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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD Town Hall 25 October 2023 (1.00 - 2.45 pm)

Present:

Elected Members: Councillors Gillian Ford (Chairman), Keith Darvill and Paul McGeary

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

Havering Clinical Commissioning Group:

Ann Hepworth - Director of Strategy & Partnerships BHRHUT
Dr Narinderjit Kullar, Clinical Director - Havering Place based Partnership

Healthwatch: Anne-Marie Dean (Chair)

Other: Paul Rose

Also Present:

Tha Han - Assistant Director of Public Health
Esosa Edosomwan
Elaine Greenway
Emily Plane - Head of Strategic Planning Havering Place based Partnership, NHS North East London
Luke Squires - Public Health Practitioner

11 CHAIRMAN'S ANNOUNCEMENTS

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

12 APOLOGIES FOR ABSENCE

Apologies were received from Neil Stubbings and Nick Swift.

13 DISCLOSURE OF INTERESTS

Councillor Paul McGeary disclosed a non-pecuniary interest as an employee of the NELFT and the Cabinet Member for Housing.

14 MATTERS ARISING

There were no matters arising.

15 MINUTES

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

16 SUBSTANCE MISUSE STRATEGY

The Assistant Director of Public Health Board presented a report on behalf of Havering Combating Drugs Partnership (Havering CDP) informing that Havering Council Public Health team launched a consultation on Havering Substance Misuse Strategy 2023-2028.

It was stated that Havering had a similar strategy called Drug and Alcohol Harm Reduction Strategy 2016- 19 but due to the Covid pandemic there has been a delay in the revision of the strategy. The Havering CDP strategy is in response to the national drugs strategy thereby renewing the previous Havering Strategy.

It was stated that a new 10- year national drugs strategy called “From harm to hope” plans to cut crime and save lives’ was published by the government in December 2021.

The Board noted that the national strategy was accompanied with a supplementary grant to increase capacity in local treatment system and the grant requires local partnerships to produce a new strategy.

This consultation was in response and the strategy is being developed to renew the previous Havering Strategy.

It was stated that the strategy covers all substances which have the potential for abuse and addiction except tobacco. It also aims to tackle the stigma around addiction to encourage individuals and families who are affected to get support and to minimise community violence towards those with substance-misuse problems.

The draft strategy describes some key findings from the needs assessment which estimated that 1 in 5 adults (around 41,000 people) in Havering drink excessive amount of alcohol and 14,000 16 to 74-year-olds use illicit drugs. Two workshops with local and regional partners and people with live experiences followed by direct communication with delivery partners informed the set of actions in the strategy.

It was noted that substance misuse and addiction affect more than just the person with dependency problems and affect the family and wider community in many ways. Substance misuse can lead to criminal behaviour

including domestic violence, assaults, antisocial behaviour, theft and burglaries, sexual exploitation, slavery and gang violence.

This Board was informed that partners in Havering will work together to:

- break drug supply chains;
- deliver a world-class treatment and recovery system;
- achieve a generational shift in the demand for drugs; and
- reduce risk and harm to individuals, families and communities.

There are plans to address the four key areas developed through working with all key stakeholders such as the National Health Service (NHS), drug and alcohol treatment services, voluntary care sector, schools, Police, trading standards, licensing, Department for Work and Pensions (DWP), children services, adult services.

The strategy will be implemented over a five-year period commencing from the date of publication and will be reviewed at least annually by the Havering Combating Drugs Partnership and amendments made where necessary.

The Board was informed that feedback from the consultation and engagement with service users will be incorporated into the final draft. The final draft will undergo an Equality Impact Assessment which will be added onto the final draft. Havering Combating Drugs Partnership will sign off the final draft before submission to Health and Wellbeing Board, Place-based Partnership and Cabinet for noting and approval.

During discussion, members of the board suggested that the consultation be extended to the Safer Neighbourhood Team and its Chairperson to make comments as there have been issue of drug abuse and antisocial behaviour in some areas.

The Director of Strategy & Partnerships Barking Havering and Redbridge University Hospitals NHS Trust responded that the Partnership will contribute to the consultation in as much that the NHS see the result of the issues. Officers were also extended an opportunity to make the presentation at an executive committee meeting and have a debate with the clinical teams.

