Engagement insight report - Hackney Health and Wellbeing Strategy 2022-26

September 2021, Sara Bainbridge, Public Health Registrar, Public Health team, London Borough of Hackney

Contents:

Introduction

Summary: key themes identified

Results from resident survey questions and peer research:
- Impacts on health and wellbeing
- Places and Communities
- Wider social, environmental and economic factors that can impact health
- Health behaviours and lifestyle
- Health and care services

Themes identified through meetings, focus groups and workshops with stakeholders:
- 'How' themes
- 'What' themes
- 'Who' themes
- The King's Fund, City & Hackney Health and Wellbeing Board Strategy Workshop

Existing strategies, plans and initiatives

Methods and level of response
- Peer research
- Resident survey
- Stakeholder survey
- 1:1 meetings with stakeholders
- Workshops

Who did we engage?
- Participants in meetings, focus groups and workshops:

Limitations and learnings

Next Steps

Introduction

Hackney Health and Wellbeing Board (HWB) has a duty to produce a health and wellbeing strategy. This will set out the health and wellbeing priorities in Hackney over the next four years.

The HWB works together to improve the health and wellbeing of people in Hackney and reduce health inequalities.The board brings together people from:

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

This report summarises insight from engagement that took place in summer 2021. This phase aimed to engage with residents and stakeholders to ensure key priorities are integrated into the new HWB Strategy before consultation. The engagement was framed using the King's Fund Population Health Framework - with areas of inquiry informed by its four 'pillars':

- The wider determinants of health
- Our health behaviours and lifestyle
- Health and care system
- Places and communities we live in and with

With the insight from this report, as well as 'what we know' already about health and wellbeing in Hackney- the HWB will consider what priorities should be the focus of the health and wellbeing strategy for Hackney.

A draft strategy will then be published for consultation in November 2021.

Summary: key themes identified

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

The engagement gathered a wealth of information, and findings from residents and stakeholders is found in more detail in this report. The following 12 'issues' were the most commonly raised by residents as impacting on their health and wellbeing (shown in the green and blue boxes) and by stakeholders as being areas of potential focus (shown in the green and grey boxes). The eight issues shown in green were found in the top ten from both the qualitative analysis of stakeholder workshops, meetings and resident focus groups, as well as the survey data from peer researchers and the resident survey.

Results from resident survey questions and peer research:

The resident survey and peer research asked similar questions, so where possible, the results have been combined, with an overall sample size of 432 respondents. These responses reflect the views of those participating in the surveys so may not be representative views of the whole population.

Impacts on health and wellbeing

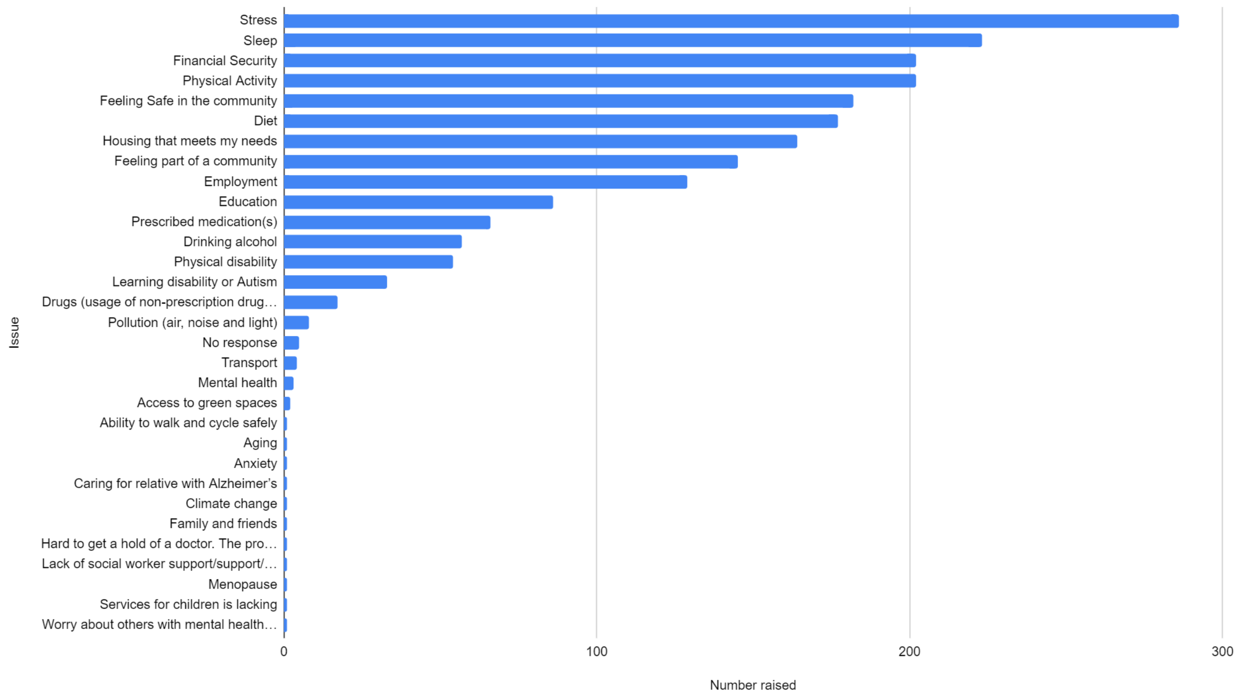
Peer research and resident survey respondents (n=432) flagged these as the top issues that impact on their health and wellbeing (respondents were able to choose more than one issue). The top five responses were:

1. Stress - raised by 286 of the 432 respondents (66% of people who responded)

2. Sleep - raised by 223 people (52%)
3. Financial security - raised by 202 people (47%)
4. Physical activity - raised by 202 people (47%)
5. Feeling safe in the community - raised by 182 people (42%)

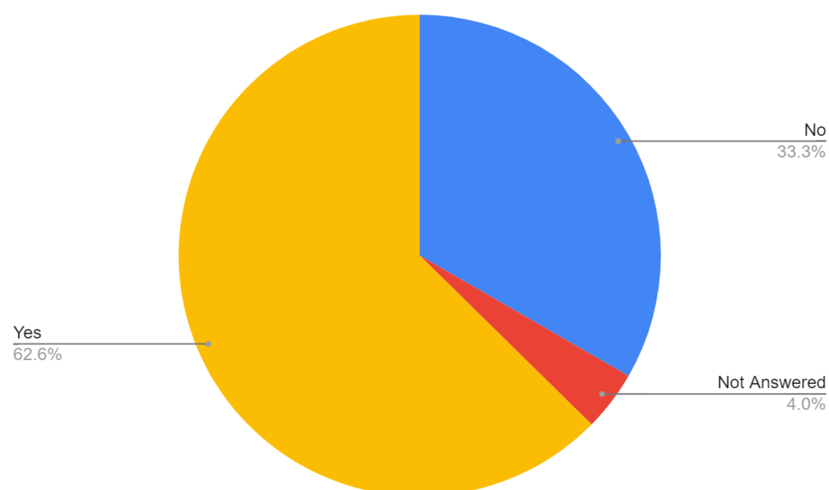
Further responses are shown in the graph below.

What are the biggest things that have an impact on your health and wellbeing?

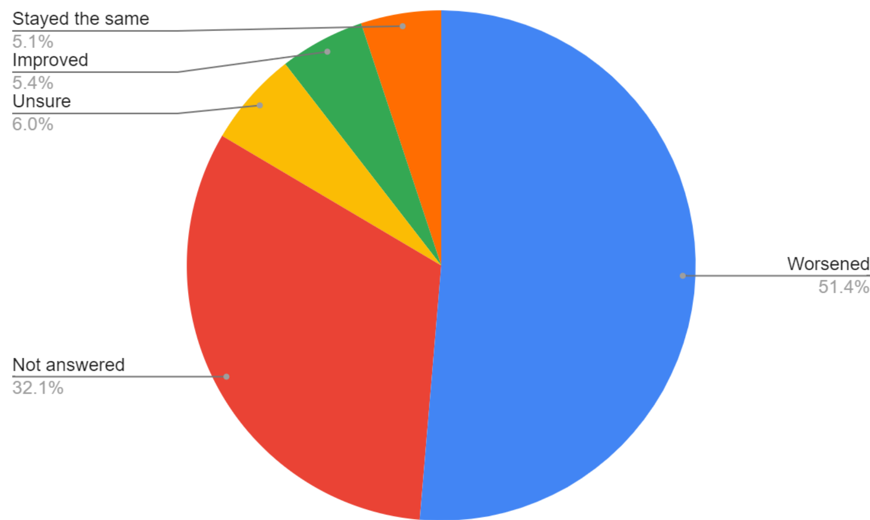


These were similar to the things that respondents also felt had an impact on the health and wellbeing of their friends and family.

Those completing the resident survey (n=99) were asked “Have the issues impacting your health and wellbeing changed since the COVID-19 pandemic?” and most people said yes.

