

**MINUTES OF A MEETING OF THE  
HEALTH & WELLBEING BOARD  
Committee Room 2 - Town Hall  
16 January 2019 (1.00pm – 3.30pm)**

**Present:**

Elected Members: Councillors Jason Frost (Chairman) and Robert Benham.

Officers of the Council: Mark Ansell, Interim Director of Public Health; and Barbara Nicholls, Director of Adult Services.

Havering Clinical Commissioning Group: Dr Atul Aggarwal, Chair Havering Clinical Commission Group; Dr Gurdev Saini, Board Member, Havering Clinical Commissioning Group and Sharon Morrow, Barking, Havering & Redbridge Clinical Clinical Commissioning Group (substitute for Steve Rubery).

Other Organisations: Aleksandra Hammerton, Deputy Chief Operating Officer for Emergency Care, Barking, Havering and Redbridge University Trust (substitute for Christopher Bown); Anne-Marie Dean, Executive Chairman, Healthwatch Havering; and Carole White, North East London NHS Foundation Trust (substitute for Jacqui Van Rossum).

Also Present: Elaine Greenway, Public Health Consultant; Karen Starkey, Programme Manager, London Borough of Havering; and John Green, Head of Joint Commissioning Unit, London Borough of Havering.

**1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of the arrangements in case of fire or other event that may require the evacuation of the meeting room or building.

**2 APOLOGIES FOR ABSENCE**

Apologies were received from:

Tim Aldridge, Director of Children's Services, London Borough of Havering  
Danny Batten, NHS England

Andrew Blake-Herbert, Chief Executive, London Borough of Havering  
Christopher Bown, Barking, Havering and Redbridge University Trust  
Councillor Gillian Ford, London Borough of Havering

Steve Rubery, Barking, Havering and Redbridge Clinical Commissioning Group

Jacqui Van Rossum, North East London Foundation Trust  
Councillor Damian White, London Borough of Havering

An apology for absence was also received from Philippa Robinson, Transformation Lead, Havering Collaborative.

**3 DISCLOSURE OF INTERESTS**

There were no declarations of interest made in items on the agenda.

**4 MINUTES, ACTION LOG AND INDICATOR SET**

The minutes of the meeting held on the 12 September 2018 were agreed as a correct record and signed by the Chairman.

The following items were noted in respect of the action log:

- 17.27 – In terms of safeguarding, it was noted that information pertaining to safeguarding cases referred to courts was publicly available.
- 18.2 - All secondary schools in Havering had confirmed that they operated a closed gate policy to some degree.
- 6 – Agenda Item. 6 refers.
- 7 – An update on the SEND Action Plan and the Therapy Review – Options Appraisal, showing a timetable to the end of October 2018, would be circulated to members.

Members received the Health and Wellbeing Board indicator set which provided an overview of the health of residents and the quality of care services available to them.

Members received a verbal update from the Interim Director of Public Health regarding the provision of Long Acting Reversible Contraception (LARC) excluding injections. Overall, the position had worsened and increased provision of LARC remained a priority. Following completion of re-procurement, discussions would be had with the provider of specialist Sexual Health Services as to how they could lead efforts to increase LARC provision as part of the wider refreshed teen pregnancy plan.

Referral to treatment continued to be a concern, with performance declining. The improvement plan continued to be monitored through the Steering Group and an update would be presented at the next meeting of the Board.

**5 POPULATION HEALTH**

Members received the King's Fund paper 'A vision for population health, towards a healthier future' which set out the health and wellbeing challenges faced nationally and where efforts were best placed to achieve improvement. The paper provided a useful context and possible framework to help members consider how work at borough level might further the aims of the Board as expressed in any future strategy.

Although there had been great improvements in health over the past decade due to improvements in sanitation, medicines and healthcare, underpinned by economic growth, improved living standards and the establishment of the welfare state, the rate of progress had stalled in England alongside an increasing burden on health services.