The Board **noted**:

- the presentation content, responded to the consultation plan, suggesting any amendments to the strategy approach, and
- agreed that a final draft of the Strategy takes into account consultation responses be received by the Health and Wellbeing Board or the Chair for a final sign off in December
- to receive the consultation feedback following sign off.

17 ARNOLD'S FIELD HEALTH RISK ASSESSMENT

The Board received a presentation that summarised the health risk assessment being undertaken by the Council in response to recurrent fires at Arnolds Field off Launders Lane in Rainham.

It was explained that there was limited sampling undertaken suggesting there is a wide range of waste, including household, commercial / industrial (including wood, paper, glass, plastic, mattresses, furniture, cables and fabric materials) and construction waste deposits, several metres deep. There have been a number of significant fires in subsequent years which was likely caused by heat and methane generated by decomposition of organic matter

It was stated that the frequency of fires had increased in 2022. The London Fire Brigade (LFB) has attended for 12 LFB attendances for primary fires 52 attendances for damping down secondary fires and 70 attendances where residents think there is a fire. The LFB intend to use a drone with thermal imaging to determine if this is the case. In 2023, there have been 19 fires so far all of which occurred in the third quarter of the year.

It was noted that there has been an organised community action since the summer of 2022 following the complaints about smoke, dust and odour from the fires. Residents were also experiencing respiratory symptoms, sore throats and nosebleeds with links made to cases of cancer in the local community.

There have been public meetings organised by local residents with council officers participating. There is a Launders Lane crisis Facebook group with 1.6k members – sharing messages, fund raising, pushing for action on basis of perceived health risks.

There has been direct engagement with MP, elected members and Councils administration. Local residents have also engaged with the media to support their case with articles on local / regional media.

It was stated that before the 2022 public protection order that lead to a monitoring of Air Quality, there is a Air Quality monitor in Rainham about one kilometres from Launders Lane measuring Nitrogen Dioxide NO₂ and other particulates. During the summer of 2022, analysis showed particulates were high during fires but the peaks are shortlived and did not exceed current UK limits which allow for multiple exceedances providing the annual mean level is met. It was stated that areas closer to or more often downwind of the site might exceed limits for specific pollutants.

The Board was informed that the Council Leader chairs a steering group since late summer of 2022 to oversee response to residents' concerns. The group also comprised Ward councillors, MPs, Environmental Authority, LFB, Chief Executive, Planning, Public Protection and Public Health.

It was stated that currently there is a health risk assessment on going led by Director of Public Health with the support of multiagency technical group.

A technical group was formed in September 22 to suggests approach to health risk assessment, reviews data generated, shares outputs with leadership group and residents. The Membership of the technical group comprised academic partners, LFB, TRL, Public Protection.

In terms of the Epidemiological findings, little progress has so far been achieved due to access to data. However, some progress is being made now to discuss the methodology for epidemiological analysis with colleagues from Imperial college and data will soon be made available by NHS partners.

The Board was informed of plans to appoint a provider to monitor ambient air quality between and during one or more fires, at one or more locations where residents are most likely to be affected by the smoke plume and to identify/quantify the precise products of combustion. This was in addition to Nitrogen Dioxide (NO₂) and other particulate matter being measured by Imperial College Breathe London Sensors.

Officers stated that when there have been significant fires there were elevations in the amount of PM_{2.5} in monitoring locations close to Arnold's field site.

Officers agreed with residents that a solution to fires needed to be found and the landowner would be encouraged to find ways to resolve the problem.

During discussions, members of the board noted that monitoring was ongoing, it was suggested that available data be shared with residents. It was noted that there were drone images and that resident have also undertaken some drone surveillance. The Board was informed that the council was providing monthly report update on the site and information was available on the council website which can be accessible by residents.

The Board was assured that the council was meeting its statutory minimum requirement for monitoring general air quality.

The Board **noted** the presentation that summarised the health risk assessment being undertaken by the Council in response to recurrent fires at Arnolds Field off Launders Lane in Rainham and will receive the findings of the health risk assessment at a future date.

