DPH Annual Report (2023) Appendices

Appendix 1. Update on recommendations made in last year's Director of Public Health annual report (2022)

Last year's Director of Public Health annual report (DPHAR) was published in April 2022 and looked at the impact of the COVID-19 pandemic on children and young people in the City of London and Hackney. It is available here. There are five areas where last year's report made recommendations. Listed below are each of these recommendations with a brief update regarding ongoing activities that relate to them.

1. *As the pandemic still has the potential to disrupt crucial services for children (such as education and healthcare) and affect children directly, it remains important to control COVID-19 and prevent illness through vaccination.*

Over the winter months public health worked with NHS North East London, communications and primary care to increase access to and awareness of the COVID-19 vaccine for all residents, including children and young people. We provided regular updates to education and early years colleagues (including head teachers) on local trends in COVID-19 infection rates and vaccination uptake. Direct support, advice and guidance for the prevention and management of acute respiratory infections, including COVID-19, was provided by public health's infection prevention and control capacity.

Targeted communication campaigns continue to maximise uptake of the 1st and 2nd dose of COVID-19 and the Spring booster for those that are eligible. Since the DPHAR's publication in April 2022, there have been no full or partial school closures as a result of COVID-19.

2. *This opportunity must be taken to strengthen and improve our vaccination uptake from all immunisations.*

Stakeholders working in the field of immunisations from across the City of London and Hackney meet regularly to discuss operational challenges as well as strategic opportunities to achieve a sustained increase in routine vaccination coverage. Activities undertaken include public webinars with local clinicians, specific communications campaigns and targeted events. A new Children and Young Persons Immunisation Coordinator has been recruited to lead further work with communities. Beyond routine vaccinations, significant work has been undertaken to maximise uptake of the polio booster, including working with specific communities such as the Charedi community in Stamford Hill. Further, in response to a pertussis outbreak in the Charedi community public health has worked with colleagues from UKHSA, NHS London, NHS North East London, local maternity services and primary care as well as with Charedi community organisations and residents to coordinate a system response to increasing uptake of the maternal and childhood vaccines.

However, routine vaccination coverage has declined across London. Vaccination fatigue, reduction in trust with public services, impacts from COVID-19 and reduced access to care (e.g. high waiting times) are likely to have contributed to this. Concerningly, the reduction in

vaccine uptake in the City of London and Hackney is more pronounced than in the rest of London. For example, comparing 2018/19 figures with 2021/22, the uptake of one dose of the MMR vaccine in two year olds dropped by 8.9%, from 74.3% to 65.4%. This is much greater than the reduction across London of 3.1% and across England of just 1.1%.[1] As well as the reduction being greater, the overall proportion of vaccine uptake is also lower in the City of London and Hackney than in the rest of London. In 2021/22, 65.4% of 2 year olds received one dose of MMR vaccine in the City of London and Hackney, while across London the figure was 79.9%, and across England it was 89.2%.

The continued reduction in childhood vaccination coverage will undoubtedly increase the number of the City of London and Hackney children who are at risk of vaccine preventable diseases. These diseases can cause life long morbidity and even mortality. There remains an increased partnership focus on increasing vaccination coverage and further work and regular progress updates should be prioritised by the HWB, and NHS and Local Authority place based partnerships.

3. *To reduce inequalities that could have been widened by the pandemic, it is vital that catching up on what's been missed in education and healthcare should be approached in an equitable way. Getting education and healthcare services back on track will be key.*

The Government funding to support schools to help pupils make up for missed learning due to the pandemic finished in the summer of 2021. It was replaced with a time-limited recovery premium grant providing over £300m of additional funding for state-funded schools in the 2021 to 2022; and £1bn across 2022 to 2023 and 2023 to 2024. Schools are targeting pupils on the basis of assessment of need, focusing the recovery premium grant where needs are greatest.[2] Work continues on developing curriculum implementation (recall, retrieval, live marking), tutoring, catch-up classes and the development of approaches, including use of additional resources and alternative provision.

