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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD Council Chamber - Town Hall 7 November 2024 (1.01 - 2.09 pm)

Present:

Elected Members: Councillor Gillian Ford (Chair, Cabinet Lead Member for Adults and Wellbeing); Councillor Oscar Ford (Cabinet Member for Children and Young People); Councillor Natasha Summers (Cabinet Member for Climate Change and Housing Need); Councillor Paul McGeary (Cabinet Member for Housing and Property).

Officers of the Council: Andrew Blake-Herbert (Chief Executive), Mark Ansell (Director of Public Health), Barbara Nicholls (Strategic Director, People); Neil Stubbings (Strategic Director, Place); Kate Ezeoke-Griffiths (Assistant Director, Public Health); Natalie Naor (Public Health Strategist); Lucy Goodfellow (Head of Innovation and Improvement for Starting Well);

Also Present:

Paul Rose (Chair of the Havering Compact)

Lynn Warnett (Chair of the Carer's Board in Havering)

Max Tolhurst (Deputy Chief Operating Officer at Barking, Havering and Redbridge University Hospitals Trust)

Kirsty Boettcher (Deputy Director of Havering Integrated Team), substituting for Luke Burton.

Brid Johnson (Chief Operating officer, NELFT)

Vicky Kong (Havering Clinical Lead for Population Health Management and Inequalities)

Dr Sarita Symon

The meeting commenced at 13:01.

1 CHAIR'S ANNOUNCEMENTS

The Chair reminded members of the action to be taken in an emergency.

2 APOLOGIES FOR ABSENCE

Apologies were received from Anne-Marie Dean and Narinderjit Kullar. It was noted that Tara Geere would arrive later.

3 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

4 MINUTES

The minutes of the meeting held on 3 April 2024 were agreed as a correct record and signed by the Chair.

5 BCF PLANNING 2024-25 FOR APPROVAL

The report for this item has been withdrawn and will be re-submitted to the January meeting.

6 HAVERING'S INTEGRATED STARTING WELL PLAN 2024-27 - HAPPY, HEALTHY LIVES

The chair agreed for this item to be considered after item 7, the Tobacco Harm Reduction Strategy.

Report presented by Lucy Goodfellow.

The report contained two recommendations for the Health and Wellbeing Board:

- Note the contents of the Integrated Starting Well Plan and the approach that has been taken to its development; and
- Adopt the suggested five Starting Well JSNA recommendations - each of which is aligned to one of the five priorities within the Plan - for inclusion in Havering's refreshed Joint Local Health and Wellbeing Strategy.

It was reported that the Starting Well Plan brings together key strategies responding to evidence and recommendations from JSNA, and feedback from children and young people. The aim is to enable children and families to lead happy, healthy lives. The plan also builds upon the council's corporate plan, including that of the People and Place directorates. It also complements the Starting Well Improvement Plan. It is aimed at every child in the borough up to the age of 18, or up to the age of 25 for people with special educational needs or disabilities.

Five priorities have been identified. The first four aim for children and young people to be well, inspired, safe and heard. The fifth priority is to ensure children and young people in Havering are treated fairly. The Shout Survey (2022) provided information on the views of young people in the borough. The Havering Youth Wellbeing census of 2023 also informed these decisions.

The plan contains an action plan setting out some recommendations that were made in the Starting Well Joint Strategic Needs Assessment Chapter

that was published earlier this year. This action plan will be refined in the final version of the document.

It was requested that five JSNA recommendations in particular are adopted for inclusion in the refreshed strategy when it is published.

1. To develop a joint strategy for adolescents' mental health and wellbeing.
2. Early intervention to improve school readiness.
3. Statutory and voluntary partners to work together to consider ways of intervening earlier to prevent admission into hospital as a result of self-harm (aligned with the suicide prevention strategy for the borough).
4. Good quality engagement with young people to understand how we can better manage their transition from children's services to adult services for those requiring ongoing care and support.
5. Partners to work collectively to decrease inequalities in educational outcomes for young people.

A consultation on the draft plan was conducted in October. The plan was also shown to the Youth Council, who were happy with the priorities that have been identified. The Youth Council had agreed to help produce a child-friendly version once the plan had been adopted by full council.

Consultation feedback showed a lot of agreement with the priorities identified. There were mixed responses over whether the plan was clear enough on how the council will work with partners to achieve these outcomes. The document is being adjusted in response to feedback, specifically in the following areas: the role of the statutory partners will be shown more clearly; strengthened focus on children with special educational needs and disabilities; improved linkages between sections about Havering as a place; more focus on safety and crime; more focus on attendance in education; more on support available for parents; importance of very young children understanding their voices will be heard; more concrete action on tackling disproportionality; broader focus on inequalities; strengthening the section on the Violence Against Women and Girls Strategy.

There was no new funding associated with the delivery of this plan, so these activities (many of which are already underway) would need to be met from existing resources, which include the general fund, the Dedicated Schools Grant, and the Public Health Grant.

In response to a question about the historic shortfall in health visitors and nurses, it was stated that the council has committed to spend enough money to meet the minimum levels of health visiting, but it may be necessary to revisit estimates of the number of children in Havering. School nursing is underfunded.

In response to a question about how young carers can be identified and supported, it was stated that the support of education colleagues will be important in identifying this group of people.

It was suggested that leads in other areas such as Living Well and Ageing Well could consider creating a plan similar to this one.

