

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Council Chamber - Town Hall
29 March 2023 (1.10 - 2.30 pm)**

Present:

Elected Members: Councillors Oscar Ford

Officers of the Council: Andrew Blake-Herbert (Chief Executive), Barbara Nicholls (Director of Adult Services) Tara Geere (Acting Director Children Social Care) and Mark Ansell (Interim Director of Public Health)

Havering Clinical Commissioning Group: Dr Jwala Gupta Aggarwal (Chair)

Other: Ann Hepworth (BHRUT), Dr Asif Imran, Emily Plane and Nick Swift

Healthwatch: Anne-Marie Dean (Healthwatch Havering)

Present online:

Irvine Muronzi and Dr Sarita Symon.

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

38 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded members of the actions to take in case of an emergency.

39 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Ray Morgon and Councillor Gillian Ford.

40 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

41 MINUTES

The minutes of the meeting held on 8 December 2022 were agreed and signed as a correct record by the Chairman.

42 **MATTERS ARISING**

There were no matters arising.

43 **HAVERING PLACED BASED BOROUGH PARTNERSHIP UPDATE**

The Board were presented with an update on the Place Based Borough Partnership.

It was explained that the CCGs were disbanded in July 2022 and the Integrated Care Boards were established with a wider Integrated Care System around them with a focus on Partnership working and as part of that focus on Places. Internal work with the NHS Integrated Care Board was ongoing and once the restructure was complete there would be a budget put in place and problems around the current resource and funding challenges would be resolved.

Updates were provided regarding the ongoing work and achievements. These included the following: working closely with focus on the community and voluntary sector, establishing a core foundation, building community resilience, clinical care leadership, funding various projects using the health inequality money (stop smoking service, transforming other services including carer strategy). All principles were based around the idea of 'starting well, living well and ageing well' philosophy.

It was explained that improvements would be made within Population Health Management. There would be an Integrated Data Team who would enable more robust data and core knowledge about health management.

Future updates would be provided to the Board on all of the above.

The Board **noted** the update.

44 **BOROUGH PARTNERSHIP SUPPORT PLANS**

The Board were presented with the Borough Partnership Support Plans.

An outline of the plans to integrate the Council and NHS teams to support the Borough Partnership.

It was explained that work around the Target Operating Model (TOM) and how that would combine the system as a whole and in a joined up way to bring services to the residents. It would include bring together commissioning transformation, digital infrastructure and integration with the Council and influence the system around the central philosophy of "starting well, living well and ageing well".

Residents would be updated on the new plan and the opportunities that are created through an on-going communications and community engagement strategy once the consultation phase had been completed and feedback was received.

The Board **noted** the report.

45 **RELATIONSHIP BETWEEN HWBB AND HPBPB**

The Board were presented with a report on the Relationship between the Health and Well Being Board (HWBB) and Havering Place Based Partnership Board (HPBPB).

The report proposed some initial priorities for the HWBB in the coming year and suggested how the HWBB might choose to develop thereafter to ensure that it complements the HPBPB and minimises duplication of effort. The proposals were informed by an analysis of the Terms of Reference and Mutual Accountability Framework for place based partnerships in North East London which were provided as background papers.

It was explained that the priorities needed to be identified locally because there would be high expectations on the team being currently formed and draw on their priority to engage with the community. A strong focus on improving outcomes on health and social care services would be key. On examination of other Boroughs there was the idea of bringing their HWBBs and Place Based Partnerships (PBP) together to avoid duplication of effort. This would be discussed further for Havering once more clarity on priorities locally were achieved. More thought and a decision would be required on whether to align the two agendas of the HWBB and the HPBPB or to have the HWBB focus on the wider determinants of population level and the HPBPB focusing on the providing service. There would also be the option for the Council to delegate more authority to the HWBB through the constitution.

The Board **noted** the report.

46 **ANNUAL REPORT**

The Board were presented with an Annual Public Health Report.

It was explained that the Director of Public Health had a statutory duty to produce an annual public health report looking at the health of the community in which they work.

The 2022 Report focused on the pandemic – from the perspective of the Council. It described the course of the pandemic in the form of a timeline highlighting key events in the national and local response. Local campaigns

and communications messages were shown on the timeline to illustrate what was going on in Havering at that point.

Brief articles written by colleagues involved in direct aspects of the response provide more detail. The report acknowledged the contribution of a huge number of colleagues during the pandemic. It also highlighted learning that would help the Health and Wellbeing Board (HWBB) and the Havering Place Based Borough Partnership (HPBBP) tackle the equally huge challenges ahead such as closing the 7 year difference in life expectancy between residents living in the most and least disadvantaged communities within the borough or reducing the proportion (2/3rd) of adults who are obese or overweight.

The HWBB was asked to note the following learning from the pandemic:

1. What can be achieved if we succeed in mobilising the whole of civil society – the community and voluntary sector, local businesses, schools and colleges, other statutory partners, all elements of the Council, as well as health and social care.
2. If we are to reduce health inequalities we must continue with our existing strategy and - Address the wider determinants of health - The communities in which we live - Our Lifestyles and behaviours - As well as ensuring access to high quality health and care services
3. The same service offer to all communities will not achieve equality of outcomes. We must develop the means to allow residents to shape the delivery of services to meet their needs and preferences. To this end, investment in community engagement is essential.
4. The pandemic demonstrated how much more partners can achieve together if they are able to share information. The dispensation that allowed information to be shared simply and quickly has since been withdrawn. Data sharing or the lack of it remains a significant barrier to the development of integrated health and care services.

The Board **noted** the report and the recommendations.

47 **DATE OF NEXT MEETING**

The next meeting was scheduled for 10 May 2023.

Chairman