Hackney Joint Health & Wellbeing Strategy - 2022/26

Executive summary

Who has created this strategy and why?

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

What is our aim?

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

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

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

Adapted from Dahlgren and Whitehead (1991)

Across the country, we know that people experience significant health inequalities.

This is also true for Hackney. Between 2003 and 2018, an estimated 4,000 premature deaths locally were attributed to socioeconomic inequality. *(Public Health Team, London Borough of Hackney)*

How did we come up with this strategy?
We have a lot of information about health and wellbeing in Hackney, which has helped to inform this draft strategy. You can find out more about this in our health and wellbeing profile (Joint Strategic Needs Assessment) and our review of health needs in the local population.

In developing this strategy, we have engaged with many local people who live and work in Hackney. This insight, combined with the information we already held, has been invaluable in shaping this strategy.

What are we going to do?
The strategy sets out broad areas for action, and a more detailed action plan will be developed in 2022. Our focus areas for partnership action over the next four years are:

improving mental health and preventing mental ill-health	increasing social connection	supporting greater financial security and reducing poverty

For each of these we are going to take an approach which reduces health inequalities. We will do this by using the objectives set out in the Marmot Review 'Fair Society, Healthy Lives' (2010), as a way to guide where action is needed. This involves looking at each issue from these perspectives, and asking how do we:
- Give every child the best start in life (often by recognising the role of families)
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Ensure effective action is taken to address racism and other forms of discrimination.

Doing things differently: how will we work?

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

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

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

Strengthening communities	Volunteer and peer roles	Collaborations and partnerships	Access to community resources
Community development	Bridging	Community-based participatory research	Pathways to participation
Asset based approaches	Peer interventions: ● peer support ● peer education ● peer mentoring	Area-based initiatives	Community hubs
Social network approaches	Volunteer health roles	Community engagement in planning	Community-based commissioning
		Co-production projects	

From [Community-centred public health: Taking a whole system approach (2020)](#)

Many partnerships will be crucial in this work. It is important to balance the efforts needed to create and support good health today with the need to transform and improve for the future. One way to do this includes working at a neighbourhood level across Hackney, which has already provided the foundation for balancing today's pressures and future improvements and will continue as part of this strategy.

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

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

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

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

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

What happens now?
We want to find out if people who live and work in Hackney support this strategy, and to ask for their suggestions about how it can be turned into action. The consultation is open between November 2021 and February 2022 [link to be included].

The consultation feedback will be used to produce a final strategy, which if approved by the Board in March 2022, will then be published. An action plan will then be developed and published in the summer of 2022.

Contents

Foreword

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

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

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

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

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

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

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

Preface

- to be written by one or two of our peer researchers

Introduction

Hackney Health and Wellbeing Board works as a partnership to improve the health and wellbeing of local residents, with a specific and strong focus on tackling health inequalities. Our partnership is broad, to reflect our 'health in all policies' approach - recognising that because the influences on health are wide ranging, we need to consider health in decisions made on many different issues.

What do we mean by health and wellbeing?
Health can be defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

We define health inequalities as the avoidable and unjust differences in health outcomes between groups of people and communities.

What is our focus going to be?
This strategy will form part of our work taking positive collective action to prevent and remove health inequalities - the avoidable and unfair differences in health between different groups and communities.

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

Who is involved in this work?
The Health and Wellbeing Board brings together people from:
- The Local NHS and care services
- the voluntary and community sector
- Healthwatch
- Hackney Council
- organisations in the borough whose work might influence health and wellbeing such as housing, education, community safety, employment and the built environment.

This particular strategy just focuses on Hackney. Many parts of the Board will continue to work outside Hackney too (for example including the City of London, or at a North East London 'system' level).

What can influence health and wellbeing?

