

MINUTES OF THE HEALTH AND WELLBEING BOARD THURSDAY 29 JUNE 2023 AT 3.00PM

THE COUNCIL CHAMBER HACKNEY TOWN HALL, LONDON, E8 1EA

In Person:	Dr Stephanie Coughlin (Co-Chair), ICP Clinical Lead, (City and Hackney) Cllr Christopher Kennedy (Co-Chair), Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Hackney Council) Cllr Anntoinette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care (Hackney Council) Dr Sandra Husbands, Director of Public Health (City and Hackney) Chris Lovitt, Deputy Director of Public Health (City and Hackney) Raj Radia, Chair (Local Pharmaceutical Committee)
Officers in Attendance:	Mark Agnew, Governance Officer (Hackney Council) Froeks Kamminga, Senior Public Health Specialist (Hackney Council) Dr Sadie King, Neighbourhoods Programme Lead (City and Hackney) Emmanuel Ross, Programme and Projects Officer (City and Hackney) Basirat Sadiq, Deputy Chief Executive (Homerton Hospital) Dr Danny Turton, Public Health Registrar (City and Hackney)
Virtually:	Jacquie Burke, Group Director, Children and Education (Hackney Council) Frances Haste, VCS Leadership Group (Hackney VCS) Mario Kahraman, Senior ICT Support Analyst (Hackney Council) Hilary Ross, Director of Strategic Development (North East London Health and Care Partnership) Dayle Speed, Superintendent (MPS) Tony Wong, Chief Executive Officer (HCVS) Helen Woodland (Group Director, Adults, Health and Integration - Hackney Council) Mayor Philip Glanville

1 Changes to Board Chair and Membership, and Updated Terms of Reference

- 1.1 Dr Stephanie Coughlin, as Chair, introduced the item and began by noting that Mayor Phillip Glanville had stepped down as Co-Chair, and formally thanked the Mayor for his energy, enthusiasm and the drive he injected into the work of the Health and Wellbeing Board (HWB). The Mayor would remain a member of the HWB, and Cllr Christopher Kennedy would take up the role of Co-Chair representing Hackney Council.
- 1.2 Dr Coughlin also confirmed that Andreas Lambrianou had joined the HWB to represent the GP Confederation, and that Jessica Lubin had joined representing HCVS. In addition Nina Griffith was also appointed to the HWB in her new capacity as Director of Delivery, City and Hackney Place Based Partnership.
- 1.3 Dr Coughlin thanked Raj Radia for his work with the HWB on behalf of the London Pharmaceutical Committee.
- 1.4 The HWB agreed the new Terms or Reference, which had been updated to reflect changes in legislation.

2 Apologies for Absence

- 2.1 Apologies for absence were received from Mary Clarke, Cllr Fajana-Thomas, Mayor Glanville, Nina Griffith, Stephen Haynes, Rosemary Jawara, Jessica Lubin, James O'Neill, Paul Senior, Dr Kathleen Wenaden, and Cllr Carole Williams.
- 2.2 In addition apologies for absence were also received from Lousie Ashley, who was represented by Basirat Sadiq, and Det Chief Superintendent James Conway, who was represented by Superintendent Dayle Speed.

3 Declarations of Interest - Members to Declare as Appropriate

3.1 There were no declarations of interest.

4 Minutes of the Previous Meeting

RESOLVED: That the minutes of the meeting held on 8 March 2023 be agreed as a true and accurate record of proceedings.

5 Action Tracker

5.1 Dr Coughlin confirmed that the actions from the previous meeting had been completed and that items on the action log should be actions relevant to the work of the HWB as a whole.

6 Questions from the Public

- 6.1 There were no questions from members of the public.
- 7 NEL Joint Forward Plan

