Public Document Pack

MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Remote meeting
16 December 2021 (13:00-15:00)

Present:

Elected Members: Councillors Robert Benham, Jason Frost (Chairman) and Damian White (Leader, LBH)

Officers of the Council: Mark Ansell (Director of Public Health), Patrick Odling-Smee (Director of Housing Services)

North East London Clinical Commissioning Group: Dr Sarita Symon

Havering Primary Care Networks:

Other Organisations: Anne-Marie Dean (Healthwatch Havering)

Also Present:
Andrew Blake-Herbert (Chief Executive)
Kirsty Boettcher (Executive Director, BHRUT)
Ratidzo Chinyuku (Public Health Practitioner, LBH)
Viv Cleary
Christopher Cotton
Elaine Greenway
Joanne Guerin (NELFT)
Mehboob Khan (Non-Executive Director, BHRUT)
Osama Mahmoud
Barbara Nicholls (Director of Adult Services)
Parth Pillai
Paul Rose
Vickie Rowland
Tracy Rubery
Sarah See
Gurmeet Singh
Rebecca Smith
Robert South

Apologies were received for the absence of Nisha Patel.

All decisions were taken with no votes against.

21 **CHAIRMAN'S ANNOUNCEMENTS**

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

22 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Nisha Patel, Neil Stubbings, Nick Kingham, Carol White (Joanne Guerin substituting) and Xuan Tang (Tracy Rubery substituting).

23 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

24 **MINUTES**

The minutes for the meeting held on 22 September were upheld and would be signed at the next meeting once the following amendments were made:

- Page 2 item 16 paragraph 6 change pleased to reassured;

25 **MATTERS ARISING**

The previous action point of following up on vaccinations for pregnant women had not been followed up with contact of the mid-wife association. Therefore this remains outstanding.

26 **INTEGRATED CARE SYSTEMS ARRANGEMENTS**

The Board was provided with an update on the Integrated Care Systems Arrangements.

The report briefed Members on the work being done across North East London to design and launch the new Integrated Care System (ICS).

In the report, Members could find details of all the work that was involved and what the role of the boroughs and the Health and Well Being Board (HWBB) would be.

A breakdown of categories of work were based around access, experience and outcomes of care were also set out in the report. The priorities of the North East London partners, which were separate from the statutory requirements, were as follows: long term plan submission, Covid recovery work and population health.

Members were reminded that from 1 April 2022, the CCG would be replaced with the new Integrated Care Board and that would mean design work was required in order to be creative and ambitious with the new plans. The role of place based partnerships, borough collaborative with broader leadership, and funding would change along with statutory changes.

A group of representatives from Havering were currently speaking to other boroughs within the group to see what decisions could be made at the

borough level, what resources were needed from the CCG, and what role the HWBB would play.

It was noted that the HWBB did not have any delegation for decision making and therefore any decisions needed to go through Cabinet. This would also mean that any decisions before 1 April would need to go through the Council cycle of meetings in February. Marie Price's team would be contacted to make sure there was a link with the Council's cycle of meetings for February.

Concern was raised over the mechanism of diversity and that Havering would need to be recognised, reported and represented at the ICS level. It was then pointed out that there were also substantial differences between inner and outer boroughs who had worked very well together and therefore it was not just a decision of South East London.

The Board **noted** the report.

27 **TRANSFORMATION BOARDS UPDATE**

The Board was provided with a Transformation Board Update.

The report stated that the BHR System Transformation Boards restarted from Q1 21/22, following the return to 'BAU' across the system.

As part of the re-start process, all schemes and initiatives under each Transformation Board were reviewed, in light of Covid, and the following assessments were made:

- Whether there were any changes to underlying assumptions of the initiatives that altered the activity and finance requirements/impact of the scheme.
- Whether schemes previously in development were still feasible for continued development.
- Revision of the 'start' dates for new schemes/schemes in development where appropriate and necessary.
- Were there any new opportunities/requirements which had arisen, due to Covid or Covid related impact that required development as a priority?

The report provided the Board an update on the progress made during 21/22 by each of the Transformation Boards, and the impact of the Transformational initiatives both generally and in respect of the BHR system Integrated Sustainability Plan (ISP).

Additionally, the report provided an update on the development of a proposal for ongoing collaboration across NEL, BHR and Place Based Partnerships as we move into the Integrated Care System (ICS) arrangements.

It was to be noted that pressures across both health and social care were immense and there were various things being done to try to alleviate this pressure. A winter investment plan that included new schemes to monitor the hospital system pressure, more hospital assessment officers, training for paramedics and community treatment teams, information collection for better management flow, and winter communications were implanted to alleviate this pressure.

It was confirmed that data sharing was in place between general practice and primary care. Any issues in regards to funding for hospital discharge assessment funding would be discussed at the BCF meeting in January due to concern being raised over the funding ending in April. An action plan was in place to improve referrals, and in terms of staffing, junior colleagues were being utilised and supervised by senior staff to help with shortages. Other opportunities and workforce models were being looking at.

