

## MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

THURSDAY 19 MARCH 2026

**Councillors and Members** **Dr Kirsten Brown in the Chair**  
**Present:**

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  
Interim Group Director for Adult Health and Integration and 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)

Dr Stephanie Coughlin  
Clinical Care Director, Homerton Healthcare NHS Foundation Trust

Jennifer Millmore  
Principal Public Health Specialist

Anna Garner  
Head of Performance and Population Health (NHS NEL)

Sophie Mcelroy  
CAMHS Alliance Senior Project Manager

Joia De Sa  
Consultant in Public Health, City & Hackney

Nina Griffith  
Director of Integration, City and Hackney Place Based Partnership

Richard Fradgley  
Executive Director of Integrated Care and Deputy Chief Executive, ELFT

Olivier Andlauer

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Clinical Director, City & Hackney Adult & Older People's  
Mental Health Services

Dr Munachiso Nwokolo

Academic Clinical Lecturer in Diabetes, Queen Mary  
University of London

Prof Sarah Finer

Professor of Clinical Diabetes, Queen Mary University of  
London

Jessica Feeney

Governance Officer (Hackney Council)

Emmanuel Ross

Programme and Projects Officer (City & Hackney)

**Virtual Attendees**

Georgina Diba

Director of Adults Social Work & Operational Services

Frances Haste

VCS Leadership Group (Hackney VCS)

**Apologies:**

Councillor Susan Fajana-Thomas OBE (Hackney  
Council), Cllr Carole Williams, Cabinet Member for  
Employment, Human Resources and Equalities  
(Hackney Council)

**1 Welcome and Introductions / Changes of Board Membership**

The Chair opened the meeting and confirmed that it would be held in a hybrid format and confirmed that there were no changes of the Board Membership.

**2 Apologies for Absence**

Apologies were received from Chris Lovett, Sandra Husbands, Giles Shah, and Councillor Williams.

**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 meeting held on 21 January were reviewed and approved as an accurate record.

**5 Questions from the Public**

There were no questions from the public.

**6 Experiencing Adult Social Care in Hackney: Initial Findings from a Mystery Shopping Exercise**

- 6.1 Sally Bevan presented findings from a mystery shopping exercise conducted in collaboration with Adult Social Care.
- 6.2 The exercise reviewed website access, telephone contact, and online referral forms. Key findings included:
- Website access was generally positive, with most users able to find contact details easily.
  - Telephone response times were excellent, with all calls answered within two minutes and staff described as professional and respectful.
  - However, over half of callers were not offered immediate needs assessments and were instead signposted elsewhere, leading to feelings of uncertainty.
  - Online referral processes resulted in more thorough follow-up assessments compared to telephone enquiries.
  - Some accessibility challenges were identified, particularly for neurodivergent users navigating online forms.
- 6.3 Recommendations focused on:
- Strengthening initial needs assessments, especially for safeguarding concerns
  - Improving accessibility of digital services
  - Ensuring consistency across access routes
- 6.4 Georgina Diba responded on behalf of Adult Social Care, welcoming the findings and outlining actions taken, including improvements to service access, consistency at the front door, and planned website enhancements.

**RESOLVED:**

That Members welcomed the report, noting both strong performance and areas for improvement.

**7 Committing to Collective Action: A Vision and Proposal for Improving Population Health, Prevention and Health Equity in City and Hackney**

- 7.1 Anna Garner and Joia De Sa presented a proposal to strengthen collective action on population health and inequalities.
- 7.2 The proposal outlined four key objectives:
- Awareness
  - Action
  - Advocacy
  - Trust
- 7.3 It was proposed to establish a cross-partnership “Institute for Change” to coordinate efforts across organisations.

Discussion highlighted:

- Strong support for the principles and overall approach
- The importance of funding and resource alignment
- The need to define clear priority areas (“the what”) alongside principles (“the how”)
- The importance of involving primary care and community voices

**RESOLVED:**

That the Board endorsed the principles and approach. It was agreed that progress should be reported back in approximately nine months.

**8 Next Steps in Partnership Development for City and Hackney**

8.1 Nina Griffith presented updates on changes to NHS structures and implications for local partnership governance.

8.2 Key points included:

- Integrated Care Boards were shifting to strategic commissioning roles, requiring local governance changes
- A new Health and Care Partnership Board for City and Hackney was proposed
- The Health and Wellbeing Board would retain responsibility for setting strategic priorities and holding partners to account for outcomes

8.3 Discussion highlighted:

- The importance of maintaining strong relationships alongside governance structures
- The need for clarity on delegation, accountability and risk
- The role of the Board in monitoring outcomes rather than organisational performance
- The importance of embedding resident voice

**RESOLVED:**

That the Board provided feedback and noted that a more detailed proposal would be brought back within 3–4 months.

