

**MINUTES OF A MEETING OF THE  
HEALTH & WELLBEING BOARD  
Town Hall  
11 July 2018 (1.00 - 4.00 pm)**

**Present:**

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

Officers of the Council: Andrew Blake-Herbert, Chief Executive; Tim Aldridge, Director of Children's Services; Barbara Nicholls, Director of Adult Services and Mark Ansell, Interim Director of Public Health.

Havering Clinical Commissioning Group (CCG): Steve Rubery, Interim Director of Delivery and Performance Barking, Havering and Redbridge Clinical Commissioning Group and Dr Gurdev Saini, Board Member Havering Clinical Commissioning Group.

Other Organisations: Anne-Marie Dean, Executive Chairman, Healthwatch Havering.

Also Present: Claire Alp, Senior Public Health Specialist; Victoria Freeman, Democratic Services Officer; Elaine Greenway, Consultant in Public Health; Caroline Penfold, Head of Children's and Adult with Disabilities Service (Learning and Achievement) and Dr Andrew Rixom, Consultant in Public Health .

**63 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.

The Chairman advised that he had agreed to amend the order of the agenda, to take Item No. 10 prior to Item No. 6.

**64 APOLOGIES FOR ABSENCE**

Apologies were received from:

Dr Atul Aggarwal, Chair, Havering Clinical Commissioning Group  
Matthew Hopkins, Barking, Havering and Redbridge University Hospitals'  
NHS Trust (Magda Smith substituting)  
Councillor Damian White, London Borough of Havering

**65 DISCLOSURE OF INTERESTS**

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

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

The minutes of the meeting held on the 14 March were agreed as a correct record and signed by the Chairman.

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

- 17.26 – The ‘See Change’ documentary produced and edited by children in care, had been premiered on the 6 March 2018 at Premiere Cinema, Romford.
- 17.27 – Members had requested that the exempt document containing data on incidences of cases referred to courts be circulated to the Board. The action remained outstanding.
- 17.28 – The Board would receive a presentation on the JSNA at a later date.
- 17.29 The Services in Havering for People who have visual impairment was on the agenda.

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. The BHRUT had missed the 92% national incomplete standard for Referral to Treatment since August 2017. A revised recovery plan was agreed with NHS Improvement with the aim of returning to delivering the 92% standard in April 2018, however the target had not been met due to the closure of dental services commissioned by the NHS, winter pressures having impacted on surgical capacity, BHRUT being placed into financial special measures by NHSE London and a higher GP demand in some specialities than planned. Members requested that a regular report on Referral to Treatment performance be provided to the Board.

**RESOLVED:**

**That the Board noted the changes.**

**67 HEALTH AND WELLBEING STRATEGY - NEXT STEPS**

The Havering Joint Health and Wellbeing Strategy was due to expire in 2019. The Board agreed the steps and timescales for developing a new Joint Health and Wellbeing Strategy as detailed in the report.

**68 HAVERING OBESITY PREVENTION STRATEGY - ANNUAL UPDATE**

Havering’s Prevention of Obesity Strategy 2016-19 and associated action plan, published in April 2016 was focused on shaping the environment to promote healthy eating and physical activity, supporting a culture that sees

physical activity and healthy eating as the norm, and to prompt individuals to change, primarily through self-help.

The Board received an update on the progress made with implementation of the 2017/18 action plan, highlights included the Health Impact Assessment of the Local Plan; piloting the Health Early Years London awards programme; the introduction of Starting Solid Food sessions in Children's Centres; the launch of the Veggie Run app and the Healthy Schools London programme incorporating curriculum support. Excess weight remained broadly stable amongst 4-5 year olds and adults but continued to increase amongst 10-11 year olds; only 13.8% of young people and 59% of adults in Havering achieved the recommended levels of physical activity relevant to their age group; and just half of young people aged 15 (49%) and adults (57.1%) in Havering eat five portions of fruit and vegetables per day.

It was noted that national policy was changing to force industry to take more action e.g. limit advertising targeting children.

Members discussed the options to limit access to fast food outlets. It was noted that that schools could adopt a closed gate policy at lunchtimes. 12 of the boroughs 18 secondary schools operated a closed gate policy. Many schools buy into the Healthy School Programme. The Board agreed that a letter be sent to the Chair of Governors of those schools that did not operate a closed gate policy, advising them of the advantages of such a policy.

