Hackney Joint Health & Wellbeing Strategy

2022-26

Executive summary

Who has created this strategy and why?

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

What is our aim?

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

To achieve this, we have identified three priority areas for action:
- improving mental health
- increasing social connection and
- supporting greater financial security.

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

Why do we need to take action on health inequalities?

Health and wellbeing is influenced by many different factors. As shown in the diagram below, there is a relationship between individuals and the wider influences that can impact their health. Every person's health will be influenced by different factors which often overlap. Everything from an individual's behaviour and choices, to the broader social, economic, cultural and environmental conditions will affect someone's health over the course of their life. Racism and discrimination play a role at multiple levels.
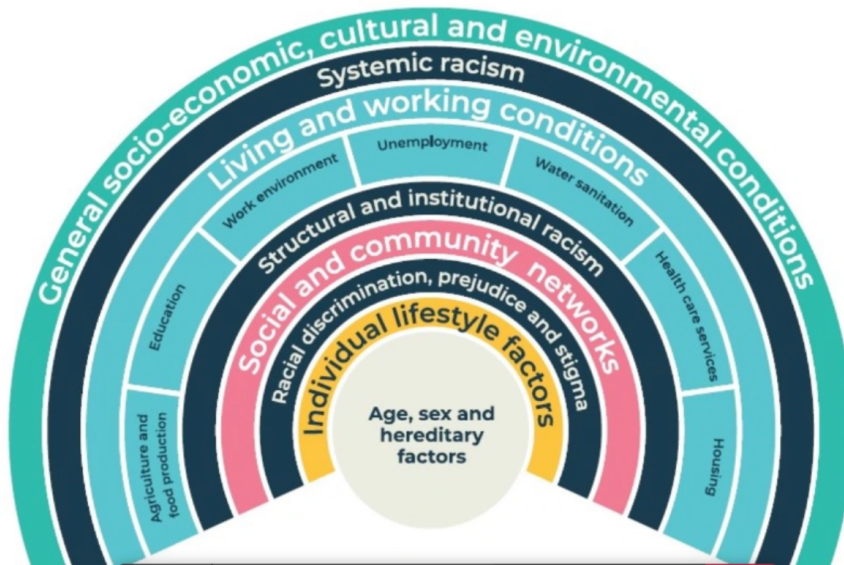
Adapted from Dahlgren and Whitehead (1991)

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

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

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

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

What are we going to do?

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

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

improving mental health	increasing social connection	supporting greater financial security

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

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

Doing things differently: how will we work?

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

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level[1]
- Making the best of community resources

---

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

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

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

Who is involved in developing the Strategy and implementing the actions?
Recognising the broad range of influences on a population's health, the Hackney Health and Wellbeing Board membership is drawn from a wide range of organisations. It brings together people from:
- the local NHS
- Social Care
- Various Hackney Council departments
- the voluntary and community sector
- Healthwatch Hackney

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

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

---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Introduction

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

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

Who is involved in developing the Strategy and implementing the actions?
Recognising the broad range of influences on a population's health, the Hackney Health and Wellbeing Board membership is drawn from a wide range of organisations. It brings together people from:
- the local NHS
- Social Care
- Various Hackney Council departments
- the voluntary and community sector
- Healthwatch Hackney

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

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

What do we mean by health and wellbeing?
Health is the degree to which residents experience good physical, mental and social wellbeing.

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

What can influence health and wellbeing?

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

Adapted from Dahlgren and Whitehead (1991)

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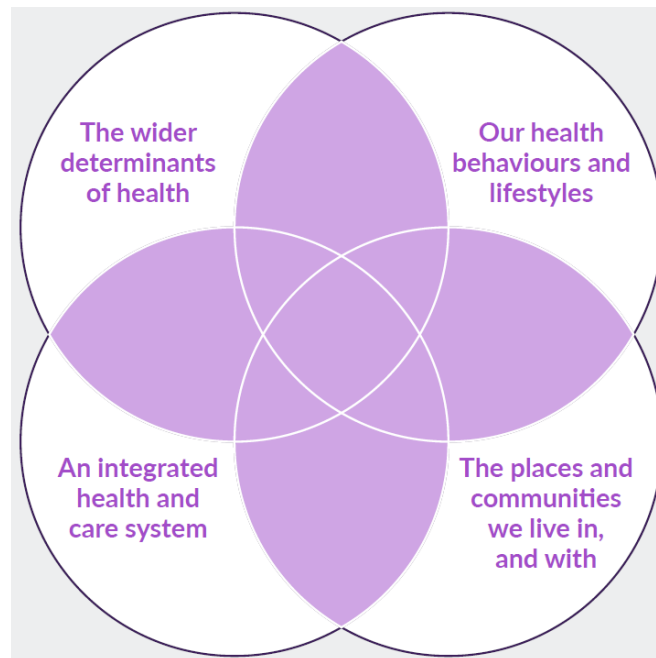
The King's Fund (A vision for population health, 2018)

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

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

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

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

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

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

What do we know about health and wellbeing in Hackney?

