including London Borough of Hackney Poverty Reduction Framework). The approach to reducing poverty and increasing financial security requires a wider approach with residents, directly and with local community partners to achieve better outcomes for the borough and tackle inequalities through:

Prevention

- Early, fairer help and prevention - in communities and with communities
- Developing more empowering ways to meet needs, based on strengths and agency
- Working more relationally, whether at a community or individual level
- Building reach and access to services

Community confidence and cohesion

- Building trust and confidence between communities and the state
- Proactively promoting tolerance between communities and standing up for communities against discrimination and hate
- Helping us to change - becoming more open, inclusive and culturally humble
- Improving the way we communicate and engage with residents

Smoother, more effective decision making, strategic responses

- Developing better strategy and solutions by collaboratively across the system, and working more openly with residents to take on board their lived experience and insight and ideas
- Being agile and adaptive in the context of continued uncertainty and crisis - helping us to anticipate and respond effectively
- Supporting good officer / member relations because we have a shared understanding of communities and place, history and context thus helping us develop better decisions

This is what we as partners are doing to improve financial security:

1. Radical innovation: trusted referral partners
2. Peer support and Learning, equipping frontline staff to better support residents.
3. Social value
4. Welfare and financial advice embedded in health settings
5. Community partnership
6. Enterprise and social economy
7. Engagement and co-production

See slides for more detail on approach, current activities and plans.

Request for input from Health and Wellbeing Board on supporting greater financial security

1) How do we get teams across health and care services locally to take on wider determinants of health as their responsibility – including the Health Wellbeing Board priorities? How do we mainstream this as a way of working?

2) How do we get partners to understand our approach to poverty reduction and financial security and understand what they can do within their team/service/transformation area?

3)How do we create capacity across partners to be able to take a preventative approach (and be able to balance tendency toward short term thinking e.g. system financial recovery with longer term approach needed to tackle resident poverty and financial security)?

Implementation plan for 2024

	1. Improving mental health	2. Increasing social connection	3. Supporting greater financial security	Overall co-ordination
2024	• Complete planned mental health needs assessment(s) • Explore options for improved data sharing, including ongoing data capture to support the MHIC's oversight role • Explore options for further improving inclusivity and integration between the different mental health services and wider support services	• Social connections priorities developed and work started to implement • Measurement framework discussions continued	• New governance for financial security work established • Learning from pilots/evaluations (welfare advice in health settings, Healthier Wealthier families, trusted referral scheme) incorporated into our approach • Partner sign up to approach	• Regular co-ordination meeting established between priority areas • LGA facilitation support to identify opportunities for collaboration • LGA facilitation support to HWB members to discuss greater opportunities to amplify HWB priorities

4. Policy Context:

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

☐	Improving mental health
☐	Increasing social connection
☐	Supporting greater financial security
☑	All of the above

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

☐	Strengthening our communities
☐	Creating, supporting and working with volunteer and peer roles
☐	Collaborations and partnerships: including at a neighbourhood leve
☐	Making the best of community resources
☑	All of the above

5. Equality Impact Assessment (EIA)

Has an EIA been conducted for this work?

☑	Yes
☐	No

Each priority area has/continues to be responsible for ensuring that they have given due consideration to the impact on equalities; the strategy's main purpose is to give full consideration to impact on equalities

6. Consultation

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

☑	Yes

☐	No

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

☑	Yes
☐	No

7. Risk Assessment

To be confirmed - as plans progress

8. Sustainability

To be confirmed - as plans progress

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Contact details	joia.desa@hackney.gov.uk
Appendices	1. Slides on increasing financial security

Supporting greater Financial security and Reducing Poverty

Presentation to the Hackney Health and Wellbeing Board

21st March 2024

Health & Wellbeing Board

Health and Wellbeing Board priorities

Health & Wellbeing Board

Supporting greater financial security and reducing poverty is one of Hackney Health and Wellbeing Board's three priorities.

We believe that reducing poverty contributes to the other two priorities:

- **Improving mental health:** Being in poverty causes stress and can lead to relationship breakdown which can contribute to poor mental health;
- **Supporting social connection:** Good social connections can help residents access the help they need quickly. This helps prevent and mitigate the impacts of poverty.