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

Adapted from Dahlgren and Whitehead (1991)

During the development of this strategy, we have been using this framework to group some of the things that can influence health and wellbeing and help define who might be involved in taking action.
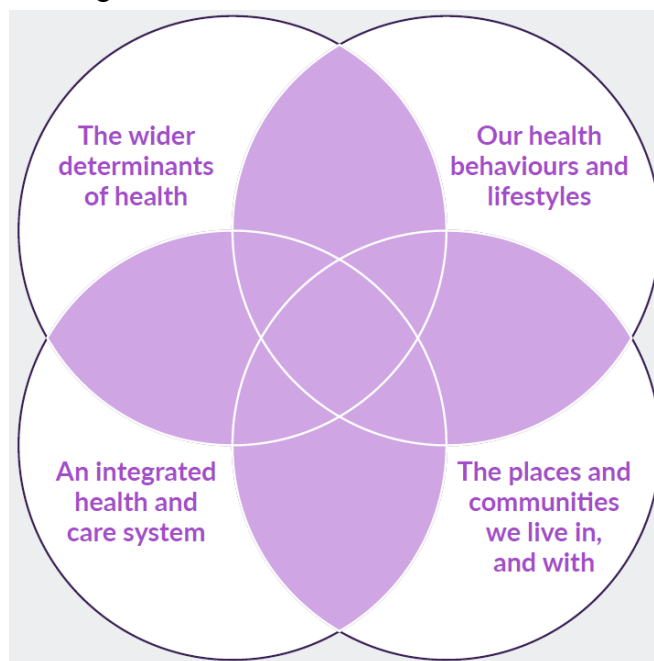
From The King's Fund "A vision for population health" (2018)

There is now a wealth of evidence that the wider determinants of health are the most important driver of health. These determinants include income, wealth, education, housing, transport, our physical environment (such as the built and natural environment, air quality and green spaces) and leisure facilities and opportunities. There are many government policies that can shape these wider determinants of health.

Our health behaviours and lifestyles are another important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to good health.

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

Recent years have seen a strong focus on developing an integrated health and care system. This reflects the growing number of patients with multiple long-term conditions and the need to integrate health, care services and healthy living services around their needs rather than within organisational silos. Efforts to ensure health and care can deal with current pressures will continue to be important. This involves work to ensure access, continuity of care, joined-up communication and high quality services. It is balanced with the work to establish and improve ways of working that improve health in the future.

What do we know about health and wellbeing in Hackney?

- Hackney has a young, diverse, and a very mobile population of around 280,000 residents. A 'mobile' population is one where people will move where they live frequently.
- About a quarter of the population in Hackney are under the age of 20 and nearly 70% are between the ages of 20 and 64.
- It is predicted that Hackney's population will grow to around 300,000 in 2030 and the largest proportionate increase (around 33%) is predicted among the residents aged 65+.
- Hackney is an ethnically and culturally diverse area with around 40% of residents coming from a non-white background and around 20% identifying as another white ethnic group.
- The borough remains relatively deprived, ranking 18th most deprived borough in England.

More information about health and wellbeing in Hackney can be found in our health

and wellbeing profile ([Joint Strategic Needs Assessment](#)) and our [review of population health needs](#). [infographic in development for final strategy]

How we developed this strategy

This strategy was developed in 2021. Three significant sources of input to the strategy were:
1. A review of population health needs, published in May 2021
   This includes mapping which existing strategies and plans in Hackney include ongoing work that has relevance to the framework of population health
2. Health and Wellbeing Board workshop, with the King's Fund in May 2021
3. Engagement with residents and other stakeholders over the summer of 2021: this engagement included a residents' survey; recruitment and training of volunteer peer researchers to conduct surveys and focus groups; stakeholder workshops and meetings with people who work with residents in the borough.

A shortlist of priority issues was identified by analysing the themes that were raised throughout the engagement. The engagement gathered a wealth of information, and findings from residents and stakeholders can be found in more detail in the [engagement insight report](#).

These 12 'issues' were the most commonly raised. The 8 issues in the green boxes were priorities identified by both residents and wider stakeholders, blue primarily by residents, grey primarily by other stakeholders.