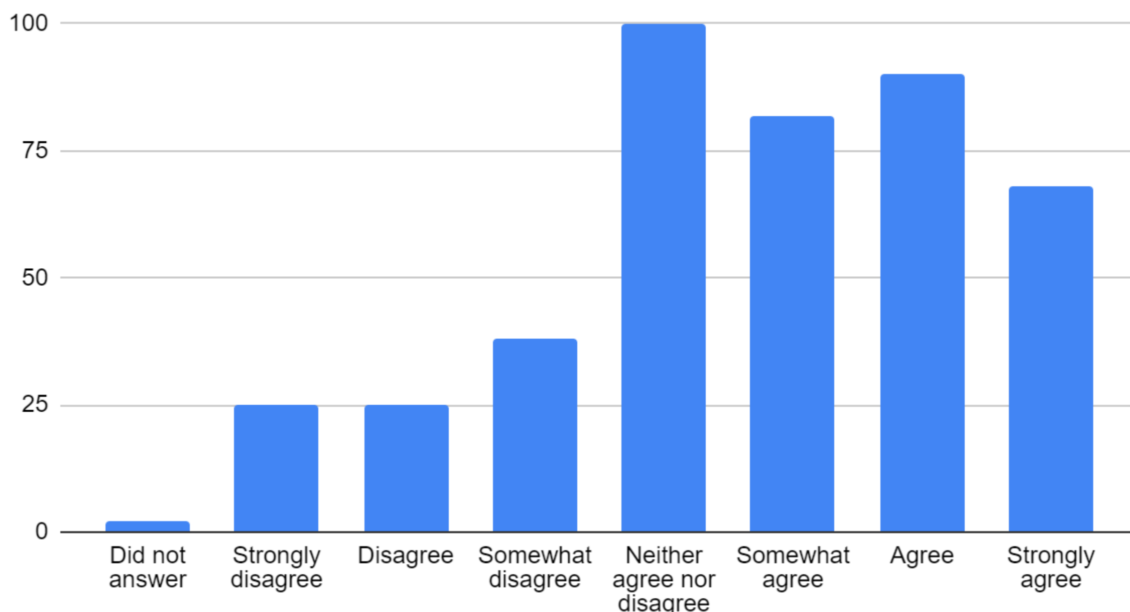


Those surveyed by peer researchers (n=333) were asked for more detail: “How have the issues impacting your health and wellbeing changed since the Covid-19 pandemic?”, with just over half saying their health and wellbeing had worsened.



Places and Communities

Respondents (n=430) were asked: *Do you agree or disagree with this statement: "I feel I am part of my local community"?*, and asked to score their response from 1-7 (with 1=strongly disagree, 7=strongly agree). The most common response (n=100, 23%) was that people neither agreed or disagreed, but there were more people in some form of agreement (56%) than disagreement (20%).



Respondents were then asked why they agreed or disagreed. For those that agreed and gave a reason (n=231, 53% of respondents), reasons included:

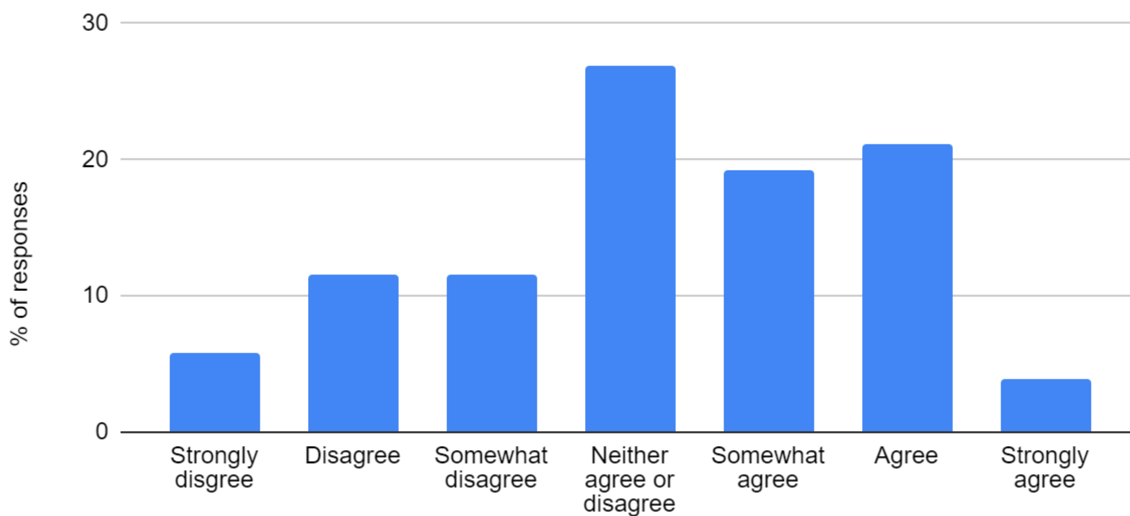
- Relationships with other local residents as friends, neighbours, family or colleagues.
- Shared language, interests or culture with people nearby.

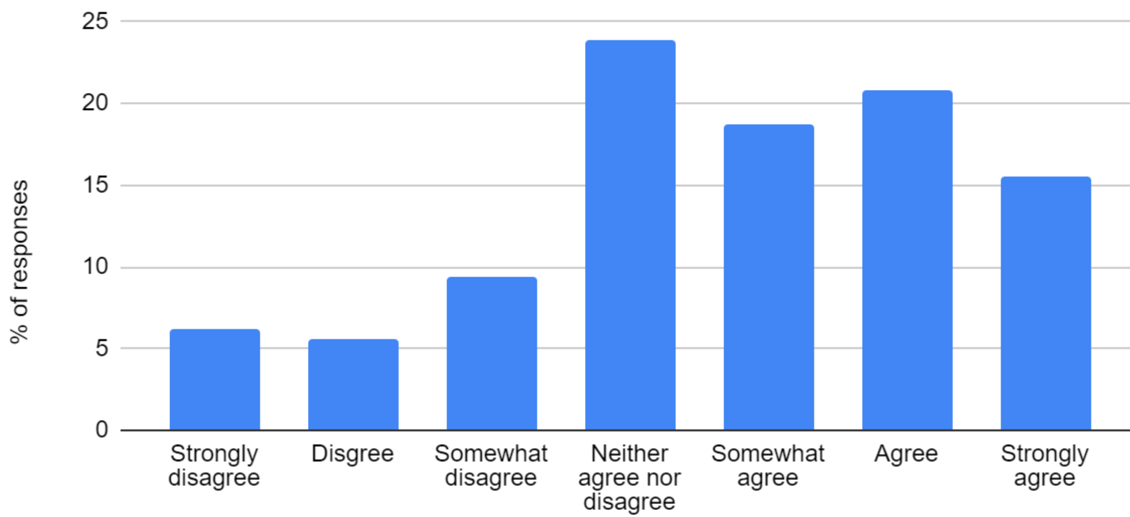
- The resources available to them, such as shops, places of worship, activities.

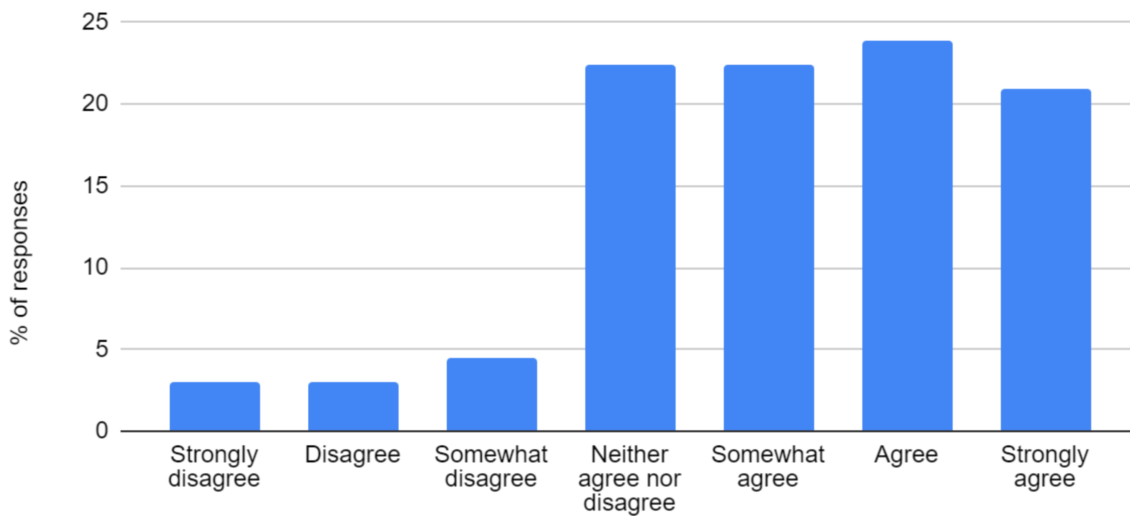
For those that disagreed and gave a reason (n=145, 34% of respondents), the reasons given included:

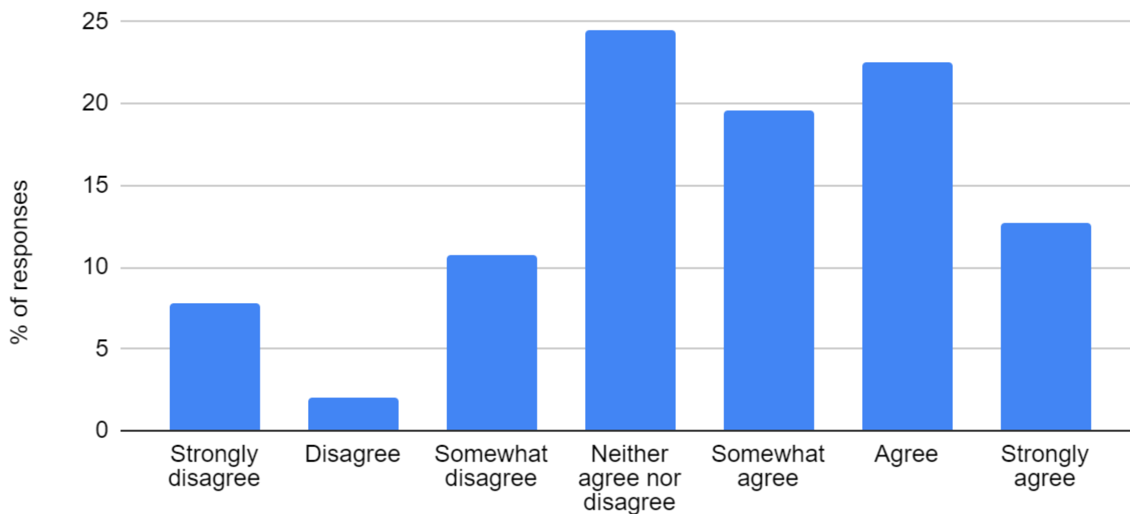
- Not feeling able to form positive relationships with others in the community.
- No activities or shared interests that bring people together.
- Barriers to accessing things that would help give a sense of community - such as lack of time (due to work or caring responsibilities), disabilities or language barriers.
- Concerns about safety due to hostility and aggression from others.

The response to this question has been broken down for some specific demographics which shows that people younger than 25 are more likely to disagree that they feel part of the local community than those over the age of 25.




Do you agree or disagree with this statement: "I feel I am part of my local community"? (25-64 years old)
25
20
15
10
5
0
% of responses
Strongly disagree
Disgree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Agree
Strongly agree
Do you agree or disagree with this statement: "I feel I am part of my local community"?


Do you agree or disagree with this statement: "I feel I am part of my local community"? (>64 years old)
25
20
15
10
5
0
% of responses
Strongly disagree
Disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Agree
Strongly agree



When asked why they felt part of their community, people gave a range of reasons. These often involved having a shared cultural heritage or faith, feeling like they knew people in the area (both residents and businesses) due to living there a long time, shared activities (including via their children), or volunteering. For example:

- "Because I'm well known around the area by neighbours and friends"
- "Connecting with others through a shared interest as well as through children's activities"
- "I attend the local mosque and like talking to my neighbours."
- "I volunteer at a local charity and so meet lots of people in my neighbourhood."
- "Recognised and greeted in local shops, local vet especially welcoming, neighbours are friendly"

In contrast, those who did not feel part of their local community gave reasons that 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. As an example:

- "Fewer community activity nearby"
- "Too much crime. Don't know who to trust."
- "It's due to lots of hipsters moving to the area and pricing out all of the locals"
- "I suffer from social anxiety and it's difficult for me to mingle."
- "Language barrier"

Wider social, environmental and economic factors that can impact health

Respondents were asked *"Which of the following factors do you think would have the biggest positive impact on your health and wellbeing?"*, and the following factors were chosen by more than one person (please note, up to 3 factors could be chosen):

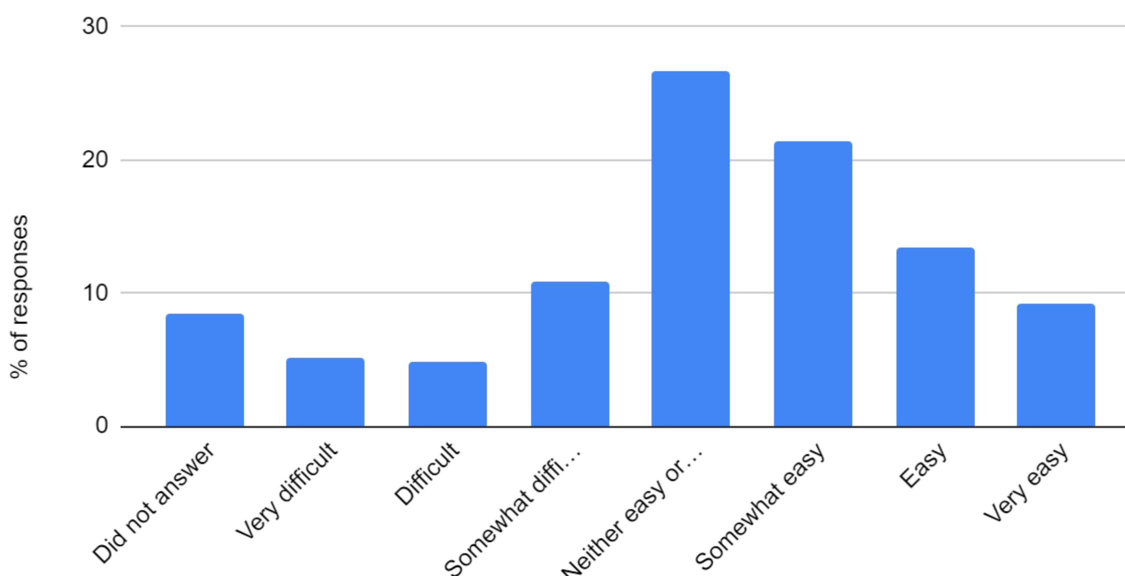
Positive impacts	Number of responses
Lower cost of living	206

Parks and green spaces	185
Neighbourhood conditions (e.g. cleanliness, quality of streets, lighting, benches)	182
Safety from crime	180
Affordable housing	171
Air quality	141
Better quality housing	140
Better paying jobs	130
Leisure activities (e.g. gym)	117
Access to healthy food	110
More generous benefits	90
Availability of local transport	79
Exercise classes	78
Swimming	69
Access to further education / adult education courses	66
Work environment	57
Green gyms	51
Less motor traffic on roads, more walking / cycling / pedestrian areas	2

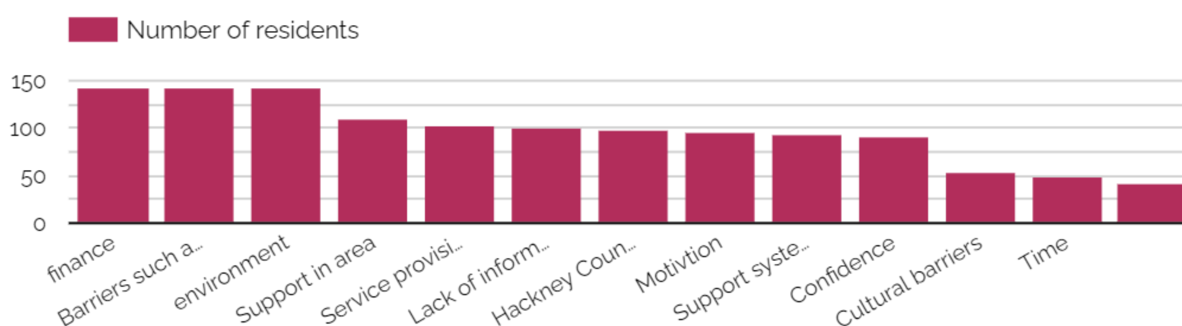
Respondents were asked: *How do you think Hackney Council, our local NHS or voluntary & community groups could improve services available to address these wider issues?*
There were many suggestions and a word cloud has been generated to show what came out more frequently.

Health behaviours and lifestyle

Respondents (n=389) were asked: *How easy is it to live a healthy life and adopt healthy behaviours in Hackney?,* and asked to score their response from 1-7 (with 1=very difficult, 7=very easy). The most common response (n=104, 27%) was that respondents found it neither easy or difficult, but there were more people (n=171, 44%) who felt it was somewhat easy, easy or very easy than those who found it somewhat difficult, difficult or very difficult (n=81, 21%).



When asked why people might find it easy or difficult to live a healthy life, people gave a range of reasons. Peer researchers asked people why they might feel this way, and their answers were tagged. The top three responses were finance, barriers such as access to services, and environment.