- 7.1 Hilary Ross, Director of Strategic Development, North East London Health and Care Partnership, introduced the report which was a first draft of the proposed five year Joint Forward Plan. The Joint Forward Plan would be refreshed annually and work had begun to ensure that time would be available to support engagement and link the overall five year plan with annual operational plans.
- 7.2 Overall the feedback received indicated the need to align the programmes set out in the Plan with agreed strategies, to strengthen Social Care input via Place-based Partnerships, and that although the level of detail in the Plan had been appreciated, there was a need for it to be more accessible. As a result the final version would be shorter when it went live.
- 7.3 Feedback from the City and Hackney Place-based Partnership had already seen changes to strengthen sections on sustainability, health inequalities, and research and learning.
- 7.4 Feedback from the HWB was provided by Cllr Kennedy, Frances Haste, Chris Lovitt, and Dr Coughlin, who highlighted;
 - that the City and Hackney system had a strong story to tell in relation to helping the NHS to support broader social and economic development;
 - that there were discrepancies between references to capital expenditure in the Plan;
 - that the Plan seemed to be primarily related to service provision rather than health and wellbeing;
 - there was little reference to prevention or voluntary sector involvement;
 - the Plan mentioned 'co-production' but did not explain what that might mean, and;
 - the NHS Long Term Workforce Plan was a huge opportunity and it would be good to have it reflected in the NEL Joint Forward Plan.
- 7.5 The Director of Strategic Development thanked Board members and confirmed that;
 - sections on health inequalities had been strengthened;
 - sections related to the cost of living crisis had also been strengthened;
 - there was funding to tackle health inequalities over the next 3 years, which recognised the key role played by the voluntary sector;
 - there was active discussion with NHS England re. capital budgets;
 - public events in each part of the system would be organised to hear more from local people;
 - workforce was absolutely critical and a workforce strategy for North East London was being developed in parallel;
 - the final version would be published soon, and that it would be appropriate to return to the HWB in the Autumn when work would have begun to plan for the next year.

RESOLVED: The Health and Wellbeing Board is recommended to:

- Consider and comment on the NEL JFP and how it aligns with City and Hackney local priorities
- Identifying any potential gaps
- 8 Director of Public Health Annual Report "Healthy Sexually"

- 8.1 The draft report was introduced by Dr Sandra Husbands who confirmed that this was the statutory annual report from the Director of Public Health, provided as an independent professional, and published by the Local Authority.
- 8.2 Dr Danny Turton, Public Health Registrar, presented the report on sexual and reproductive health, with a focus on younger people and sexually transmitted infections. Dr Turton confirmed that in the City and Hackney there were significant sexual health needs in comparison to other areas in London and England, and that younger people accessed sexual health services more than the rest of the population, and were more likely to require treatment.
- 8.3 The report made five broad recommendations;
 - Community involvement was essential to providing high quality services;
 - Services must be easily accessible to young people;
 - Young people must be aware of when and how to access support;
 - Focus on enhancing collaboration and partnership working;
 - Continue to identify and address inequalities in Sexual and Reproductive Health (SRH).
- 8.3 It was agreed that questions related to this agenda item would be considered jointly with questions related to agenda item 9.

RESOLVED: The Board to take note of the recommendations made in the report and to make any observations or suggestions, as appropriate, relating to their implementation. Members of the Board are asked to continue their support of work in the field of sexual and reproductive health.

9 Sexual and Reproductive Health Strategy/Framework

- 9.1 Froeks Kamminga, Senior Public Health Specialist, introduced the presentation on the strategy seeking approval for a 12-week consultation, and highlighted the high need in the City and Hackney, the inequalities relating to access to contraception and reproductive health services, and the pressure on finances and resources.
- 9.2 The presentation confirmed the themes of the strategy, which were;
 - Healthy and fulfilling sexual relationships;
 - Good reproductive health across the life course;
 - Sexually Transmitted Infections (STI) prevention and treatment;
 - Getting to zero new HIV transmissions by 2030;
 - Vulnerable populations.
- 9.3 It was confirmed that the first four themes aligned with the priorities of a NELwide strategy on SRH that was also under development, and that the fifth theme was added to ensure that different groups with more complex needs would be reflected in services.
- 9.4 The themes had helped to identify issues such as;
 - the need to improve knowledge of contraceptive choices and where to access them;
 - high STI reinfection rates amongst young people, and gay, bisexual and men who have sex with men;

