

**DRAFT MINUTES OF THE HYBRID MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON WEDNESDAY 10 NOVEMBER 2021
AT 4PM**

The meeting can be viewed here:
<https://youtu.be/uO9eodPiSWk>

Present:

In Person

Dr Mark Ricketts (Chair) (North East London Clinical Commissioning Group)

Deputy Mayor Anntoinette Bramble (Cabinet Member for Education, Young People and Children's Social Care - Hackney Council)

Councillor Susan Fagana Thomas (Cabinet Member for Community Safety - Hackney Council)

Councillor Christopher Kennedy (Cabinet Member for Health, Adult Social Care and Leisure - Hackney Council)

Virtually

Malcolm Alexander (Interim Chair of Hackney Healthwatch)

Marcus Barnett (Borough Command Unit Commander, (Hackney and Tower Hamlets) Metropolitan Police)

Stephanie Coughlan ICP Clinical Lead - City and Hackney Clinical Commissioning Group)

Tracey Fletcher (Chief Executive - Homerton Hospital)

Annie Gammon (Director of Children's Services - Hackney Council)

Stephen Haynes (Strategic Director, Hackney Council)

Dr Sandra Husbands (Director of Public Health, City and Hackney)

Rosemary Jawara (Hackney, Community Voluntary Sector)

Laura Sharpe (Chief Executive - General Practitioners Confederation)

Councillor Carole Williams (Cabinet Member for Employment and Human Resources)

Helen Woodland (Group Director, Adults, Health and Integration - Hackney Council)

**Officers in Attendance
(Virtually):**

Sara Bainbridge (Public Health Registrar - Hackney Public Health)
Donna Doherty-Kelly (Principal Public Health Specialist- Hackney Council)
Diana Divajeva (Principal Public Health Analyst - Hackney Council)
Lorraine Sunduza (East London Foundation Trust)
Andrew Trathan (Consultant - Public Health, City and Hackney)
Simon Young (Health Systems Coordinator- Substance Misuse - Public Health -Hackney Council)

Peter Gray (Governance Officer - Hackney Council) (In person)

**Also in Attendance
(In Person)**

Dr Adi Cooper (Chair, Adults Safeguarding Board)
Raynor Griffiths (City & Hackney Safeguarding Adults Board Manager)
Andrew Hudson (Non Executive Director - Homerton Hospital Board)
Sean Lyons (Detective Chief Inspector)
Susan Masters (Community Voluntary Sector - Hackney)
Virtually
Frances Haste (Community Voluntary Sector - Hackney)
Jon Williams (Director - Healthwatch Hackney)
John Gieve (Chair, Board of the Homerton Hospital)
Jonathan McShane (Integrated Care Convenor - City and Hackney)

1. Welcome from the Chair

1.1. The Chair welcomed members to the Board meeting.

2 Apologies for absence

2.1 Apologies for absence were submitted on behalf of Ajman Ali, Mayor Philip Glanville and Raj Gupta.

3. Declarations of Interest

3.1 Susan Masters declared that she was Councillor at Newham Council.

4. Minutes of the Previous Meeting

4.1 The minutes of the previous meeting held on 2 September 2021 were agreed as a correct record.

5. Action Tracker

5.1 The Chair reported in relation to actions 3 that Healthwatch Hackney had met with City and Hackney Public Health since the last meeting of the Board and was working with City and Hackney's Health Inequalities Steering Group to progress the community engagement plan. The bid referred to at action 6 had been unsuccessful. All other actions were closed.

RESOLVED:

- To note the action tracker.

6. Questions from Members of the Public

6.1 There were no questions from members of the public.

7. Draft Health and Wellbeing Board Strategy

7.1 Sara Bainbridge introduced the report, highlighting the following:

- The launch of the draft Health and Wellbeing Strategy for consultation, taking place at the end of November;
- A prioritisation workshop took place in October 2021 with some of the members of the Board and City and Hackney's Health Inequalities Steering Group members;
- Strategy engagement was conducted from July- September 2021, with an engagement insight report produced;
- Consideration had been given to the issues that residents and wider stakeholders recognised as impacting on their health and wellbeing within the Strategy priorities;
- Three priorities for action had been identified:
 - Improving mental health and preventing mental ill-health
 - Increasing social connection
 - Supporting greater financial security and reducing poverty
- Actions will be developed under each priority using The Marmot Fair Society, Healthy Lives indicators as a framework for action planning. Details of feedback so far to be incorporated into the strategy prior to the Strategy being published for consultation were discussed by SB;
- Consultation on the draft strategy will take place over a period of 12 weeks from the end of November until February 2022;

- Next steps and action planning;
- Task and finish groups to be established for each priority and ways of working;
- Questions for the Board.