Studies into determinants of health, had identified socio-economic determinants, lifestyle and care as contributors. The most optimistic estimate suggested that health care could contribute more than 40% of the overall health status of the population, if every effective intervention was provided at the right time to every patient who would benefit. Other studies put the estimates at under 25%, which lead the authors of the paper to suggest that improving the health of the population and the future sustainability of high quality health and social care was dependent on decisions makers at all levels recognising the importance of other factors.

The Kings Fund report introduced the concept of four pillars of population health and explored the evidence as to how each might affect health, directly or indirectly, alone or in concert with other factors; the strength of that evidence, and the scale and speed of the impact that might be expected on health and health inequalities.

The Kings Fund report suggested a balanced approach to four underpinning pillars, each of which were a core business of one or more statutory partners:

- Pillar 1 – Wider determinants of health
- Pillar 2 – Health behaviours and lifestyles
- Pillar 3 – The places and communities we live in
- Pillar 4 – An integrated health and care system

It was suggested that the Board adopt and champion the population health approach, which would be a significant development in the direction of the Board and frame future plans; and would encourage partners to look at the areas of overlap or joint responsibility that might otherwise be overlooked. The Board sought clarification on the accountabilities between the Local Authority, Clinical Commissioning Groups, the Sustainability and Transformation Plan and Integrated Care System.

Members indicated their commitment to achieving a set of explicit time limited goals relevant to the four pillars and the development of a programme of work that would be actively managed. Furthermore, Members felt that there should be a more balanced approach and for an increased focus on individuals placing more onus on their own health.

During discussion, concern was raised regarding the number of children in families classified as homeless. There were issues locally regarding accountability, and the importance of engagement of Health and Social Care across the three boroughs was paramount.

It was accepted that assistance into work was a crucial element in recovery from illness and mitigated risk of long term unemployment which was risk for further ill health. As the biggest employers, Councils and the NHS had huge buying power and the opportunity to develop skills and income of local residents.

Members noted the importance of involving the community in design and commissioning of services to enable the community to improve their own health and supported that a buy in from local businesses be sought, as these were anchor institutions within the community.

Looking long term, the borough's ambitious regeneration programme including the improvement of wider determinants such as the improvement of footpaths and the creation and recreation of communities, and the local authority would welcome the Board's input in making sure that Havering localities were fit for purpose.

**RESOLVED:**

**That the Kings Fund report, be noted and that the 4 pillars approach be used as a starting point for discussions regarding the new joint health and wellbeing strategy.**

**6      HEALTH IMPROVEMENT REPORT 2018**

Members received the Health Improvement Report which illustrated how the Council had broadened its preventative approach to tackle the wider determinants of health, health behaviours and lifestyles.

The eighteen separate programmes of work summarised in the report, when taken together, responded to the greatest health challenges of today, those of non-communicable diseases such as diabetes, health inequality and increasing health and social care costs.

Public Health and Planning had worked together on a health impact assessment of the Local Plan, and this showed that it was possible to take a very practical approach to health in all policies, and this led to further interest in assessing other strategies and policies for their impact on health.

During discussion, Members noted that the inclusion of Health and Wellbeing impact statements in key decisions was to be piloted; that the Equality and Health Impact Assessment was being evaluated; and that further training needs in understanding health and wellbeing impacts would be considered.

The Health and Wellbeing in Schools service had supported schools to achieve Healthy Schools London awards, and had delivered training to school staff on a range of health and wellbeing topics. The service was supporting schools to prepare for new curriculum content on Sex and Relationship education. Havering was one of six London boroughs to

participate in the Healthy Early Years London pilot, with eight awards achieved during the pilot phase. A Healthier Catering Committee was planned to be introduced in 2019, focusing on supporting restaurants and cafes to take action to prompt customers to opt for healthier choices.

Air quality was the largest environmental risk to the public's health and contributed to cardiovascular disease, lung cancer, and respiratory diseases, and increased the chances of hospital admissions and visits to emergency departments. Although poor air quality affected everyone, it had a disproportionate impact on the young, old, sick and the poor. The Public Protection Service was leading a piece of work on an agreed air quality action plan.