**9 Adult Mental Health Joint Strategic Needs Assessment**

9.1 Jennifer Milmore presented an overview of the Adult Mental Health Joint Strategic Needs Assessment (JSNA), outlining key findings on population need, service provision, and system challenges.

It was reported that:

- Rates of diagnosed depression had increased over time, while severe mental illness remained consistently high in Hackney and above regional and national averages.
- Significant inequalities persisted, particularly by ethnicity, deprivation, age and gender, with higher levels of need among more deprived communities and certain ethnic groups.
- Some population groups, including those in temporary accommodation, people experiencing homelessness, and refugee and LGBTQ+ communities, were identified as having complex and often unmet needs.

9.2 In relation to services, it was noted that:

- Outcomes and satisfaction levels were generally positive across key services.

- There were inequalities in access, with some groups underrepresented in community services and others, particularly African and Caribbean heritage communities, overrepresented in inpatient settings.
- Waiting times were relatively short overall, though variation existed across pathways and some uncertainty remained around reasons for disengagement.

## **RESOLVED**

That the Members welcomed the report and noted the importance of using the findings to inform future commissioning and planning. It was agreed that a more detailed action plan would be developed and brought back to the Board.

## **10 Hackney Thinking Spaces**

- 10.1 Members discussed broader system issues relating to mental health provision and service delivery.

It was noted that:

- The current system could be difficult to navigate, both for residents and professionals, due to the number and complexity of services.
- There was a need to simplify pathways and improve coordination between organisations to provide a more seamless experience for residents.
- Ongoing transformation work aimed to streamline services, reduce duplication, and improve access, particularly at earlier stages of need.

## **RESOLVED:**

That the Members emphasised the importance of strengthening community-based provision and ensuring that services were accessible, responsive, and easy to understand.

## **11 Black Health Legacy**

- 11.1 The Board welcomed Professor Sarah Finer and Dr Munachiso Nwokolo to introduce the Black Health Legacy and the disproportionate impact of mental health inequalities on Black communities and the importance of addressing these through a more targeted and explicit approach. The Board held a detailed discussion on the disproportionate impact of mental health inequalities on Black communities, particularly those of African and Caribbean heritage.

- 11.2 Members noted that:

- Data from the Joint Strategic Needs Assessment highlighted a continued overrepresentation of African and Caribbean heritage communities within inpatient mental health services, alongside underrepresentation in community-based provision.
- These patterns had been longstanding and reflected wider systemic issues rather than isolated service-level challenges.

11.3 The Board discussed contributing factors, including:

- Structural inequalities and systemic racism, including the cumulative impact of discrimination on mental health and wellbeing, Members also reflected that this problem contributes to the inequalities noted in items 9 and 10
- Wider social determinants of health, such as poor housing conditions, financial insecurity, and unemployment.
- Barriers to accessing early support, leading to later presentation at more acute stages of need.

11.4 Members emphasised that:

- There was a need to move beyond describing inequalities to taking more explicit and targeted action to address root causes.
- Greater cultural competence across services was required to ensure that care was appropriate, accessible, and responsive to the needs of diverse communities.
- Building trust between communities and statutory services remained a critical priority, particularly where historical experiences may have led to disengagement or reluctance to seek support.

11.5 It was further noted that:

- Voluntary and community sector organisations played a key role in engaging with communities and acting as trusted intermediaries.
- Partnership working across health, social care, housing, and community services would be essential to achieving meaningful change.

11.6 Members raised the importance of ensuring that feedback and outcomes data reflected the experiences of those most affected by inequalities, and embedding a clearer focus on race and equity within future strategies, including the forthcoming mental health action plan.

11.7 The Board agreed that addressing inequalities affecting Black communities should remain a core priority within future system-wide planning, and that further work was required to translate insights into measurable actions and outcomes. A number of Board Members made specific offers to assist the programme in tangible ways, such as supporting clinics and outreach linked to the diabetes project.

## **12 Matters Arising**

No additional matters were raised beyond those already discussed within the agenda items.

## **13 Dates of Future Meetings**

The Board noted the provisional future meeting dates that had been scheduled.

**Duration of the meeting:** 15:00 – 17:00

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