7.2 Councillor Fagana-Thomas stressed the value of the draft strategy which focused in part on inequalities that existed because of a lack of opportunities. She stressed the difficulties and barriers facing diverse groups in contributing to the draft strategy and that this should be considered within the consultation plan.

7.3 Rosemary Jawara stressed the importance of enablement and empowerment in relation to carers and people with disabilities. She said that research and engagement should be conducted in such a way that diverse groups of people have every opportunity to contribute effectively and in their own voice to the strategy.

7.4 Councillor Williams stated the importance of having an easy read version of the consultation document and ensuring that methods of engagement are appropriate to diverse groups, including those with disabilities with, for instance, focus groups for specific demographics. She stressed that, given the social isolation aspect of the strategy, it was important to engage with carers in the community on it.

7.5 Sara Bainbridge confirmed that as many people as possible would be involved in the consultation process, and an easy read version of the strategy will be published together with printed copies and translations. The aim will be to replicate the peer research model (that took place during the engagement phase) throughout the consultation, to include consultation with residents from different communities and backgrounds, focus groups and bespoke meetings will be organised in order to engage with residents. During the engagement on the draft strategy, there were effective meetings with people who worked with those with special education needs, hearing and visual impairment and their comments will also be sought on the draft strategy.

7.6 Jon Williams expressed concern that consultation time was being limited as December and Christmas were often difficult times to carry out effective consultation.

7.7 Annie Gammon stated the need to involve increased numbers of young people in the consultation process and offered support in regard to groups to use in the consultation. She asked if the Turkish and Kurdish community would be consulted on the draft strategy. She further asked whether there was flexibility on timings in regard to some of the interactions on the strategy as daytime workshops were not always suitable for some groups.

7.8 Helen Woodland thanked all those involved in the production of the draft strategy. She confirmed that a number of reference groups, co-production groups and groups with vulnerabilities and communication needs are in place and could be engaged with on the strategy. She asked how the strategy would link into the wider development work around the Integrated Care System and other related activities. She asked if general engagement would be carried with those groups and individuals not usually consulted with.

7.9 Sara Bainbrige confirmed that the current timeline allowed for the strategy to be submitted to the March 2022 meeting of the Health and Wellbeing Board, thereby not impacting on the pre-election period. She accepted the need for flexibility in timings of engagement, ensuring that engagement took place at times that suited individuals. She confirmed that the aim was to engage with as many groups as possible across the Borough on the strategy, including Primary Care Networks and Neighbourhood groups.

7.10 Deputy Mayor Bramble stated that COVID-19 had exacerbated inequalities, and consideration should be given to how new people have now entered the system. She referred to the impacts of long COVID. In regard to engagement with young people she stressed the need to engage with the Hackney Youth Parliament and Hackney Young Futures Commission. She further emphasised the need to incorporate dialogue that was already underway into the strategy communications.

7.11 Dr Sandra Husbands told the Board that work was ongoing with the Integrated Care Partnerships, including the alignment of the strategy actions with the work of the Integrated Commissioning Board, ensuring that there would be no duplication.

7.12 Laura Sharpe thanked all those involved in the development of the draft strategy, referring to its breadth of thinking, with emphasis on the financial inequalities that individuals face and the impact on mental health of poverty and low pay. She considered the benefits of focusing on a limited number of key priorities within the strategy. She stressed that the work around the City and Hackney strategy work should be aligned with the work of the Integrated Care Board's for oversight, investment and accountability.

7.13 Jonathan McShane also stressed the need for coherence between the work on the strategy and the work of the broader Integrated Care System with proper alignment of work and tracking of progress.

7.14 Sara Bainbridge confirmed the need to align with existing work in this area. Efforts were made to build on work carried out previously. The Young Futures Commission report had been referenced as issues around mental health had been raised there. She confirmed that the Youth Parliament would be engaged with for a second time in January 2022, and were engaged in the summer, during the engagement phase. Efforts will be made to ensure that relevant planned work that will be carried out by the Integrated Care Board will also be incorporated into the work of the strategy, where possible. Involvement from across the health system in task and finish groups is encouraged to ensure that the action plans and measures to track progress were aligned and duplication did not take place.