Local authorities were mandated to provide NHS health checks free of charge to local residents aged 40 to 74 who had not already been diagnosed with a Cardio Vascular Condition (CVD). The check identified those who have CVD who then had their conditions clinically managed, as well as those who were at high risk of CVD, and these residents were given lifestyle advice.

The Clinical Commissioning Group had decommissioned Health Analytics, a database which collected information on a range of health activities, including NHS Health Checks, following new General Data Protection Regulations. This had subsequently had a negative impact on the flow of information between the Clinical Commissioning Groups and other agencies, including activity related to NHS Health Checks. This was a concern to Members as this could endanger accurate reporting against this mandated service. It was agreed that the Chair of Havering Clinical Commission Group would escalate the matter in order to resolve the issue, and that he would liaise with the Interim Director of Public Health and also provide an update on progress to the next Health and Wellbeing Board meeting.

The Health Improvement Plan contained some top line information on sexual health, including strengthened commissioning arrangements; drug and alcohol harm reduction and health visiting and school nursing. Health visiting and school nursing services, provided by the North East London NHS Foundation Trust (NELFT), had improved and would be re-procured in 2020.

Since the cessation of the smoking service, which was decommissioned 18 months previously, Havering had contributed to the London-wide telephone and internet based stop smoking counselling service. There was also a focus on discouraging smoking in the first instance. Illicit tobacco, also referred to as cheap cigarettes, made it more affordable for children to start smoking and others to continue smoking. A Tobacco Harm Reduction workshop held in 2018 had highlighted that vaping caused less harm than smoking tobacco. It was suggested that social marketing and advertising of smoking cessation services be promoted on health and GP websites and in the Living Magazine, all of which could be easily accessed by residents. The

Local Authority would work with the Havering Clinical Commissioning Group on an App as a joint initiative. During discussion, it was suggested that consideration be given to the creation of general information resources to be made available at GP surgeries, libraries, children's centres and young providers.

Volunteer health champions were committed to health improvement and received accredited training. It was felt that there could be more opportunity to engage volunteers and it was suggested that Patient Group volunteers be targeted and offered the necessary training to become health champions, with the offer to be extended to include coverage in day care centres and libraries.

Employment was a major determinant for health. The Local Authority had introduced the Health and Wellbeing Workplace initiative and wider health improvement campaigns, and recognised the opportunity to widen the determinants by working across departments.

Members would welcome recognition of GP's continued training and development in mental health support, in order to provide residents with added confidence in the system, and noted that GP's agreed their own Continuous Professional Development dependent on their requirements.

During discussion regarding air quality, Members requested that consideration be given to engine idling, in particular in areas surrounding educational establishments. A London wide anti-idling campaign was due to commence in April and a funding application had been submitted to the GLA. Local schools would be encouraged to promote a cultural change against engine idling, however the policing and enforceability of engine idling would prove difficult.

The report set out the EPEC pilot project which had since been further developed. The Early Help team had developed a universal plus offer that built on the localities work, offering a similar approach across the borough.

**RESOLVED:**

**That the Board considered and commented on the report in the context of the Kings Fund Report.**

**7 LOCALITIES UPDATE**

The Board received an update on how the focus on developing 'Localities' collectively contributed to the aspirations set out in the Kings Fund report, in respect of pillar 3: The places and communities we live in.

The wider transformation programme of the Council, together with Localities development would contribute to the role that places and communities play in health (including mental health) including the impact of social relationships and community. The programme would produce a new locality

model which would focus on prevention; build social capital; provide holistic wrap around care and support for individuals and create a broader coherent range of services, networks and pathways in defined areas of the borough.

The Local Authority were looking at community hubs in town centres, following the benefits experienced in Thurrock; closer working with Housing to create opportunities for vulnerable people to remain in Havering; to follow the Better Living model which had been piloted since February 2018; to have a joined up approach to early help in order to create a cohesive service for families and integrating its commissioning.

