

**MINUTES OF THE HEALTH AND WELLBEING BOARD
WEDNESDAY 21 JANUARY 2026**

THE COMMITTEE ROOMS, HACKNEY TOWN HALL,
MARE STREET, LONDON, E8 1EA

In Person:

Dr Kirsten Brown (Co-Chair) Clinical Director (City & Hackney Place Based Partnership)
Cllr Christopher Kennedy (Co-Chair), Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Hackney Council)
Sally Beaven, Chief Executive (Healthwatch Hackney)
Cllr Anntoinette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care (Hackney Council)
Jacquie Burke, Group Director for Children and Education (Hackney Council)
Andreas Lambrianou, Chief Executive Officer (City & Hackney GP Confederation)
Amy Wilkinson, Director of Partnerships, Impact and Delivery (NHS North East London Integrated Care Board)
Cllr Carole Williams, Cabinet Member for Employment, Human Resources and Equalities (Hackney Council)
Dr Stephanie Coughlin, Clinical Care Director, Homerton Healthcare NHS Foundation Trust

Officers in Attendance:

Jessica Feeney, Governance Officer (Hackney Council)
Emmanuel Ross, Programme and Projects Officer (City & Hackney)
Geeta Subramaniam-Mooney, Director, Environment and Climate Change (Hackney Council)

Also in Attendance:

Anna Garner, Head of Performance and Population Health (NHS NEL)
Sophie Mcelroy, CAMHS Alliance Senior Project Manager
Caroyln Sharpe, Consultant in Public Health
Sara Morosinotto, Enter and View Manager Healthwatch Hackney)
Rory McCallum, senior professional advisor for the City & Hackney Safeguarding Children Partnership
Jed Francique, Borough Director for City & Hackney, East London NHS Foundation Trust
Oleander Agbetu, Solace Board Member & Community Advocate

Virtual Contributors:

Frances Haste, VCS Leadership Group (Hackney VCS)
Dr Sandra Husbands, Director of Public Health (City & Hackney)
Claire Solley, Independent Chair City and Hackney Safeguarding Adults Board (City & Hackney)
Jennifer Millmore, Principal Public Health Specialist
Nickie Bazell, Senior Public Health Specialist (City & Hackney)
Chris Lovitt, Deputy Director of Public Health for City and Hackney Public Health

Apologies:

Cllr Susan Fajana-Thomas, Cabinet Member for Community Safety and Regulatory Services (Hackney Council)
Jessica Veltman, Population Health Programme Manager, (City & Hackney)
Rickardo Hyatt, Director, Climate, Homes and Economy (Hackney Council)
Eleanor Scarratt, Senior Public Health Practitioner, City & Hackney Public Health
Lorraine Sunduza, Chief Executive, East London Foundation Trust
Richard Fradgley, Deputy CEO & Director of Integrated Care, East London Foundation Trust

1 Welcome and Introductions / Changes of Board Membership

There were none.

2 Apologies for Absence

Apologies for absence were received from Councillor Fajana Thomas, Rickardo Hyatt, Eleanor Scarratt, James Conway, Jessica Veltman, Lorraine Sunduza, Richard Fradgley.

3 Declarations of Interest - Members to Declare as Appropriate

There were no declarations of interest.

4 Minutes of the Previous Meeting

The minutes of the previous meeting held on 26 June 2025 were approved.

5 Questions from the Public

There were no questions from members of the public.

6 CYP Mental Health Needs Assessment 2025 Report

6.1 Caroyln Sharpe introduced the Children and Young People's Mental Health Needs Assessment. The presentation outlined that the assessment had been a jointly developed piece of work involving a wide range of partners, including

CAMHS Alliance members, the Emotional Health and Wellbeing Partnership, resident advisors, professionals, and young people.