Members also discussed the benefit of allowing ball games on Council owned property and noted that the Health Impact Assessment on the Local Plan promoted opportunities to be physically active.

The Local Authority Early Help and Public Health Services and the Voluntary Sector had collaborated on a breast feeding campaign; and central government had introduced the Healthy Pupil Capital fund, which schools could use to fund various health improving schemes including funding water fountains. An example of active areas on Hungarian streets was discussed and it was noted that the Rainham regeneration plans incorporated a linear park. Members suggested that comparisons with other similar local authorities might identify areas that 'bucked' the trend and might have good practice that could be adopted.

Concern was raised regarding the saturation of food retail outlets close to schools and it was proposed that consideration be given to implementing a saturation policy to restrict further outlets. There was support for restrictions on advertising of unhealthy choices close to schools.

**RESOLVED: That**

- i) The 2018/19 action plan be approved without further reference to the Board.**

- ii) **The next update be provided at the May 2019 meeting of the Health and Wellbeing Board, The Board give consideration to maintaining obesity as a priority and long term commitment.**

**69 SERVICES IN HAVERING FOR PEOPLE WHO HAVE A VISUAL IMPAIRMENT: A REVIEW**

The Board received a report from Healthwatch Havering which reviewed the services in the borough for people who have a visual impairment.

The report made 18 recommendations, including issuing and sharing information regarding Certificates of Visual Impairments.

Concern was raised that the visually impaired were signposted to Moorfields Eye Hospital by Accident and Emergency and consideration was not given to the difficulties they would experience in travelling there. It was suggested that Moorfields Eye Hospital and Queens Hospital work together to develop a closer link.

The Board requested that Public Health produce a report identifying opportunities to prevent sight loss to complement the report by Healthwatch about quality of care post diagnosis.

**RESOLVED:**

**That the report be noted.**

**70 HEALTH PROTECTION FORUM ANNUAL REPORT 2017-2018**

The Board received a report from the multi-agency Health Protection Forum, which illustrated how partners continue to work well together to protect the health of the population of Havering. The work programme for 2018/19 would continue to cover routine business relating to immunisations, screening and other aspects of health protection. 7 topics would receive additional focus during 2018/19. These had been selected either because of the need to make improvements, or because of the particular value of partner organisations coming together to consider how to strengthen local arrangements. The topics selected were the seasonal influenza vaccination, MMR vaccination, antimicrobial resistance, tuberculosis, air quality, meningitis vaccination and pandemic flu plan.

During discussion, concern was expressed regarding idling taxis in the borough and requested that there be proactive encouragement to reduce idling in taxi ranks. The decision to not focus on the shingles vaccination was questioned due to the age profile of residents in the borough.

The style of the report had been changed following feedback in 2017 that the report was too detailed and the Board welcomed the new style and found the presentation helpful.

The Board requested that NHS England be asked to describe what is being done locally to increase uptake of shingles vaccination.

**RESOLVED:**

**That the report be noted.**

**71 DRUGS AND ALCOHOL HARM REDUCTION STRATEGY ACTION PLAN PROGRESS AND REVIEW**

The Board received The Havering Drug and Alcohol Harm Reduction 2018 Progress Report, which summarised the main policy, highlighted successes, and summarised some of the key actions for 2018-19. A detailed Refreshed Draft Action Plan 2018-19 was discussed which supported the three priorities of the strategy: preventing harm to individuals, preventing harm to the family and preventing harm to the community.

There were 70 actions in the 2016-17 plan and 13 were completed in the first year. A further 31 had been completed in the second year (2017-18) with good progress on many of those still remaining.

The Board suggested that county lines needed to be included as an area of focus and that London comparisons be provided and it was noted that although the county lines could be reported to the Board, the Community Safety Partnership held responsibility for its monitoring.

It was requested that comparison data be provided, however noted that in some instances data was only available at MPS BCU or London level.

**RESOLVED:**

**That the Board noted the progress made in year two, as set out in the:**

- **Drug and Alcohol Harm Reduction 2018 Progress Report**
- **Refreshed Draft Action Plan 2018-19.**

**72 COMMUNITY URGENT CARE CONSULTATION - 'RIGHT CARE, RIGHT PLACE, FIRST TIME'**

The Board received a presentation on the Community urgent care consultation, 'Right care, right place, first time'.

