Foreword

Hackney’s refreshed Joint Health and Wellbeing Strategy reaffirms our long-term commitment to improving health outcomes in Hackney and tackling the problems that prevent all our residents from enjoying full, healthy and happy lives. This updated Strategy builds on positive progress in our journey to reduce health inequalities and improve wellbeing, which we strive to achieve through the delivery of joined-up, holistic services.

Hackney is a diverse and vibrant borough that has a lot to offer its residents but is also a place with its own unique challenges. It is vital that we continue to recognise, address and meet our residents’ distinct and varied needs.

As before, the Strategy focuses on a small number of key issues that can be improved through joined up working, shared vision and effective collaboration across a range of partners. At the heart of our strategy is the drive towards person-centred integrated care and support, which is a key imperative to improve health and wellbeing outcomes for our residents.

We remain mindful of the fact that health and wellbeing means much more than being physically fit and that people’s health is influenced by a much wider set of factors than the health and social care services available in a local area, critical though these are. Much of what determines a person’s wellbeing is having a positive start in life, access to good education and good employment, a decent home in which they feel safe and secure, and enriching relationships and social connections.

The Health and Wellbeing Board brings together key stakeholders for implementing the Strategy, which will support action to address the underlying determinants of health and wellbeing. In the context of an increasingly challenging financial context, it is more important than ever that we work collaboratively across organisations and sectors to ensure health and wellbeing services are both fit for purpose and sustainable in the longer term.

As we develop this strategy further, we look forward to listening to our residents’ experiences as service users and citizens and hearing their valuable views and insights about how we can improve health and wellbeing for all in Hackney.

Cllr Jonathan McShane
Chair, Hackney Health and Wellbeing Board
1 Introduction

This is Hackney’s refreshed Joint Health and Wellbeing Strategy for 2015-2018, setting out the priorities of Hackney’s Health and Wellbeing Board over the next three years.

Health and Wellbeing Boards were established by the Health and Social Care Act 2012 and are responsible for setting the strategic direction for local action to improve health outcomes for the whole community. Hackney’s Health and Wellbeing Board brings together local leaders from across the health and social care system, including the Council’s public health team and adult and children’s social care; City and Hackney Clinical Commissioning Group (responsible for funding and developing local hospital and community health services); NHS providers (Homerton Hospital, City and Hackney GP Confederation, the Local Pharmaceutical Committee, the East London Foundation Trust); local councillors; the voluntary and community sector; and Hackney Healthwatch.

The purpose of our Health and Wellbeing Board is to lead and coordinate local collaborative efforts to improve health and wellbeing outcomes and reduce health inequalities. We strive to do this by working together to tackle complex health and wellbeing challenges which cannot be solved by a single organisation working in isolation. In this way, we are promoting the ambitions of the Sustainable Community Strategy that Hackney will be:

“A borough with greater opportunity and prosperity for everyone, whatever their background, and narrowing economic, environmental and health inequality.”
# 2 Hackney Context

Hackney is undergoing significant growth and development. The population has grown by over 20% since the last census (in 2011), with 40% growth in some wards. Hackney is now the third most densely populated local area in London. The borough is home to a relatively young population (almost half are under the age of 30) and continues to attract young people to live here.

Despite significant economic growth and regeneration in recent years, Hackney remains one of the most deprived local authorities in England (based on the Government’s Indices of Multiple Deprivation), with some specific pockets of very high deprivation (e.g. in the north west and east of the borough). At 30%, child poverty in Hackney is the fifth highest in London.

Deprivation is linked to poorer health outcomes and this is reflected in a number of ongoing challenges locally. Healthy life expectancy is significantly below the national average and levels of diagnosed serious and common mental health problems are amongst the highest in London. The main causes of death in Hackney are cardiovascular disease (including heart disease and stroke), cancer and respiratory disease (including chronic obstructive airways disease and pneumonia), many of which are considered preventable. Hackney has the second highest rate of preventable mortality in London.