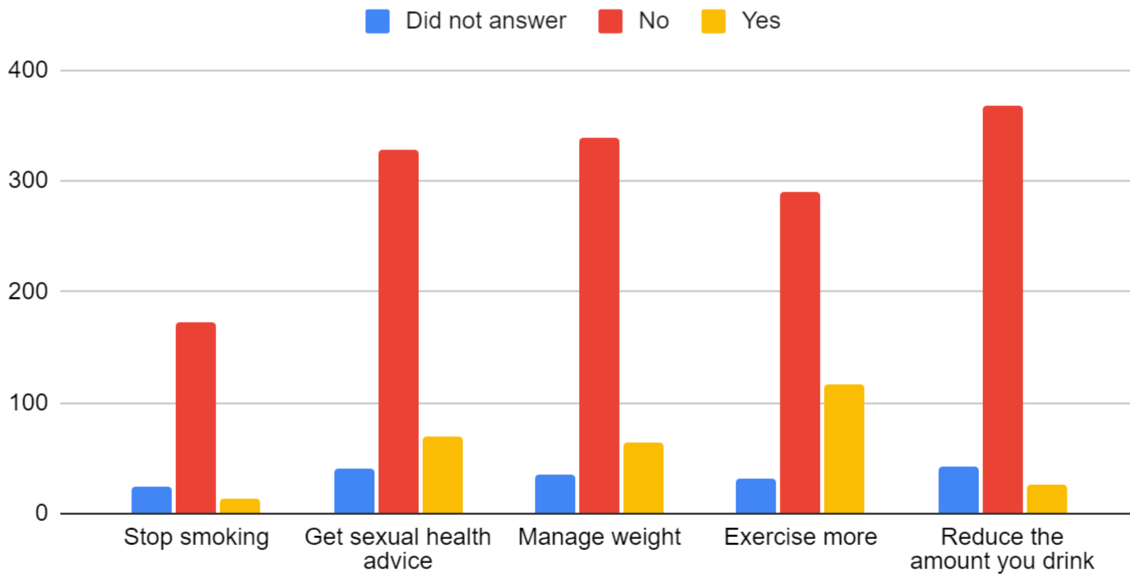


There were 148 free text responses about why it was easy or difficult to live a healthy life have been included in the word cloud below, with 63 mentions about green spaces and parks as a positive, as well as 12 mentioning the availability of

healthy, fresh food such as fresh fruit and vegetables. However, similar reasons about why people might find it difficult were acknowledged, such as some things (e.g. some activities like swimming) incurring a cost and other things not being close by or not having time to do them.

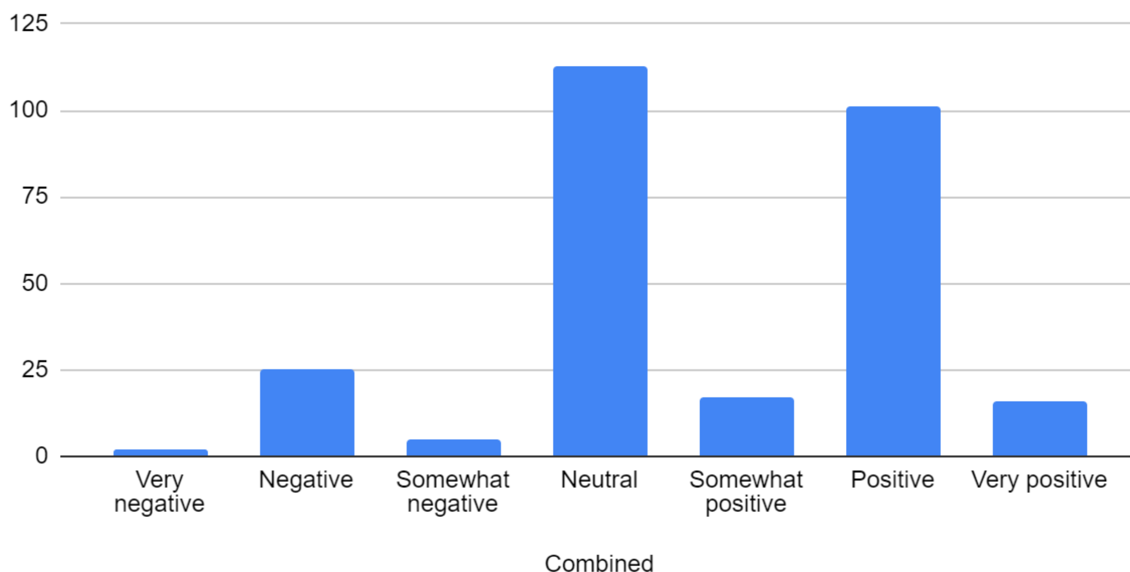
Respondents were asked if they, or their friends and family had ever used support services relating to a range of health-related behaviours. For all five areas, the majority had not used support services. The most frequently used services were

those to help ‘exercise more’ (n=116, 26%).



Health and care services

Respondents were asked about use of, and views about health and care services. More people had used health services than care services. When asked about their experience of using health and care services, the most common response (n=113, 26%) given was that they had a neutral experience. There were more responses that were positive (n=134, 31%) than negative (n=32, 7%).

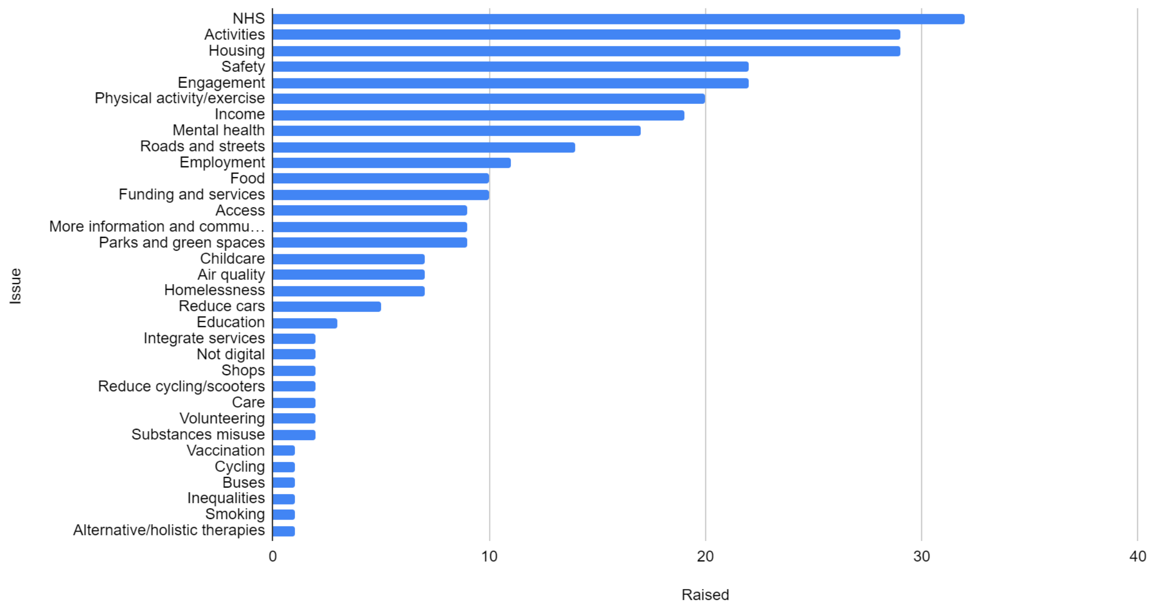


When asked about ways in which health and care could be improved, respondents to peer researchers chose the following:

If health and care services could be improved, how?	Number of responses
More resources	125
Easy to access information about the service	78
Better promotion of the service	73
Easier access for residents	69
Shorter waiting times	66
Cheaper access for residents	66
More local activities	62
Needs adapting to meet cultural needs	60
Inclusive access	52
Longer opening hours	40
Available in other languages	32

Similarly, the free text response asked individuals responding to the online survey: *How could health and care services be improved?.* Responses focused on making people more aware about what was available and ensuring that services were accessible. Others suggested specifics about keeping appointments on time/more efficient and being more sensitive to individual needs (e.g. 'more culturally sensitive', 'support from someone of the same sex', 'health at every size' approach).

Respondents were 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?* There were 311 responses from both peer researcher surveys and the online resident survey. These have been analysed and the most commonly mentioned issue was healthcare services (n=32, 10%), including primary care - including access to appointments, waiting times and the quality of provision of healthcare. The next most commonly raised suggestions were housing (largely access to affordable, good quality housing)(n=29, 9%) and the provision of community activities (n=29, 9%). Safety (e.g. reduced violence and crime) and meaningful, inclusive engagement with residents both were raised 22 times (7% of responses).



Themes identified through meetings, focus groups and workshops with stakeholders:

Three categories of ‘theme’ were identified in the content analysis:

1. HOW: Themes relating to the approaches or ways of working that the health and wellbeing strategy could take e.g. co-production
2. WHAT: Issues brought up as something to improve or tackle e.g. mental health
3. WHO: Specific communities or demographic groups e.g. children

‘How’ themes

a) **Partnership working**

Participants in meetings, focus groups and workshops all raised the need for good partnership working. Many people referred to the need for collaboration between different teams within Hackney Council, as well as between different organisations. Several people suggested that working in silos leads to poor health and wellbeing for residents as they experience disjointed support, and it could also lead to people falling through gaps. It may also mean that one partner is unable to resolve or improve an issue if the other partner is not engaged at the right time (e.g. someone may be experiencing difficulties relating to their mental health and housing at the same time, and they could be linked).

A lack of partnership working may also be linked to people needing to repeat their stories. One solution suggested was appropriate and timely data sharing, as well as taking a real partnership approach to finding solutions. Partnership working was not restricted to public sector (e.g. Hackney Council or NHS) organisations, but should extend to the voluntary and community sector who may be supporting an individual. Voluntary sector organisations also described partnership working within their sector, often to support people who may need specialised support - but could continue to work together to ensure that was translated into a new language, or made more accessible to their needs. It was noted that partnership working does require resourcing which must be taken into account.

b) **Role of the Voluntary and Community Sector**

Many stakeholders raised the important role of the voluntary and community sector in providing support to residents that can improve people’s health and

wellbeing. This is often tailored to specific needs - for example, by providing translation and interpreting services, ensuring that the services offered are accessible (e.g. for someone with learning disabilities or sensory impairment) or more appealing to someone (e.g. because it is more local, or culturally competent).

