

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

THURSDAY, 28TH JANUARY 2021

THIS MEETING WAS HELD REMOTELY

Present:

**Mayor Philip Glanville, Hackney Council (Co-Chair)
Dr Mark Rickets (Chair of C&H CCG) (Co-Chair) (In
the Chair)**

**Malcolm Alexander (Interim Chair of Hackney
Healthwatch)**

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

**Anne Canning (Group Director Children and
Education - Hackney Council)**

**Dr Sandra Husbands (Director of Public Health, City
and Hackney)**

**Cllr Christopher Kennedy (Cabinet Member, Health,
Adult Social Care and Leisure)**

**Tracey Fletcher (Chief Executive of the Homerton
Hospital)**

Raj Radia (Chair, Local Pharmaceutical Committee)

**Lorraine Sunduza (Chief Nurse, East London
Foundation Trust)**

**Councillor Carole Williams (Cabinet member,
Employment, Skills and Resources)**

**Councillor Susan Fagana-Thomas (Cabinet member,
Community Safety)**

Officers in Attendance:

Chris Lovitt (City and Hackney Public Health)

**Donna Doherty-Kelly (City and Hackney Public
Health)**

Diana Divajeva (City and Hackney Public Health)

Amy Wilkinson (City and Hackney Public Health)

Nicole Klynman (City and Hackney Public Health)

Andrew Trathen (City and Hackney Public Health)

Jane Taylor (City and Hackney Public Health)

Donna Thomas (Hackney Education - Early Years)

Denise D'Souza (Hackney Adults Services)

**Matthew Hopkinson (City and Hackney Clinical
Commissioning Group)**

Annie Gammon (Director of Education, Hackney)

Council)

Also in Attendance:

Jon Williams (Hackney Healthwatch)
Peter Merrifield (Hackney CVS) (Observer)
Liz Hughes (Hackney CVS) (Observer)
Lydia Mutare (Public Questions)
Rayah Feldman (Public Questions)

1 Welcome from the Chair (Chair)

1.1. The Chair welcomed everyone to the meeting.

2 Apologies for absence (Chair)

2.1 Apologies for absence were submitted on behalf of Laura Sharpe.

3 Minutes of the Previous Meeting (Chair)

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

4 Declarations of Interest - Members to Declare as Appropriate (Chair)

4.1 There were no declarations of interest.

5 Action Tracker 9 (Chair)

5.1 The Committee noted the actions taken as outlined in the action tracker.

5.1.1 Anne Canning confirmed that the establishment of the multi-agency sub-group was in progress.

RESOLVED:

To note the action tracker.

6. Community Voice (Jon Williams)

6.1 Jon Williams presented views of Ann Marie Dawkins, the Chair and co-founder of Hackney Independent Forum for Parents/Carers of Children with Disabilities. Comments focused on council plans, under consultation, which sought to embed a number of child-friendly principles into the boroughs future development, as well as challenges experienced by families in transport, education and access to services. Comments made included:

- what works for children in the borough often works against some disabled children, impacting on equity
- that any significant changes in policy should be consulted on with the families of disabled children from the outset
- children and families are fed up with being an afterthought

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- disabled children experience deep inequalities, amplified by COVID-19 and families needed specialist support not special treatment
- the needs of the disabled should be taken into account
- in relation to LTNs, there was a small group of families whose children have blue badges 'hugely impacted' by the change, mainly black, asian and minority ethnic/ some with autistic children who are unable to take public transport or walk safely for long because of their severe sensory impairment
- these changes also impacted on bus travel for children's playgrounds and school gardens
- other blue badge holders should have been contacted long beforehand
- there was a need for more accessible and suitable housing for families and disabled children
- raising disabled, autistic or learning disabled children was tough and decent housing was necessary to do this
- schools played a big part in children's lives and many do not make reasonable adjustments to accommodate disabled children
- the need to put in place mechanisms to prevent the 'under the radar' discrimination against disabled children with swift access to disability-specific and informed mental health support for families

6.2 Jon Williams stressed the need to consider this issue in the context of COVID-19 and its impact on disabled people, with disabled people having had a 'brutal' experience during the pandemic with inequalities significantly worsened. In relation to the child friendly approach, he said that it was important to ensure that disabled people are involved in the development of strategy from the outset.