- 6.2 Committee Members were advised that the purpose of the assessment was to review local mental health needs and to inform the refresh of the Emotional Health and Wellbeing Strategy and Action Plan, due to expire in 2026. Members were asked to consider the key findings and recommendations and to comment on how these should be taken forward within the refreshed strategy.
- 6.3 The assessment covered children and young people aged 5–25 and examined needs across age, gender, ethnicity, deprivation, and vulnerable groups. It drew on quantitative data, including primary care and service data, and qualitative insights from young people, professionals, and resident advisors. It was noted that data likely underestimated true need due to limitations in primary care reporting.
- 6.4 Carolyn shared that the key findings included increasing demand for mental health support locally, with CAMHS caseloads rising significantly in recent years, mirroring national trends. Mental health needs increased with age and peaked in later adolescence. Gender differences were observed, with higher diagnosis rates among females, though concerns were raised about potential data bias and under-identification of boys' mental health needs. Inequalities were identified by ethnicity and geography, with some communities appearing underrepresented in diagnostic data, likely reflecting cultural, systemic, or stigma-related barriers. Feedback from young people highlighted mixed experiences of support in schools, confusion about available mental health services, and a desire for clearer information.
- 6.6 Committee Members noted that 22 recommendations had been developed under five themes: reducing inequalities and improving community working; improving communication, knowledge, and information; developing a more flexible, needs-based approach; strengthening support in schools; and identifying areas for future investigation. It was acknowledged that some recommendations were ambitious and not currently resourced, but members supported their inclusion to inform future planning and funding opportunities.
- 6.7 Officers confirmed that recommendations would be taken forward through the Health and Wellbeing Partnership, with workshops planned to align actions across existing strategies and system priorities. Progress would be monitored and reported back to relevant boards.
- 6.8 Members discussed funding pressures, the shift to ICB-led commissioning, and the importance of prevention and early intervention. Committee Members highlighted the value of youth hubs and schools-based provision, including existing wellbeing and mental health support programmes. Concerns were raised about under-diagnosis in Black and global majority communities and the need for culturally appropriate, accessible services.
- 6.9 The impact of structural and systemic racism on children's mental health and referral pathways was emphasised, and officers committed to embedding anti-racist practice within implementation planning. Links were made to work on reducing school exclusions, with assurance that findings would inform inclusion initiatives and alternative provision.

- 6.10 The role of the voluntary and community sector was discussed, and it was agreed that stronger integration into the overall model of support should be explored through forthcoming workshops. Members also requested greater clarity on local mental health investment data and agreed to pursue this with the ICB.

RESOLVED:

That the Health and Wellbeing Board welcomed the report, endorsed the direction of travel, and agreed that the action plan and progress on implementation should be reported back to the Health and Wellbeing Board

7 Safeguarding Children Partnership Annual Report 2024-25

- 7.1 The Board received the Safeguarding Children Partnership Statutory Annual Report 2024–25. The report highlighted positive progress during the year, including improved inspection outcomes and progress within partner agencies, alongside continued system-wide financial, capacity, and demand pressures.
- 7.2 Members were advised that rising case complexity and children’s mental health remained key partnership risks. Progress was noted in relation to Families First Partnership reforms, including a neighbourhood-based approach, multi-agency child protection teams, and increased family decision-making, while acknowledging the challenges of implementation.
- 7.3 The report summarised learning and improvement activity, including published case reviews and a continued focus on anti-racist practice across agencies. Partnership priorities for the year ahead remained largely unchanged, with a shift towards building on established good practice and a focus on vulnerabilities and pathways to harm, including adolescent safeguarding and neglect.
- 7.4 Frances Haste sought clarification regarding feedback indicating that some desired outcomes had not been achieved. It was agreed that a fuller response would be provided and recorded in the minutes at a future meeting.

RESOLVED:

That the report was noted.

8 Safeguarding Adults Board Annual Report 2024/25

- 8.1 The Health and Wellbeing Board received the Safeguarding Adults Board Annual Report 2024–25, presented by the Independent Chair. Members were reminded that the Safeguarding Adults Board was a statutory multi-agency partnership under the Care Act 2014, responsible for preventing abuse and neglect and assuring effective safeguarding arrangements.
- 8.2 The report highlighted strong partner engagement, a positive learning culture, and the completion of two non-statutory Safeguarding Adult Reviews. Safeguarding activity levels were reported as broadly consistent with the previous year, with 538 concerns progressing to statutory safeguarding

enquiries. The most common types of abuse were self-neglect, financial abuse, and neglect or acts of omission.

- 8.3 It was noted that safeguarding activity in Hackney differed from national trends, with higher volumes among adults aged 20–64. An increase in mental-health-related safeguarding concerns was reported, and further work was underway to understand data variation across agencies. The majority of enquiries resulted in outcomes being fully or partially achieved, with an emphasis on keeping adults' views central to safeguarding practice.
- 8.4 Members were advised that the Safeguarding Adults Board had launched a new Strategic Plan 2025–28, focusing on community engagement, improved multi-agency data, embedding learning from reviews, strengthening lived-experience feedback, implementing new London procedures, and improving outcomes related to self-neglect, financial abuse, and multiple exclusion homelessness.

RESOLVED:

The Health and Wellbeing Board noted the report and thanked the Safeguarding Adults Board for its work.