7.15 The Chair congratulated all those involved in the production of the strategy.

RESOLVED:

- To note the progress with prioritisation, strategy development and consultation plans.

- To approve the draft strategy, to be published for a 12-week consultation.
- To promote the consultation on the draft strategy.

8. Joint Strategic Needs Assessment Update (JSNA)

8.1 Diana Divajeva presented to the Board, highlighting the following:

- The purpose of the JSNA;
- The JSNA would comprise of a range of reports and interactive resources;
- Careful planning would ensure successful and timely delivery;
- The annual City and Hackney JSNA process;
- The way information was presented and communicated using the JSNA website would change;
- The proposed City and Hackney JSNA website;
- Project initiation document format;
- JSNA evaluation questions;

8.2 The Chair stressed the need to have effective linkages between the Health and Wellbeing Strategy and JSNA work.

8.3 Malcolm Alexander asked whether there was an evidence base on any improvements in services and previous work carried out, for instance, in regards to health inequalities through JSNA development and use.

8.4 Diana Divajeva clarified that an evidence base and evaluation were now key components of the JSNA process.

8.5 Councillor Kennedy stated that the population health profiles and ward profiles highlighted that an individual was more likely to die from rare or less common cancers and whether this could be the subject of a JSNA report. Councillor Williams stated in regard to cancer deaths, that there was an ethical argument to develop an understanding of the impact for Hackney residents, taken together with the pandemic and the impact on services and cancer treatments

8.6 Susan Masters referred to the demand for the data from JSNAs, in particular around areas such as ethnicity, long term conditions, unemployment, exclusions and barriers to exercise and whether work could be carried out with the Voluntary and Community Sector on this.

8.7 Diana Divajeva confirmed that there could be an assessment on cancer, if this was agreed by the working groups as a priority and approved by the Board as part of the work plan, following the process presented. Work around producing the interactive profiles had started, but there would be a need to find time and capacity within the intelligence team to progress this work. Once the profiles are developed and quality assured, these would be published and communicated to all stakeholders.

Action: Diana Divajeva

8.8 The Board was asked to advise on the best time to initiate the annual JSNA process. Laura Sharpe stressed that this should be linked into the planning cycles and structures of the new Integrated Care System. An understanding of these structures was not yet known. It was therefore considered that this matter could be raised at the next meeting.

RESOLVED:

- To approve the new process for the Joint Strategic Needs Assessment.

9. Pharmaceutical Needs Assessment Update

9.1 Andrew Trathen introduced the report. Hackney's Pharmaceutical Needs Assessment (PNA) was due to be published in October 2022. This publication was slightly delayed because of COVID-19 with an extension permitted through the regulations. An external expert resource, Soar Beyond Ltd, had been commissioned to support the preparation of the draft PNA 2022 report. Soar Beyond had extensive expertise in producing PNAs, having produced eight in 2015 and 12 in 2018. A Steering Group, which had met once before, had been established to steer the work of developing and publishing the PNA. The logistics of the PNA consultation, which would be live for a month, was currently being considered by the Steering Group.

RESOLVED:

- To note that the process to produce a revised PNA by 1st October 2022 had commenced;
- To receive the Terms of Reference for the London Borough of Hackney and City of London PNA Steering Group;
- To receive the update on progress and the project plan timelines from the London Borough of Hackney & City of London PNA Steering Group on the production of the 2022 PNAs;
- To formally delegate the sign-off of the draft and final PNAs.

10. City and Hackney Safeguarding Board Annual Report

10.1 Dr Adi Cooper introduced the report, highlighting the following:

- Progress on the City and Hackney Safeguarding Adults Board (CHSAB);
- Priorities of the CHSAB for 2021/22;
- Emerging safeguarding issues;
 - Anti-social behaviour
 - Intergenerational domestic abuse
- Areas of joint interest for the CHSAB and the Health and Wellbeing Board;
- Key work for the CHSAB - 2020/21
 - Transitional Safeguarding

- Response to COVID-19
- Learning from Safeguarding Adults Reviews;
- Mr EF SAR
- Key issues: Fire Safety, support for carers, professional curiosity, embedding learning from SARs
- Priorities for 2021/22;
- Emerging Issues;
- Anti-social behaviour
- Intergenerational domestic abuse

10.2 The Chair thanked all those in the production of the report that illustrated the quality of the work carried out.

10.3 Rosemary Jawara stated that there was a need to work more collaboratively with the Voluntary and Community Sector, grassroots organisations and small charities which support those with food poverty, low income, medical conditions and deteriorating health.