6.3 Mayor Glanville referred to the powerful statement from someone very experienced in the system, facing a lot of challenges that were recognised across all policy areas. Mayor Glanville stressed that he wished to channel Community Voice time into change and action and that there was a need to redouble efforts to embed equity, equalities and co-production in everything the Council did. Mayor Glanville suggested a meeting with the Council's engagement and consultation team to discuss this matter. He referred to the equalities policy development on transport being undertaken by himself and Councillor Williams. Mayor Glanville referred to the recent High Court judgement finding that City Hall's Streetspace programme had potential adverse impacts on elderly and disabled people.

6.4 Deputy Mayor Bramble said that SEND parents had been spoken to virtually and that efforts were being made to gauge the challenges that they had across the system. She confirmed the continued liaison with parents and that Councillor Woodley was always open to advocating for families. She agreed to take away the points made and stressed the need for a mechanism to follow it through so that people know that they are heard.

Subsequent to the meeting Councillor Woodley confirmed:

"I have regular catch ups with Ann-Marie and she knows I am one of the Cabinet members leading on this work, also how available I am to parents and how keen I am as things open up again to set up a forum for CYP with additional needs. So, my position is very much that we will continue to work with HiP, SENCOs and school pupil forums after the consultation closes and am looking forward to discussing this with you shortly."

Hackney Communications and Consultation confirmed:

"Following last week's press/community voice session about HIP and the child-friendly consultation, I wanted to assure you that we have been trying to work with SEND groups on this issue.

We contact HIP and the Hackney Campaign Against SEND cuts in November about the child-friendly project to arrange some focused workshops with parents and students. Unfortunately (and understandably), we did not hear back from them on the project. To mitigate this and to ensure that SEND voices were heard more generally, we worked with the SEND team at Hackney Education to issue information via their networks on Local Offer and in their newsletter to parents.

We also contacted The Garden School to hold some small events, but they were unable to commit. That said, the school has collaborated with our sister project, the Parks' Strategy, so feedback and evidence are being shared across the two projects to ensure SEND needs are reflected in the final SPD.

We are going to reach out to HIP to see how we can work together and gather more insights. I'll be sure to let you know how we progress on this."

7. Public Questions

1. Lydia Mutare

The Chair read out the question.

'I am a resident of Hackney and a qualified Mental Health First Aid Instructor (England). I am writing to find out if the Council has a strategy to roll out Mental Health First Aid training for adults in the Borough. I have been working with Croydon Council in delivering online Mental Health First Aid training and this has been very successful. It provides adults in the community with knowledge and skills to better understand mental health issues.

My experience with Croydon Council is that many people are eager and ready to learn more about Mental Health. COVID-19 has brought many challenges in the community and mental health is one of them, affecting all ages. I have been delivering training online and this has a wider reach.

I would be very grateful if the Health and Wellbeing Board could consider providing Hackney residents with the opportunities for training in Mental Health First Aid. This would help build a healthier and cohesive community. I have vast experience working in an inner City environment. Attached is my CV for your information. I would be happy to present my thinking to the Board and together agree on a way to train adults in Hackney'

Andrew Trathen, Consultant in Public Health, answered the question.

'Thank you for your email and your interest in the mental health of Hackney residents.

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We deliver Mental Health First Aid in Hackney through Mind. This training is aimed at frontline professionals, who are often working with some of our highest need and vulnerable groups. At the moment for some residents, these staff may be some of the few people they interact with, so this support can be vital. Participants learn to listen, reassure and respond, even in a crisis and the course includes content on:

- What mental health is and how to challenge stigma
- A knowledge of common mental health issues
- An introduction to looking after your own mental health and maintaining wellbeing
- Confidence to support someone in distress or who may be experiencing a mental health issue

With a limited budget available, we believe this targeted approach maximises the impact of the MHFA training delivered. Sadly we cannot realistically offer MHFA to all residents on our current budget and, partly because often those with the most interest or knowledge already are likely to be those who sign up, we don't feel this is the best use for this limited resource.

