



HEALTH & WELLBEING BOARD AGENDA

1.00 pm	Wednesday 26 January 2022	Zoom
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Members: 20, Quorum: 6

BOARD MEMBERS:

Elected Members: Cllr Jason Frost (Chairman)
Cllr Damian White
Cllr Robert Benham
Cllr Nisha Patel

Officers of the Council: Andrew Blake-Herbert, Chief Executive
Barbara Nicholls, Director of Adult Services
Robert South, Director of Children Services
Patrick Odling-Smee, Director of Housing Services
Neil Stubbings, Director of Regeneration Services
Mark Ansell, Interim Director of Public Health

North East London Clinical Commissioning Group (NEL CCG): Dr Atul Aggarwal
Sarah See

Haverling Primary Care Networks (PCNs): Haverling Crest – Dr Asif Imran, Dr Narinder Kullar
North – Dr Jwala Gupta, Dr Gurmeet Singh
South – Dr Nik Rao, Dr John O'Moore
Marshall – Dr Sarita Symon, Dr Ian Quigley

Other Organisations: Healthwatch Haverling (Anne-Marie Dean, Executive Chairman)
BHRUT (Mehboob Khan, Non-Executive Director)
NELFT (Carol White, Integrated Care Director)
Voluntary & Community Sector (Paul Rose, Compact for Haverling Chairman)

**For information about the meeting please contact:
Luke Phimister 01708 434619 Error! Unknown document property name.
luke.phimister@onesource.co.uk**

What is the Health and Wellbeing Board?

Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA) and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE

(If any) – receive

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any of the items on the agenda at this point of the meeting.

Members may still disclose any interest in any item at any time prior to the consideration of the matter.

4 MINUTES

Minutes to follow

5 MATTERS ARISING

To consider the Board's Action Log

6 CLIMATE CHANGE & SUSTAINABILITY (Pages 1 - 4)

Report attached

7 PROGRESS UPDATE ON TOBACCO HARM REDUCTION STRATEGY (Pages 5 - 24)

Report and appendix attached

8 HOMELESSNESS REDUCTION REPORT

Report to follow

9 ANY OTHER BUSINESS

10 DATE OF NEXT MEETING

The date of the next meeting is 23rd March 2022 with a start time of 1pm.

Zena Smith
Democratic and Election Services Manager



HEALTH & WELLBEING BOARD

Subject Heading:	Climate Change and Sustainability
Board Lead:	Andrew Blake-Herbert Chief Executive, London Borough of Havering
Report Author and contact details:	Elaine Greenway Consultant in Public Health, London Borough of Havering Elaine.greenway@havering.gov.uk Nick Kingham Corporate Income Manager, London Borough of Havering Nick.Kingham@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- Theme 3: Provide the right health and social care/advice in the right place at the right time
- Theme 4: Quality of services and user experience

SUMMARY

Changing climate is cited as one of the most challenging threats to health, in both the long and short term.



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Long term impacts of extreme weather include indirect harms, such as those that result from economic harm, as well as direct harms to health, such as a projected increase in heat related deaths; expected to triple by 2050.

The shorter term impacts of extreme weather include those that arise as a result of flooding, including on mental health.

The Health and Wellbeing Board will receive the following presentations:

1. The impact of climate change on health and wellbeing.
2. The Council's approach to tackling climate change, and becoming carbon neutral by 2040, or sooner.

This will be followed by a discussion when members of the Board will have the opportunity to highlight the actions that their respective organisations are taking in response to the immediate and long term impacts, and explore opportunities for collaboration and joint working.

Following discussions, the Health and Wellbeing Board is asked to consider the recommendation below.

RECOMMENDATIONS

It is recommended that the Board add the following priority as an additional priority for the Havering Health and Wellbeing Strategy "Providing local leadership on climate change and air quality".

REPORT DETAIL

No further detail

IMPLICATIONS AND RISKS

No implications at this stage



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BACKGROUND PAPERS

None

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HEALTH & WELLBEING BOARD

Subject Heading:

Progress update on implementation of the Tobacco Harm Reduction Strategy and a proposed approach for future local stop smoking service provision

Board Lead:

Mark Ansell, Director of Public Health

Report Author and contact details:

Osama Mahmoud, Public Health Specialist
Osama.Mahmoud@havering.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

<input type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
<input checked="" type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
<input type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
<input type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level.
<input type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <ul style="list-style-type: none"> • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care <p>Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board</p>

SUMMARY
<p>A presentation will be delivered to give the board an update of what has taken place with regards to implementation of the Tobacco Harm Reduction strategy since the strategy was developed.</p> <p>The board will then be delivered an overview of local stop smoking service provision, the gaps in provision as a result of a changing policy context, and the options that are currently being explored to fill the gaps identified.</p>
RECOMMENDATIONS
<p>The board is asked to:</p> <ul style="list-style-type: none"> • Endorse a refresh of the strategy in 2022 in light of changes which have occurred since the strategy was developed • Support the newly proposed governance approach which opts for an internal group rather than a steering group with external partners
REPORT DETAIL
<p>The COVID-19 pandemic has resulted in officer's time being diverted away from full implementation of the tobacco harm reduction strategy. In addition to the pandemic, changes to policy have also meant that some elements of the strategy are now dated and key new areas of policy are not referenced within the strategy.</p> <p>This update will provide an overview of recent policy changes, gaps in current service provision and the options that are currently being explored to fill the gaps identified.</p> <p>Presentation to follow after the meeting.</p>
IMPLICATIONS AND RISKS
<p>None</p>
BACKGROUND PAPERS
<p>None</p>

