

**MINUTES OF A MEETING OF THE  
HEALTH & WELLBEING BOARD  
Council Chamber - Town Hall  
23 June 2021 (1.10 - 3.15 pm)**

**Present:**

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

**Officers of the Council:** Mark Ansell (Director of Public Health)

**North East London Clinical Commissioning Group:** Sarah See

**Havering Primary Care Networks:** Dr Daniel Weaver (Havering Health) and Dr Asif Imran (Havering Crest)

**Other Organisations:** Anne-Marie Dean (Healthwatch Havering)

**Also present (via videoconference):**

Andrew Blake-Herbert (Chief Executive)

Barbara Nicholls (Director of Adult Services)

Carol White (NELFT)

Councillor Damian White (Leader, LBH)

Mehboob Khan (Non-Executive Director, BHRUT)

Nick Swift (Chief Financial Officer, BHRUT)

Remi Odejinmi (Director for Equality, Diversity and Inclusion, BHRUT)

Alan Wishart (Inclusion Interim Director of Workforce, BHRUT)

Anthony Wakhisi (Principle Public Health Specialist, LBH)

John Green (Head of Joint Commissioning Unit, LBH)

Ratidzo Chinyuku (Public Health Practitioner, LBH)

All decisions were taken with no votes against.

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

**1 APOLOGIES FOR ABSENCE**

Apologies for absence from the meeting room were received from Councillor Damian White who was present via videoconference.

Apologies were also received from Dr Atul Aggarwal (Havering CCG), Jacqui van Rossum – NELFT (Carol White substituting)

**2 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

### 3 **MINUTES**

It was noted that the list of apologies at the previous meeting was not complete.

It was clarified that the report on the Communications Strategy had been brought in response to a request from a Board Member.

The minutes of the meeting of the Board held on 28 April 2021 were otherwise agreed as a correct record and would be signed at a later date.

### 4 **MATTERS ARISING**

There were no matters arising.

### 5 **BHR JSNA 2021 DEVELOPMENT**

It was explained that the development of the Joint Strategic Needs Assessment was one of the statutory duties of the Board. The Board received a demonstration of the local insight tool; a tool which provides up to date local population health intelligence across BHR.

Members were advised that summary reports of key indicators could be produced by locality and also be compared with local and national comparators. Members noted that input from clinical, social care and community partners was needed to capture representation across the entire spectrum of health and wellbeing. The Board welcomed the tool feeling it was very clear and deliver improvements to population health management systems within the developing BHR Integrated Care System. Members agreed that whilst primary care networks did have a data sharing agreement, an agreement within the systems at BHR and North East London was also needed. Summarising the discussion, Members supported an exploration into an assurance agreement for data sharing between primary care networks and wider partners.

Members were advised that open-source data was uploaded continuously by the software and was the most accurate in the public domain. Members were informed that the insight tool supported the uploading of supplementary reports and evidence from partners. The Director of Public Health suggested and encouraged that partners of the Board contribute to the insight tool by providing supporting evidence, reports or commentary.

Members were advised that the JSNA would feed into the next iteration of the Joint Health and Wellbeing Strategy. Moving beyond, a representative from BHRUT put forward (the view that) an intervention dashboard would assist in raising awareness, reducing duplication, synergising efforts, monitoring of health inequalities, and in the evaluation of health programmes / services at place level. It was noted that the steering group would be advised of the need to link data with the various equalities interventions that were taking place locally.

The Board noted that the perspectives from the Transformation Boards were to be included in the reiteration of the JSNA. Details of the work with partners to refresh the JSNA would be brought to a future meeting of the Board.

The Board noted the position.

## 6 HAVERING BOROUGH PARTNERSHIP ROAD MAP

It was noted that the final sentence of the 'implications and risks' section of the cover report had been printed incorrectly and should be disregarded.

Members were advised that the place-based partnership was still in its infancy. Members were advised that the partnership would implement aspects of the Joint Health and Wellbeing Strategy, and would receive oversight from the Health and Wellbeing Board to support this work. Members were also advised that a programme manager had been recruited to support the partnership development, but more resources would be needed.

The principles for the partnership were outlined and included having a shared local vision, supporting asset based community development and resilience, and investing in a multi-agency partnership. Other principles included strengthening the role of health and care providers, enabling effective place-based leadership and jointly planning & coordinating services. Priorities for the partnership included healthy living, reducing social exclusion, and action on homelessness, mental health and joblessness.