The most important preventable risk factors for premature mortality, disease and disability include smoking, obesity and physical inactivity. All of these factors are prevalent locally. For example, Hackney has one of the highest rates of adult smoking in London at 20% (although this has been falling and is now similar to the England average); child obesity in reception and year 6 is consistently higher than most other London boroughs; and a quarter of adults are estimated to be inactive (i.e. do less than half an hour of moderate activity a week).

Although deprived, the borough also has considerable assets in both its physical and community resources. Our community is one of the most richly diverse in the country and Hackney has historically been a borough that welcomes people from all walks of life and all parts of the globe. Nearly nine out of 10 residents say that Hackney is a place where people from different backgrounds get on well together. This is reflected in the vibrant voluntary and community sector. The borough is also one of the greenest in London, with excellent access to parks and open spaces.

The Council and partners have delivered a number of commitments designed to improve the quality of life and promote greater wellbeing for everyone. These include a building programme of estate regeneration and new affordable homes, ensuring Hackney is the most cycle-friendly borough in London with a 20mph speed limit rolled out across all main and residential roads, and developing our ground-breaking model of children’s social care to meet the needs of Hackney’s most vulnerable children. There have been coordinated efforts to continue to reduce crime and educational standards have been effectively driven up, significantly increasing the number of Hackney’s students achieving A* to C grades at GSCE.

However, against this backdrop of a growing local economy and investment and improvement in local services, some local residents continue to face persistent inequalities.
### Guiding Principles

The Health and Wellbeing Strategy was developed on the following principles, which define how Hackney’s Health and Wellbeing Board will operate to address local health and wellbeing priorities:

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Outcomes:</strong></td>
<td>The Board will remain focused on areas where it can demonstrate the difference it brings for those people who need it most</td>
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<tr>
<td><strong>Inequality:</strong></td>
<td>The Board will tackle the causes of inequality in health and wellbeing and focus its efforts where needs are greatest</td>
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<td><strong>Integration:</strong></td>
<td>The Board will ensure that service providers and care pathways will become more integrated, with relevant commissioners and providers working together to ensure improvements for residents</td>
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<td><strong>Equality:</strong></td>
<td>The Board will ensure that services meet the needs of Hackney’s diverse communities</td>
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<td><strong>Additionality:</strong></td>
<td>The Board will focus on areas where it has the ambition and ability to add value by working in partnership across the membership organisations to improve health and wellbeing</td>
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<td><strong>Value for money:</strong></td>
<td>The Board will ensure the best possible use of resources</td>
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<td><strong>Influence:</strong></td>
<td>The Board will assert direct influence where it has it and seek to influence the work of other Boards and agencies too</td>
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<tr>
<td><strong>Engagement:</strong></td>
<td>The Board will encourage all providers to engage with residents, service users and other local stakeholders. Health Watch will have a critical role in this regard</td>
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</table>
The Strategy focuses on a small number of big issues where a more joined up approach will help to improve outcomes and reduce inequalities. The Strategy is not intended to be a long list of all the health and wellbeing issues or activities in Hackney, where much work continues. The Strategy focuses on issues where the Board can make a real difference and sets out how those needs will be met through the commissioning of services and collaborative action.

All members of the Health and Wellbeing Board have signed up to a shared vision for integrated care and support in Hackney based on the National Voices Statement (May 2013), ‘Care and support is integrated when it is person-centred and co-ordinated.’ Partners are actively building relationships and new ways of working to achieve this, and care and support is being commissioned on this basis.

Although the Strategy focuses largely on health and social care related actions, we also recognise the importance of the wider influences on health and wellbeing, such as employment, poverty, housing, education, crime and the built and natural environment. With the Council’s new public health responsibilities since April 2013, there is now a greater opportunity than ever before to influence health and wellbeing through a more integrated approach across local policy and practice.

For 2015 to 2018 the Health and Wellbeing Strategy will continue to focus on the four shared priorities that were developed during 2012 when the Health and Wellbeing Board was in shadow form:

1. Improving the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children under five years old

2. Controlling the use of tobacco, with a renewed emphasis on stopping people from starting smoking as well as helping them to quit

3. Promoting mental health, focusing on relieving depression and anxiety for working age adults

4. Caring for people with dementia, ensuring our services are meeting the needs of the older population.

This Strategy presents an overview of these priorities, the planned activities for the future and the outcomes which will be used by the Board to monitor progress.
5 | How did we arrive at these priorities?

