

**DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD
THURSDAY, 25 JANUARY 2024 AT 3.00PM**

**THE COMMITTEE ROOMS, HACKNEY TOWN HALL,
MARE STREET, LONDON, E8 1EA**

- In Person:**
- Dr Stephanie Coughlin (Co-Chair), ICP Clinical Lead (City and Hackney)**
 - Sally Beavan, Chief Executive (Healthwatch Hackney)**
 - Cllr Anntoinette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care (Hackney Council)**
 - Cllr Christopher Kennedy (Co-Chair), Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Hackney Council)**
 - Cllr Susan Fajana-Thomas, Cabinet Member for Community Safety and Regulatory Services (Hackney Council)**
- Officers in Attendance:**
- Mark Agnew, Governance Officer (Hackney Council)**
 - Emmanuel Ross, Programme and Projects Officer (City & Hackney)**
 - Danny Turton, Public Health Specialty Registrar (City & Hackney)**
 - Simon Young, Principal Public Health Specialist & Substance Misuse Partnership Lead (City & Hackney)**
- Virtual Contributors:**
- Anthony Blissett, Public Health Specialty Registrar (City & Hackney)**
 - Jacque Burke, Group Director of Children and Education (Hackney Council)**
 - Frances Haste, VCS Leadership Group (Hackney VCS)**
 - Dr Sandra Husbands, Director of Public Health (City & Hackney)**
 - Froeks Kamminga, Senior Public Health Specialist (City & Hackney)**
 - Chris Lovitt, Deputy Director of Public Health, (City & Hackney)**
 - Rory McCallum, Senior Professional Advisor, Children's Social Care (Hackney Council)**
 - Basarit Sadiq, Deputy Chief Executive (Homerton Healthcare NHS Foundation Trust)**
 - Andrew Trathen, Consultant in Public Health (Hackney Council)**
 - Amy Wilkinson, Director of Partnerships, Impact and Delivery (NHS North East London Integrated Care Board)**

1 Updated Terms of Reference

- 1.1 Dr Stephanie Coughlin, ICP Clinical Lead, as Chair of the Health and Wellbeing Board (HWB), introduced the item when the meeting was quorate and highlighted that the proposed updated terms of reference would include a commitment to receive regular Community Voice presentations, and added the Sexual and Reproductive Health Strategy as a named strategy on which the HWB would provide oversight.
- 1.2 During the discussion Dr Sandra Husbands, Director for Public Health, recommended that rather than name specific strategies, requiring the terms of reference to be regularly updated by the HWB, that the terms of reference refer instead to oversight of 'public health strategies'. The Director of Public Health and Cllr Christopher Kennedy discussed the appropriate governance approach for the Combating Drugs Partnership (CDP).

2 Apologies for Absence

- 2.1 Apologies for absence were received from Mary Clarke, DCS James Conway, Stephen Haynes, Rosemary Jawara, Dalveer Johal, Paul Senior, Shilpa Shah, Dr Kathleen Wenaden, and Cllr Carole Williams. In addition, apologies for lateness were received from Jessica Lubin.

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 21 September 2023 be agreed as a true and accurate record of proceedings.

5 Questions from the Public

- 5.1 To the Health and Wellbeing Board, from Claudia Nogueira;

What strategies are being used/developing to help with the increasing number of children from Hackney that present to the hospital with medical problems that arise due to childhood obesity that do involve sport?

- 5.2 The Chair read out the following response, prepared by Public Health Lead Officers;

Evidence based guidelines highlight the benefits of physical activity in improving health and wellbeing outcomes; this includes preventing and managing excess weight in children in order to reduce the risk of diseases in later life including certain cancers, cardiovascular disease, diabetes, and improve mental wellbeing. Children and young people are encouraged to be physically active every day because of the health benefits physical activity can bring, even if they do not lose weight. Regular physical activity helps children develop strong bones and muscles, improves concentration and academic performance, supports better sleep and improves cardiovascular fitness (heart

and lungs). Children with excess weight are advised to do more exercise than the recommended 60 minutes of activity a day.