However, there was also a sense of frustration about the nature of the relationship between the voluntary and community sector and the statutory sector, which can mean their representatives are not part of the ‘team’ working together to find solutions (as this team may consist solely from statutory sector organisation). There was also concern over funding and sustainability of voluntary sector services, which can lead to short-term projects rather than consistent programmes of work.

c) Resident engagement and involvement

There was discussion from many stakeholders about the nature of the relationship between the partners involved in the HWB and the communities they serve. It was raised that engagement can be quite siloed, transactional (and potentially superficial) and people don’t then see the outcome or difference that their input has made. It was also felt that people don’t just want to be asked for their views or consulted at one point in time, but for there to be an ongoing dialogue that ensures involvement in the solutions.

It was discussed that some residents who may feel the impact of health inequalities most severely may also not have a strong relationship with organisations that may be aiming to support them. There may be mistrust or relationships may be found elsewhere (e.g. with VCS organisations, or within their faith).

This is linked to themes about the role of the VCS, and the theme of co-production, and stakeholders have suggested that a new approach to involvement, co-production and engagement is needed.

d) Building on existing work

Many stakeholders raised that there is ongoing work on many of the issues that will have an impact on health and wellbeing, and that it would be a poor use of resources to duplicate or ignore efforts already made. Several stakeholders raised work that is already in train that may need more amplification or linking to, such as:

- anchor institutions
- ageing well strategy
- inclusive economy strategy
- air quality action plan
- emotional health and wellbeing strategy
- work on digital inclusion

- an inclusion review of services for trans, non-binary, GNC and intersex people in Hackney

Some examples have been captured later in this document. Building on existing work also included some specific projects which could be better promoted or used, or reintroduced - especially those which have been successful in the past such as walking and running clubs, healthy cookery classes, gardening projects and examples during the Covid-19 pandemic.

e) Asset development and use

Linked to the theme of taking a neighbourhood approach (discussed below), many stakeholders raised the idea of existing assets in the borough which are under used and may be in close proximity to people who do not currently access services. Using schools and places of worship were mentioned, as well as the need for the use of facilities, resources and assets to be as easy as possible. Community centres were raised as assets that could be further used - it was mentioned that it was difficult to ensure people were aware of what was available at their local community centre and that keeping information updated and accessible was difficult. It was also discussed that even if there is awareness of provision of activities at community centres, there may be remaining barriers for people to then use them - such as not feeling it was ‘for them’ or due to other issues (i.e. lack of time or childcare). Some community groups and voluntary sector organisations mentioned finding it difficult to find places that could be used for activities, socialising or meetings - this may be because of the cost of hiring a space, because some environments are unsuitable (i.e. in a cafe where there might be music or accessibility issues), or because they are not easy to reach.

f) Neighbourhood approach

Stakeholders mentioned that taking a more localised approach is underway - both in regeneration efforts, and via the Primary Care Network ‘neighbourhoods’, and felt that this was useful in forming local connections between organisations working in the same geographic area. It was also reflected in discussions with voluntary and community sector organisations that people are keen for activities and facilities that can support their health and wellbeing to be close to where they live and easy to get to. The concept of the ‘15 minute city’ was mentioned as a helpful framework.

It was discussed that there are sometimes limitations to taking a neighbourhood approach - for some communities and issues, this is not appropriate as there may not be a strong connection with a physical location. This included the traveller, Gypsy and boater community, and people who do not have a permanent residence (such as those who are homeless). There also might be issues that are better tackled borough or region-wide. One example given was tobacco use and how to support people who are different ages to stop smoking - it was felt this was not something to be approached on

a neighbourhood-by-neighbourhood basis, but would be dependent on the age of the target population.

g) Co-production

Linked to the issue of resident engagement and involvement, stakeholders raised the need to work more closely and meaningfully with residents. There were suggestions that ‘top down’ action was not likely to be as successful as co-creating solutions and making sure they happen. It was also felt that this would allow the health and wellbeing efforts to be more inclusive and build trust.

‘What’ themes

a) Access - to healthcare, services or activities

‘Access’ came up very frequently during stakeholder engagement, mentioned over 50 times. As an overarching theme, this included access to healthcare, services run by the local authority, or activities available in the community.

It was felt that equitable access to existing services was crucial, and this should include provision of translation and interpreting in other languages, the use of ‘easy read’ information for people with learning disabilities, and making sure services were accessible for people who might have visual impairment or hearing loss.

Access was also discussed in terms of affordability - if there were services available, then a barrier to access could be cost.

Physical access was also raised - whether for people with physical disabilities or in terms of ease of access to reach a service in person.

One aspect that was also raised frequently was a lack of awareness of what was available to access. Many stakeholders do signpost to services but often residents state they do not know what is on offer, don’t know how to find out more about what’s available, and also might not be able to self-refer.

b) Mental health and wellbeing

Mental health and wellbeing was the next most frequently mentioned issue - raised over 40 times - during stakeholder engagement.

Many flagged that some provision of activities in the community can be beneficial to maintain good mental wellbeing, such as befriending or walking groups that reduce social isolation. The link between physical activity and mental health was also raised, with mentions of using green, outdoor space and gardening as positive ways to maintain mental wellbeing. It was also noted that maintaining good mental health can enable people to retain

employment.

The provision of mental healthcare and support for people who may be experiencing mental ill-health was also raised. This included the need for services to be culturally competent and specialised to issues such as trauma, or be suitable for people with sensory impairment. The speed at which people can access support was also mentioned - with some saying early intervention and prevention of issues worsening was important, but often not possible due to long waits for support and care.

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

c) Housing

Housing and its impact on health and wellbeing was raised 27 times by stakeholders - relating to both its quality and affordability, as well as those who might be at risk of not having stable housing.

This included how low quality housing has implications - such as poor respiratory health and impact on sleep.

Others raised concerns about housing costs (as well as fuel poverty).

People who may not have secure housing are also vulnerable to exploitation or homelessness.

d) Physical activity

Physical activity was mentioned 25 times during stakeholder engagement. It was raised by many in relation to its far-reaching benefits (both for physical and mental health).

The provision of organised physical activities - such as exercise classes - was mentioned by many as a useful element to encourage physical activity, but that this needed to be affordable, well-advertised and well-located - especially in the winter months when people might be less likely to be active outdoors.

Others flagged the importance of active travel and safe, well-lit outdoor spaces to encourage and enable physical activity - such as the parks, outdoor gyms play areas and good cycling infrastructure were all mentioned, as well as the importance of walking.

e) **Digital inclusion**
The rapid acceleration of digital service provision during the Covid-19 pandemic was raised. Many stakeholders had concerns that although this was suitable for some people, it may lead to digital exclusion. This included concerns about access to healthcare, physical activity, education and the ability to contact statutory services.

Ensuring that online services were suitable for a range of needs - such as translating into other languages, easy-read versions, for people with sensory impairment were all felt to be essential. There were also concerns about confidence in using technology for some stakeholders.

Affordability and the cost of digital access was also raised - due to the cost of devices (such as laptops, tablets and smartphones), as well as broadband and data.

The potential for digital harm was also raised - with people potentially being exposed to misinformation, and children at risk of online harm too.

f) **Food environment, diet and healthy eating**
Being able to eat well was raised 19 times during stakeholder engagement. This included the need for everyone to have access to affordable, healthy food that was also specific to their own preferences (i.e. specific ingredients might be preferred by some groups in the community).

The use of food co-ops and food banks was raised, as well as free school meals. It was noted that provision of free school meals did not extend into independent schools (i.e. religious schools) and also provision during the school holidays was limited.

Enabling people to make healthy food choices - beyond cost - was also raised, with some stakeholders raising the prevalence of fast food outlets, as well as the importance of sharing knowledge and cooking classes so that people could cook their own meals.

Education around food growing and community gardens was also mentioned.

g) **Financial security and poverty**
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.

The level of income from both welfare benefits and employment was mentioned with stakeholders raising that this 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 was also raised as not being straightforward.

h) **Employment**
Employment and jobs were mentioned 18 times during stakeholder engagement, with stakeholders raising that people may have difficulties finding and retaining employment, especially with more people working in insecure roles.

Good quality employment was felt to be beneficial for health and wellbeing due to its link to income, but also because this can open up other opportunities.