This Health and Wellbeing Strategy for Hackney is underpinned by evidence of local need described within our Health and Wellbeing Profile (the Joint Strategic Needs Assessment, or JSNA). The priorities in the 2013-14 Health and Wellbeing Strategy were identified through extensive engagement with statutory, community and voluntary sector organisations and residents, and using a framework based on the following criteria:

1. Is this an issue which affects a significant proportion of the population (directly or indirectly)?
2. Is this an issue which significantly affects vulnerable groups?
3. Is this issue a significant contributor to inequalities in health and wellbeing? Are there significant unmet needs?
4. Is the unmet need amenable to intervention?

Additionally, decisions made also took into account the following:

- outcome indicators within the NHS, Public Health and Adult Social Care National Outcomes Frameworks
- areas where a partnership approach has the potential to make the most difference.

In arriving at these priorities, consideration has also been given to the priorities identified by the City & Hackney Clinical Commissioning Group, the Council’s Adult Social Care Service and themes identified in the Child Poverty and Family Wellbeing Plan.

This Strategy refresh for 2015-18 continues to focus on the same four priorities as previously, recognising that it takes several years to have a significant impact in these areas. An analysis of evidence from the JSNA undertaken in 2014-15 by the Health and Wellbeing Board, using similar criteria to those set out above, largely confirmed that these areas remain local priorities.
6 | Health and Wellbeing Priorities 2015 to 2018

Set out below is a brief summary of each priority, describing:

• why it is important to Hackney residents
• the actions being put in place to deliver improved outcomes for Hackney residents
• what we expect to see in the long-term if the actions are successful.

Whilst some actions are already under way, the delivery plans for others are still under development.

The Health and Wellbeing Board is responsible for implementation of the strategy and will receive regular updates on progress with implementation and an onward evaluation of performance against the key indicators. The key outcome measures from the National Outcome Frameworks have been identified in Appendix 1.
6.1 Improving the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children aged under five years old

Why is this important for Hackney?

A key message of the Marmot Review is that giving every child the best start in life is crucial to reducing current and future health inequalities. The foundations for many aspects of human development are laid in early childhood and what happens in pregnancy and these early years have lifelong effects on health and wellbeing.

This priority focuses on antenatal care and the health needs of young children up to age five, including support during pregnancy, in line with the transfer of commissioning responsibility for 0 – 5s health to local authorities in October 2015. The following five functions are mandated for the first 18 months of life:

1. antenatal health promotion review
2. new baby review
3. 6 – 8 week review
4. 1 year review
5. 2 – 2.5 year review

These key milestones in children’s lives will be used to provide health promotion and onward referrals to specialist services if necessary.

This priority will also focus on reducing inequalities in health and wellbeing amongst children and young people, in particular reducing obesity and excess weight.

Childhood overweight and obesity levels in Hackney have remained steady and above the national average over the last few years. According to the National Child Measurement Programme, in 2014-15 26% of Hackney children aged 5 were overweight or obese and 41% of children aged 11 were overweight or obese. Deprivation has a strong association with overweight and obesity and, as described in section 2 of this document, Hackney is one of the most deprived local authorities in the country. Within Hackney, obesity is disproportionately distributed among children from the most deprived areas.

Hackney’s child obesity data miss out approximately a quarter of our children and young people as they attend independent schools and are therefore not measured. The majority of the children that attend independent schools are from the Orthodox Jewish community. A school entry health check, incorporating height and weight measuring, was piloted in these schools for the academic year 2014/15 and should be able to provide us with a more robust local picture of child obesity.

Work has been undertaken in the last two years which has aimed to reduce obesity, including the Get Hackney Healthy programme of work, which has seen early years’ settings, schools and wider communities prioritising healthy weight interventions and environments. We hope to continue with this success.