9 Annual Suicide Prevention Report 2025

- 9.1 The Health and Wellbeing Board received the 2025 Suicide Prevention Annual Report. Members were advised that suicide trends in Hackney remained broadly consistent with previous years, with 16 registered deaths in 2024, predominantly among men aged 45–64, and most occurring in the home.
- 9.2 Key risk factors identified included mental ill health, previous suicide attempts, substance use, relationship difficulties, debt, housing issues, bereavement, loneliness, and long-term physical illness. The Board noted the range of local support services available for people at risk of suicide and those bereaved by suicide.
- 9.3 Members were advised that priority areas for the coming year included raising awareness of suicide prevention, strengthening responses to high-profile incidents, improving support following suicide attempts, and focusing on higher-risk groups, including autistic people and those with substance use needs. Work to develop a detailed action plan was underway.
- 9.4 In discussion, members sought clarification on the use of registered and suspected suicide data, the approach to suicide prevention in schools and among autistic people, and communication of crisis support services. Officers clarified data sources, confirmed ongoing work with schools and priority groups, and agreed to consider clearer reporting and communications. It was agreed that the suicide prevention action plan would be brought back to the Health and Wellbeing Board for information.

RESOLVED:

The report was noted.

10 Progress Update on the City and Hackney Tobacco Control Alliance

- 10.1 Nickie Bazell the Senior Public Health Specialist (City & Hackney) provided an update on the work of the Tobacco Control Alliance (TCA). The Committee was advised that the next phase of work would focus on developing smoke-free environments, aimed at reducing exposure to second-hand smoke, shifting social norms, and supporting smoking cessation. Three priority settings were identified:
- council-owned and local authority settings
 - NHS trust settings,
 - social housing.
- 10.2 It was noted that NHS trusts already had strong smoke-free policies in place, with further work required to improve leadership, staff engagement, and consistent implementation. Social housing was identified as an early-stage priority, with work to be engagement-led, informed by national guidance, and involving partners such as the fire service.
- 10.3 Members discussed the importance of a phased and community-informed approach, protection of children from second-hand smoke, including looked-after children, and the need for ambition across NHS estates. The forthcoming Tobacco and Vapes Bill was highlighted as an opportunity to strengthen smoke-free policies, including potential extensions to outdoor spaces.
- 10.4 Members were asked to provide strategic steer and support as the work developed, ahead of more defined policy proposals being brought forward.

RESOLVED:

That the Health and Wellbeing Board :

- 1. Noted the progress made across the TCA priority areas during 2024–25**
- 2. Supported the next phase of work on smokefree environments, including the review of local smokefree policies; this work is at an early stage and will form a significant programme of development over the next year, with further Board involvement required as policy options are shaped**
- 3. Continued to provide strategic support for the wider work of the TCA, in order to strengthen the partnership response to delivering consistent messages and coordinated action on tobacco control.**

11 Community Voice: Sickle Cell Services

- 11.1 Sara Morosinotto, Enter and View Manager Healthwatch Hackney provided a presentation on the Sickle Cell Report, which evaluated improvements in sickle cell care since 2015, covering both inpatient and outpatient experiences. Evidence was gathered via focus groups with 20 patients across multiple settings, with recurring themes noted.
- 11.2 The report highlighted significant improvements in care, particularly at Lloyds Wood and the Medical Day Unit (MDU), including staff attitudes, cleanliness, and pain relief monitoring. The MDU was identified as a centre of excellence,

with success attributed to specialist knowledge, clear protocols, empowered nursing staff, continuity of care, and a culture of trust.

11.3 However, the report also identified ongoing challenges, including:

- Variability in care quality depending on staff or clinical setting.
- Disbelief of patients' pain, long waiting times for pain relief in A&E, and GP knowledge gaps.
- Racial bias affecting pain management and patient experience.
- Communication issues around discharge and prescription provision.

Recommendations included:

- Addressing racism and misconceptions regarding pain thresholds through reflective practice.
- Improving patient experience in A&E via staff training and clear pathways.
Extending best practices from the MDU to other care settings.
- Ensuring consistent standards of care in Lloyds Wood.
- Strengthening GP knowledge and confidence in managing sickle cell and prescribing pain medication.

11.4 Committee members welcomed the report and recommendations, noting the importance of addressing systemic bias, raising awareness among GPs, and protecting centres of excellence. Questions were raised regarding the rollout of newly approved treatments and inclusion of schools in education about sickle cell.

11.5 It was noted that the report had been shared with service providers shortly before the meeting and would be further discussed at the Health in Hackney Scrutiny Commission in March, where integrated primary care and Homerton Hospital will respond to recommendations. Members supported ongoing engagement and the next steps to improve care and patient experience.

RESOLVED:

The report was noted.

12 Matters Arising

There were no matters arising.

13 Dates of Future Meetings and Forward Plan

The next Health and Wellbeing Board was due to be held on 19 March 2026.

Duration of the meeting: 3.00pm - 5.00pm

WEDNESDAY 21 JANUARY 2026