We need to work differently, why?

Rising demand for services

Growing inequality

Declining resources in the system

Declining faith in democratic legitimacy

Community Paradigm

More power & resources to communities

(New Local)

Building Future Public Services

Citizens shape outcomes and services

(The RSA)

Co-Production

Recognising the community as an asset

(The LGA)

How?

Working with residents, directly and with local community partners to achieve better outcomes for the borough and tackle inequalities through:

Prevention

- Early, fairer help and prevention - in communities and with communities
- Developing more empowering ways to meet needs, based on strengths and agency
- Working more relationally, whether at a community or individual level
- Building reach and access to services

Community confidence and cohesion

- Building trust between communities and the state
- Proactively promoting tolerance between communities and standing up for communities against discrimination and hate
- Becoming more open, inclusive and culturally humble
- Improving the way we communicate and engage with residents

Smoother, more effective decision making, strategic responses

- Developing better strategy and solutions collaboratively across the system, and working more openly with residents
- Being agile and adaptive in the context of continued uncertainty and crisis
- Supporting good officer / member relations thus helping us develop better decisions

How? cont

Health & Wellbeing Board

System Level:

- Helping to support people who have been ‘lost’ or ‘stuck’ in long term system usage
- Helping to spot early warning signs and extending reach of other services
- Enabling individuals to gain access to lower levels of support through joined-up approach.
- Moving other services towards a more person-centred, preventative approach.

Community Level:

- Building Community Connections/introductions
- People finding community solutions
- More engagement with community groups
- Building Community Capacity and stronger community infrastructure

Individual Level:

- Supporting people to feel more confident to navigate challenges facing them
- People more able to access services and navigate the system
- Individuals developing stronger social connections

Our approach

Health & Wellbeing Board

Radical innovation
Since February 2023, 14 council, health and care services can make fast referrals for financial support for residents who need it. This builds reach and encourages preventative approaches.

Peer support and Learning
Equipping frontline staff to better support residents.

- Regular partnership-wide newsletter describing help available and a fortnightly 'tools for front line practitioners' session.
- Peer support sessions available to Black and Global Majority community practitioners and frontline staff to share insights, draw out learning and promote wellbeing
- Making Every Contact Count training for frontline staff

Social value
LBH Money Hub - single access point for emergency funding. Data used to identify those at risk. Maximising income and benefit take-up. Outreach workers collaborate with community partners.

Welfare and financial advice embedded in health settings
Welfare advice in health settings programme currently funded by PH/ICB - evaluation due June 2024
ELFT Healthier Wealthier families pilot (financial advice within Children's disability services) - also being evaluated currently

Employment support and financial resilience being considered for integration into ERNH outcomes framework

Our approach (cont'd)

