

## MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY, 21ST NOVEMBER, 2018

**Members Present:** Deputy Mayor Feryal Demirci in the Chair

**Deputy Mayor Anntoinette Bramble, Paul Fleming, Dr Penny Bevan, Dr Navina Evans, Tracey Fletcher, Anne Canning, David Maher, Laura Sharpe, Dr Mark Rickets**

**Officers in Attendance:** Matt Clack and Peter Gray

**Also in Attendance:** Adi Copper and Dan Burningham

### **1 Welcome and Introductions**

1.1 Apologies for absence were submitted on behalf of Raj Radia.

### **1 Minutes of the Previous Meeting**

2.1 The Minutes of the meeting of the Health and Wellbeing Board on 13<sup>th</sup> June were agreed as a correct record subject to the correction of Dr Mark Ricket's name in the list of attendees.

### **3 Declarations of Interest - Members to Declare as Appropriate**

3.1 There were no declarations of interest.

### **4 Community Voice**

4.1 There no community voice section in the meeting.

### **5 City and Hackney Safeguarding Adults Board - Annual Plan 2017/18**

5.1 Adi Cooper presented the City and Hackney Safeguarding Adults Board – Annual Report 2017- 18. She told the Board of ongoing work with partners who contributed to the work of the Board. This partnership had continued to grow and develop as reflected in the report. The Board continued to consider information about safeguarding activity to inform its' priorities. Adi Copper reported that the Board continued to raise awareness of safeguarding in City and Hackney's communities, with the help of community and voluntary groups, in particular, 'Safeguarding Champions'. Adi told the Board that a number of multi-agency sub-groups had been established to help it deliver on its objectives and annual priorities. The group supported the development of the website for the CHSAB which incorporated suggestions made by service users and residents. Further, there had been a programme of learning workshops with the support of the Training and Development

group. Adi told the Board of a very successful event on abuse. She stressed the need for communication with residents who had indicated that they wanted information. All outcomes had been achieved and the impact of safeguarding was good.

5.2 The Chair asked whether it was considered that sufficient work was being put into promoting adult safeguarding. Adi Cooper confirmed that more work was necessary in this area. She confirmed to the Board that there was in principle agreement to working with the children's safeguarding Board on violence to women and girls. There were, however, legal and policy difficulties in this area that would need to be worked through.

5.3 Penny Bevan referred to the report as excellent and one which demonstrated enormous progress. She referred to the prevalence of abuse in the home environment and asked whether alcohol was a participating factor and if data could be collected on this. Adi Cooper told the Board that at present there was no mechanism to collect this data but confirmed that it would be possible to look at the feasibility of doing this.

## **6 Update on the East London Health Care Partnership – Mental Health Crisis Care**

6.1 The Board expressed concerns that a representative of the partnership was not present to present the London Health Commission report.

6.2 Dan Burningham introduced the Mental Health Crisis Care for Londoners report, outlining the HLP business case for reducing the existing 20 existing dedicated HBOoS sites across London to nine hubs, each with better quality facilities and staffing, forming improved relationship with the Police and the Ambulance Service. The Royal London was to close with the flow being diverted to the Homerton which would expand with service users influencing the design. In response to a question he confirmed that a vulnerable person would only go to the Homerton if no other bed was found in the area in which they resided. A nurse was to be appointed at the Homerton to ease the pressure on A&E. The Chair asked how the new arrangements would fit into the proposed transfer of mental health beds from the Homerton. Dr Evans clarified that the 136 Suite would have to be supported and would 'go into the mix' if the transfer occurred.

6.3 David Maher reported that this was part of the evolution of crisis care to ensure that vulnerable people are kept in places of safety and stressed the importance of crisis support with maximum impact street triage.

6.4 The Chair referred the Board to the list of aspirations in the London Health Commission report. The Board considered whether some of these aspirations could form part of the way forward for the Health and Wellbeing Board as discussed recently at a Board development session. Penny Bevan referred the Board to the summary of recommendations in the report. These had been consulted on widely with much work undertaken which was having effect, including around TB. The chair welcomed the fact that links had been made between air quality and health. Laura Sharpe welcomed the report with the social determinants of health and the consideration of a wide range of aspirations and sharing the neighbourhood's agenda. Anne Canning recommended filtering the recommendations to find one that was not currently carried out.

## **7 Discussion on how to take the ideas from the Development Session forward**

7.1 The Board considered the report on the development session recently held to consider its role for the coming year and to reframe its position to other health-related decision-making committees in Hackney. The discussion had been supported by an information pack including headline demographics, an outline of the Board's formal role and progress made against the joint health and wellbeing strategy.

7.2 Penny Bevan recommended the establishment of a steering group to look at the recommendations in the London Health Commission report and recommended to the Board on areas that it considered relevant, linking these into overall strategy. Paul Fleming referred to the Health and Social Care landscape as complex and ambiguous and that measuring improvement was difficult. He considered that the Board could look at what it does that tangibly demonstrates that it has made a difference. David Maher considered it important to focus on high impact themes areas where the Board could hold itself to account. The Board suggested a further development session.

### **Agreed:**

To convene a working group to look at developing the role of the board and the refresh of the Health and Wellbeing Strategy.

## **8 Complaints Charter**

8.1 Malcolm introduced the report, laying around the Hackney's Health & Social Care Complaints Charter. He told the Board that this would be widely distributed and asked members to let him know of any final comments as soon as possible. The Chair asked that the charter be publicised widely.

### **Agreed:**

1. To formally launch the complaints charter
2. That Charter signatories report to the next meeting on the implementation of their complaints charter delivery plan.

## **9 Penny Bevan**

9.1 The Chair announced that this was to be Dr Penny Bevan's final meeting as she was soon to retire. She thanked Penny for all her work as Director of Public Health and the leadership that she brought to the role, helping to put Hackney on the map.

## **10. Dates of Future Meetings - 9 January 2019/ 6 March 2019**

**Duration of the meeting:** 6pm – 7:30