Mental health & wellbeing (inc. stress)	**Housing**	**Physical activity**	**Financial security and poverty**
Food - diet, healthy eating, affordability	**Social isolation / part of community**	**Employment**	**Safety**
Access - to healthcare and other services	**Digital inclusion**	**Sleep**	**Education**

The following questions were used to narrow down the shortlist of priorities into a small number of areas that could be a focus in the strategy:

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

This prioritisation led to the choice of 3 areas to focus on (see below).

Our framework for action

There are many possible things we could do - but to reduce health inequalities, we will use a framework from the 2010 Marmot Review: 'Fair Society, Healthy Lives' which helps us consider how to focus our efforts. So for the priority issues that we have identified, we will ask how do we:
- Give every child the best start in life - and support their families with this
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

We also know that racism has impacted on health too. Structural inequities lead to poorer health outcomes for many of our diverse communities. We will therefore underpin this strategy - and the other work of the Health and Wellbeing Board - with anti-racist action and an explicit anti-racist approach.

What are we going to focus on?

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

improving mental health	increasing social connection	supporting greater financial security

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

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

1. Improving mental health

Good mental health is something which we want everyone, of all ages, to be able to have: *a state of well-being in which someone realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. (WHO, 2001)*

Actions to improve the mental health of people in Hackney as part of this strategy will therefore consider:
- mental health promotion
- mental illness prevention
- treatment and rehabilitation

What do we know about mental health in Hackney?
Many people in Hackney experience poor mental health, including common mental disorders such as depression and anxiety (in 2017, this was estimated to affect 53,000 people aged over 16) (*Fingertips data*). Just over 3,000 residents of Hackney and the City of London between the ages of 19 and 64 were recorded by their GP as having severe mental illness in 2015 (*Hackney Joint Strategic Needs Assessment*).

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

Stakeholders noted that people may not feel comfortable talking about their mental health due to stigma or concerns about repercussions, and that during the Covid-19 pandemic more people may have experienced a worsening of their mental health. Some suggested public awareness and decreasing the stigma around discussing and seeking support for mental health would be positive, especially for children, young people and their families.

<u>Why is this a priority?</u>
Nationally, the Covid-19 pandemic has impacted significantly on many people's mental health, as monitored by [ongoing surveillance reporting](#). For many people, their response might be temporary, disrupting what might typically be good mental health. Mental health promotion can be used to support people to take care of their mental health: as described in the WHO definition, to deal with the 'normal stresses of life'.

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

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

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

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

<u>What can we work together on?</u>
Examples for potential action are suggested below: a detailed action plan will be developed after the consultation in 2022. As noted, there is existing work ongoing, including a [joint mental health strategy](#).

- *Give every child the best start in life:* Implementing the Children and Young People's Emotional Health and Wellbeing Strategy 2021-2026
- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* ensure there are widespread and well-communicated, accessible opportunities for people to maintain their mental health - for example, [Five to Thrive](). This includes promoting and enabling physical activity, which can have significant benefits for someone's mental health.
- *Create fair employment and good work for all:* This can build on the employment support offer available via [Hackney Works]() and the [local supported employment service]().
- *Ensure healthy standard of living for all:* If employers are involved in supporting people to prevent mental ill health and get timely treatment and support, this can stop ill health disrupting employment. Embedding a 'making mental health everyone's responsibility' approach into the work of organisations across Hackney, which could include applying the standards from the [Mayor of London's Healthy Workplace Award](). This would build on work within Hackney Council that aims to create an approach in services and businesses where employers take steps to support mental health through processes, as well as the design of their services and spaces. It will also be important to link this work to financial security, noting that people who were economically active reported higher levels of emotional wellbeing.
- *Create and develop healthy and sustainable places and communities:* link this work to social cohesion, noting that community connections may benefit mental health.
- *Strengthen the role and impact of mental ill health prevention:* Working with the Wellbeing Network and findings of the VCS Assembly 'business case' - which identified potential unmet need and gaps in provision - continue to ensure mental ill health prevention and early intervention offers are meeting the different needs of the diverse population of Hackney. There is an intention to increase the uptake of prevention, early intervention and primary mental health services in underrepresented communities across Hackney's diverse population.
- *Tackling racism:* improving our understanding of, and our response to, reasons underpinning inequalities in use of mental health services, and to ensure provision of mental health care and wellbeing offers are culturally sensitive and tailored to specific needs. There should be a link made with the Patient and Carers Race Equality Framework work that is ongoing at the East London Foundation Trust.