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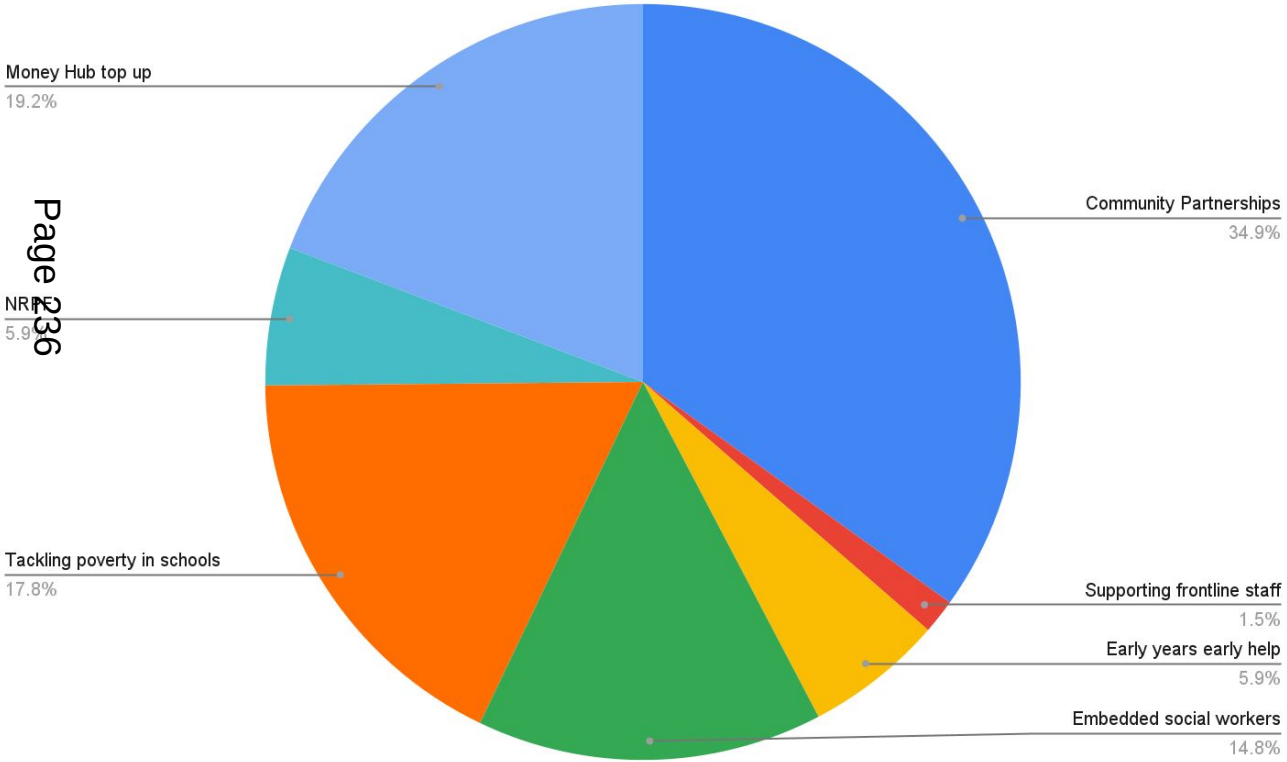
Community partnerships
Community partners are better able to reach diversity of residents than the Council. Investing in them builds community wealth. Mapped organisations and created open ways to bring people together. Routed funding like Household Support Fund to community partners to reach those in need

Enterprise and social economy
Worked with community partners to develop more sustainable ways to support residents through community shops. Invested in infrastructure needed to manage food surplus so it can be centrally stored and distributed to a wide range of partners. Exploring how we can better tackle food poverty in school Building links between the Food Network and Lunch Clubs - just over £200,000 invested annually to support 12 clubs.

Engagement and co-production
Developing hyper local partnerships, supported by two "system convenors." Aided mobilisation of warm spaces and network of 25 organisations funded because of community reach. Now, social prescribers, Money Hub and employment support deliver outreach in community settings. Now enabling VCS organisations to shadow Council services and vice versa. Creates connections between Council led services and grassroots support.

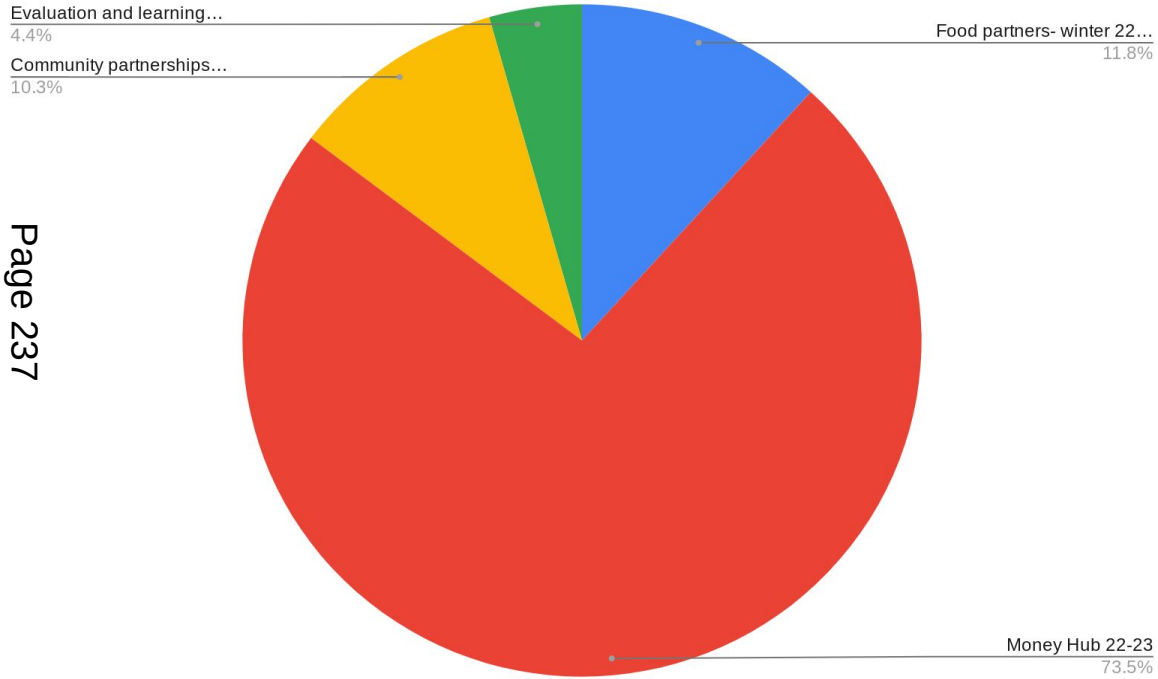
£1.69m additional LBH investment in poverty reduction: 2020 and 2024