Across England, the disadvantaged gap index[3] for pupils at both key stages 2 and 4 has widened in 2022 to the highest levels since 2012.[4] Locally, schools are reporting that performance gaps for disadvantaged and lower attaining pupils did not widen as expected but that the attainment and progress of more able pupils was not as strong. Ongoing work is required, locally and nationally, to address inequalities in order to achieve, and surpass, pre-pandemic levels.

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[1] See data provided here by the Office for Health Improvement and Disparities. The same trend is seen with routine vaccinations at 5 years old. The data from primary and secondary school aged children does not show such marked reductions.

[2] Schools are following the approach outlined in the Education Endowment Foundation's Guide to the Pupil Premium.

[3] The disadvantage gap index summarises the relative attainment gap between disadvantaged pupils and all other pupils. Pupils are defined as disadvantaged if they are known to have been eligible for free school meals at any point in the past six years (from year 6 to year 11), if they are recorded as having been looked after for at least one day or if they are recorded as having been adopted from care.

[4] For further information see reports on Key stage 2 attainment (2021-22) and Key stage 4 performance (2021-22).

Within the Early Years setting, among other activities, support has been given to providers to register with the DfE Covid Recovery funded "Early Years Professional Development Programme". This online training focuses on Communication and Language and Personal, Social and Emotional development. Training is for Early Years settings that have children with SEND or have funded two year olds.

4. *New needs have arisen as a result of the pandemic, and these should be recognised and addressed. These include:*

    a. *Addressing obesity by supporting children and young people to eat healthily and move more. Interventions and system-wide efforts that can help children and young people (and their families) maintain a healthy weight will be vital.*

    b. *Making sure children and young people can access mental health support is essential, especially in the context of those who may have been impacted by trauma.*

On addressing obesity:

City and Hackney Public Health have commissioned a new tier 2 family based community intervention, starting in March 2023, to support families who have children above a healthy weight. This behaviour change programme is aimed at young people and families in the City of London and Hackney to help them create long-term, healthy habits relating to diet and physical activity. Public Health also launched a new Healthier Hackney physical activity community grants programme in February 2023. The programme aims to support the least active residents in Hackney to become more active, building on what we have learned from residents and local organisations over the past year. Children and families are one of the target groups for this new grants programme. The learning from this programme will provide opportunities for a similar approach to be considered for the City of London

Ongoing activities have also been recommissioned. For example, the 0-5 healthy lifestyles service that provides lifestyle education to families and oversees the universal Healthy Start vitamin distribution scheme. Training is provided online and in early years settings to both families and staff. Other activities include the "cook and eat" community classes which are being recommissioned for a further 2.5 years, starting from April 2023. These classes focus on developing cooking and nutrition skills among families. There are also ongoing initiatives to promote healthy food in schools,[5] to establish healthier practices in food businesses,[6] and to ensure sufficient outdoor play areas in new developments.[7]

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[5] Hackney's Sustainability Team has been working with ProVeg International to promote use of plant-based, nutritious food in schools.

[6] Public Health commissioned LBH's Environmental Health team to support Food Business Operators in Hackney to join the Healthier Catering Commitment and apply healthier cooking practices within their food businesses.

[7] Hackney's Planning team has published 'Growing Up In Hackney: child-friendly places supplementary planning document', which places a focus on outdoor play, and health and wellbeing within its design principles.

City and Hackney Neighbourhoods team have been facilitating joint working at a place based level to understand childhood obesity barriers and opportunities for collaboration and intervention. For example, in Well Street Common Primary Care Network (PCN), which has the highest levels of obesity at reception and year 6, childhood obesity was identified as a priority. A series of meetings with a wide range of stakeholders was convened and a joint action plan has been established. The learning from this will be shared with other PCN/ Neighbourhood areas including Shoreditch and the City.

Future activities include a Healthy Weight Needs Assessment that is being developed to identify unmet needs, inequalities and areas of good practice in the delivery of services and wider system actions related to healthy weight in City and Hackney. There are also plans to appoint a Healthy Schools Coordinator, who can support schools to embed activities that improve the wellbeing of children, young people and their families.