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

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

How we developed this strategy

This strategy was developed in 2021- 2022. Four significant sources of input to the strategy were:
1. A review of population health needs, published in May 2021: this includes mapping local existing strategies and plans related to the King's Fund 'population health' framework areas of focus (wider determinants of health, integrated health and care system, health behaviours and lifestyles, places and communities we live in, and with).
2. Health and Wellbeing Board workshop, with the King's Fund in May 2021: members of the HWB and local Health Inequalities Steering Group came together to discuss potential areas of focus for the Strategy, using the local data evidence pack information. The output of this workshop was a 'long list' of possible Strategy areas of focus.
3. Engagement with residents and other stakeholders over the summer of 2021: this engagement included a residents' survey; recruitment and training of volunteer peer researchers to conduct surveys and focus groups; stakeholder workshops and meetings with people who work with residents in the borough.

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

Our approach to co-production

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

How we conducted peer research

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

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

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

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

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

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

Identifying priorities

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

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

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

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

This prioritisation led to three areas to focus for action:
● improving mental health
● increasing social connection and
● supporting greater financial security.

Our framework for action

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

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

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

What do we mean by inequalities?
We define structural inequality as the inequality that is created by the social structures that disadvantage some ethnic groups more than others, now and

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

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

To see the ways that inequalities and racism are embedded in society takes:
- proactively and continuously working on our own beliefs, assumptions and values,
- taking action to redress inequality and
- rethinking social structures to identify and eliminate the ways that unchecked bias can disadvantage people from different ethnic minority backgrounds.

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

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

What are we going to focus on?

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

improving mental health	increasing social connection	supporting greater financial security

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

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

1. Improving mental health

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

Our ambitions for the mental health of people in Hackney include:
- mental health improvement
- mental illness prevention
- treatment and rehabilitation

What do we know about mental health in Hackney?

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

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

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

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

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

<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 (*OHID, 2020*). For many people, their response might be temporary, disrupting what might typically be good mental health. Mental health promotion can be used to support people to take care of their mental health and be able to use strategies to keep themselves well.

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

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

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

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

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

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

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

What does this mean to me?

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

A Peer Researcher

What can we work together on?

Examples for potential action are suggested below: a detailed action plan will be developed to set out clear objectives, how we will measure success and actions. As noted, there is existing work ongoing, including a joint mental health strategy. Hackney has also signed up to the Prevention Concordat for Better Mental Health.

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

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

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

2. Increasing social connections

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

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

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

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

What do we know about social connections in Hackney?

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

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

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

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

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

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

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

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

A Peer Researcher

Finding the right type of support and connections into employment

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

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

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

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

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

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

A Peer Researcher

What can we work together on?
There are examples of ongoing and successful work to tackle social isolation,

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

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

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

- *Enable all children, young people and adults to maximise their capabilities and have control over their lives:* Hackney Young Futures Commission highlighted a theme of 'an inclusive future', emphasising "regeneration rather than gentrification" and making requests to include young people in the regeneration in the borough, promoting intergenerational dialogue, supporting young people and the night time economy and improving communications with young people.
- *Create fair employment and good work for all:* work and volunteering are both ways to form social connections - efforts to support residents find and keep good work could focus on those who experience health inequalities, such as people with learning disabilities and poor mental health being supported by the [supported employment service]().
- *Ensure healthy standard of living for all:* build community cohesion principles into area regeneration and new developments in Hackney, involving residents in the planning, where community connection is an issue.
- *Create and develop healthy and sustainable places and communities:* neighbourhood plans are being developed through health, care, VCS organisations and residents. These may emphasise social connections and ensure people feel connected to each other, depending on what residents raise.
  Ensure that community spaces across the partnership are accessible for residents and local community groups to use.
  Hackney Council's area regeneration team to ensure 'social connections' are considered as part of area development plans and the built environment.
- *Strengthen the role and impact of ill health prevention:* taking part in physical activity, for example, can be a way to form and maintain social connections as well as preventing ill health.
  Hackney Council to ensure that social connection is embedded within relevant service delivery plans, policies and grant funding specifications.
  All partners are better able to identify residents at risk of social isolation, through a cross partnership identification approach, and ensuring residents

are supported to access meaningful support.
Promote the connection between physical activity and social connection through communication with residents and stakeholders working with residents.
- *Tackling racism:* this could involve building on and linking to the work of [Improving Outcomes for Young Black Men](), a programme of work focused on harnessing successful young black men's potential, increasing their visibility, and tackling inequalities where they exist.