Tobacco Harm Reduction Health & Wellbeing Board Update: Jan 2022

Osama Mahmoud, Public Health Specialist

The problem

The problem

- Smoking remains the leading preventable cause of premature mortality and ill health
- Although smoking has been in decline since the 1950s, as of 2020, over 18K (9.1%) adults in Havering continue to smoke
- There are significant inequalities in smoking prevalence, with higher rates observed amongst routine and manual occupations and those suffering from serious mental illness
- It is estimated that each year smoking in Havering costs society £71m

Smoking in Havering

Smoking in Havering

Better 95% Similar Worse 95% Not compared

Quintiles: Best Worst

Indicator	Period	England	London region	Havering
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition) New data	2020	12.1	11.1	9.1
Odds of reporting current smoking status among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition) New data	2020	2.1	2.0	1.1
Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition) New data	2020	21.4	19.3	9.2
Smoking status at time of delivery	2020/21	9.6	4.6	6.7

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- Smoking prevalence amongst adults (9.1%) has continued to fall and is similar to the prevalence in London and England
- The gap in smoking prevalence between routine & manual workers and the rest of the population has closed and smoking prevalence in routine & manual workers (9.2%) is lower than the national average
- The proportion of pregnant women who smoke at time of delivery (6.7%) has continued to fall and the rate is lower than England however higher than London

Tobacco Harm Reduction Strategy 2019-23

Tobacco Harm Reduction Strategy 2019-23

Strategy aims:

- A smoke-free pregnancy for all, recognising every child deserves the best start in life
- Stop children from taking up smoking, as most smoking addictions form in childhood
- Reduce smoking prevalence in adults, particularly in groups where rates are highest
- Protect the health of non-smokers, by reducing exposure to second-hand smoke
- Ensure parity of esteem for those with mental health conditions

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Indicators of success:

- Prevalence of smoking in adults
- Rates of smoking in pregnancy
- Difference in smoking prevalence between disadvantaged communities & borough average
- Prevalence of smoking among people with serious mental ill health

Strategy implementation progress update

Strategy implementation progress update

Progress update:

- Implementation of the strategy hindered by lack of capacity due to COVID-19
- Steering group not developed
- As a result, progress not made on several strategy work streams

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Next Steps:

- Recommend refreshing the strategy in 2022 in light of changing landscape
- Internal LBH group may be more appropriate than forming a steering group due to the formation of several other groups with relevant external partners

Current service provision

Current service provision

Stop Smoking London

- Online and telephone stop smoking service available for free to all Havering residents who smoke
- Very few self-reported quits recorded through the helpline
- Despite low cost, proving worse value for money than a local stop smoking service in terms of cost per quitter

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Specialist stop smoking service

- Specialist stop smoking service for pregnant women and their households
- Commissioned through London Borough of Barking & Dagenham
- Service meeting the majority of its objectives, however areas for improvement identified in service review and an improvement plan is in place
- Contract has 1 year remaining – decision needs to be made on the future of this service

Gaps in local service provision

Gaps in local service provision

- No Local Stop Smoking Service (LSSS) - only borough in NEL without one
- Previous LSSS was decommissioned in 2016/17 as a cost-saving measure due to cuts to the public health grant and with the expectation that there would be a shift to digital stop smoking support, however this hasn't been the case
- Face to face behavioural support + pharmacotherapy remains best practice
- Without a LSSS there is no step-down community stop smoking support for future NHS Long Term Plan tobacco dependence treatment service users
- SSS for pregnant women does not offer post-natal support, despite being advised

NHS Long Term Plan (LTP) Tobacco Dependence Treatment Services

NHS LTP Tobacco Dependence Treatment Services

- NHS LTP has committed to tackling tobacco dependence for all inpatients, pregnant women and mental health & learning disability service users
- Funding will be delivered through the NEL ICS with implementation set to begin in 2022/23 and full coverage to be achieved by the end of 2023/24
- It is expected that these services will be delivered in conjunction with LSSS, with smooth pathways between NHS and community stop smoking services
- Without a LSSS, the full benefits of these tobacco dependence treatment services may not be achieved

Exploring options for local community stop smoking service provision

Exploring options for Local Stop Smoking Service provision

- Providing support to help smokers quit is highly cost-effective and local stop smoking services continue to offer smokers the best chance of quitting
- Exploring potential pilot in 2022/23 to provide step down community stop smoking support for those receiving support from NHS LTP tobacco dependence treatment services
- NHS Smoking Cessation Advanced Service
- Evaluation of a LSSS pilot will inform whether a LSSS is effective and proves value for money and whether a universal service should be explored in future

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