We have looked into view only webinars along these lines, with possible opportunity for Q&A but there are a number of issues with this, including that there is no way to support anyone who is distressed by any of the content at all, as is done in the smaller face to face training sessions. Instead we have focused on signposting to various national mental health webinars, as well as to online resources and information.

If in the future we are in a position to deliver MHFA training on a much wider basis, we would do so in line with the council's normal procurement procedures.

This section formed part of the answer but was not discussed at the meeting

The MHFA programme is also just one way the council and our partners help to promote good mental health and support residents' wellbeing. Other related programmes include:

- Staff Mental health champion programme: this is a new programme whereby Hackney Council staff are trained as workplace mental health champions. In this role they will be able to provide simple advice and signposting to colleagues who feel like they need some mental health support but are not sure what is available or perhaps unsure about accessing formal services. They will also be able to help amplify local and national campaigns and messages within their teams. If successful, we will be making all the associated resources available to other local organisations, to make it easy for them to replicate the programme in their own setting.
- Hackney Council will also be supporting the [Mayor of London's ambition to train a quarter of a million wellbeing ambassadors by 2025](#) and with our existing work on MHFA and mental health champions, we will be very well placed to do so.
- Public Health also provides MECC (Making Every Contact Count) training for frontline staff, helping to ensure that these staff are equipped with the right knowledge to signpost residents where needs are identified, including around some of the key underlying factors that influence mental health, such as housing, finance and employment, as well as wider health needs.
- Where residents need additional support, Hackney has a wide range of services that can meet these needs, including the Wellbeing Network (a

collaboration of local community and voluntary services) and Talk Changes (IAPT)

- Our experienced communications team promote local and national mental health messaging through a variety of comms channels
- Public health has been working in partnership with colleagues in a wide variety of services, such as employment and temporary accommodation, on how to promote and help protect mental health for the residents who need to use them and will expand on this work in 2021'

7.1 Lydia Mutare told the Board that she was happy with developments in Hackney at present but considered that the information was not currently communicated adequately to the public. She said that she was experienced in this area and offered to be part of any initiative to increase awareness in regard to the delivery of these services.

7.2 Councillor Christopher Kennedy stated that Councillor Anna Lynch was Hackney's Mental Health Champion and that work was ongoing in rolling out mental health training for councillors in the borough. He asked how the offer of services in Croydon manifested itself. Lydia Mutare told the Board that this was provided through the Council as the need had been identified and was provided to leaders in relevant organisations and the voluntary sector and those working with people with mental health issues.

7.3 Mayor Glanville thanked Lydia for her question. He told the Board that work was ongoing in the Council on this matter and that services were already provided in this regard. The Mayor was a co-political leader for 'Thrive London' which had champions and mental health networks for Londoners, focusing on marginalised communities and those with more challenging relationships with statutory mental health organisations, and those sectioned. There was a current focus on recruiting increased numbers of mental health champions. Further, across London a recovery mission was being developed, to train and deliver 200,000 wellbeing ambassadors by 2025. The focus was to ensure that they are equipped to shape discussion around mental health. Hackney Citizens Organisation was organising civic society in Hackney, fundraising and instigating training.

7.4 Councilor Bramble stated that she had raised the importance of including health and wellbeing as part of any recovery programme, with Cabinet agreement and work was ongoing across the system on ways to achieve this, whether through helplines, work in school, an online offer, 1:1s and through groups.

2. Rynah Feldman

7.5 The Chair read out the question.

Background

'Hackney Patients Not Passports is a group of Hackney residents and health workers who are concerned about access to Covid services for migrants, many of whom may be marginalised, not registered with GPs, and fearful of accessing NHS services because of NHS charging and data sharing and the Hostile Environment in general.

It is now well known that the Covid pandemic disproportionately affects poorer people and ethnic minority communities [1] and that "people who are socially excluded are not consistently recorded in electronic records, often making them effectively invisible for policy and service planning purposes." [2] We are concerned that the Hostile

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Environment is likely to affect many migrants' willingness or ability to access testing, treatment or vaccination or to engage with contact tracing.'

