



Havering

L O N D O N B O R O U G H

HEALTH & WELLBEING BOARD AGENDA

1.00 pm	Wednesday, 23 March 2022	Zoom
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Members: 20, Quorum: 6

BOARD MEMBERS:

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

Officers of the Council: Andrew Blake-Herbert, Chief Executive
Barbara Nicholls, Director of Adult Services
Mark Ansell, Interim Director of Public Health

Havering Clinical
Commissioning Group: Dr Atul Aggarwal, Chair, Havering Clinical
Commissioning Group (CCG)
Ceri Jacob, BHR CCG

Other Organisations: Anne-Marie Dean, Healthwatch Havering
Jacqui Van Rossum, NELFT
Fiona Peskett, BHRUT

For information about the meeting please contact:
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What is the Health and Wellbeing Board?

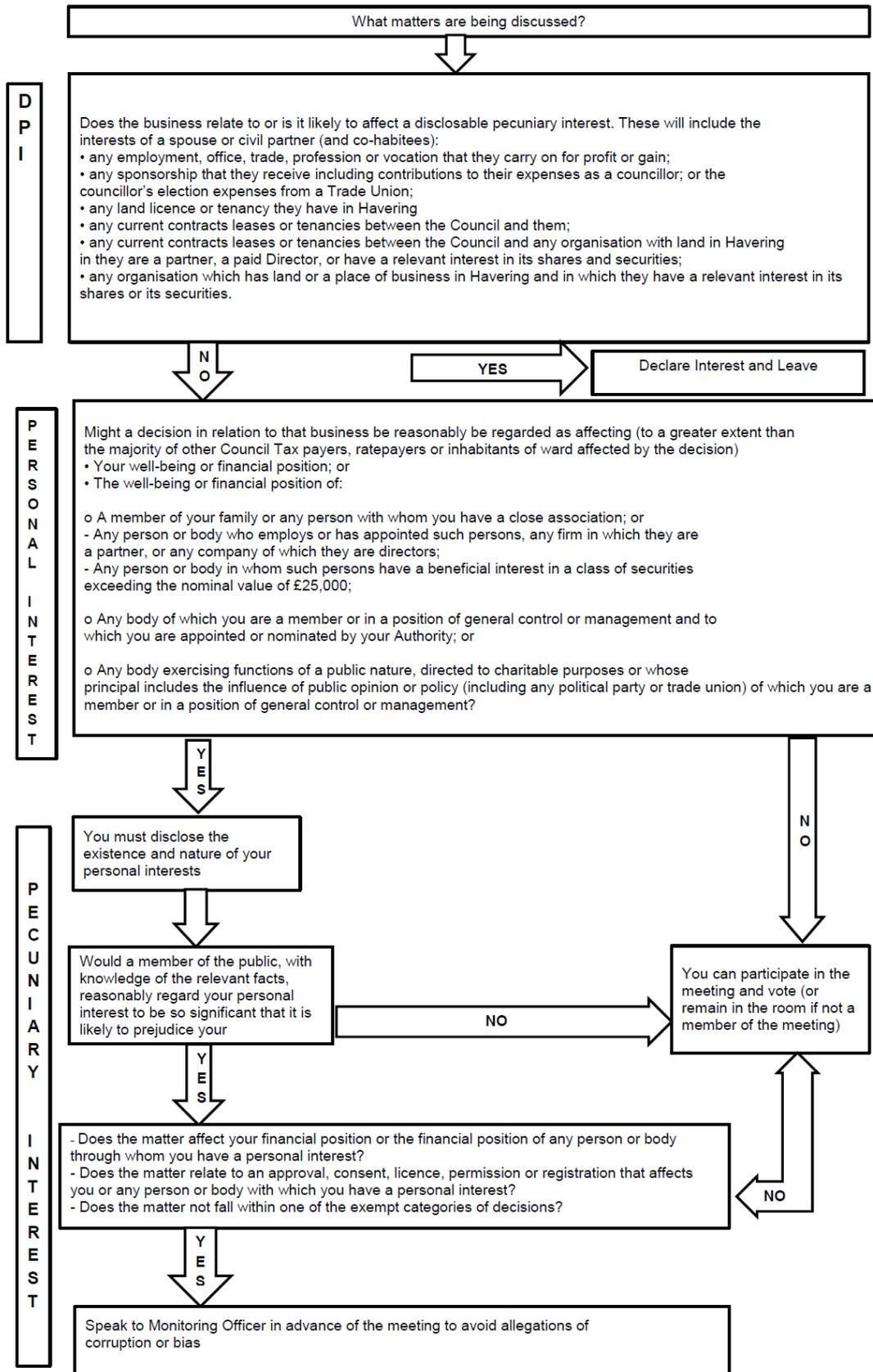
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities 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 (Pages 1 - 6)

To approve as a correct record the minutes of the Committee held on 26th January 2022 and to authorise the Chairman to sign them.