Priority Actions

1. Develop a borough wide framework for reducing obesity and promoting healthy weight and healthy lifestyles including:
   - Development of healthy lifestyles for families
   - Enhancing practitioner effectiveness:
     i) to recognise children at risk of obesity early
     ii) providing training on how to help parents make lifestyle changes
     iii) encouraging practitioners to model healthy lifestyles.

2. Incorporating and strengthening healthy lifestyles within existing services:
   - Implementation of a local education and health check at 27 months
   - Implementation of a school-based nursing model

3. Develop a comprehensive health improvement communications campaign
   - Raise awareness of how to improve the health of children and young people across the borough.

4. Assessment and subsequent roll out where successful of current pilot interventions including:
   - The Randal Cremer whole school intervention pilot
   - Children’s Centre Healthy Living Intervention
   - Play Streets, Play Champions
   - HENRY (Health, Exercise, Nutrition for the Really Young)

What we expect to see if we get this right

- More children experiencing a healthy weight and enjoying a healthy lifestyle with their families. This will also promote improved focus of children at school contributing to improved educational outcomes for children
- Fewer children suffering with vaccine-preventable diseases
- Fewer infant deaths.

¹www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
6.2 Controlling the use of tobacco, with a renewed emphasis on stopping people from starting smoking as well as helping them to quit

Why is this important for Hackney?

The impact of tobacco on the health of local people is profound, as is the cost to local public services. Although the prevalence of smoking is declining, it is estimated that more than 40,000 people living in Hackney still smoke (20% of adults). Almost one in five deaths are caused by smoking.

The annual total cost of smoking in Hackney is estimated to be £65.8m. This figure includes direct costs to the NHS, costs for people in later life who require care as a result of smoking-related illnesses, 29 tonnes of waste, the cost of dealing with smoking-related fires, as well as lost productivity through smoking breaks, sickness and early death.

This priority focuses on reducing the prevalence of smoking amongst Hackney residents by supporting them to quit and educating residents, particularly children and young people, to prevent them from starting to smoke. It also proposes action to tackle the supply of illegal tobacco in the borough and increase the number of public places that are smoke-free.

Smoking contributes significantly to health inequalities. It is more common amongst disadvantaged and vulnerable communities, including unemployed people, certain minority ethnic groups and those with mental health problems.

Amongst young people, a recent survey suggests that one quarter of 15 year olds in Hackney have ever smoked cigarettes (similar to the national average), while the prevalence of ever using ‘other tobacco’, including shisha, is much higher locally than average. Preventing young people from starting to smoke has to be a key ambition for the future.

Smoking-related harm can only be tackled through a comprehensive tobacco control agenda, involving a wide range of partners. That is why this strategic priority includes actions requiring the commitment of partner organisations, businesses and residents from across the borough.

Priority Actions

1. **Smoke free spaces**
   - Implement smoke-free policies across the estates of Health and Wellbeing Board member organisations
   - Extend smoke-free zones to more parks and public areas
   - Localise the national ‘Smoke-free Homes’ campaign
   - Support implementation of ‘Smoke-free Cars’ legislation in the borough

2. **Smoke free future generation**
   - Identify and support prevention projects aimed at families and young people
   - Incorporate smoking prevention activity into children and young people’s health and wellbeing services
   - Promote smoke-free homes and cars across all early years settings

3. **Smoke free communities**
   - Maintain a high quality, effective Stop Smoking Service with increased focus on targeting priority groups
   - Participate in cross-borough activity to better understand use of illegal tobacco and reduce its supply
   - Work together to support Homerton University Hospital NHS Foundation Trust to implement national guidance on smoking in pregnancy and after childbirth
   - Develop effective models of community engagement to reach black and minority ethnic groups with high rates of smoking
   - Train a range of different health professionals in ‘Very Brief Advice’ on smoking to make every contact count and maximise referrals to smoking cessation services

What we expect to see if we get this right

- Fewer young people starting to smoke
- More people able to quit smoking, leading to fewer people with smoking-related health conditions and fewer smoking-related hospital admissions
- Fewer people requiring health services as a result of tobacco including secondary smoking
- Reduced inequalities in health caused by smoking
6.3 Promoting mental health, focusing on relieving depression and anxiety for working age adults