The current situation had arisen due to GPs and the Accident and Emergency Departments being under increasing pressure, NHS funding challenges, challenges for GPs and practices, patients wanting to see their own GP but not always being able to get appointments quickly and the public not being aware of where to seek urgent help if unable to see their own GP.

The consultation was looking at those services the public could use when they could not see their own GP or a pharmacist was unable to assist, and included GP access hubs, walk-in centres, and GP out-of-hours services. The consultation was not looking at changes to Accident and Emergency services at any of the local hospitals or how GPs ran their practices or to pharmacies.

The need for change was due to people's confusion by the current mix of services, with services being similar or duplicated, the population growth, the digital future and the need to spend NHS money wisely.

The proposal was to make it easier to access services, by making the NHS 111 the number to call for urgent health care advice or services, to book urgent GP appointments at one of the 12 locations with a standardised service so patients know what to expect; to update facilities at some locations with better diagnostic tests at local GP or community locations; and to simplify where to go for minor illness and injury. It was highlighted that the consultation was not on changes to emergency care services or to Accident and Emergency services at any of the local hospitals.

The following options were provided:

Option 1:

- Four Urgent Treatment Centres - King George Hospital, Queen's Hospital, Barking Community Hospital and Harold Wood Polyclinic.
- Eight community locations for bookable urgent appointments (including Loxford Polyclinic and South Hornchurch Health Centre).

Option 2:

- Two Urgent Treatment Centres – King George Hospital and Queen's Hospital.
- Ten community locations for bookable urgent appointments (including Barking Community Hospital, Harold Wood Polyclinic, Loxford Polyclinic and South Hornchurch Health Centre).

Views were sought on whether the proposals would make it easier for people to get urgent care and understand their choices and on the options on changes to walk in services.

Members discussed the rationale for Option 1 and the need to continue to have provision in all areas. If enhanced treatment were needed, the facility would be available in the four locations. The challenge would be to change patient's perceptions and behaviour in accessing services by marketing the services and educating the public.

The Board requested that information detailing what was on offer for paediatrics across the borough be circulated to members.

The Board agreed that the outcome of the consultation be presented at a later meeting.

**73 LOCAL AREA INSPECTION OF SUPPORT FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)**

The Board received a report which highlighted the outcomes of the Local Area Inspection of support for children with Special Educational Needs and Disabilities (SEND) which took place between the 26 February and 2 March 2018.

Having looked at the following key areas, Inspectors identified no serious concerns in Havering:

- a) The effectiveness of the local area in identifying children and young people's special educational need and/or disabilities.
- b) The effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and / or disabilities.
- c) The effectiveness of the local area in improving outcomes for children and young people who have special educational needs and / or disabilities.

Ofsted and CQC reinforced the need to continually improve SEND services and the inspectors ratified the action plan in place. The Board acknowledged the constraints of resources and capacity necessary for Education Health and Care Plan assessments. Investigations into the efficiencies of joint commissioning were being undertaken, with the view of collaborating with Barking and Dagenham and Redbridge and to build on best practice.

The Board discussed the importance of working further with schools and post 16 provision and bringing SEND into the wider discussion of employment opportunities and apprenticeships.

The SEND Executive Board's refreshed improvement plan of the key areas of development would be presented to the next meeting of the Board for information and agreement.

**RESOLVED:**

**That the Board noted the comments of the report.**

**74 CLINICAL GOVERNANCE OF PUBLIC HEALTH COMMISSIONED SERVICES**

The Clinical Governance of Public Health Commissioned Services report explained where the clinical services public health commissions have a range of best practice, guidelines, and national standards to support their procurement and operation. The providers of clinical services are also

subject inspection by the Care Quality Commission. Some services have very established governance structures and national monitoring of performance. In addition, standard public health services contract has clauses relating to maintaining, improving, and reporting quality issues. This is a standing item in contract monitoring meetings. The report did identify that the Health Visiting service had capacity and investment issues that adversely affected their ability to offer the prescribed checks to all 0-4 year olds and had to prioritise their work; and that in a framework arrangement for a low volume service, it was difficult to monitor quality of multiple potential providers.

A member raised that the Health Visitors Alliance Group had suggested that health visitors have a lead on parental mental health, and proposed that consideration could be given to this in the restructuring.

**RESOLVED:**

**That the report be noted and for a future report to be presented to the Board.**

75 **DATE OF NEXT MEETING**

The next meeting of the Board was scheduled to be held on the 12 September 2018, commencing at 1.00pm.

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**Chairman**