<u>On ensuring access to Mental Health Support for Children and Young People</u>:

We are in year 3 of the delivery of the City and Hackney Integrated Emotional Health and Wellbeing Strategy 2020-2025 overseen by the Emotional Health and Wellbeing Partnership. Priorities include addressing the post-pandemic surge in crisis presentations, maintaining momentum around integration of the different Children and Adolescent Mental Health services and creating 'a single point of access'. Subgroups of the Partnership include families, neurodiverse/learning disabilities, schools, education, training and employment. There are also a number of system wide Task and Finish Groups to address Crisis and Eating Disorders.

An update on implementation of the C&H Mental Health Strategy and a mental health needs assessment will be provided to the HWB during 2023. This will provide an opportunity to consider how any gaps in provision can be addressed.

5. *Closing the gaps: Many impacts of the pandemic have worsened existing inequalities that were already on a poor trajectory - such as increasing child poverty. Partners in The City of London and Hackney must continue using evidence-based efforts to tackle poverty due to its far-reaching implications for children's health.*

The London Borough of Hackney (LBH) has developed a Poverty Reduction Framework which sets out the Council's strategic approach to poverty reduction. It aims to meet the immediate needs of people already in poverty whilst working towards preventing poverty for future generations. Whilst it was developed by LBH, it has wider applicability across the City and Hackney Place Based Partnership and many elements of it require a partnership approach.

LBH has established four workstreams to respond to the cost of living crisis, the first of which is providing support to residents. This includes establishing a "Money Hub" with a £800k package to support those who have no other source of monetary support, targeted support using the government's Household Support Fund (£2.8M), and embedding financial assistance into all aspects of the Children and Education directorate's work.

Co-locating welfare advice services within GP practices will be funded for an additional year

and then evaluated to assess the impact and consider whether this service should be expanded to all primary care networks, including Shoreditch and the City.

Work being undertaken in the City of London to address poverty and the rising costs of living includes general communication activities to promote services such as access to energy advisors, access to warm places and support for accessing work through the Connecting Communities programme. Targeted financial assistance is also being provided through an Energy Grant Scheme for people on prepayment meters and through the government funded Housing Support Fund. On tackling food poverty, there are plans to commission the charity Family Action to deliver a food pantry service for City of London residents and those residing in bordering boroughs.

The impact of poverty and the cost of living crisis on children and families in City and Hackney is ongoing. Continued monitoring of this impact and ensuring that services are able to meet identified needs must continue.

Appendix 2. A model of Sexual and Reproductive Health services

The model outlined here (see next page) illustrates the linked nature of the recommendations made in this report, particularly recommendations 2 and 3 which relate to the design of services on the one hand and people's ability and willingness to access them on the other hand. The model demonstrates how initiatives taken in different areas are mutually supportive and the importance of keeping a focus on collaboration with communities at the centre of our work.