Why is this important for Hackney?
It is estimated that almost 30,000 people in Hackney have depression, of which only half have been diagnosed and are seeking treatment.
Local organisations have reported an increase in young people aged 11-25 requiring mental health support to deal with issues that include loss and bereavement, depression, anxiety and stress, family or relationship breakdown and emotional difficulties.
Mental health means more than just the absence of clinically defined mental illness. It is 'a state of complete physical, mental and social well-being, and not merely the absence of disease'.
Promoting good mental health contributes not only to lower rates of mental health disorders, but also to improved physical health, better educational performance, greater workforce productivity, improved relationships within families and safer communities.

We have succeeded in reducing our admission rate and bed occupancy over the last year by working with community services to improve the quality of mental health services closer to home.
Delivery of mental health support and wellbeing activities in community settings and interventions that promote recovery and reduce social isolation have been shown to achieve positive outcomes for individuals who are at risk of dependency and needing more specialised mental health services. In particular, ensuring people with mental illness are given access to training and job opportunities is very important for wellbeing and recovery.
We are committed to delivering high quality services to residents that help people live as independently in their neighbourhoods as possible with the right level of support. The City and Hackney Wellbeing Network provides both a treatment and a recovery pathway and is provided by a variety of voluntary sector organisations.

Priority Actions

1. **City and Hackney Wellbeing Network**
   - Continue to promote good mental health and provide community-based support and recovery through City and Hackney Wellbeing Network.

2. **Supported Living**
   - Review and re-design supported living for people with mental health problems.

3. **Suicide Action Plan**
   - Design and implement a suicide action plan to reduce local suicides.

4. **Supported employment**
   - Implement an Individual Placement Support model for people with common mental health disorders, with the Ways Into Work service.

5. **Joint Working**
   - Through the Psychological Therapies Alliance, improve joint working across providers to achieve good outcomes on access, waiting times and recovery targets.

6. **Provision of services**
   - Strengthen the capacity and competence of primary care to effectively help people with anxiety and depression, and to maximise the use of extended provision available such as social prescribing and Well Family support.

7. **Community**
   - Promote good mental health in the Community through initiatives such as the Five to Thrive campaign.

What we expect to see if we get this right

- Fewer people suffering with mental ill health in Hackney.
- More people living independently and able to move on from mental health services.
- Better employment opportunities for those with mental illness.

- Reduction in the number of suicides.
- Better community understanding of mental health, reducing the stigma attached to being mentally unwell.
6.4 Caring for people with dementia, ensuring our services are meeting the needs of the older population

**Why is this important for Hackney?**

There is a shared understanding across the Hackney health and social care system of the significant local impact of dementia (on individuals, their families and carers), as well as a commitment to improving outcomes through effective care and support.

Dementia increases significantly with older age. The size of the Hackney population aged 85 in particular is projected to grow significantly in future and, by 2020, there are likely to be almost 2,000 people living locally with dementia.

Having previously been one of the lowest performing areas on dementia identification, Hackney is now one of the best, with a diagnosis rate of 75% (approximately 900 people). However, an estimated 300 people living with dementia remain undiagnosed, with half of these in the very early stages with few symptoms.

Attention is now focused on ensuring that people with dementia and their carers receive effective treatment and support so that they can live meaningful, independent lives, safely in their own homes for longer.

A Dementia Alliance has been established to bring the Homerton Hospital, East London Foundation NHS Trust (the provider of mental health services in the borough) and the Alzheimer’s Society together to deliver the required improvements.

Improvements to care coordination has been achieved through a number of initiatives, including co-locating staff from different organisations, promoting joint working between providers and GPs under One Hackney, and creating the Dementia Alliance. There has been investment in dementia advisors (who provide support following diagnosis) and in extra care housing.

A programme of dementia awareness training and initiatives to improve understanding of dementia across the borough has been delivered, and work to promote dementia friendly communities and environments has commenced.

We will continue to build on the progress that is being made to improve dementia care and support in Hackney.