18 **HEALTH PROTECTION FORUM ANNUAL REPORT**

The Board received the Health Protection Forum Annual Report for 2022-2023. The Havering Health Protection Forum (HPF) supports Havering Director of Public Health (DPH) in discharging the DPH duty to protect health by supporting and challenging local health protection arrangements.

It was noted that the 2022-23 HPF Annual Report was the first since the Covid-19 pandemic was declared in 2020. The annual report summarised the work of the HPF during 2022-23 and outlines priorities for 2023-24.

The report outlined that in general, health protection arrangements in Havering are functioning effectively and there has been good recovery of services following lifting of Covid-19 regulations and accompanying restrictions. The report also summarised some areas where improvements could be made.

It was noted that each section of the report outlines how the health protection system works for the topic of focus, presents key data trends or a diagram demonstrating how the system works, a summary of current concerns or highlights and significant actions being taken.

The Board was informed that it is planned to take the report to the Borough Partnership for discussion on how to further strengthen health protection arrangements.

The Associate Director Public Health outlined the following key topic of focus for 2023/24 which include: Routine childhood and maternal immunization (MMR); Improving coverage of Positive Predictive value (PPV – for pneumonia in over 65's); Increase uptake of Flu vaccination; Screening for antenatal and new born (ANNB) with the aim to find health problems that may affect mother and new born; Focus on antimicrobial resistance which is a piece of work led by the East London Antimicrobial Resistant Strategy Group with a report to be presented in the future.

The Board **noted** the contents of the report, including the proposed key topics of focus for 2023/24 and that Health Protection Forum plans to present the report to the Borough Partnership.

19 **PLACED BASED PARTNERSHIP INTERIM STRATEGY**

The Board received from the Head of Strategic Planning, Havering Place based Partnership, NHS North East London a presentation on the Havering Place based Partnership Interim Health and Care Strategy.

The Havering Place based Partnership brings together the NHS, local government and providers of health and social care services, including the voluntary, community and social enterprise (VCSE) sector, Care sector, residents and communities. It is noted that the primary purpose of the Partnership is to review and respond to the needs of local people, and improve the delivery of care and support to them to meet these needs in a way that is meaningful to them.

It was stated that the Partnership has a formal Sub Committee with delegated authority from the NHS North East London Integrated Care Board

for certain key decisions on local budgets and local to Havering decisions on health and care. The formal sub committee and wider partnership will primarily focus on the key factors that influence health and care of local people, including key wider determinants of health such as lifestyle factors and housing.

The Partnership and Sub Committee will work alongside the Board driving the key needs of local people as set out in the Joint Strategic Needs Assessment (JSNA) which is currently undertaking a refresh.

It was noted that the Health and Wellbeing Board will have a slightly wider scope than the Partnership Board focusing alongside the JSNA and Health and Wellbeing Strategy on the wider elements of the council.

It was mentioned that a proposal is in development which will set out the relationship in more detail and will be presented to the Board.

It was stated that the partnership is in the early stages of development but has strong buy in from partners and is committed to better meet the needs of local people and in particular to reduce health inequalities.

The Board was informed that local 'neighbourhood' teams of health and care staff were being developed to work closely with the community and voluntary sector and primary care networks and GP practices working together in their areas to improve the way that care is delivered to local people.

The interim strategy highlighted the key priorities for the Havering Place based Partnership in 2023/24. NHS North East London is in the process of a restructure which includes the establishment of a new team at place for Havering structured around the life course approach set out within this strategy.

The Partners intend to integrate commissioning of health and care in Havering as much as possible to ensure that services are seamless. Services will be commissioned around the needs of local people including the wider determinants of health and deliver value for money. The service will be overseen in terms of impact by the Board who will ensure that the Local Health and Wellbeing strategy and the needs set out within the Havering Joint Strategic Needs Assessment are embedded in the Partnership work as part of a Population Health Management approach. It is envisaged that the Havering Place based Partnership will drive forward the changes needed and oversee their roll out.

It was stated that culture will be a key enabler for the delivery of both the interim and five year strategy. This is both culture within our communities and building community resilience and building a positive working environment within Havering where all staff feel engaged and empowered to effect positive change and improvement.