Question:

'Is Public Health Hackney taking action to ensure that no migrants are excluded from testing, treatment or vaccination for any of the following reasons - because they:

- are not registered with a GP?
- are fearful of accessing the NHS because of charging and hostile environment police
- lack information about how to access services?
- are misinformed about Covid and relevant service
- believe that passports and driving licences are required at testing sites as stated on the government testing website when registering for testing
- lack necessary digital access?

Such action may involve distributing materials produced either locally or nationally, by statutory or voluntary bodies, with information on Covid 19 in different languages. Such material could also explicitly challenge misinformation about vaccination.'

Answer:

7.6 Nicole Klyman, Public Health Consultant, answered the question.

'Vaccination priority list

The order in which residents are vaccinated is determined by the JCVI (Joint Committee on Vaccination and Immunisation) JCVI advice on priority groups for vaccination. At the moment people are being prioritised in order of need. Across the country, care home staff, those aged 80 years of age and over, as well as NHS staff considered to be a risk will be offered vaccination in line with JCVI recommendations, and vaccination is now being rolled out in care homes.

The East London Health and Care Partnership are working in partnership with local councils to work out the best way to ensure all eligible people, including homeless people and those without an NHS number, will be offered the vaccine.

Vaccination and engaging with marginalised groups

City and Hackney are working with their statutory and voluntary sector partners to identify marginalised groups such as migrants, asylum seekers, and others that may not be registered with a GP to ensure that they are aware of the Covid- 19 vaccination and the testing process and ensure that communications about vaccinations and testing are accessible to a range of diverse groups.

Hackney Council's Community Champions are working with local community groups to ensure factual vaccination information is disseminated and they are also supporting work to tackle vaccine hesitancy.

East London Health and Care Partnership have confirmed that the NHS will write to people about vaccination based on their GP records, but this doesn't mean that people that don't have an NHS number or aren't registered with a GP won't be able to get vaccinated through the programme. It does however reinforce the importance of everyone being registered with a GP to help the NHS check for any reasons that

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someone might not be able to have a vaccine, and ensure there is a record that both doses of the vaccine have been received.

The Ministry of Housing, Communities and Local Government has provided local authorities with funds to support people experiencing homelessness to register with a GP and ensure they are factored into local area vaccination plans.

If asylum seekers are accommodated in a hotel they should be registered with a local practice, either general or specialist homeless, if this is the case they will be invited for vaccination when eligible.

Everyone who is eligible for the vaccine can get one free of charge. Even if someone is not registered with a GP they do not need to pay. Those with no recourse to public funds are also eligible for the free vaccine.

Doctors of the World UK (DOTW) have launched a Covid-19 vaccine advocacy project to ensure that everyone in the UK has access to the vaccine, regardless of immigration status. As well as producing translated Covid19 information resources, DOTW will play a proactive advocacy and coordination role in relation to the roll out of the Covid-19 vaccine programme.

Over the next 12 months DOTW will take a proactive approach to influencing the design of vaccination programmes and then monitoring programme roll out, drawing on links with health, clinicians, public health, migration and sector organisations and the experiences of patients accessing DOTW's clinical services.

DOTW has played a lead role in translating Covid-19 public health messages (working in partnership with the British Red Cross). DOTW will continue to lead production of public health materials around vaccination, as well as reinforcing messages about public health measures, test and trace and access to health care.

Testing

There is no requirement to provide photo ID at rapid testing sites in Hackney Residents can access

7.7 Rynah Feldman confirmed that registration with a GP was of utmost importance and that some individuals were keeping away at present from these health services. She asked what specific contacts were made with the Voluntary Sector and Community Groups. She expressed concerns about digital access and levels of knowledge and understanding around COVID-19. She stressed the importance of an information poster campaign and handouts in a number of languages.

7.8 Malcolm Alexander expressed the concern that a number of GPs required voluminous documentation to register at their practice and that this deterred many from registering.

7.9 Nicole Klyman stated that the concerns about the documentation requirement were known and she agreed to raise this matter to NHS colleagues with the aim of making the process more fair and accountable.

7.10 The Chair confirmed that it had been made clear that there was not the need for this level of documentation in registering with a GP and stressed the need to identify where these interactions occurred. Malcolm Alexander suggested and it was agreed that Healthwatch Hackney would carry out a review across Hackney to gain an understanding of these requirements in relation to documentation for GP registration.