- the need to improve testing rates for heterosexual men, who traditionally have the worst health seeking behaviour;
- progress had been made on HIV prevention and treatment, but testing needs to continue to prevent late diagnosis;
- vulnerable populations were often small, so there was a challenge to understand them better and to serve them better.
- 9.5 Questions and comments for agenda items 8 and 9 were provided by Raj Radia, Tony Wong, Chris Lovitt, Dr Coughlin, Basirat Sadiq, Frances Haste, and Cllr Anntoinette Bramble who asked;
 - that the strategy reflect that community pharmacies were now part of a nationally commissioned service to provide oral contraceptive;
 - what work had happened in relation to older people who were entering new relationships without the sexual education of younger people;
 - about the different infection rates for people from different backgrounds;
 - how the Voluntary and Community Sector (VCS) could be involved in coproduction;
 - where the resources would come from, recognising that they were under pressure, and how the HWB could provide support;
 - what could be done to address the reluctance of heterosexual men to access services;
 - how to make the strategy a reality and whether the action plan will highlight when actions would begin, and;
 - what approaches were available to increase the levels of testing, especially in communities where this issue may be considered taboo.
- 9.6 In response the Senior Public Health Specialist and Chris Lovitt, Deputy Director of Public Health, confirmed that;
 - there was recognition of the important role that pharmacies played in this area of healthcare provision;
 - the annual report focused on younger people, but the strategy was for the whole life course, from pre-conception through to older people;
 - the strategy was supported by a comprehensive needs assessment;
 - it was recognised that the strategy could not be delivered in isolation but that sexual health was an example of an area that benefited from lots of different commissioners coming together to provide services in partnership;
 - the strategy was comprehensive but would be supported by an action plan and the HWB would have to decide on resources and priorities to ensure delivery and that partners are true to their commitments;
 - the Women's Health Hub was a good example of a service that was designed around the needs of the individual, followed by joining up relevant commissioners;
 - there was a need to be more creative about speaking to heterosexual men to understand their reluctance to access testing and treatment;
 - sexual health was a good test of the effectiveness of the HWB because it required successful partnership working, and;
 - local community organisations were being commissioned through the coproduction processes to develop action plans to identify approaches to support smaller communities.

RESOLVED: To ask for approval of a formal 12-week consultation to be held on the proposed five-year sexual and reproductive health strategy for City and Hackney, to commence on 1 July 2023.

10 Neighbourhoods Programme Response to the HCVS Connect Hackney Recommendations

- 10.1 Dr Sadie King, Neighbourhoods Programme Lead, introduced the report highlighting the main recommendations that were made relating to;
 - Home visits
 - Provision of community languages;
 - Solutions to barriers to navigating community activities;
 - Embedding recommendations related to social isolation;
- 10.2 The Neighbourhoods Programme Lead provided some detail, including that home visit capacity could be increased through the new outreach service, which was recruiting volunteers and improving the links between services and navigators; there was a pilot on inclusive recruitment that was developing materials that valued the lived experience; there was also a pilot on anti-racsist service design to identify barriers and co-produce more relevant services; that Renaisi had undertaken a research project looking at barriers to accessing preventative services in the 50+ age group; there was significant work being undertaken in relation to the proactive care pathway, which was to identify a cohort in each neighbourhood of moderately frail residents over 65 to be engaged.
- 10.3 Question and comments were provided by Dr Husbands, Tony Wong, Cllr Kennedy, and Dr Coughlin, who;
 - sought clarification on why people weren't taking up the offer of home visits;
 - wanted to highlight the difference between loneliness and isolation;
 - confirmed that this work would form an important part of the work the Council was doing on social connections and with the social isolation group;
 - highlighted the transformative impact of home visits, many that were not sought but were referred, and;
 - explained that there were c1,500 housebound patients on GP practice registers who were visited proactively four times a year.

11 The Future of the Health and Wellbeing Board

- 11.1 This item was introduced by Dr Coughlin who informed the HWB that the aim was to develop an approach to their work that made sure that as members their time and energy was being directed into areas where they could make the greatest difference. The relationship between the HWB, the Health and Care Boards (HCB), and other groups and partners would be examined to ensure that future HWBs were an effective use of time and would have the most impact.
- 11.2 Comments and observations were provided by Cllr Kennedy, Basirat Sadiq, Dr Husbands, Chirs Lovitt, Tony Wong, who highlighted;
 - that the HWB should be looking at strategy and wider determinants of health,

- that HCBs should focus on delivery and quality assurance;
- that functions related to delivery that should be considered by the HWB could be delegated to the HCB for consideration;
- this process was about clarifying roles and functions and reflecting the role of the Corporation of London;
- the need to clarify where priorities were set, and by whom;
- that the HWB had successfully been able to bring a single focus on a small range of subjects and had been able to learn lessons about what approaches had worked;
- that integration would remain an important area of focus for the HWB, and;
- the importance of ensuring the boards were linked together in relation to safeguarding concerns.
- 11.3 Conversations with partners would happen over the following months and any proposed changes would be considered by a future meeting of the HWB.

12 Matters Arising

12.1 There were no matters arising for consideration.

13 Dates of Future Meetings

13.1 The next meeting of the Health and Wellbeing Board would be 21 September 2023 at 3.00pm.

Duration of the meeting: 3.00pm - 4.41pm

Chair: Dr Stephanie Coughlin