**Priority Actions**

1. **Ensure a sustainable, holistic approach to dementia support and care**
   - The Dementia Alliance will:
     - ensure an holistic approach to assessment and effective co-ordination of care and support
     - continue to promote awareness of dementia and support the development of dementia friendly communities and environments (e.g. by piloting dementia friendly swimming and working with local businesses).

2. **Improve hospital discharge processes and community based support**
   - Priority will be given to supporting GPs and providers to improve care coordination through One Hackney and the Dementia Alliance, and by improving access to dementia friendly housing.

3. **Develop effective information sharing systems between practitioners**
   - Commissioners and providers will work together to achieve this.

4. **Improve carer assessment and support**
   - All carers will be offered an assessment of their needs and receive the help to which they are entitled, supported by active promotion of the carers’ information pack.

5. **Improve access to information, advice, signposting and guidance**
   - A co-ordinated approach to providing information about local dementia services will be developed across the system.

6. **Ensure that services are ‘future proof’**
   - The Hackney Dementia Strategy will be refreshed, working in partnership with providers and people affected by dementia, in order to meet future demand.

**What we expect to see if we get this right**

- People affected by dementia have a positive experience of coordinated local services.
- The needs of people with dementia, and their carers and families, are identified and addressed in a person centred, personalised way.
- People with dementia are supported to live at home and to be active members of their families and communities for as long as possible.
- Crises are prevented wherever possible, through timely provision of appropriate support and care, and emergency hospital admissions minimised.
7 | Next steps

The Health and Wellbeing Board will hold a public engagement event in early 2016 to seek wider views about the best way to improve the health and wellbeing of residents in the four priority areas of the Strategy.

The Board will review progress with the implementation of the Strategy twice a year and will produce an annual assessment report which we will publish on the websites of the Council, NHS City and Hackney Clinical Commissioning Group and Hackney Healthwatch.
APPENDIX 1
National framework outcome indicators to support performance measurement

The Health and Wellbeing Board needs to be able to measure performance and benchmark with other areas. The following outcome measures from the NHS, Public Health and Adult Social Care National Outcome Frameworks will be used to monitor progress and performance over time.