2. Social connectedness

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

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

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

What do we know about social connections in Hackney?
In Hackney, many people are positive about their connection to the local community and to others. When asked in a previous survey, three in four Hackney residents said that they have close bonds with other residents. But one in ten say they feel isolated. Isolation is more likely to be experienced by people in semi-skilled, manual and very low income groups and by tenants of social housing, Muslim and Asian residents (*Hackney Community Strategy, 2018*).

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

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

Why is this a priority?
Although many residents have said they do feel part of their community, there are some who do still experience loneliness, isolation and exclusion. Residents who helped shape this strategy gave some reasons why people feel socially isolated or don't feel part of their community. These included not having activities nearby where they could meet people, concerns about safety, health issues, language barriers, and

concerns about gentrification that meant they knew fewer people in the area who they felt they had a connection with.

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

<u>What does this mean to me? (from a peer researcher)</u>
[to be confirmed]

<u>What can we work together on?</u>
Examples for potential action are suggested below: a detailed action plan will be developed after the consultation in 2022.

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

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

- *Give every child the best start in life:* Hackney CVS are considering the next steps for Connect Hackney. This may include a programme of work called 'Community Connections', which could extend the age groups to include children, younger people and their families.
- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* Hackney Young Futures Commission highlighted a theme of 'an inclusive future', emphasising "regeneration rather than gentrification" and making asks around including young people in the regeneration in the borough, promoting intergenerational dialogue, supporting young people and the night time economy and improving communications with young people.
- *Create fair employment and good work for all:* work and volunteering are both ways to form social connections - efforts to support residents find and keep good work could focus on those who experience health inequalities, such as people with learning disabilities and poor mental health being supported by the [supported employment service]().
- *Ensure a healthy standard of living for all:* TBC
- *Create and develop healthy and sustainable places and communities:*

neighbourhood plans are being developed. These may emphasise social connections and ensure people feel connected to each other, depending on what residents raise.

- *Strengthen the role and impact of ill health prevention:* taking part in physical activity, for example, can be a way to form and maintain social connections as well as preventing ill health.
- *Tackling racism:* this could involve building on and linking to the work of [Improving Outcomes for Young Black Men](#), a programme of work focused on harnessing successful young black men's potential, increasing their visibility, and tackling inequalities where they exist.

3. Financial security

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

What do we know about financial security in Hackney?
Income is not equally distributed among households in Hackney with some areas being more affluent than others. In 2018 net annual household income after housing costs ranged from £19,900 in the Hackney Marshes 'middle super output area (MSOA)' to £34,600 in the Clissold South MSOA[1] .

In July 2021 just under 35,000 local people were claiming Universal Credit (of these, 40% were in work) compared with 13,700 in March 2020, and 8700 Hackney residents were still on furlough. The pandemic and Brexit will continue to have negative and cumulative impacts on residents, with the end of furlough, end of Universal Credit uplift, fuel costs and the deadline for applying for EU settled status which if missed could lead to people not being able to work.

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

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

Unemployment has increased from 4.9% to 6.7% between 2020 and 2021. The proportion of unemployed 16-24 year olds increased from 4% to 11% and the proportion of unemployed 50-64 year olds increased from 6.3% to 12.3%. The number of people who have been unemployed for over a year has increased from 2500 to 8500.

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

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

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

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

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

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

<u>What does this mean to me? (from a peer researcher)</u>
[To be confirmed]

<u>What can we work together on?</u>
Examples for potential action are suggested below: a detailed action plan will be developed after the consultation in 2022.

