

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
29 June 2023 (1.00 - 2.28 pm)**

Present:

Elected Members: Councillors Gillian Ford, Oscar Ford and Keith Darvill

Officers of the Council: Mark Ansell and Tara Geere

Havering Clinical Commissioning Group: Emily Plane, Narinderjit Kullar

Also Present:

Jack Davies, Louise Dibsdall, Public Health
Irvine Muronzi
Laura Neilson
Alan Wishart

Present via videoconference:

Andrew Blake-Herbert, Chief Executive, London Borough of Havering
Patrick Odling-Smee, Director of Housing Services

All decisions were taken with no votes against.

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded Members of the action to be taken in an emergency.

2 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Paul McGeary and from Barbara Nicholls, Director of Adult Services.

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 MINUTES

The minutes of the meeting held on 29 March 2023 were agreed as a correct record and signed by the Chairman.

5 MATTERS ARISING

There were no matters arising.

6 STRATEGY FOR THOSE WHO PROVIDE INFORMAL AND UNPAID CARE IN HAVERING 23 - 26

The Head of Strategy and Service Development at the Integrated Care Partnership explained that the new strategy had sought to change the language used, away from the term 'carers'. Some 23,000 people were providing informal and unpaid care in Havering and this of course impacted on the physical and mental health of carers, as well as their career prospects etc.

Approximately 1,400 people were registered with the carers hub and 1-2-1 and focus groups were being established with local carers. It was felt that carers wanted recognition of their role and involvement in decision making. Part of the action plan strategy was to re-establish a carers board in Havering. This would feed back to the Process and Partnership Board and the Health and Wellbeing Board.

It was accepted that there may be some undercounting of the number of carers and officers wished to increase signposting for carers to the carers hub. There were also links to the wider health and social care system and it was pointed that care support was often needed if carers wished to attend a support event in person.

The Board:

- 1. Reviewed and endorsed the Strategy for those who provide informal and unpaid care in Havering, 2023-2026.**
- 2. Endorsed the establishment of a Carers Board, which will report into the Havering Place Based Partnership and Havering Health and Wellbeing Board, and will be responsible for oversight of the delivery of the strategy action plan.**
- 3. Agreed that the Chair of the Carers Board, once appointed, should be made a member of the Health and Wellbeing Board.**

7 BCF END OF YEAR 22/23 & PLANNING 23-25 SUBMISSIONS

Whilst Better Care Funding had been spent as planned, it was accepted that the reablement target of 90% of patients still being at home 90 days after discharge was not on target. This was due to more complex cases being seen in the reablement pathway. Whilst there remained challenges in both workforce and funding issues, successes had been in the use of Ageing Well Funding and Joint Commissioning.

Officers agreed to take details from Councillor Darvill of a case where a constituent's discharge from hospital had been delayed due to a disagreement over the exact adaptations needed to their home. It was hoped that the response to cases such as this could be improved through the use of a partnership approach. The current shortages of adapted

housing could make finding suitable accommodation difficult. The new Director Living Well at the Council would be involved in these areas.

The Board **AGREED**:

- 1. To note the BCF end of year template 2022-23 submitted to NHSE in May 2023**
- 2. To approve the submission of the BCF Narrative and Expenditure Templates for 2023-25**

8 HEALTHY WEIGHT STRATEGY 23-28

Officers confirmed that Havering had higher than average levels of obesity and that the causes for this were complex. Childhood obesity was linked with poor levels of behaviour. Causes of obesity included higher levels of food being available and it now being easier to be less physically active.

Many different partners had been engaged to develop a whole systems approach to obesity in Havering. Two Healthy Weight Summits had been held with the participation of many local partners. Current workstreams in Havering included the need to focus on the more general environment to reduce obesity. This was looking at areas such as what foods are available and the physical activity offer in Havering. This type of whole systems approach had been used successfully in Amsterdam as well as in other parts of the UK.

The proposed obesity strategy for Havering would be consulted on at the end of August 2023. The vision for the strategy was to have eradicated childhood obesity within 20 years. It was aimed to use a whole systems approach to reduce childhood obesity in Havering. The initial focus would be to seek to reduce year 6 obesity in the Harold Hill area which had the highest levels in the borough for this type of obesity. The Harold Hill area also had high levels of deprivation and systems in the local area that could be focussed on the strategy.

It was accepted that the strategy had a very aspirational, challenging target, even over a 20 year period and it was important for the Council and health organisations to hold each other to account. Relatively few resources were available for the strategy which had led to the decision to focus solely on the Harold Hill area initially. The long term pressure on health and social care services would also have an impact on many different Council policies.

It was suggested that the communications strategy for the obesity strategy should link with the health sector and schools. It was also noted that central Government had pulled back on some obesity-related retail issues.

The Board **AGREED**:

1. That it did not wish to suggest any amendments to the strategy approach.
2. That Chair's action may be taken to commence formal consultation on the draft Healthy Weight Strategy.
3. That a final draft Healthy Weight Strategy that takes into account consultation responses be received by the Health and Wellbeing Board for agreement in October

9 **SEXUAL AND REPRODUCTIVE HEALTH STRATEGY - RESIDENT CONSULTATION**

Officers explained that they wished to undertake a resident engagement strategy and that a supportive, open environment was needed for good sexual wellbeing. The Council was responsible for mandated, open access sexual health services and it was wished for local people to use local services of this type. The Integrated Care Board was responsible for services such as vasectomy and abortion whilst NHS England provided other services such as cervical screening.

Havering had a better rate of testing for Sexually Transmitted Infections (STIs) than the England average and the rate of testing for STIs had increased significantly. STI diagnoses in Havering had reduced overall but had gone up recently. HIV rates had improved in Havering compared with the London and England averages though it was noted that whilst patient numbers may be low, they often had high needs.

Teenage pregnancy in Havering had decreased 55% since 2011 and had now lowered to the 8th highest rate in London. Abortion rates remained high. It was accepted that Havering usage rates for long acting contraception could be higher and this also depended on the age of the user. It was wished to increase the uptake of long-term contraception use, especially by younger age groups.

Officers wished to work with partners to deliver high quality sexual health services across North East London. Priorities had been discussed with commissioners and it was wished to engage on whether these priorities were correct. A residents survey would be undertaken across North East London with both on-line and paper versions. There would also be a focus on hard to reach groups. The survey would go live very shortly. Google translate could be used to put the on-line survey into other languages. Organisations such as the LGBTQ+ forum would also be involved in the survey.

A workshop with partners on the issues covered by the survey was planned. A member of the Board added that long acting reversible contraceptions were now offered by fewer practitioners as the validation process had been made more complex. Officers agreed that they wished for more GPs to offer this sort of contraception.

Safeguarding conversations were still required for new users of e.g. condoms from primary care. It was also wished to have more sexual health testing at home. Successes such as lowering the rate of HIV infection had been due to prep being available on the NHS. Investment such as this would save money in the long run.

It was accepted that there was still a stigma around sexual health services for some people which sometimes led them to use services in another borough. It was wished to work across the sector to identify contraception advisers.

The Board **AGREED**:

1. **For Havering Health and Wellbeing Board Partners to share the survey widely across their networks, both residents and professionals, to shape the development of the strategy.**
2. **For Havering Health and Wellbeing Board Partners to endorse the development of a co-ordinated strategy across the North East London Integrated Care System (NEL ICS) and commit to an action plan to improve sexual and reproductive health for Havering residents.**
3. **That the action plan should be brought back to the Board once it has gone to the Partnership for consideration**

10 **DATE OF NEXT MEETING**

The date of the next meeting was noted.

Chairman