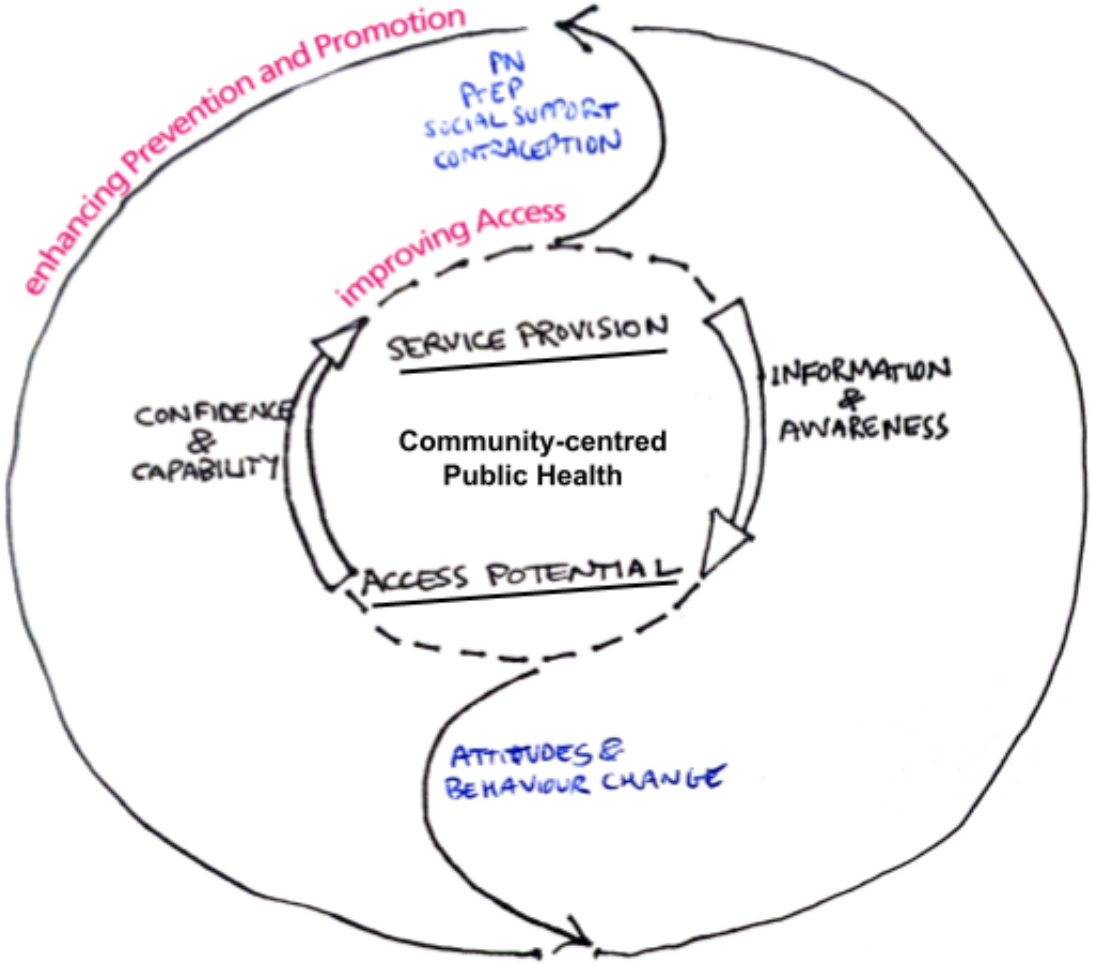
Many public health models look at the determinants of health, either from the perspective of the individual or the public, or they examine how best to implement and provide services to a population.[8] This model, however, aims to draw attention to the linked nature of service provision on the one hand and willingness, or ability, to access those services on the other hand. The issue of whether or not people have the potential, capability or willingness to access services is perhaps more relevant to sexual health than any other aspect of healthcare. It is in sexual health that, according to practitioners in the field, many of the barriers to access come from the individuals and communities themselves. This model, therefore, specifically applies to sexual health: where cultural and community norms are so paramount; and factors relating to personal choice, identity and individual circumstances are so significant. There are few fields of healthcare where the capacity to access services is so dependent upon issues that go beyond simply being aware that a service is available.

Applying this model to "young people" helps to illustrate that efforts to improve access must take into account many factors. The model can act, therefore, as a checklist when trying to address issues of access and, in turn, improve a population or community's sexual health generally.

For the model to be most useful, it would be best to apply it to a single community rather than "young people" in general. Stakeholders are encouraged to consider specific community-orientated approaches to designing, commissioning and implementing services - an approach which this model may help facilitate. For example, the model might be used to explore issues relating to Turkish-speaking communities, or to the Charedi community, or to other distinct communities.

[8] See for example, Figure 1 in PHE's 2020 briefing, *Community-centred public health: Taking a whole system approach* at p.6 available here (accessed 26 January 2023).

Sexual Health Services Model



Virtuous cycles

The outer circle: preventing ill health and other negative aspects while promoting enjoyment of sexual wellbeing, agency and freedom.