As well as wider council provision, City and Hackney Public Health team commissions various evidence-based programmes that support children and young people to maintain a healthy weight through physical activity and having a healthy diet. Services for 0-5 year olds include: 1) A healthy weight service for children aged 0-5 years and their families, offering healthy eating workshops, promoting Healthy Start Vouchers and universal distribution of Healthy Start Vitamins delivered by HENRY; 2) Healthy Early Years Service delivered by Hackney Education supporting and capacity building of early years settings in achieving Healthy Early Years London (HEYL) awards led by the Mayor's Office. The key themes in achieving these awards include healthy eating, physical health, oral health and early cognitive, emotional and social development.; 3) The Alexander Rose Vouchers for Fruit & Vegetables service helps families with children aged 0-4 years old and pregnant women, on low incomes, to buy fresh fruit and vegetables and supports them to give their children the healthiest possible start in life.

Programmes for young people aged 5-19 include supporting regular physical activity in schools through the Daily Mile and Personal Best programmes delivered by Young Hackney. Power Up! is delivered by Homerton Healthcare NHS Foundation Trust and provides a tailored, multi-component weight management intervention for young people and their families. The service supports young people and their families to make positive changes to their diet and physical activity habits to achieve and maintain a healthy weight, and improve their health outcomes.

We are not aware of any data on the number of children from Hackney that present to hospital with medical problems that arise due to childhood obesity that involve sports. All of our local commissioning decisions are based on available local and national data, and are informed by the latest evidence and best practice guidelines.

6 City & Hackney Safeguarding Children Partnership Annual Report 2022/23, including Child Q Update

- 6.1 Rory McCallum, Senior Professional Advisor, Children's Social Care, introduced the report which detailed the governance and accountability arrangements of the local safeguarding partnership, provided a summary of progress against priorities, and included the lessons learned and key messages for practice.
- 6.2 The Senior Professional Advisor, Children's Social Care also discussed the results of the Council's Audit team analysis of the partnership's governance arrangements and the recommendations made, the successful management of recent changes of leadership, and the extension of membership at the executive level. In addition, it was noted that in relation to the health and stability of the workforce, self-assessment and staff surveys indicated that staff were working hard, but feeling supported.
- 6.3 The Child Q update report was feeding into the work being led on by the Council in relation to active anti-racism. There was still work to be done by the

partnership, but it was an important priority. It was noted that, in general, data was indicating upward trajectories in most measurements, and that there had been a reduction in Child Protection Plans and Looked After Children, perhaps as a result of earlier interventions, with no reviews needed to be undertaken in the recent reporting period.

- 6.4 Questions and comments relating to the report were raised by Frances Haste and Cllr Bramble, who;
- asked about the absence of school exclusions and the impact and disproportionality of school exclusions, in the report;
 - highlighted the work of the Hackney Reducing Exclusions Partnership;
 - discussed the health and wellbeing impact of issues relating to policing and safeguarding.
- 6.5 In response, the Senior Professional Advisor, Children's Social Care, and Jacque Burke, Group Director of Children and Education, confirmed that;
- the partnership recognised that school exclusion was a safeguarding issue and area of concern, and had undertaken a lot of work related to this, including child protection reviews and consideration of the national panel's review into exploitation;
 - the Council recognised the connection between exclusion and risk, and had been developing work around school exclusions;
 - school exclusions were viewed as a systems-wide issue, and Officers and partners had been responding to it accordingly;
 - there was a specific priority around safeguarding and adolescents, which included keeping children in school;
 - at a recent meeting with the Home Office there was indication of interest in strengthening how the focus on trauma could be built into existing legislation.

7 Annual Director of Public Health Report 2023/24, including Confirmation of Themes for 2024/25

- 7.1 Danny Turton, Public Health Specialty Registrar, highlighted the key messages of the annual report, which focused on sexual and reproductive health (SRH). The report had a special focus on the SRH of the under 30 population, who made most use of services, noted that Hackney had the fourth highest rate of sexually transmitted infection (STI) diagnosis in England, and that testing for STIs had dramatically decreased as a result of the Covid pandemic, with figures still yet to return to pre-pandemic levels. In addition, the report made five recommendations;
- A recommitment to co-production, with increased community involvement;
 - Services needed to be easier to access, particularly for younger people;
 - There needed to be greater awareness of what services were available;
 - Improved collaboration between stakeholders;
 - Continued identification and focus on inequalities.
- 7.2 Anthony Blissett, Public Health Specialty Registrar, confirmed the theme for the following two years would be 'social capital'. The choice was based on the evidence that indicated a relationship between the increase of social capital and improved outcomes, including in health. It was recognised that social capital was a complex topic, so would be split into two parts;