- *Give every child the best start in life*: a new poverty reduction framework will be launched by Hackney Council in early 2022: this could be supported by wider members of the Health and Wellbeing Board.
- *Enable all children young people and adults to maximise their capabilities and have control over their lives*: this could explore work on financial literacy for children and their families, potentially through lessons in school.
- *Create fair employment and good work for all:* the Hackney Inclusive Economy Strategy aims to connect residents to high-quality employment support and opportunities to learn new skills, get good quality, well-paid work and progress their career throughout their working life. Actions to support employment previously included in this strategy will be relevant here too.
- *Create and develop healthy and sustainable places and communities:* Building on work started prior to the Covid-19 pandemic to strengthen the collective action of Hackney's 'anchor institutions' (including the council, NHS trusts and community partners). Anchor institutions can use their influence to improve local social, economic and environmental conditions and reduce inequalities.
- *Strengthen the role and impact of ill health prevention*: this could include targeted investment in prevention in more deprived parts of the borough - and ensuring provision of tailored prevention services that are fully accessible to those with low incomes.
- *Tackling racism*: There will need to be learning from local projects being run, and where successful ensure they are scaled up. The approach proposed to the Health Inequalities Steering Group on racial inequality will also examine the structural inequality that prevents building prosperity and wellbeing.

How are we going to work differently?

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

We are going to take a community-centred approach. This involves:
- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level

- Accessing community resources

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

Strengthening communities	Volunteer and peer roles	Collaborations and partnerships	Access to community resources
Community development	Bridging	Community-based participatory research	Pathways to participation
Asset based approaches	Peer interventions: ● peer support ● peer education ● peer mentoring	Area-based initiatives e.g. at a neighbourhood level	Community hubs
Social network approaches	Volunteer health roles	Community engagement in planning	Community-based commissioning
		Co-production projects	

From Community-centred public health: Taking a whole system approach (2020)

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

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

1. Inequalities and data insights: routine collection and analysis of equalities data and insight to inform action
2. Tools and resources: develop/enable system-wide adoption of tools to embed routine consideration of health equity in decision-making
3. Tackling structural racism: adopt a partnership position and action plan to tackle racism and wider discrimination within local institutions
4. Community engagement, involvement and empowerment: build trust and adopt flexible models of engagement to work in partnership to work in partnership with residents to improve population health
5. Health (equity) in all policies: ensure wider policies and strategies explicitly consider and address health inequalities

6. Anchor networks: anchor institutions collectively use their local economic power to lead action on reducing social inequalities
7. Strengths-based, holistic approach to service provision: no 'wrong door' access to support residents to address wider health and wellbeing needs
8. Staff health and wellbeing: build on Covid-19 risk assessments to provide ongoing support for wider staff wellbeing needs
9. Tackle the digital divide: pool system resources to address the 3 dimensions of digital exclusion: skills, connectivity, and accessibility
10. Tailored, accessible information about services and wider wellbeing support: produce information in community languages that is culturally competent and takes into account the needs of diverse communities.

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

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

Who is going to be taking action?

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

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

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

The Hackney Health and Wellbeing Board will monitor progress for the strategy being delivered. The Health and Wellbeing Board has a responsibility to develop and deliver a joint health and wellbeing strategy for Hackney, and this strategy just focuses on Hackney. There are several ways in which the work of Board members goes further than just Hackney - for example, there is a joint public health team for Hackney and the City of London, and local NHS structures mean commissioning and

governance might happen at a Hackney and City level, or at a wider system level (covering the North East London Integrated Care System). The Board will continue to work in partnership at all levels, but this strategy has been created solely for Hackney.

How will we know if we've been successful?

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

Our action plan is going to be developed after we've heard feedback on this draft strategy, which will allow us to set out specific outcomes and targets we would like to achieve in relation to our areas of focus on improving mental health, social connections and financial security.

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

What next?

We want to hear from people who live and work in Hackney to see if they support this strategy, and for their suggestions about how it can turn into action. The consultation is open between November 2021 and February 2022 [insert link]/contact details.

After this feedback, the final strategy - if approved by the Health and Wellbeing Board in March 2022 - will be published. An action plan setting out the details of how we will deliver on the strategy ambitions will be developed and launched in the summer of 2022.