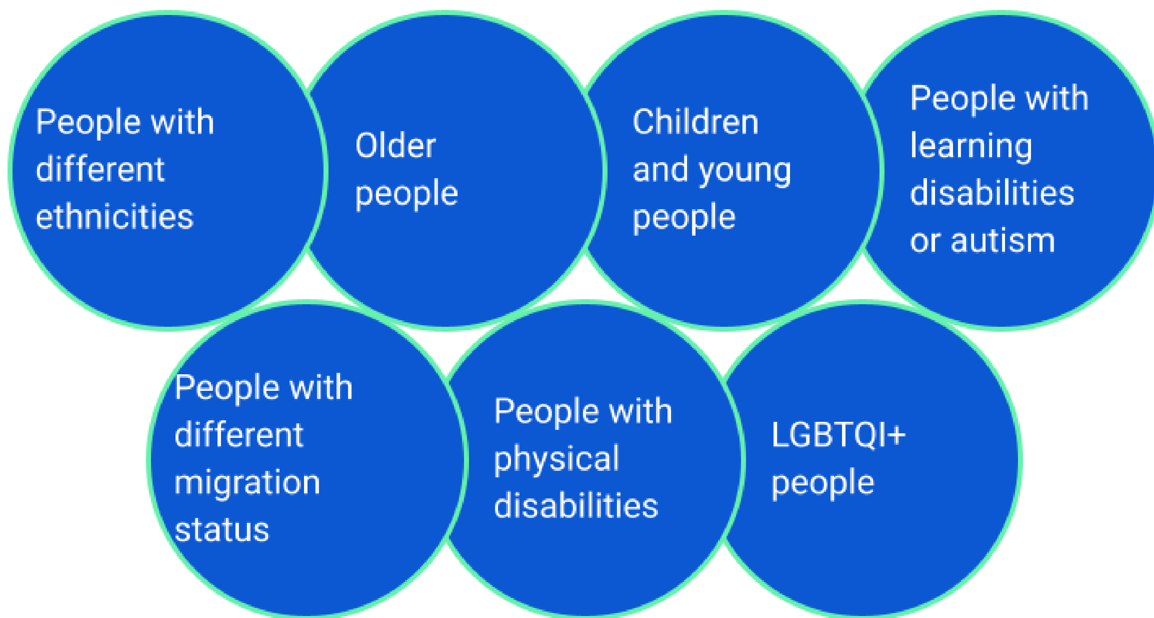
Employment issues can disproportionately affect some groups - younger people, people with learning disabilities, people with physical disabilities and people who may not have the right to work due to their migration status.

i) **Social isolation**
Several stakeholders raised that social isolation could have been exacerbated during the Covid-19 pandemic, especially for older people and those who have felt particularly vulnerable. Social isolation was also noted as an issue for people who may not speak English as their first language, and those who have hearing loss.

Some VCS stakeholders mentioned ongoing and successful examples of work to tackle social isolation, such as befriending, social drop-ins and other activities. Many said that although some digital projects have been in place, it was still felt important to re-start or create face to face opportunities. To do this well resources and safe, affordable and accessible spaces would be needed.

‘Who’ themes

During stakeholder engagement, some participants flagged the needs of particular groups of residents - though should be noted that these are a) not discrete groups as people can often belong to more than one ‘group’ and b) far from homogenous.



a) **People with different ethnicities**
During stakeholder engagement, particular issues were raised about the health and wellbeing of people from minoritised communities, such as people with different ethnicities.

This included the need for services to be culturally competent, as well as recognising the potential for people to need additional support due to the impact of racism.

Organisations working with the Vietnamese or Congolese communities for example, flagged that accessibility via translation and interpreting was vital.

b) **Older people**
Many stakeholders noted the needs of older people - especially in relation to physical activity, feeling safe, social isolation and digital inclusion.

c) **Children and young people**
Many stakeholders flagged concerns about children and young people in relation to community safety, as well as the need for suitable activities. Mental health and wellbeing was also raised in relation to children and young people.

d) **People with learning disabilities and autism**
Stakeholders flagged the particular needs of both children and adults with learning disabilities and autism, as well as their families. This included issues about access, and making sure information and services were accessible for people who may prefer easy read information. This also included concerns that the pandemic and its impact, housing and employment issues, and integration of services. The prevalence of Foetal Alcohol Spectrum Disorder

(a neurodevelopmental condition) was also flagged.

e) **People with vulnerable migration status, undocumented workers, asylum seekers, refugees, people with No Recourse to Public Funds**
Stakeholders raised issues for people with who are seeking asylum, those who have No Recourse to Public Funds because of their immigration status, people who may be undocumented workers, and others with a vulnerable migration status.

This included the impact of the 'hostile environment' policies which may mean access to essential services is difficult, as well as issues in access if English is not their first language.

Housing, employment and income may all be particular issues for people who are included in this group.

f) **People with physical disabilities (e.g. hearing loss, mobility issues, sensory impairment, deaf people)**
Stakeholders working with people who have sensory impairment (such as deaf people, blind people, people with hearing loss or visual impairment) flagged the need for more accessible services and opportunities, including options for British Sign Language users. One example of this was around exercise classes or mental health support which rarely cater for people who have hearing loss or are deaf.

People who may have limited mobility also were raised, especially in relation to active travel - with the need for parks, green spaces, streets and other facilities all to be suitable for people who use wheelchairs.

g) **LGBTQI+ people**
An inclusion review of services for people who are trans, non-binary, gender non-conforming and intersex in Hackney found that access to many services posed issues.

Provision and suitability of mental health support and care was also raised by stakeholders who work with LGBTQI+ people.

The King's Fund, City & Hackney Health and Wellbeing Board Strategy Workshop

A workshop with HWB members and the King's Fund was also held in 2021, and this was the word cloud created in response to the initial question: *What, in your opinion, is a top priority for Hackney?*

Many of the issues raised in that workshop are shared with those found through stakeholder and resident engagement, as they included:

- Mental health and wellbeing
- Racism
- Trauma
- Workforce
- Substance misuse
- Street homelessness
- Social isolation
- Integrated care
- Vaccine uptake (all types of vaccination)

Several themes relating to ‘how’ and ‘who’ were also raised, such as the need for:

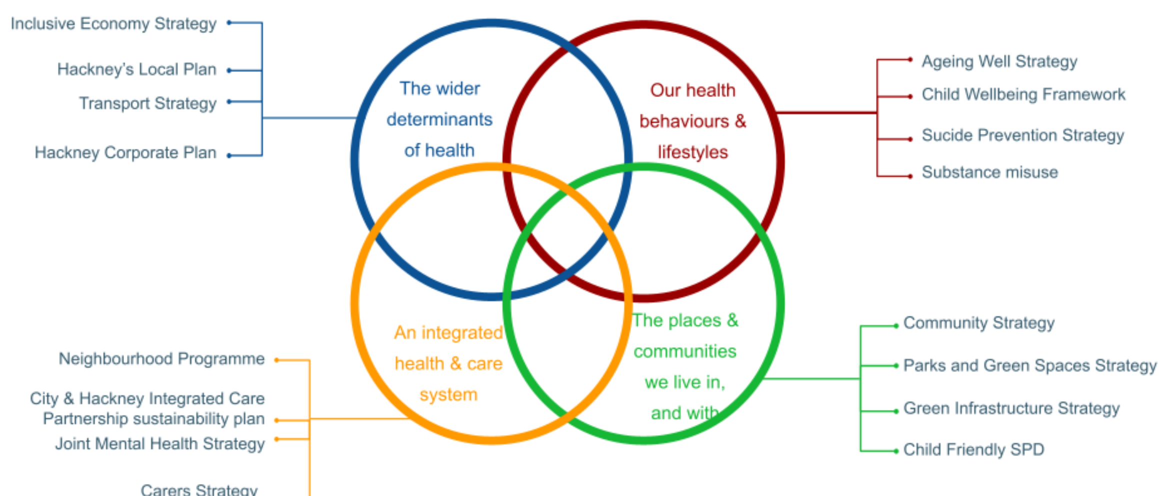
- Open forum to connect with the community would be beneficial, with ongoing development to shape priorities with the community. This engagement could improve trust and build relationships. Intelligence from the communities needs to include ‘soft intelligence’.
- Ensuring the strategy is a real driver for change
- Making better use of and sharing data
- People have ownership of ‘things’ to champion and engage with partners
- Services to wrap around the resident,from end to end. Smaller priorities should not be missed.
- Work with groups whose needs are disproportionately affected e.g. LGBTQ or people with dementia
- Providing opportunities for younger populations

Existing strategies, plans and initiatives

Noted in the [review of population health needs](), and echoed in the 'building on existing work' theme, it is important to take into account existing efforts that are underway - and any progress they are making - that may relate to these themes. It was also noted by many stakeholders that there are overlaps and intersections between pillars, as highlighted in the diagram below. This diagram does not include all local strategies and plans that are relevant. This could also include:

- Tobacco Control Alliance
- Healthy Weight Partnership (and their Healthier Hackney framework)
- Alcohol Strategy
- Air Quality Action Plan
- Connect Hackney programme
- City & Hackney Integrated Delivery Plan
- Learning Disability Strategy
- Emotional health and wellbeing strategy

EXISTING STRATEGIES, PLANS & INITIATIVES
mapped against the four pillars



Methods and level of response

The aim of the engagement phase was to engage with residents and wider stakeholders to ensure key priorities are identified before development of a draft strategy ahead of formal consultation.

A number of approaches were used to engage with people in July and September 2021. Due to the ongoing Covid-19 pandemic, engagement workshops were conducted using online video conferencing rather than in-person events, as a high level of face-to-face contact would have posed an infection risk. Further details on each strand of engagement are included below.

Peer research

Volunteer Centre Hackney (VCH) was commissioned to recruit and train volunteer peer researchers to help develop and conduct surveys with their friends, family and other people they knew in Hackney. In total, peer researchers completed 333 surveys. There were 30 active peer researcher volunteers, who were trained to conduct the survey. The intention was to target a diverse range of residents through peer research, in order to ensure insight was gathered from a wide range of people. Multiple opportunities were used to conduct peer research at some face-to-face events in Hackney.