5 MATTERS ARISING

To consider the Board's Action Log

6 UPDATE ON INTEGRATED CARE SYSTEM (Pages 7 - 8)

Report attached

7 DATE OF NEXT MEETING

Zena Smith
Democratic and Election
Services manager

Public Document Pack Agenda Item 4

MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD

Zoom

26 January 2022 (1.00 - 3.15 pm)

Present:

Elected Members: Councillors Robert Benham, Jason Frost (Chairman), Damian White and Nisha Patel

Officers of the Council: Andrew Blake-Herbert (Chief Executive), Barbara Nicholls (Director of Adult Services) and Mark Ansell (Interim Director of Public Health), and Patrick Odling – Smee (Director of Housing Services)

North East London Clinical Commissioning Group: Dr Maurice Sanomi and Dr Sarita Symon

Havering Primary Care Networks:

Other Organisations: Anne-Marie Dean (Healthwatch Havering)

Also Present:

Darren Alexander
Andrew Blake-Herbert (Chief Executive)
Ratidzo Chinyuku (Public Health Practitioner, LBH)
Viv Cleary
Elaine Greenway
Ashif Imran
Nick Kingham
John Mealey
Osama Mahmoud
Barbara Nicholls (Director of Adult Services)
Parth Pillai
Paul Rose
Vickie Rowland
Nikhi Roa
Sarah See
Gurmeet Singh
Robert South
Luke Squires
Nick Swift
Dan Weaver

Apologies were received for the absence of Jacqui Van Rossum and Dr Atul Aggarwal.

All decisions were taken with no votes against.

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded Members that due to the nature of remote meetings, formal decision sign off would not been taken. Any outstanding decisions would be done once meetings were resumed in person.

2 APOLOGIES FOR ABSENCE

Apologies of absence were received from Jacqui Van Rossum and Dr Atul Aggarwal (substituting Dr Maurice Sanomi).

It was to be noted that Andrew Blake-Herbert and Barbara Nicholls would leave the meeting at 2:00 pm.

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 MINUTES

The minutes for the meeting held on 16 December 2021 were upheld and would be signed at the next meeting once the following amendments were made:

- Item 28, The Borough Partnership made reference to South East London please change it to read South East London Delegation.

5 MATTERS ARISING

Vaccinations for pregnant women had not been followed up with contact of the mid-wife association. Therefore this remains outstanding.

The following decisions were to be added to the action list and would be formally ratified when the next meeting was held in person:

- Better Care Fund Sign off - The Board endorsed and agreed the narrative, associated expenditure and performance template.
- Obesity Strategy Refresh - The Board endorsed and agreed the approach to refresh the Havering Prevention of Obesity Strategy and to support a long-term Whole Systems Approach for the new Havering Obesity Strategy.

Subsequently any recommendations from the meeting today were also to be noted and ratified at the next meeting that was held in person.

6 CLIMATE CHANGE & SUSTAINABILITY

The Board was provided with an update on Climate Change and Sustainability.

The report briefed Members on the long term impacts of extreme weather. The impacts included indirect harms, such as those that resulted from economic harm. The direct harms to health, such as a projected increase in heat related deaths were expected to triple by 2050. The shorter term impacts of extreme weather included those that arose as a result of flooding, and included impacts on mental health.

The following presentations were presented to Members:

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

Discussion followed and it was suggested that action and specifically behavioural changes were required by residents within the community. The Council needed to set an example around this by replanting and replacing trees were necessary and maintaining drains.

Support would be required for residents to enable change in their behaviours and dialogue and networking amongst various groups would be essential for this. Members of the board agreed that colleagues needed to connect with each other on the green plan.

It was further suggested that the risk associated with air pollutants alone could enact similar measures and models used to tackle the Covid challenge by using linkages from public health and peer networks to influence this.

It was noted that the NHS also required linkages to other networks (i.e. CCG) and the disconnection was evident from the improvement grants that were being offered to GP surgeries. The grants lacked any environmentally friendly incentives (solar panels etc.).

Furthermore, connecting Doctors and practitioners to communications (Council and otherwise) regarding all activities and programs available was required, including those that would enact behavioural change for climate change. It was noted that this was on the PPG meeting agenda and would be discussed there.

The Board recommended that "Providing local leadership on climate change and air quality" would be added as an additional priority for the Havering Health and Wellbeing Strategy when the strategy was refreshed. However, formal ratification would have to be approved at a later date when the meeting could take place in person.

The Board was provided with an update on the progress of the implementation of the Tobacco Harm Reduction Strategy and a proposed approach for future local stop smoking service provision.