3. Supporting greater financial security

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

What do we know about financial security in Hackney?
Using the Index of Multiple Deprivation from 2019 (IMD, 2019), Hackney is ranked 2nd most deprived of the boroughs in London, and the 18th most deprived borough in England. This measure combines seven distinct domains of deprivation which, when combined and appropriately weighted, from the IMD 2019. They are:
- income
- employment
- health deprivation and disability
- education, skills and training
- crime
- barriers to housing and services
- living environment

Income is not equally distributed among households in Hackney with some areas being more affluent than others. In 2018 net annual household income after housing costs ranged from £19,900 in the Hackney Marshes 'middle super output area (MSOA)' to £34,600 in the Clissold South MSOA[3] .

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

---

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

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

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

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

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

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

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

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

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

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

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

<u>What does this mean to me?</u>

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

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

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

A Peer Researcher

What can we work together on?

Examples for potential action are suggested below:

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

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

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

How are we going to work differently?

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

We are going to take a community-centred approach. Community-centred approaches are those that prepare and assemble 'assets' within communities, encourage equity and social connectedness and increase people's control over their health and lives.
As 'asset' could be anything that improves the quality of community life, such as the capacities and abilities of local residents or community members, or a physical structure or place - such as a community centre or youth hub.

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

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

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

(a long–term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion')	community members being connectors, signposting to services and information and supporting people to improve their health and wellbeing)	**research** (partnerships between communities, services and academic researchers, usually with the purpose of identifying community needs and then working together to develop programmes)	(for example, social prescribing, green gyms, referral systems for food banks,welfare advice in primary care)
Asset based approaches (process of identifying an inventory of assets (asset mapping) forms the basis for planning and then developing social action to improve health)	**Peer interventions**: ● peer support ● peer education ● peer mentoring	**Area-based initiatives e.g. at a neighbourhood level** (tackle social or economic disadvantage at an area or neighbourhood level through partnership working and multi-faceted programmes where health is often a strand alongside economic development, urban regeneration, access to services and education)	**Community hubs** (community centres or community anchor organisations focused on health and wellbeing that can be either locality based or work as a network)
Social network approaches (strengthening community and social support between people, via collective or community organising activities)	**Volunteer health roles** (common health improvement models include walking for health and befriending)	**Community engagement in planning**	**Community-based commissioning** (recognise that individuals have a range of health and social needs which cannot be met solely by health and care services)

		Co-production projects (equal partnerships between professionals and those using services)	

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

Case Study: Partnership and Collaboration
A Community Champion's perspective
The City and Hackney Public Health Community Champions and COVID-19 Information Grants Programme is delivered in partnership by Volunteer Centre Hackney (VCH), Hackney CVS (HCVS), and the City and Hackney Public Health Team.
The programme was set up in August 2020 in response to the COVID-19 pandemic to ensure accurate, timely and accessible information relating to COVID-19 is communicated effectively among the diverse communities within City and Hackney. It also enables Public Health to collate feedback about what is happening on the ground and to use this insight to inform the local response to the pandemic.

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

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

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

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

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

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

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

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

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

Who is going to be taking action?

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

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

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

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

How will we know if we've been successful?

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

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

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

What next?

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Acknowledgements

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

Peer researchers involved in the development of the Strategy:

Aitan	Gardoni
Anna	Wojnarowska
Billy	Guedalla
Chris	Holland
Corinne	Singer
Esthel	Daniel
Faduma	Hussein
Fatima	Mohamed
Fatma	Fadel
Ferzana	Hafesji
Jamie	Warren
Jennelyn	Bell
Judy	Roux
Kathryn	Dodd
Krista	Brown
Michelle	Bell
Michelle	Colaco
Natasha	Dogra
Nazmine	Begum
Oyedo	Ighodalo
Paul	Fosu

Ryk	Morgan
Shirley	M
Sonia	Cummings
Steven	Dowd
Yashar	Ismailoglu
Zilan Melis	Kutluay

Published [XX] 2022