It was highlighted that it was important that the partnership had sufficient resources and that data was shared in a timely manner. In terms of decision making, Members commented and proposed to a 'collective responsibility' approach as an alternative to the proposed 'disagree and commit' style. It was also pointed out that IT systems could be used to assist with social prescribing. Primary Care Networks raised aspirations for collaboration across organisational boundaries, for example, by ensuring a standardised delivery of service by link workers in the borough.

A representative from BHRUT stated that the Trust fully supported the roadmap and wished to participate in the partnership arrangements. This commitment was also reiterated by a representative from NELFT. Members noted that the Borough Partnership presented a window of opportunity to share understanding of local population needs in the shaping and improvement of population health management at place-based level. It was acknowledged that the JSNA and Health & Wellbeing Board would complement this work. It was accepted that The Board, as a Committee of the Council, and through its strategic leadership, support the operational deliverables of the Borough Partnership.

It was noted that there had been a lot of good partnership work seen during the pandemic. The Council Chief Executive added that workforce health and wellbeing should also be considered. It was suggested that consideration be given to what representatives would be needed on the partnership from each body. Members considered the implications regards to representation and governance of the Borough Partnership in advance of the promised Integrated Care System legislative proposals.

It was noted that Terms of Reference would be prepared to set out the working arrangements for the Borough Partnership.

## 7 **UPDATED TERMS OF REFERENCE AND WORK PROGRAMME 2021-22**

It was explained that the Flexibility Regulations which permitted remote meetings had now come to an end, and that the Terms of Reference and work programme had been reviewed to accommodate and ensure representation and in-person attendance by the Board's key partners. Members noted that the ToR would be reviewed at the material time and in accordance with the anticipated legislative promises as set out in the white paper for health and social care.

The revised ToR before the Board suggested that the Board should meet quarterly.

Members received an overview of the proposed work programme, which included elements that supported the Board in undertaking its statutory obligations and aspirations beyond the statutory core. As part of the key aspirations, Members were informed that the Board would appraise significant health considerations identified from key policy and strategy across the Council. Members were subsequently informed that the Board provided an opportunity for wider partners to influence Council strategy, policies and plans impacting on health and the wider determinants of health.

Members were in favour of widening participation or membership to the Board, and suggested representation from young people, head-teachers and allied-health professionals. A Healthwatch representative felt that the Board should have greater engagement with dentists and opticians who could assist in articulating the barriers in access to care as reportedly experienced by vulnerable groups and local residents in the borough. Clinical officers volunteered and agreed to make contact with the dental and ophthalmology committees for North East London and consider how engagement could be carried out.

It was suggested that membership of the Board be kept under review.

Subject to the comments above, the Board **ADOPTED** the draft Terms of Reference.

## 8 **LONDON AMBULANCE SERVICE LETTER**

The Board considered a recent letter from London Ambulance Service NHS Trust detailing plans for a new ambulance dispatch centre covering Havering. Whilst no representative from London Ambulance Service had been able to attend the meeting, it was clarified that the new centre was not in Romford but in Dagenham Road.

It was **AGREED** that London Ambulance Service should be asked to attend the September 2021 meeting of the Health and Wellbeing Board. Questions on the subject could be compiled in advance if this would assist.

## 9 **COVID-19 UPDATE**

It was **AGREED** that a Covid-19 update item should be put on each Board agenda going forward.

The Board was advised that there would be no progression to step 4 of the easing of lockdown restrictions until 19 July at the earliest. The number of cases in Havering was on an upward trajectory and was doubling every 7 days (from a low base). Cases in Havering remained below the London and England averages.

Members were advised that cases of the Delta variant were rising more among younger adults. There was a risk of a renewed surge in hospital admissions but this was uncertain at this stage. Members were informed that deaths from Covid-19 in Havering remained low and hospital admission numbers were fairly stable. It was explained that two doses of the vaccine reduced the risk of developing serious illness by 90% and was highly effective against hospitalisation. Havering had seen a good uptake of the vaccine overall.

It was explained that the Delta variant was dominant nationally and was more transmissible but two doses of the vaccine remained very effective against it. There would now be a 5 week vaccination 'sprint' to maximise the numbers of people vaccinated before restrictions were removed. It was also important to continue with as many protection controls as possible.

Members were informed that walk-in vaccination clinics being established at Victoria Hospital and South Hornchurch library. Vaccinations for 16-18 year olds were being discussed but the Joint Committee on Vaccinations and Immunisations felt that there would only be a small benefit to young people's health of doing this. There had not been any data provided as yet from BHRUT as regards hospitalisation trends.

## 10 **DATE OF NEXT MEETING**

The next meeting of the Board was scheduled for 22 September 2021.

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**Chairman**