Demographics of the peer researchers:
- 73% were female, 20% male and 6% identified as non-binary or trans.
- 27% were of Asian heritage, 23% black or mixed black/white and 27% white. There were two Turkish peer researchers and one Orthodox Jewish peer researcher.
- 23% of the group were unemployed or unable to work and 23% had a long term health condition or disability.
- Five peer researchers were aged 16-24 and three were older people.
- 20% of peer researchers spoke English as a second language and other languages spoken included Bengali, Urdu, Turkish, Somali, Polish and Swahili.

Peer researchers submitted survey findings into Typeform, including results from paper copies of surveys.

Focus groups

Staff members from Volunteer Centre Hackney organised 6 focus groups with residents from parts of the community that were identified as being particular targets for engagement. Two of these came to us through council contacts; three were through VCH contacts; one through a peer researcher. One of the sessions was facilitated by a volunteer peer researcher and in one of the sessions the notes were taken by another volunteer peer researcher. Otherwise facilitation and note taking was carried out by VCH staff members.

Five sessions took place online, one took place in person (at a care home). Training was offered to peer researchers in how to set up and run a focus group however VCH did not get any take up from peer researchers. This may have been because people lacked the confidence or time to take this on during the summer months. The evaluation with peer researchers will ask for more information about this.

Resident survey

An online survey was open between 31 July 2021 and 15 September 2021. It was hosted here:

https://consultation.hackney.gov.uk/public-health/health-and-wellbeing-in-hackney/. The survey was promoted via Twitter, newsletters distributed by London Borough of Hackney teams, Healthwatch, Volunteer Centre Hackney, Hackney CVS, the NHS and by sending direct to stakeholders. It was incentivised by offering the chance to win a £150 high street shopping voucher.

99 people completed the survey.

The survey had 7 sections:

1. Impacts on health and wellbeing
2. Places and communities
3. Wider social, environmental and economic factors that can impact health
4. Health behaviours and lifestyle
5. Health and care services
6. Staying involved
7. Demographic information

The resident survey can be found in full here:
https://docs.google.com/document/d/1dvbD7Yd7sNqGnKp_z1rQVEbSZ2YkX2BdO2GJNEKIX4w/edit

Stakeholder survey

A shorter online survey for stakeholders was open between 24 August 2021 and 15 September 2021
https://consultation.hackney.gov.uk/health-and-wellbeing/7504d2ce/.
This was sent directly to stakeholders who had been invited to 1:1 interviews or workshops but not been able to attend. 22 people completed the survey.

The complete stakeholder survey can be found here:
https://docs.google.com/document/d/1k1p2PpzTv3vQM8qPLwdyoxK4fPA_jxbrtTwaFGsIQQ0/edit

1:1 meetings with stakeholders

Stakeholders working in the borough had been identified by compiling a list of organisations and others working across the 4 pillars of health identified in the King's Fund framework, as well as those working residents from seldom-heard communities. An email offering a 1:1 interview and a briefing about health in Hackney was sent to 44 stakeholders in early August 2021. A follow up email with further dates and a link to the stakeholder survey was sent to those who had not responded at the end of August.

12 interviews with stakeholders were conducted, with other meetings joined to flag the strategy development with the stakeholders who had been identified.

Notes from interviews and meetings were examined to identify the issues raised, and these were then collated with the insight from workshops and focus groups.

The questions used for 1:1 stakeholder interviews can be found here: https://docs.google.com/document/d/e/2PACX-1vQe46ieptNfRI1IC5LhnylArftjakoBLIY8l9jOlXqc9yD5KD_RYAVqRhZKkE6F1w/pub

Workshops

Over 250 participants were invited to join 5 workshops in August and September 2021. In total, 95 people attended workshops organised for the strategy. Those people who were unable to attend were also sent the stakeholder survey.

In addition, in May 2021, a workshop with the King's Fund was held. This had 51 attendees (70 people were invited).

Notes from workshops were circulated back to participants, and they were analysed alongside meeting and focus group notes for key themes that had been raised.

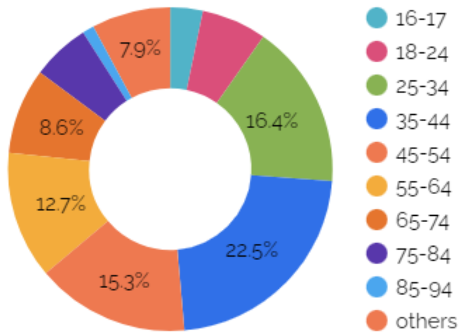
Members of Hackney Public Health team also joined meetings hosted and arranged by others such as the Ageing Well Working Group or Community Champions, and used the similar workshop resources to gather insight from participants.

Slides used in the workshops can be found here: https://docs.google.com/presentation/d/14JuB4vp5jzD2BQ5qSQ0jEaIJWe0-mQotwM47IGEzF1E/edit?usp=sharing

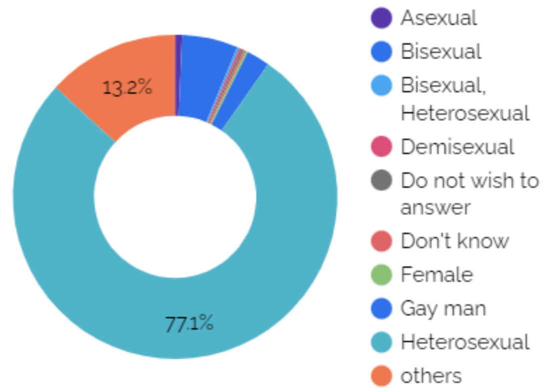
Who did we engage?

Demographic data was collected when people completed either the resident survey or the peer research. In total, 99 responses were received through the resident survey, and 333 via peer researchers. These graphs show more demographic information about these 432 people.