**RESOLVED:**

**That the Board considered the Localities Update and sought clarification on the localities/transformation programme.**

**8 TRANSFORMATION OF SERVICES**

The Board received a presentation which summarised how health and social care partners across BHR plan to accelerate improved health and wellbeing outcomes of the people of Barking and Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services. The presentation covered the BHR Integrated Care Partnership and its vision, the local system recovery plan, key service transformation areas and the new, clinically led, transformation boards.

The key issues faced were:

- BHR: System deficit of £25m in 2014/15 growing to £75m by the end of 2017/18 alongside the need to improve outcomes for local people and address local workforce gaps, placing strain on the ability of the system to deliver its constitutional standards and has driven an insufficient focus on transformational change, meaning that the improvement in overall patient outcomes had not been achieved.
- BHR CCGs and BHRUT are required to deliver joint financial recovery but it was recognised that this could not be achieved without partnership work with NELFT and the BHR GP Federations.

Going forward it was proposed that the following issues be addressed:

- The overall efficiency of the system to eliminate historic and in-year deficits.
- To move activity out of hospital and closer to home by 2020/21, to create a sustainable financial model going forward.
- The overall direction of travel for the health and care system in BHR to take into account the Integrated Care System.
- To establish a NHS Recovery Board to ensure a co-ordinated approach and to provide a forum for senior leaders; and the establishment of a

number of clinically led Transformation Boards to target the key population and coordinate transformational change across the system.

The Board would receive an in depth update on the transformation of services and the progress of individual programmes at a future meeting.

**RESOLVED:**

**That the Board noted the presentation.**

**9 WORK OF INTEGRATED CARE PARTNERSHIP**

The Board received a report that detailed the work of the Integrated Care Partnership.

During discussion, clarification was sought on the relationship between the Integrated Care Partnership Board and the Health and Wellbeing Board. It was highlighted that the Health and Wellbeing Board was not included in the governance arrangements for the Integrated Care Partnership Board and that similar approaches were unlikely to be adopted across each of the boroughs. The Integrated Care Partnership Board recognised the need to understand the issues that each borough was experiencing and welcomed opportunities through joint commissioning.

Consideration would be given to a proposal of incorporating the Health and Wellbeing Board in the governance arrangements of the Integrated Care Partnership Board, with particular oversight on Havering Localities and that recommendations would be presented to Members at the next development session.

**RESOLVED:**

**That the Board:**

- I. Noted the contents of the report, where it detailed the governance and current direction of travel of the Integrated Care Partnership, including the issues that arose from its recent consideration of the programme so far.
- II. Noted the proposals around locality boards and any considerations around how this might be established.
- III. Provide any comment back to the Integrated Care Partnership Board on the work that it is undertaking, and how the Health and Wellbeing Board can be more meaningfully involved in the future.
- IV. Agreed the proposal that a further report comes back which outlines the ways in which the ICPB work programmes will support delivery of the new Health and Wellbeing Strategy for Havering.

- V. Noted the presentation on the NHS Financial Recovery Programme and discussed the key areas of focus and any areas of concern raised by the proposed approach; and
- VI. Agreed how the HWBB would like to receive the final version of the Recovery Plan when it had been updated following Regulator feedback.

**10 BETTER CARE FUND 2017-19**

The Board received a report which provided an update on the way in which the Better Care Fund (BCF) was being utilised during 2018/19 and how it was delivering against the plan. The report also sought to set out further details about the proposed plans for the next year.

**RESOLVED:**

**That the report, be noted.**

**11 FORWARD PLAN**

The Board agreed the forward plan as circulated in the agenda, subject to progress on the development sessions.

**12 FUTURE MEETING DATES**

Members noted that the next meeting was scheduled to be held on the 13 March 2019, commencing at 1.00pm, at Havering Town Hall.

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**Chairman**