It was AGREED:

- That the contents of the Integrated Starting Well Plan and the approach that has been taken to its development be noted by the Board; and
- That the suggested five Starting Well JSNA recommendations - each of which is aligned to one of the five priorities within the Plan – be included in Havering’s refreshed Joint Local Health and Wellbeing Strategy.
- That it be proposed to leads in other areas that they consider undertaking a similar process to come up with five ‘wishes’ of their own.

7 TOBACCO HARM REDUCTION STRATEGY 2024-29

The chair agreed for this item to be considered before item 6, Havering’s Integrated Starting Well Plan.

Report presented by Kate Ezeoke-Griffiths and Natalie Naor.

The Tobacco Harm Reduction Strategy was developed this year in partnership with a range of partners. Tobacco is a major cause of ill health, early death, and inequality. The strategy is aligned with national policies as well as local policies, including the council’s corporate plan which aims to help residents stay well and lead healthy lives. This is a five-year strategy due to the government’s funding commitment for five years. The strategy covers tobacco reduction as well as vaping. The government aims to create a smoke-free nation by 2030. The government had introduced a Tobacco and Vape Bill to Parliament in the last few days.

This strategy was a result of a Tobacco Harm Reduction Partnership including the NHS, the local pharmaceutical community, and other teams across the council. The partnership aims to oversee the development of the strategy, the implementation of the action plan, and the measurement of progress over time, using a set of indicators. The strategy has been informed by wider stakeholder events. The strategy has also been guided by a needs assessment which was conducted earlier this year. The vision of the strategy is to deliver a smoke-free future for Havering and improve the health and well-being of the local population as well as to achieve a smoke-free borough in line with the national ambition to reduce smoking prevalence to 5% or less. The prevalence of adult smokers in Havering is 12.4%. The prevalence is particularly high among mentally ill people, people in

treatment for alcohol or drug misuse, and people in private or social housing or rental properties, and people in manual or routine occupations. Smoking is less prevalent among pregnant women, largely because of a specialist pregnancy service locally, which is now run by the NHS. The strategy focusses on groups with the highest prevalence of smoking: men, people with long-term or severe mental illness, and people in treatment for drug or alcohol misuse.

It was reported that vapes can be useful for quitting smoking but they are not advisable for people who do not smoke or for children, because the long-term impact is unknown. 25% of young people aged 11 to 15 nationally tried e-cigarettes in 2023. 9% of young people vape frequently. In Havering, 12% of pupils have experimented with vaping. The report authors welcome the new Tobacco and Vape Bill. Havering's Trading Standards team are trying to increase the number of retailers who adopt the "challenge 25" approach.

It was reported that smoking costs Havering £256 million per year. People who are socially or economically disadvantaged are more likely to smoke and suffer the resulting income loss and harm to health. The strategy aims to help these groups. There is also an environmental impact to smoking, including deforestation and cigarette litter. There are four priorities to the strategy: prevention (raising awareness and providing training, working with trading standards and schools); supporting smokers to quit (expanding number of community pharmacies, creating specialist lead advisory service for priority groups); creating smoke-free environments (supporting Trading Standards with enforcement of legislation, working with social housing and property management companies, and working with health visitors to create smoke-free environments for babies and children); and regulation and enforcement (working with Trading Standards, raising awareness of the dangers of illegal items, developing reporting mechanisms).

Nine indicators have been chosen to measure progress. The main goal is a continued reduction in smoking prevalence, particularly amongst priority groups. An action plan is already being implemented, using a government grant received earlier this year. The majority of actions have already been implemented, but there are still a couple which are currently in progress. Completed actions include extending universal service, launching SMI service, training frontline staff, distribution of CO2 test kits, and creation of a communications plan. The goal by 2029 is a steady reduction in smoking prevalence in Havering, including amongst priority groups. The strategy also aims to reduce smoking and vaping among young people, and create a healthier Havering population by 2039.

The next step was to get approval for this strategy from the Health and Wellbeing Board, then get approval from the place-based partnership board, and then go to public consultation early in the New Year, before going to Cabinet for approval of the new strategy.

In reply to a question, resources have been provided to schools for use in lessons. There was also an intention for Trading Standards to engage with schools and provide them with information about reporting retailers.

It was observed that the indicators for measuring progress do not include a measurement relating to young people. In response, there was an intention to conduct a needs assessment around vaping amongst young people, and this needs assessment should provide measurements which can be used to monitor progress.

In response to a question regarding how the number of smokers in Havering is measured, data is currently being used from a national survey. However, there was also an intention to use GP data to provide a more detailed picture. Ward-level data will also be collected.

In response to a question about the influence exerted upon national policy setting, representatives from Havering participate in regional and national events to influence government. There has been mention of receiving further money from government for Trading Standards, but this money has not been received yet. There is a need to consider the possibility that free ports will facilitate the flow of more illicit products into Havering.

A training session was run in September for partners including the NHS and social care professionals.

It was observed that if smoking is to be banned outside hospitals as a result of national legislation, support will need to be given to smokers in hospitals.

In response to a question about how young people first gain access to smoking and vapes, the majority gain access from retailers who are selling these products to underage customers. These products are also promoted on social media by influencers.

A question was asked regarding the support available to smokers after they have left hospital. These patients will be referred to the specialist Stop Smoking Service, who will stay in touch with them and meet them in the community after they leave hospital.

The Health and Wellbeing Board APPROVED the Tobacco Harm Reduction Strategy 2024-29.

8 ANY OTHER BUSINESS

None.

9 DATE OF NEXT MEETING

The meeting originally scheduled for 4th December was likely to be re-scheduled for January. A new date would be advised.

The chair declared the meeting closed at 14:09.

Chair

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