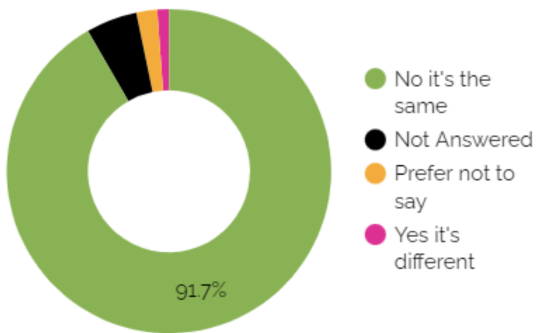
Age



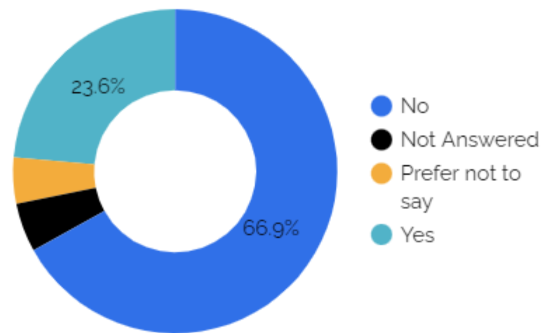
Sexual Orientation



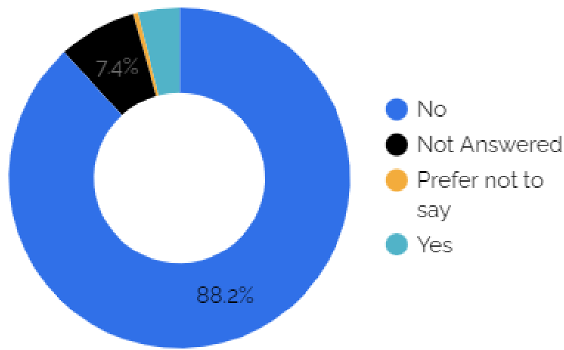
Gender identity different from birth



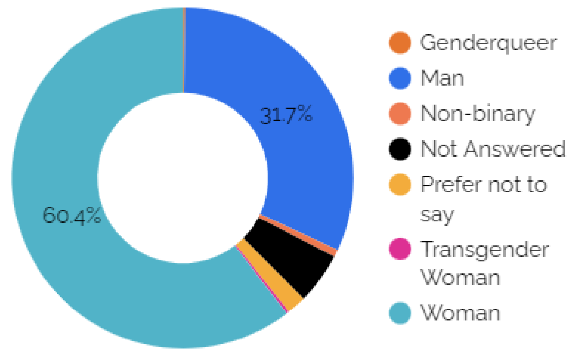
Disability



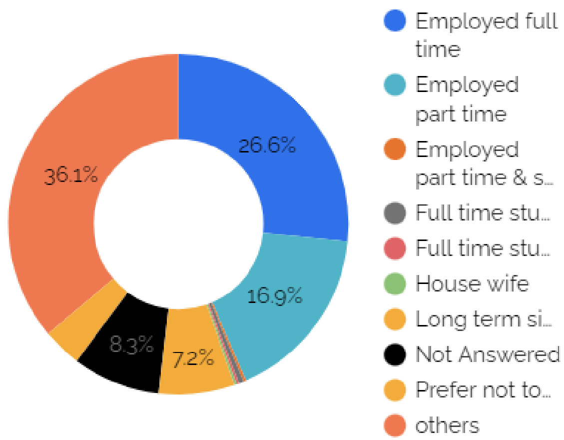
Refugee Status



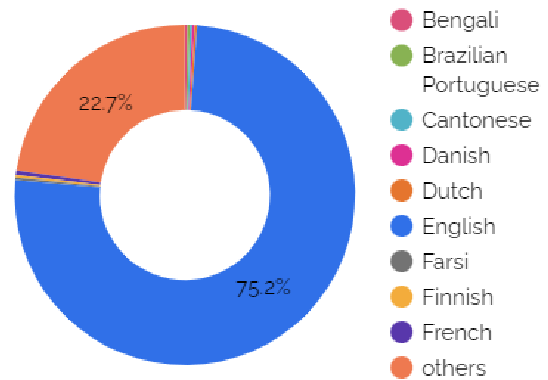
Gender



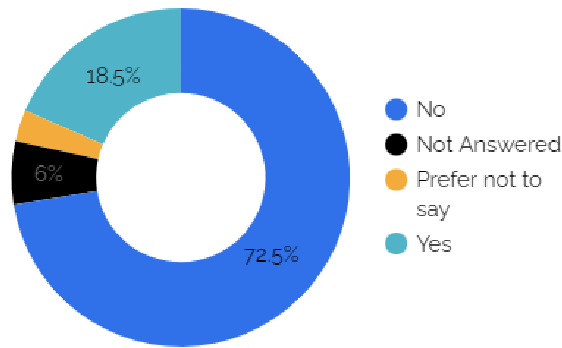
Employment Status

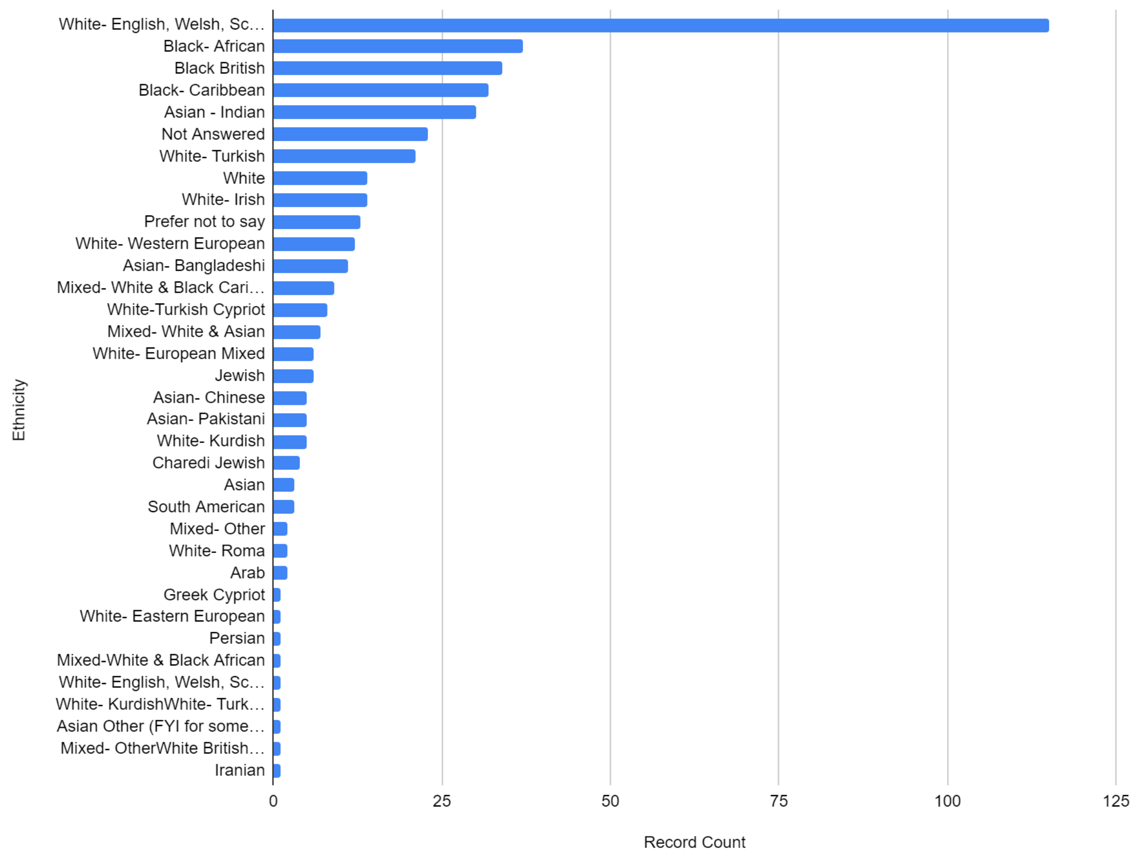


First Language

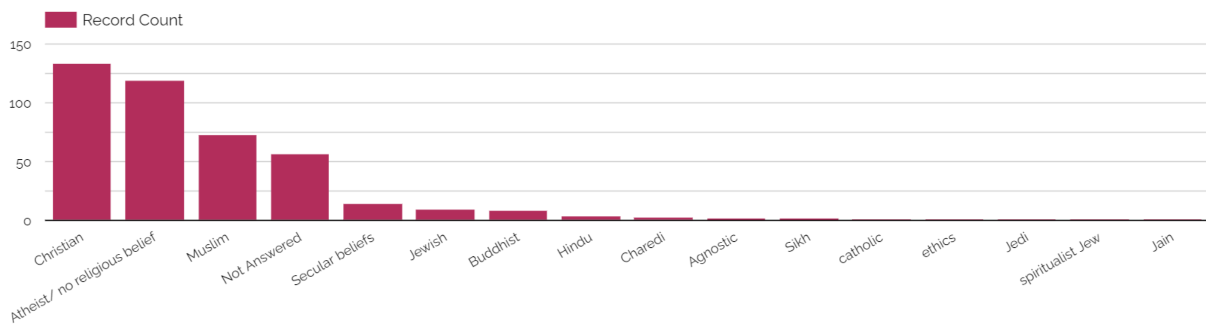


Caring Status





Religion/belief of respondents



For more detail, see:
https://datastudio.google.com/reporting/33caa8b7-799b-4dc0-bf6a-2246928a2ffc/page/h1aVC

Participants in meetings, focus groups and workshops:

Age UK East London
Ageing Well Working Group
Anchor Hanover Supported Older People's Housing
Badu Sports and Community
Barts Health
Carers First
Centre 151
Clarion Housing
Coffee Afrik
Community Champions
Connecting all communities
Core Arts
Children Young People Maternity & Families Care Workstream Strategic Oversight Group
Day-Mer Turkish and Community Centre
Deafplus
Diane Abbott MP
Everyone Health
Fair Finance
Family Action
Food Justice Alliance
Food Network
GLL
Hackney Ark
Hackney Congolese Women Support Group
Hackney CVS
Hackney Independent Parents - food drop in
Hackney Learning Trust
Hackney People First
Hackney Playbus
Hackney Round Chapel
Hackney Youth Parliament
HCVS lunch clubs network

HENRY
Homerton University Hospital NHS Foundation Trust
Jewish Community Council for Hackney and Haringey
Kanlungan FIlipino Consortium
Kings Park Moving Together
London Borough of Hackney (various teams)
London Joint Working Group Hepatitis C
London Sport
M R S Independent Living
MIND
Metropolitan Thames Valley Housing (MTVH)
NHS
NHS City and Hackney CCG
Older People's Committee
Pinnacle
Poplar HARCA
Positive East
Queen Mary University London
Refugee Women
Renaisi
Sexual Health Homerton
SHINE
Shoreditch Trust
Sport and Physical Activity Steering Group
City & Hackney Covid-19 System Operational Command Group (SOCG)
St Mary's Garden
VCSE Strategic Leadership Group
Support Where It Matters
Volunteer Centre Hackney
Woodberry Aid

Limitations and learnings

- The engagement phase ran at the end of July, throughout August, and the first two weeks in September 2021. This coincided with school summer holidays which may have meant fewer people were available to engage. Early September also coincided with several festivals and holidays observed in the Orthodox Jewish community.

- Several respondents did note the online survey was very long and this may have been off-putting and meant fewer people completed it. It was also not on the website as an 'easy read' version, or in other languages (although an easy read engagement document was produced).
- Due to the pandemic, much of the engagement was conducted online. This may mean that people who prefer face to face or other formats (e.g. on paper) did not engage.

Where some parts of the community and stakeholders have not been reached for in depth engagement, the aim during the formal consultation phase is to focus on gaps (e.g. orthodox Jewish community; Traveller, boater and gypsy communities, pharmacies, Police and Fire Brigade).

These limitations and learnings are being considered and aim to be improved during the consultation phase.

Next Steps

- Prioritisation by Health and Wellbeing Board in October
- Draft strategy brought to November Health and Wellbeing Board meeting
- Draft strategy out for formal consultation - November - February
- Strategy priorities formally adopted in March 2022 Health and Wellbeing Board

Acknowledgements

We would like to thank everyone for their time and the insight that they shared.
In particular, this report could not have been produced without:

- Lauren Tobias and Richard Howlett at Volunteer Centre Hackney, and all of our volunteer peer researchers
- Donna Doherty-Kelly's leadership
- Hena Miah and Kim Stiff supporting our workshops
- Rachael Janes and Brittany Alexander for survey design, dashboard development and analysis