Thursday 25 January 2024

1. in 2024, reviewing the evidence base for the link between social capital and public health;
 2. and, in 2025, take the knowledge and learning into local communities to work collaboratively to create a practical action plan that would have measurable benefits.
- 7.3 It was also proposed that there would be a supporting social capital advisory group, with membership from across stakeholders and external groups, including academia, to guide this work and provide additional expertise. Participation from HWB members was welcomed.
- 7.4 Questions and comments relating to the report were raised by Frances Haste, Cllr Kennedy, and the Director of Public Health, who;
- welcomed the focus on social capital and asked that the voluntary sector be included in this work;
 - requested a specific and shared definition of 'social capital';
 - welcomed both the presentation of the report, which had aided consumption of the content, and that the recommendation re. community involvement was seen as an overarching one;
 - recommended the inclusion of local organisations that were formed or developed during the pandemic;
 - thanked Officers on their work producing and designing the report.
- 7.5 In response, the Public Health Registrar, the Chair, and the Director for Public Health, confirmed that;
- Tony Wong, Hackney CVS Chief Executive, had been contacted to ensure voluntary sector representation, and that other voluntary sector representation, including in the Orthodox Jewish community, was also being sought;
 - that a shared and specific definition of 'social capital' was a good suggestion;
 - the proposed advisory group would help define 'social capital', and what it would mean locally in a practical sense for both individuals and communities.

8 Community Voice: NEL Big Conversation - Hackney Findings

- 8.1 Introducing the report, Sally Beaven, Healthwatch Hackney Chief Executive, welcomed the partnership working that had informed the findings she would present to the HWB. The findings were based on a series of surveys, workshop events, and small focus groups designed to gather the views of many of Hackney's communities to better understand whether services were accessible, whether service delivery was competent, and whether service delivery was sufficiently person-centred and trustworthy.
- 8.2 The Healthwatch Hackney Chief Executive provided some specific illustrative examples from the findings, which included members of the Turkish and Kurdish community highlighting that having a little English language competency often meant that service providers seemed to feel they did not need to provide translation options; a service user of a newer, unnamed service, who as a wheelchair user had found that the service was well signposted and looked accessible, but the approach having a curb that was not

dropped down had hindered their access; and, service users of the Long Covid service spoke to how responsive the service had been to their feedback.

- 8.3 The report also highlighted the impact of wider determinants of health, including what allowed people to feel healthy and happy, the impact of issues such as anti-social behaviour, and the importance of people feeling free and accepted without stigma when accessing services.
- 8.4 Questions and comments relating to the report were raised by Cllr Kennedy and the Chair, who;
- asked how many local people were spoken to in the development of the findings;
 - discussed whether the number spoken to was too small to draw conclusions;
 - discussed their understanding that the NEL (North East London) Big Conversation had contacted c2,000 people
 - sought to understand whether the slides had been designed to be seen by a NEL wide audience, or whether slides referencing Hackney were based on data from Hackney residents;
 - asked HWB members to flag specific issues highlighted from the slides that they would like Healthwatch Hackney to look into in 2024/25
- 8.4 The Healthwatch Hackney Chief Executive responded and;
- confirmed that the 57 people mentioned in the slides were those specifically engaged via workshops, and were in addition to survey respondents;
 - clarified that the data in the slides combined both survey results and feedback from workshops and focus groups;
 - committed to providing the HWB with additional clarity on the source of the findings.