10.4 Dr Adi Cooper told the Board that the Safeguarding Adults Board worked with the Voluntary and Community Sector, promoting safeguarding champions within the voluntary sector, to ensure that safeguarding issues were properly understood and raised. She welcomed the opportunity to work with the Voluntary and Community Sector. The impact of poverty was being viewed through a safeguarding lens and cases were coming through in recent months. There was a need to engage with the risks faced by individuals and the need to signpost to appropriate support.

10.5 Councillor Kennedy stated that the largest overlap between the emerging Health and Wellbeing Strategy and safeguarding would be in the area of social isolation. There would be an opportunity in the strategy action plan to identify ways in which the Board will work with the Safeguarding Adults Board to address the issues highlighted at the meeting. The Chair reiterated this view. The other two priorities were mental health and financial security and that there was a need to engage with the appropriate working groups going forward. He stressed the need to address the issues in the report as effectively as possible.

10.6 Dr Adi Cooper welcomed joint working around all the areas that had been highlighted at the meeting. She confirmed that COVID-19 and the lockdowns had impacted on social isolation and mental ill health and that this had a direct link to the increase in safeguarding. The Safeguarding Board would consider ways of engaging with the Health and Wellbeing Board workstreams.

Action: Adi Cooper

10.7 Susan Masters referred to the task and finish group set up around cuckooing and asked whether best practice in this area had emerged.

10.8 Raynor Griffiths told the Board that cuckooing was an emerging issue in terms of safeguarding. There had been engagement with the national boards to obtain a best practice response. Guidance would be issued in the following week with

practical tips, making people aware of cuckooing and what individuals could do in these situations. There would be a need to work with housing providers to assist people who are experiencing cuckooing, providing care and support.

RESOLVED:

- To note the report

11. Substance Misuse ADDER Place-Based Accelerator Update

11.1 Simon Young introduced the report outlining the Central Government ADDER (Addiction, Diversion, Disruption, Enforcement and Recover) and ADDER Accelerator initiatives, focussing on the approach the London Borough of Hackney had taken in its delivery of this. In late 2020 Public Health England and the Home Office initiated the ADDER programme of financial and strategic support for local authorities with high levels of substance misuse, with particular focus on criminality and death related to drug usage. A second tranche of funding was made available in 2021. Hackney indicated high levels of drug deaths in comparison to similar areas and was awarded 1.8m funding across two financial years.

11.2 Simon Young outlined the Central Government ADDER and ADDER Accelerator initiatives, focussing on the approach the London Borough of Hackney had taken in its delivery of this.

11.3 Sean Lyons told the Board that ADDER offered the opportunity for the Police and the Council to work together and he outlined the initiatives in tackling drug supply and misuse in the Borough.

11.4 Frances Haste emphasised the importance of working with voluntary sector groups in the community who had access to those who experienced substance misuse and would be in a position to support the initiative.

11.5 Simon Young told the Board that there were plans to engage with the voluntary sector. The London Joint Working Group for the reduction of hepatitis C was undertaking research into needle exchange across the Borough and would include the voice of lived experience. Engagement with the voluntary sector would feed into the overall aims and strategy. Further, there was engagement with statutory organisations who had a significant stake in working with this group to ensure that all the needs of substance misusers were met.

11.6 Rosemary Jawara referred to the lack of professional qualifications for drug workers and the need for greater involvement from those with lived experience, as outlined in the report. She stressed the need to engage with the voluntary sector, community leaders and those individuals who were impacted by substance misuse.

11.7 Laura Sharpe asked for clarification on the recurrence of funding for the initiative.

11.8 Simon Young confirmed that the funding for the initiative was for a two years period. As yet there was no clarification on whether there would be further funding beyond that time. The Dame Carol Black review suggested that there should be further long-term funding in this area from Central Government. Consideration was being given to embedding a legacy if the funding does not continue.

11.9 Dr Husbands added that consideration would be given to mainstreaming this work if further funding was not made available. Simon Young concurred that the voices of those affected by substance misuse needed to be heard. With the ADDER rollout, a steering group had been set up to evaluate delivery so far, with further development of initiatives, with the assistance of the London Joint Working Group. The voices of lived experience were consulted on what would assist in relation to needle exchanges. The findings would be submitted to the Board.

Action: Simon Young

12. Any other business that the chair considers urgent

12.1 There was no other urgent business.

End of meeting.

16:00 to 18:10pm

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