2020-23 -£840k
23-25 £850k

Objective 1: prevention
Early years early help: Fresh food voucher scheme linking with markets and development of early help work
Social workers embedded in homelessness prevention- to help them secure and maintain housing tenancies.
Objective 3: material needs
Community partnerships, developing social economy, developing hyper local partnerships, inc right to food
Tackling poverty in schools
NRPF: hardship and advice
Money Hub - advice and partnership work
Objective 5: ways of working
Supporting frontline staff - digital tools,support to 100+ frontline workers

£68k additional health investment in poverty reduction: 2022 to 2025



Objective 3: material needs

2022-23
£80k Food partners- winter

2023-25
£500k Money Hub

2024-25
£70k Community partnerships
£30k Evaluation and learning

Live issues - temporary extension of HSF and rollout of Universal Credit

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£5.6m annual Household Support Fund has been extended, but only until the end of September 2024

Availability of crisis support has encouraged residents to come forward for longer-term support. Funding has enabled services to engage in poverty reduction

Crisis payments have been crucial in alleviating short term need, reducing stress and enabling residents to purchase essentials like food, fuel and warm clothes.

Families on free school meals, the Orthodox Jewish community, older and disabled residents, households in Temporary Accommodation and VCS organisations providing food and advice will be most impacted when funding ends

From April remaining claimants to legacy benefits, except Employment Support Allowance and ESA with Housing Benefits will be migrated to Universal Credit.

Danger residents could lose entitlement if they ignore migration letters, leading to loss of income, rising debt and rent arrears

Registered Social Landlords and Hackney Housing risk losing revenues

From Crisis Support to Early Help and Prevention

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- Profiling recipients of crisis support to understand who we have reached
- Working with University of Sheffield to collect case studies and conduct in-depth interviews with HSF recipients to better understand personal, community and institutional supports that prevent crisis, to inform future commissioning and service design
- Analysing Council spending with voluntary and community sector with a view to redirecting funding to support early help and prevention if necessary
- Building on our collaborative work to develop a Fairer Help model enabling statutory services share expertise to help VCS partners support residents more effectively

Early learning and case studies

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Discussions with services and case studies received to date suggests our approach has;

- Crisis support, though flawed, can build trust with residents otherwise reluctant to engage, reduce stress, free up cash e.g. for warm clothes or address short-term cash flow;
- Tools and peer support activities have Built trust between services system-wide;
- Enabled services to start thinking about prevention and poverty reduction
- Long-term support and capacity needed to further develop the work

Challenges for system and partners

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How do we get teams to take on wider determinants of health as their responsibility – including the Health Wellbeing Board priorities? How do we mainstream this as a way of working?

How do we balance tendency toward short term thinking (e.g. system financial recovery) with longer term approach needed to tackle poverty and financial security)?

How do we get people to understand the approach to poverty reduction and financial security, and understand what they can do within their teams, services, transformation areas?

How does this work practically?

- What is the most effective governance of this work?
- How do we ensure alignment of projects?
- How do we keep partners updated and allow partners to collectively plan our work?

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