9 Sexual and Reproductive Health Strategy

- 9.1 The Chair agreed to consider agenda item 9 and agenda item 10 together, and then seek any questions or feedback from the HWB on both items.
- 9.2 The Deputy Director of Public Health confirmed the plan for agenda item 9, Sexual and Reproductive Health Strategy, had been to seek HWB approval of the strategy and also sign-off the action plan. However, an error with the papers meant that the detailed action plan had not been circulated, though key partners had already seen the plan before the HWB meeting. After discussion, it was agreed by the HWB to circulate the action plan after the meeting and allow members 7 days to consider it and provide comments, before an updated action plan would then be approved by Chair's Action.
- 9.3 Froeks Kamminga, Senior Public Health Specialist, introduced agenda item 9, explaining the consultation process, which ran between July and September 2023, with engagement events running into October and November 2023. The Senior Public Health Specialist highlighted the level of investment and engagement that the process reported, and the strong agreement for the proposed themes and priorities.

- 9.4 The key findings included the importance of involving people you want to reach in the development of campaign materials, and that key barriers included a lack of knowledge of, and lack of access to, services, with stigma still attached to sexual activity, STIs and HIV. Also, it was reported that services remained fragmented across the wider SRH pathway, often due to fragmented commissioning. The results of the consultation and engagement had informed the redrafting of the strategy
- 9.5 In relation to the action plan, it had become clear that a central online resource was required to provide information, advice, and signposting to all relevant SRH services, and to include booking links where possible. The need for a stronger focus on co-production of materials and resources was also evident.
- 9.6 The Senior Public Health Specialist confirmed that it was also proposed that a joint sub-group of the City and Hackney HWBs be set up to provide a partnership and reporting process ensuring oversight of the implementation of the action plan and its alignment to the strategy. If approved by the HWB, the strategy would be then submitted as a key decision at February's Cabinet meeting.
- 9.7 Simon Young, Principal Public Health Specialist & Substance Misuse Partnership Lead, introduced agenda item 10 by highlighting the contents of the report, which contained details of;
- the national context, including the key aims of the national strategy;
 - the structure of the Hackney CDP and the partners involved, and details of the working groups;
 - an overview of operational outcomes, including improvements in continuity of care for those leaving prison, and a modest improvement in the number of people accessing services;
 - the increase in funding of c£2.9m that would be accessible in the next year;
 - what the additional resource would be utilised for, including increased access to in-patient detox and rehab services, and further investment into local organisations to ensure a better engagement with Hackney's communities.
- 9.8 In relation to agenda item 9, questions and comments were raised by Cllr Kennedy, Basarit Sadiq, Deputy Chief Executive, Homerton Healthcare NHS Foundation Trust, and Deputy Mayor Bramble, who;
- welcomed the development of the SRH strategy;
 - discussed the recommendations that Cabinet Members had received from the Children and Young People Scrutiny Commission, and that responses should refer to the SRH strategy and the annual report;
 - asked who would hold responsibility for the proposed central online resource;
 - asked whether the reported lack of knowledge related to particular groups, or whether there was a wider issue such a digital poverty and how that could be addressed;
 - wanted to understand why STI testing figures were still yet to return to pre-pandemic levels, and whether this was an issue specific to the younger population, or the older population;

- 9.9 In response, the Deputy Director of Public Health and the Senior Public Health Specialist confirmed that;
- SRH services are unusual in that people often chose to utilise services out of area, whilst others from outside chose to come into the area, so Officers and partners had been sharing aspirations and knowledge with colleagues across NEL, across London, and nationally, because although some of the issues raised by this work were specific to the City & Hackney, they were unlikely to be unique to the City & Hackney;
 - although there were now more services available online, a single portal would still be valuable and a NEL-wide approach would be preferred in order to provide residents with the widest choice of where they receive services;
 - it was important to ensure that not everything was just available online, as not all communities would be able to access the information;
 - the pandemic did have an impact on younger people accessing STI testing services, but this was returning to the pre-pandemic levels as service capacity and availability returned to pre-pandemic levels;
 - there was an issue with the affordability of services for some residents, and whilst providers were working hard to get the most effective way of delivering these services, there has been no inflationary increases in associated grants;
 - there would need to be an increase in investment, and greater efficiency, to deliver on all aspirations, but there were limits to what could be achieved without the additional funding.
- 9.10 In relation to agenda item 10, questions and comments were raised by Frances Haste, Cllr Fajana-Thomas, and Deputy Mayor Bramble, who;
- asked whether voluntary sector groups would be commissioned to help with people who might be reluctant to engage with mainstream services, and if so, would those be services be commissioned over a reasonable timeframe;
 - thanked Officers for the update, but observed that it was important that Community Safety was properly represented on the CDP;
 - confirmed that neither Cllr Kennedy nor Cllr Fajana-Thomas, or current Community Safety representatives had been invited to attend a CDP meeting.
 - welcomed that the Partnership had identified people with mental health and wellbeing issues and those who have been in contact with the criminal justice system as separate focuses for attention, but asked whether the CDP had found data that highlighted any specific population groups, and how services could be targeted accordingly;
- 9.11 In response, the Principal Public Health Specialist & Substance Misuse Partnership Lead, and Andrew Trathen, Consultant in Public Health, confirmed that;
- voluntary sector organisations had been commissioned to work with population groups that had additional barriers to accessing services, including SWIM Enterprises and St Giles, and it was hoped that the additional funding in the next year would be utilised to work with additional groups;
 - as a result of the current funding model, each commissioned contract was for one year;