The inner circle: improving Access to services
This illustrates two aspects that need to be considered to improve access: the appropriateness of services provided (service provision) and the ability/willingness to access them (access potential).

As the inner circle spins, access improves which in turn helps widen the circle of prevention and health promotion at a population level.

Service Provision: the right services, that are appropriate and sufficient, are available.

Information & Awareness: there is clear and accurate **information** available; and people are **aware** of that information and the services.

Access potential: an individual's willingness to access services, influenced by RSE, community & individual attitudes, religious and cultural contexts.

Confidence & Ability: people are **confident** to access services (not blocked by confidentiality, embarrassment or stigma issues); and people are **capable** of accessing services (appropriate times and locations). As more people from a community access a service, word of mouth spreads and attitudes change.

Notes on terms used in the diagram

At the centre of the diagram

> "Community-centred Public Health" is a community-centred approach to tackling public health issues which is increasingly being adopted "to enhance individual and community capabilities, create healthier places and reduce health inequalities" (PHE 2020[9]). It strongly advocates, among other things, a commitment to co-production and community-based participatory research.

The inner circle - improving Access

> "Service provision": appropriate services, and arrangements, designed in collaboration with the community/ies of concern.
>
> "Information & Awareness": appropriate services must be communicated to potential users of those services through high quality information (*better*, not more, information).
>
> "Access potential": ensuring knowledge of services through, for example, public information campaigns, community champions, and relationships and sex education (RSE). Access potential can also be enhanced by addressing stigma and embarrassment and through mitigating any logistical or financial barriers that are identified (for example, some young people may not be able to cross gang lines).
>
> "Confidence and capability": addressing issues around "access potential" should result in more willingness and ability to access the services available.

Ensuring appropriate "service provision" (for example, providing easily accessible comprehensive STI testing) while at the same time increasing the "access potential" among the population, will lead to benefits relating to the prevention of ill health and promotion of healthy sexuality. This is a virtuous cycle, with positive self-reinforcement maximised by addressing as many aspects of the model as possible.

The outer circle - enhancing Prevention and Promotion

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[9] PHE's 2020 briefing, *Community-centred public health: Taking a whole system approach* available here accessed 26 January 2023. See also Public Health England and NHS England, *A guide to community-centred approaches for health and wellbeing*, Public Health England, Editor. 2015: London available here, which explains that community-centred approaches "are not just community-based, but about mobilising assets within communities, promoting equity, and increasing people's control over their health and lives." The February 2018 Edition of Health Matters, "community-centred approaches for health & wellbeing", available here, recommends commissioning across all four strands of the "family of community-centred approaches", which are summarised as: strengthening communities; volunteer and peer roles; collaborations and partnerships; and, access to community resources.

This circle represents the wider community - the population level - and the role of public health to promote wellbeing and prevent illness. The reach of this circle is increased by work to improve both “service provision” and “access potential”.

“Service provision” helps achieve population level health promotion through elements such as patient notification (*PN*)[10]; provision of *contraception* services; *social support* (including psychosexual, high risk behaviour and trauma therapies); and *PrEP* (albeit this involves relatively small numbers).

“Access potential” helps achieve population level health promotion through helping to change *attitudes* and health behaviours. Shifting people’s attitudes, including stigma or prejudice, as well as their health behaviours, can both have the potential for positive knock-on effects on people who are not directly addressed by the original interventions (for example, the effects on parents as a result of their children’s attendance at RSE, or positive health behaviours modelled by some individuals being adopted by others in their peer groups).

Efforts made to enhance *service provision* and those made to increase *access potential* will both, together and separately, help support the prevention of ill health and the promotion of healthy and enriching relationships at a population level. Health promotion at the population level is fundamental to a community-centred public health approach. Focusing on prevention and promotion is about health *care* as opposed to a medical model of *sick* care. And not only is prevention better than cure for the individual, it is also cheaper for both the individual and the community.

[10] Patient notification refers here to both contact tracing and informing patients of test results. Note that, in primary care, negative STI tests are not routinely communicated to patients and there are reports of difficulties relating to contact tracing.