<table>
<thead>
<tr>
<th>Health and Wellbeing Priority</th>
<th>Outcome measures</th>
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</table>
| 1. Improving the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children aged under five years old | **Public Health outcomes**  
Domain 2: Health Improvement  
2.1 Low birth weight of term babies  
2.2 Breastfeeding  
2.3 Smoking status at delivery  
2.6 Excess weight in 4-5  
**Domain 3: Health protection**  
3.3 i-x, xv Population vaccination coverage (up to 5 years)  
**Domain 4: Preventing premature mortality**  
4.1 Infant mortality (shared with NHS) |
| 2. Controlling the use of tobacco, with a renewed emphasis on stopping people from starting smoking as well as helping them to quit | **Public Health outcomes**  
Domain 2: Health Improvement  
2.3 Smoking status at time of delivery  
2.9 Smoking prevalence – 15 year olds  
2.14 Smoking prevalence – adults (over 18)  
**NHS outcomes**  
Domain 1: Preventing people from dying prematurely  
1c Neonatal mortality and still births  
1.6.1 Infant mortality  
**Domain 4: Ensuring that people have a positive experience of care**  
4.5 Women’s experience of maternity services  
**Domain 5: Treating and caring for people in a safe environment and protect them from avoidable harm**  
5.5 Admission of full term babies to neonatal care |
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| **3. Promoting mental health, focusing on relieving depression and anxiety for working age adults** | **Public Health outcomes**  
*Domain 1: Improving the wider determinants of health*  
1.8 Employment for those with a long term health condition including those with a learning disability or mental illness (shared with NHS and Adult Social Care)  
1.11 Domestic abuse  
1.18 Social isolation  
*Domain 2: Health Improvement*  
2.23 Self-reported wellbeing  
*Domain 4: Preventing premature mortality*  
4.9 Excess under 75 mortality in adults with serious mental illness (shared with NHS)  
4.10 Suicide rate  
**NHS outcomes**  
*Domain 2: Enhancing quality of life for people with long-term conditions*  
2.5 Employment of people with mental illness (shared with Adult Social Care)  
*Domain 4: Ensuring that people have a positive experience of care*  
4.7 Patient experience of community mental health services  
**Adult Social Care outcomes**  
*Domain 1: Enhancing quality of life for people with care and support needs*  
1F. Proportion of adults in contact with secondary mental health services in paid employment  
1H. Proportion of adults in contact with secondary mental health services living independently, with or without support |
| **4. Caring for people with dementia, ensuring our services are meeting the needs of the older population** | **Public Health outcomes**  
*Domain 4: Preventing premature mortality*  
4.13 Health related quality of life for older people  
4.16 Estimated diagnosis rate for people with dementia  
**NHS outcomes**  
*Domain 2: Enhancing quality of life for people with long-term conditions*  
2.1 Proportion of people feeling supported to manage their condition.  
2.6 i Estimated diagnosis rate for people with dementia  
2.6 ii A measure of the effectiveness of post-diagnosis dementia care in sustaining independence and improving quality of life (placeholder – indicator not yet developed)  
*Domain 3: Helping people to recover from episodes of ill health or following injury*  
3.6 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (shared with Adult Social Care) |
<table>
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<th>Outcome measures</th>
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<tbody>
<tr>
<td><strong>4. Caring for people with dementia, ensuring our services are meeting the needs of the older population (continued)</strong></td>
<td><strong>Adult Social Care outcomes</strong></td>
</tr>
</tbody>
</table>
| **Domain 1: Enhancing quality of life for people with care and support needs** | 1B. Proportion of people who use services who have control over their daily lives  
1D. Carer-reported quality of life  
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like |
| **Domain 2: Delaying and reducing the need for care and support** | 2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (shared with Adult Social Care)  
2F. Dementia - a measure of the effectiveness of post diagnosis care in sustaining independence and improving quality of life (placeholder – indicator not yet developed) |
| **Domain 3: Ensuring that people have a positive experience of care and support** | 3A. Overall satisfaction of people who use services with their care and support  
3B. Overall satisfaction with social services of carers  
3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for  
3D. The proportion of people who use services and carers who find it easy to find information about support |
## APPENDIX 2

### Working in Partnership to Improve Health & Wellbeing – Board Membership

Hackney’s Health and Wellbeing Board membership is as follows:

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<thead>
<tr>
<th>Board Members</th>
<th>Cllr Anntoinette Bramble</th>
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<tr>
<td>Cllr Jonathan McShane</td>
<td>Cabinet Member, Health, Social Care and Culture (Chair)</td>
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<tr>
<td>Dr Penny Bevan</td>
<td>Tracey Fletcher</td>
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<tr>
<td>Director of Public Health</td>
<td>Chief Executive, Homerton NHS Foundation Trust</td>
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<tr>
<td>Anne Canning</td>
<td>Paul Haigh</td>
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<tr>
<td>Hackney Director of Children’s Services</td>
<td>Chief Officer, City and Hackney Clinical Commissioning Group</td>
</tr>
<tr>
<td>Clare Highton</td>
<td>Kim Wright</td>
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<tr>
<td>Chair, City and Hackney Clinical Commissioning Group</td>
<td>Corporate Director, Health and Community Services, Hackney Council</td>
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<tr>
<td>Raj Radia</td>
<td>Dr Navina Evans</td>
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<tr>
<td>Chair, Local Pharmaceutical Committee</td>
<td>Chief executive, East London Foundation Trust</td>
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<tr>
<td>Laura Sharpe</td>
<td>Paul Fleming</td>
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<td>GP Confederation</td>
<td>Chair Hackney Wealthwatch</td>
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<th>Independent Advisors</th>
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<tr>
<td>Jim Gamble</td>
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<tr>
<td>Chair, City and Hackney Safeguarding Children Board</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional attendees</th>
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</thead>
<tbody>
<tr>
<td>Moira Griffiths</td>
</tr>
<tr>
<td>Group Care and Support Director, Family Mosaic Better Home Partnership</td>
</tr>
<tr>
<td>Ida Scoullos</td>
</tr>
<tr>
<td>Community Empowerment Network</td>
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</tbody>
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