- the CDP was now in place, had been meeting quarterly, and that representatives of both Community Safety and the Metropolitan Police Service had been invited;
- in response to further queries about invitations, they would confirm and ensure Community Safety were aware of CDP meetings;
- data was reported as being not particularly good, in part because the CDP was beholden to the national monitoring system. However, the CDP was speaking to partners about how to improve access to local data to provide greater insight and better understand underrepresentation;
- a needs assessment was underway, that should be finalised in 6 months;

10 Combating Drugs Partnership and Substance Use Support Update

10.1 With the agreement of the Chair, this item was considered at agenda item 9.

11 NEL Joint Forward Plan

11.1 The Chair noted that an updated version of the North East London (NEL) Integrated Care Board (ICB) Joint Forward Plan (JFP) had been circulated during the meeting for the Board's consideration.

11.2 Amy Wilkinson, Integrated Commissioning Workstream Director, introduced the paper, confirming that having been introduced in the last year, the five year JFP was designed to be refreshed annually and NEL were keen to ensure that each Place HWB was able to consider and note the work. The main change in this year's draft JFP was the inclusion of slides focused on each constituent Place. It was planned that the JFP would be further developed over the following weeks before a finalised and agreed refreshed plan be submitted to NHS England.

11.3 The Chair and Integrated Commissioning Workstream Director discussed the contents of the City & Hackney Place slide, which were a summary of the strategic priorities, key highlights of the delivery plan, and interdependencies with other ICB programmes, as well as a summary of the proposed benefits and impacts to be felt by local people.

11.4 Questions and comments related to the report and draft JFP, were raised by Cllr Bramble, Frances Haste, the Deputy Director of Public Health, Cllr Kennedy, and the Chair, who asked;

- to understand the connection between the key programmes of work and the summary, especially in relation to Black and Global Majority residents;
- what proportion of the total funding available would be spent on prevention and groups providing preventative services and support;
- whether feedback from the last time the JFP was discussed, which included how better to engage both the HWB and broader communities with this work, had been successfully reflected in the refresh;
- whether SRH, which had been flagged by the HWB as a priority area of work with the ICB, could be better reflected in the JFP;
- whether priorities in City & Hackney, such as improving the mental health of Black and Global Majority young people; tackling high rates of sexually transmitted infections; and, tackling low rates of vaccination should be populated in the Place slide;

- and, how the work and priorities of City & Hackney might be best captured.

11.5 The Integrated Commissioning Workstream Director responded and confirmed that;

- the ICB is still being formed and there was further work required, which included developing better connections between Place and Place-based priorities, and cross-cutting programmes;
- there was freedom to provide greater clarity in the City & Hackney slide, and feedback from the Board related to language would be shared with NEL colleagues;
- prevention and early intervention would still be prioritised, but work was currently underway on what the the City & Hackney Place-based element of the wider ICB budget might look like;
- it would be helpful to discuss the City & Hackney Place slide in further detail and better reflect some of the feedback that was shared by the Board;
- and, the Place slide was an opportunity to share and confirm the priorities of City & Hackney.

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 March 2024 at 3.00pm.

Duration of the meeting: 3.05 - 4.50 pm

Chair: Dr Stephanie Coughlin