A presentation was delivered and gave the Board an update of what had taken place in regards to the implementation of the Tobacco Harm Reduction strategy since the strategy was developed. An overview of the local stop smoking service provision, the gaps in provision as a result of a changing policy context, and the options that were currently being explored to fill the gaps identified was also presented.

It was explained that the COVID-19 pandemic had 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 were now dated and key new areas of policy were not referenced within the strategy. The update provided an overview of the recent policy changes, gaps in current service provision and the options that were currently being explored to fill the gaps identified.

It was also to be recognised that outcomes had improved and that there were signification reduction in smoking during pregnancy. However, the issue should still be considered as an important priority despite the gap in services and funding disparities because the prospect of a smoke free generation was a possibility. A discussion regarding smoking cessation service would be discussed within the Borough Partnership to ensure delivery and further action.

The Board recommended to endorse a refresh of the strategy in 2022 in light of changes which have occurred since the strategy was developed and agreed to support the newly proposed governance approach which opted for an internal group rather than a steering group with external partners.

8 HOMELESSNESS REDUCTION REPORT

The Board was provided with an update on the impact on housing demand due to Covid 19.

It was explained that in the last briefing the impact COVID 19 had on homelessness demand was identified. It was highlighted that in 2020 between August and November an increase of 29% to 63% in homeless approaches on the previous year was experienced and this lead to inflated expenditure in the Find-Your-Own (FYO) rent deposit scheme where the highest spend at that time reached £118,000 in a single month.

It was advised that the envisaged continuation of the upward trend in homelessness approaches for the foreseeable future could lead to additional cost pressures due to the requirement for placement in temporary

accommodation. There was also a risk to the current rate of prevention of homelessness and these numbers continued to follow that trend (see *background papers *Homeless approaches in numbers Jan 22*).

It was outlined that it was imperative to continue to develop the service and provide as many pathways to appropriate and suitable accommodation as possible. The position now, since the report was released, was that the homeless challenge had become even more acute; particularly for single people with complex needs.

Furthermore, the main cause of homelessness in Havering were identified as family and friend exclusion. However, during the pandemic there were higher rates of exclusions of single people, now understood and categorised as the hidden homeless population. Households were evicting their adult children as they were no longer able to cope due to the extended time spent in the home as a result of the lockdown restrictions which heightened tensions and exacerbated mental health and substance misuse.

It was explained that the service continued to effectively address homelessness by supporting households to remain in their accommodation or find somewhere to live before they hit a crisis point and faced bailiff eviction. They were provided with financial support, debt advice or signposted to other statutory and voluntary agencies for assistance.

Data around domestic abuse suggested that the housing pressures on domestic abuse households in London have perhaps never been higher. The pressure increased as a result of COVID-19 where Table 2 and 3 (*attached in background papers *Homeless approaches in numbers*) highlighted 2020/21 domestic abuse approached over the last year with the trend in the previous year included for context.

Homeless approaches as a result of domestic abuse has risen from 77 in 2019/20 to 226 in 2020/21. That was a 194% increase on the previous year. Domestic abuse was the third highest cause of homelessness and pressure to deliver high quality casework had increased with MARAC referrals had increased.

Comments were made around the positive progress being made but there was a requirement for collaborative and collective bespoke support along with adequate funding from various partners.

It was also suggested that any of these discussions should be included in the refresh of the HWBB agenda in the summer 2022 and that the high impact of family homelessness should be a key focus and priority.

The Board noted the information on the Joint Strategic Needs Assessment (JSNA) of the homeless challenges.

9 **ANY OTHER BUSINESS**

There was no other business.

10 **DATE OF NEXT MEETING**

The next meeting was scheduled for 23 March 2022.

Chairman



HEALTH & WELLBEING BOARD

Subject Heading:
ICS and Borough Partnership update

Board Lead: Luke Burton

Report Author and contact details:
Luke Burton
Luke.burton1@nhs.net

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

<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 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 Cancer • Long term conditions Primary Care • Children and young people Accident and Emergency Delivery Board • Mental health Transforming Care Programme Board • Planned Care



SUMMARY
An update from the new Director of Borough Partnerships Luke Burton on ICS developments and the Borough Partnership
RECOMMENDATIONS
None as an update
REPORT DETAIL
Update on the developing ICS, the suggested governance and the flow between system and Borough Partnerships will work. Update on the current Borough Partnership model and suggested way forward.
IMPLICATIONS AND RISKS
None at present as the legal changes are still as of yet to be agreed in parliament. However the system and Havering partnership are working together in a partnership capacity to understand risks / implications going forward Discussions are ongoing between Havering Borough and ICS leads on the short term and medium impact.
BACKGROUND PAPERS
Slides to follow