Action: Healthwatch Hackney

8. Health in all Policies - Hackney's Early Years Strategy (Donna Thomas)

8.1 Donna Thomas presented on the provision of the early years service in Hackney, giving an overview of early years, the framework 'Our journey Birth to Five' to support children at these ages and the statutory functions of the Early Years service. The presentation also included key principles that would inform the refreshed strategy development. 'Hackney Early Years' have worked with health colleagues across services and had a remit around the health and wellbeing of children and their families. The intention was to consult with the under-fives strategic group which was paused during COVID-19, integrated commissioning, maternity workstream and other stakeholders. The presentation focused on:

- early years and early help
- the case for early help
- early years statutory duty
- early years focus
- principles, including access to information, partnership working, universal and targeted interventions
- childhood experience on brain development
- expected progress measure
- eYFS profile results
- emerging priorities
- those at risk of underachievement
- child health data

8.2 Mayor Glanville asked for an explanation about a decline in the Hackney overall attainment figure in comparison to the national figure. He asked about improving outcomes for Turkish, Kurdish and Cypriot young people and whether the data presented was an earlier snapshot or at 18 yrs in the comparisons between boys and girls. Donna Thomas told the Board that the figures related to children at the age of 5 years. Whilst the birth rate in Hackney had not really fallen, there was an increase in the population in the north of the Borough. There were reduced rolls in Hackney schools in early years classes. The population was increasing in the independent settings with fewer numbers in state maintained schools. Children in the independent schools were not achieving a good level of development. Donna Thomas told the Board that if more children are going to be assessed in independent schools and less in maintained schools, the trajectory will continue to fall.

8.3 Councillor Christopher Kennedy asked about further thinking on principle 8 presented in the slide deck and where the services are delivered from. There was reference to broadening the role of children's centres into children and family hubs so that the age of children who are receiving services in children's centres was increasing and asked whether consideration was given to working more closely with schools and the school estate so that more of the 0-5s receive borough services on the school estate. Donna Thomas told the Board that in targeted early help service, the Council worked with children of all ages with referrals from schools. The service did not only work with under fives but also worked with parents who have children in all age groups. Work with a wide range of children should be carried out intentionally with

close working with Young Hackney, along with the delivery of outreach provision to children and working with the voluntary sector to support those children.

8.4 The Chair asked about the early thinking on shaping strategy in light of the impact of COVID-19 on children's mental health and the increase in numbers being admitted to children's mental health services at all tiers, even with well developed services in place. Donna Thomas responded that the impact of COVID-19 centred on babies during the pandemic, who may not have received the support that they required because community services were redirected to where support was needed. Work was ongoing with health visitors to reach those parents, offering support. The early years service continued to receive referrals during the pandemic. At the very early stages of the pandemic, doorstep deliveries were carried out with food packs and learning resources being provided. The toy libraries were reopened. In relation to lone parents, work was carried out to ensure that they were supported, with respite being offered during this time.

8.5 Liz Hughes asked about working with the community sector organisations and the requirement for a mechanism to feed into the strategy. Donna Thomas will contact Liz Hughes on this matter.

RESOLVED:

To note the arrangement for early years in Hackney, and consider the principles to inform a refreshed Early Years Strategy.

9. Childhood Adversity, Trauma and Resilience Approach Update (Amy Wilkinson)

9.1 Amy Wilkinson introduced the report outlining a proposed approach to tackling and addressing the root causes of and impact of adverse experience in City and Hackney. The report, 'An Approach to Childhood Adversity, Trauma and Resilience' expressed a vision and key strategic objectives, and described a programme of work for 2020-2025, focusing on system approaches and enablers; the development of an ACE and trauma-aware workforce; and the development of specific interventions which aim to prevent or reduce the impact of ACEs and build resilience in individuals, families and communities.