It was mentioned that the strategy aligns with and compliments the NHS North East London priorities as set out in the Interim Strategy as well as the following cross cutting themes: Tackling Health Inequalities; a greater focus on Prevention; Holistic and Personalised Care; Co-production with local people; Creating a High Trust Environment that supports integration and

collaboration; and Operating as a Learning System driven by research and innovation.

The report outlined the following four main priorities for the Partnership:

- The Havering Place based Partnership vision, and life course approach
- The initial priorities of the Place based Partnership and joint Integrated Team for 2023/24, and their initial aspirations once the team is in post
- A draft terms of reference for the proposed group to be established to oversee delivery of the strategy which will report progress to the Place based Partnership and Havering Health and Wellbeing Board
- A draft project plan for the proposed development of the full Havering Place based Partnership strategy from April 2024 – March 2031. This will be developed once the full integrated team is in place, and Board members will be kept updated on progress.

Members of the Board congratulated the service for putting together a comprehensive report. The Board discussed how to effectively monitor the delivery of the strategy.

The Head of Strategic Planning responded that the priorities will enable Partners to deliver the aspirations detailed in the report for each life course. It was explained that data leads for both the NHS and Local Authority are working together to develop a dashboard which will help to monitor progress against the aspirations.

The Board **noted** and **endorsed** the Havering Place based Partnership Interim Health and Care Strategy in particularly the initial priorities for the Integrated Team at Place.

The Board are to receive further updates on progress once the Integrated Team is in place including monitoring of impact and development of the five-year strategy aligned to the refreshed Joint Strategic Needs Assessment.

20 **RELATIONSHIP BETWEEN HEALTH & WELLBEING BOARD AND PLACE BASED BOROUGH PARTNERSHIP**

The Director of Public Health gave an update presentation on the role of the Health and Wellbeing Board and its relationship with the Havering Place Based Borough Partnership (HPBPB).

It was stated that a paper which developed the idea was shared with the Board in March 2023.

The paper explained the role and responsibilities of the two bodies within the context of integrated care systems.

The statutory duty for the Board to lead the development of the Joint Strategic Needs Assessment (JSNA) and use the resulting insight to set the strategic priorities for the borough regarding health and wellbeing, and health and care services in the Joint Local Health and Wellbeing Strategy (JLHWS) was outlined

It was explained that the HPBPB would develop plans to address these priorities and oversee their delivery and report to the HWB on progress periodically.

It was noted that there was considerable overlap between the membership of the HWB and HPBPB. It was suggested that a 'Committees in Common' arrangement might minimise the duplication of effort assuming the agendas of the two bodies could be sufficiently aligned.

As an alternative, it was suggested that the Board might wish to expand its membership to better address the wider determinants and create a more distinct but complementary agenda to that of the HPBPB.

The Board noted that the Executive of the HPBPB met recently to consider its interim Strategy. The interim strategy demonstrates that the HPBPB is developing a comprehensive approach to addressing the health and care needs of local residents consistent with the priorities of the NEL ICB; informed by the Havering JSNA and engagement with local residents and professionals; and progressing towards a population health management approach whereby insight is used to facilitate more upstream preventative intervention.

The Executive of the HPBPB also discussed its relationship with the Health and Wellbeing Board. Members considered the JSNA and endorsed continuation of the current approach, which considers population health outcomes as the product of the interaction between 4 drivers.

During discussion, members of the Board debated ways to minimise duplication with the HPBPB and have a distinct agenda.

The Board the **agreed** the following proposal:

- to retain Health and Wellbeing Board
- to develop further ideas for the Board
- continue to undertake the joint strategic needs assessment (JSNA) and identify high level priorities for action in the Joint Local Health and Wellbeing Strategy (JLHWS)
- receive regular reports from the HPBPB on progress made with JLHWS priorities pertaining to health and care services and the residents benefitting from them
- consider how it might help progress issues escalated to it by the HPBPB

- take the lead on ensuring policy likely to impact on the wider determinants of health and environment gives due consideration to the potential impacts on the health of the population and health inequalities in the longer term

21 **DATE OF NEXT MEETING**

The date of the next meeting was noted.

Chairman