Concern was raised around the communication of information, public expectations and patient engagement of the health care system. Assurances were provided that a budget had been assigned specifically for communications and it was agreed that improvement was required and that the impact of the recent communications would be analysed. It was also to be noted that Transformation Board communications and engagement were being examined so that all priorities would be tied together within all the various Boards, groups and committees.

The Board **noted** the report.

28 BOROUGH PARTNERSHIP UPDATE

The Board was provided with an update on the Borough Partnership.

It was explained that a brief had been established and regular meetings were being held with representation from the health and local authority sides both established. A Programme has been put in place on how to deliver a phased approach and the focus, at the moment, was on the governance and the operating model that Borough Partnership will follow.

Legal advisors were currently involved to set out the delegation from the ICS on how to establish a committee of the Integrated Care Board including the terms of reference. Joint Health and Wellbeing priorities have been established with mental health and social inclusion being examined to identify any gaps and issues.

A workshop was scheduled to take place in January on how to use patient engagement groups and how patients and residents could feed into the partnership. It was also confirmed that the time scales for the new Integrated Care Board and terms of reference for HWBB were being carefully considered for sign off by April 1 2022.

The Board **noted** the report.

29 BETTER CARE FUND SIGN OFF

The Board was provided with an update on sign off for the Better Care Fund.

The report considered that The Better Care Fund (BCF) was a means of encouraging integration of health and care services. The funding was dependent on developing joint plans with health and social care that would meet specified national conditions, report against defined performance indicators and detail how expenditure was distributed to support the local system.

The ongoing reporting arrangements monitored plan delivery and approval of plans through the Health and Well Being board were a prerequisite of the plans going on to national scrutiny and endorsement.

It was to be noted that the planning guidance to follow for the BCF from the NHS for 21/22 was delayed and the plans as presented were representative of actions already underway for this financial year. There was a requirement for a narrative plan this year, something not required when the pandemic was at its height.

The BCF narrative plan was developed locally as a tri borough plan, with an associated S75 agreement in 2017. This narrative would continue as a tri borough plan and endorsement of the same narrative was being sought in both Redbridge and Barking and Dagenham.

The key priorities were touched on in other reports earlier, were implemented through various schemes and were as follows:

- Hospital Discharge planning support – safe and timely discharge from hospital and support a home first approach;
- Targeted out of hospital care – higher care needs to get people to as great level of independence as possible;
- Community support and independence – maximise independence and reduce admissions.

It was to be noted that the narrative of encouraging people to look after their own health would be the key to the success of these schemes and make the system sustainable.

The risk log on page 77 of the report was queried regarding increasing costs and it was explained that relationships with providers were positive and the system needed to continue to work better together with more active dialogue.

The Board **endorsed and agreed** the narrative, associated expenditure and performance template. However, formal ratification would have to be approved at a later date when the meeting could take place in person.

30 **OBESITY STRATEGY REFRESH**

The Board was provided with an update on the Obesity Strategy Refresh.

The report provided Members with an update on obesity workings and a proposed approach to future strategy development.

A presentation was delivered that gave the Board an overview of workings which took place since the last update on Havering's Obesity Prevention workings. An overview of a proposed approach for developing a new longer-term obesity strategy was provided.

Members were shown statistics on obesity prevalence, the government strategy with focus on 5 main areas and mapping clinical pathways. The underpinning of the strategy would ensure a Whole Systems Approach (WSA) with partners to work across the interacting causes of obesity was adopted.

Comments were made that any obesity refresh would need to be tied into other pathways including long term conditions transformation board, nutrition and dietetics, mental health provision and safe guarding issues in under 18s. The report presenter noted these and highlighted that mapping of the clinical pathway links into other relevant transformation boards.

A question was raised regarding which programs that patients could self-refer and which services can GPs refer patients to. The report presenter explained that a catch up off line would be best to discuss this.

It was to be noted that workshops were being set up with the first set out to map the local reality causes and linkages of obesity and the second workshop set out to identify opportunities for change. Adoption of the approach required agreement that obesity was a priority with change in approach acknowledged, partner acceptance of the WSA and provision of officer time, ownership and identification of opportunities of the WSA by partners and performance management of the approach and indicators through appropriate governance.

Comments were made around that this was a safeguarding issue from a children services perspective and that for the development of this plan it would need overlap in that area.

It was also felt that the WSA was something very tangible for the borough partnerships to have as part of their work plan and needed a system approach that would be driven at place and system. Another Member

suggested, positively, with the right engagement primary care would be on board with the WSA and further engagement with GP practices and their committees could be achieved.

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. However, formal ratification would have to be approved at a later date when the meeting could take place in person.

31 CLIMATE CHANGE ACTION PLAN

The Board was provided with an update on the Climate Change Action Plan.

Due to lack of time left in the meeting it was agreed that a continuation would be given at the next meeting.

The report and presentation provided Members with an overview of the impact of Climate Change on human health.

Changing climate was cited as one of the most challenging threats to health, in both the long and short term. Long term impacts of extreme weather included 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 included those that arise as a result of flooding, including on mental health.

32 DATE OF NEXT MEETING

The next HWBB meeting would be on 26 January 2022 at 13:00. It was hoped that it would be an in person meeting so the outstanding decisions could be ratified.

____

Chairman

This page is intentionally left blank