9.2 Matthew Hopkinson provided the Board with details of the current training programme, including:

- Two key areas to address; an introductory training module aimed at workforce who interact with children and families / developing a programme of more in depth multi disciplinary training sessions, bringing together practitioners who work with various age groups, from different disciplines, to reflect on practice through case studies and sharing ideas and problems. This was being used to build a community of practice.
- In November, work was carried out with eleven practitioners with perinatal focus to design a training programme which focused on reflective learning and shared experience. This had a child protection simulation. Outcomes included increased confidence in practice. In relation to adversity and trauma, the programme was considered a safe space to learn and that the programme enabled better working practice.
- A forum had been set up online using the online platform 'Slack', which brings the original cohort of practitioners together and contains a resource portal to include all of the training resources available and practical tools.

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- Next steps: over the next two months the next cohort of training would be rolled out for 0-5s as well as the next rollout of the perinatal / further age groups training would be developed over the year / developing a trauma informed child protection conference pilot, currently launching.

9.3 Mayor Glanville welcomed the approach, involving 'collaboration between the practice, the community, and the voluntary sector.'

9.4 The Chair highlighted questions from Liz Hughes on whether the training would be available to the VCS workforce. Matt Hopkinson confirmed that the training would be available to the VCS and that the aim was to deliver the training to all of the Health and Social Care Workforce. The area of the asylum seekers was also highlighted as another area of disproportionate need.

9.5 Deputy Mayor Bramble stated that this training was coordinated across schools and age groups, informed by lived experience.

9.6 The Chair stressed that in his work he encountered the consequences of adverse childhood experiences on adults, later in life and the need to follow this throughout.

RESOLVED:

To endorse the draft approach to Childhood Adversity, Trauma and Resilience.

10. COVID-19 Update (Sandra Husbands/Diana Divajeva)

10.1 Diana Divajeva provided the the Board with an update on COVID-19 as follows:

- a sharp increase in cases and incidence rate around Christmas since early January, there has been a decrease in the number of cases with the rate of decline increasing in recent weeks - 35 % decrease in the number of cases, coming down from a very high rate

10.2 Dr Sandra Husbands highlighted the following;

- the current infection rate had reduced to 435 per 100,000
- in the over 60 age group the infection rate was still 540 per 100,000
- many people are still being admitted to hospital, with the majority of deaths being in the over 60s age group
- in past weeks there has been an increase in deaths, with the peak not yet reached
- the NHS now had more effective ways of managing people with severe COVID-19 and there were less deaths than at the start of the pandemic
- Hackney's incidence rate is now less than the London average

10.3 Malcolm Alexander asked for clarification on claims that the Oxford vaccine was not appropriate for people over 65 yrs. Dr Sandra Husbands stated that she was not aware of any scientific evidence to substantiate the claim that it was not at present.

10.4 Lydia Mutare asked if there were any specific areas within the Borough of Hackney where the rates of infection were very high. Diana Divajeva referred to the map of Hackney on the Hackney website (<https://hackney.gov.uk/coronavirus-data>), outlining how rates of infection differed throughout the borough, with the east and north of the Borough and Haggerston having higher rates. She confirmed that the incidence rates remained high throughout the Borough.

10.5 Rynah Feldman asked whether any patterns had been identified from the Test and Trace programme. Diana Divajeva told the Board that statistical analysis had been carried out on the testing data that demonstrated that the likelihood of seeking testing was lower in areas with high levels of deprivation and among those from diverse communities. The likelihood of testing positive was correlated to areas with higher deprivation.

10.6 The Chair confirmed that the vaccine programme was continuing at pace with two community hubs based in primary care. Pharmacies were commencing work in this area. The Homerton Hospital, Westfield and Excel were also bases for vaccinations. The first four cohorts of the JCVI continued. He referred to issues around vaccine hesitancy and denial with clear differences between people from ethnic groups, in particular from the Afro-Caribbean community with whom more work would be carried out to outreach and engage. Dr Ricketts thanked staff at the Homerton Hospital in regard to their work during the Pandemic.

11. Substance Misuse in the City of London and the London Borough of Hackney; The 2019/20 Director of Public Health Annual Report Update (Chris Lovitt)

11.1 Chris Lovitt introduced the report providing details about what was known about substance misuse, including alcohol, and the health harms caused by misuse, using information provided by Public Health England, based upon uptake of services, primary care and hospital data. The report was now in the public domain and stakeholders could respond. He referred the Board to the six core principles, developed using the NICE guidance:

- Prevent
- Assess
- Dual Diagnostic
- Inform
- Refer
- Excel

11.2 Councillor Christopher Kennedy thanked those involved in the production of the report. He said that it fed well into the 'health in all policies' responsibility of the Board. When the Council came to renew its licensing policy as a local authority, measures could be introduced to require that those with licenses to sell alcohol, in particular in off-licenses do not promote cheap alcohol deals. This may involve dialogue with the chains, reaching as far as possible into the areas of policy that there was control over.

11.3 Mayor Glanville stated that there was an expansive outdoors events programme throughout the borough's parks, sometimes deriving income from alcohol and how this would be managed in a way that met the objectives outlined. In relation to Excel and drug overdose, a complex recreational drugs market existed in Hackney and he asked whether the variety of drugs used was addressed within the strategy.

Chris Lovitt told the Board that there were conversations, internally within the Council and amongst stakeholders, on the importance of prevention and that the aim was to prevent harm, with responsible drinking. There would be conversations with Licensees on these recommendations with a part 2 report focusing on the outcomes of these conversations.

Chris Lovitt told the Board that in relation to recreational drugs, the market was continually evolving with new substances emerging and there was always a need for vigilance to ensure there was an awareness of what was causing the overdoses. There was a need for openness about what was known about these substances,

ensuring that opiate reversal drugs are widely available. In relation to club drugs there had been a significant change in the late night economy and the role of club drugs. This was an evolving situation with a need to respond to the emerging usage and diverse need.

11.4 Macolm Alexander referred to the outreach street work in this regard.

11.5 Dr Sandra Husbands stated that there would be an opportunity to comment on a national policy consultation about the national licensing policy.

RESOLVED:

To note the recommendations within the DPHAR and that stakeholders would be involved in producing the response to the recommendations to be published as a follow up report.

12. Health and Wellbeing Strategy Update and Health and Wellbeing Development Proposal (Donna Doherty- Kelly)

12.1 Donna Doherty-Kelly introduced the report outlining the next steps in the development of Hackney's Health and Wellbeing Strategy. The paper included a proposal to deliver a development session with Hackney Health and Wellbeing Board members, after the extended Board members had joined, to redefine the Board's vision and approach to addressing the wider determinants of health and population health. Following this, it was proposed that the Hackney Health and Wellbeing Board meet with City Health and Wellbeing Board and City and Hackney Steering Group members and wider stakeholders for a further workshop to consider draft priorities for the Health and Wellbeing Strategy, using the King's Fund Population Framework to help define draft priorities. The second workshop would be facilitated by the King's Fund. There was a plan to involve the local community in developing and co-producing the final priorities for the strategy after the workshop, in the summer months. The Board was asked to consider the workshop timetable and workshop content.

12.2 Councillor Kennedy considered that the contents of the workshop was suitable and welcomed the King's Fund involvement. He stressed the importance of new Board members being present at the workshop. With work pressures, it may be necessary to hold workshops in April. Mayor Glanville welcomed the content of the workshops, including bringing City and Hackney members together. He said that the Integrated Commissioning Board had carried out a lot of development work and in order to ensure maximum stakeholder participation the offer should be strong, outlining how its work differed from the work of the Integrated Commissioning Board. He considered that the Board meetings were much more focused now with good quality contributions and this approach would enhance this process. The Chair referred to this exciting work including the King's Fund involvement. He said that the consequences of the pandemic would be felt through the system for a long time, which may affect the timetable for this work.

12.3 Jon Williams considered that the summer engagement would be a challenge given the effects of the pandemic and that the wider community needed to be involved, in particular those affected by the inequalities arising from the pandemic. Donna Doherty-Kelly confirmed that work on the engagement models was currently being considered to ensure that local communities could be involved throughout the strategy's development .

RESOLVED:

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1. To approve the proposal of both workshops and associated timelines for the development of the Health and Wellbeing Strategy.
2. To note the progress from City and Hackney's Health Inequalities Steering Group

15 Date of next meeting

15.1 The next meeting was scheduled for 24 March 2021

16 Any other business that the Chair considers urgent

16.1 There was no other business.

Duration of the meeting: 4pm to 6pm