

HEALTH AND WELLBEING BOARD

Friday, 2 February 2024

Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 2 February 2024 at 11.00 am

Present

Members:

Mary Durcan, Court of Common Council (Chairman)
Gail Beer, Healthwatch
Deputy Randall Anderson, Court of Common Council
Helen Fentimen, Port Health and Environmental Services
Matthew Bell, Policy & Resources Committee
Judith Finlay, Executive Director, Community and Children's Services

In Attendance

Officers:

Chris Lovitt	- City and Hackney Public Health Service
Froeks Kamminga	- City and Hackney Public Health Service
Emmanuel Ross	- City and Hackney Public Health Service
Teresa Shortland	- Community and Children's Services Department
Ellie Ward	- Community and Children's Services Department
Steve Playle	- Environment Department
Kate Doidge	- Town Clerk's Department

1. APOLOGIES FOR ABSENCE

Apologies were received from Deputy Marianne Fredericks.

Ruby Sayed (Deputy Chairman), Dr Sandra Husbands (Director of Public Health), and Gavin Stedman (Port Health and Public Protection Director) observed the meeting virtually.

2. DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

There were no declarations.

3. MINUTES

The public minutes and non-public summary of the previous meeting held on 24 November 2023 were received.

It was raised that there was an inaccuracy under Item 10. The Minutes were therefore amended as follows:

“The Board discussed the Neaman Practice, and views on the location and condition of the space. The Board heard that the practice's current lease had

not yet ended, and the responsibility for providing and funding the practice space was that of the Integrated Care Board (ICB). The practice hopes to expand in future but subject to the ICB supporting that. The Board heard that its views had been articulated on long-term estates strategy for primary care. It was suggested that an update on the primary care strategy could be requested to be presented at the future meeting. This update could include plans from commissioners on models for their primary care plans, including linking to population flow and changes to primary care.”

Under matters arising, the Committee heard that grant funding had been secured for a further year for Hoxton Health to provide foot health service in the City of London. This included sessions at the Neaman Practice and Portsoken Health Centre, and home visits.

RESOLVED – That the public minutes and non-public summary of the previous meeting held on 24 November 2023 be approved as a correct record, as amended.

4. SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IN THE CITY OF LONDON LOCAL AREA

The Board received a report of the Executive Director of Community and Children’s Services, concerning Special Educational Needs and Disability (SEND) in the City of London local area. Following the presentation of the report, the Board asked questions and made comments, which are detailed below.

Following a Member query on whether there were sufficient financial resources for the increase in children requiring SEND support, the Board heard that the funding for SEND was within the high needs block of the dedicated schools grant. There were annual discussions with the Department for Education (DfE) with regards to funding. However, there was not a specialist need school within the City of London area, some placements had to be made in schools outside of the local area. These placements were more challenging and costly, which created the budget pressures.

Members heard that the higher statistics for boys receiving an Education, Health and Care Plan (EHCP) reflected national trends. Analysis of cases within the City of London area showed that girls were more likely to be referred during the transition into secondary school. There had been work with The Aldgate School for early identification and support of girls and were working with an Education Psychologist. The national trends in the increase in the number of referrals was a challenge across all schools.

Members noted that there had been developments since the last OFSTED data collection. The Board heard that data for SEND support was not easily accessible, as it relied upon the co-operation of schools, and schools did not have to provide the data. However, data had been used from school admissions and there had been a successful return following contact with schools, meaning that the data could be kept up to date. Schools were invited

to join the Special Educational Needs Co-ordinator (SENCo) network to provide information and signposting on early or additional familial support.

Members commented on resources and capacity, noting anecdotes from families on the frustration at the timeline to complete an EHCP referral. The Board heard that numbers had increased since 2020, which followed national trends, even though some cases had since moved outside of the City of London area. In terms of capacity, the SEND team were small. The Educational Psychologists were a 4 day a week source, but there had not been a large staff turnover in recent years. There had been recruitment for a second SEND case worker. The team had managed to meet 100% of its statutory deadlines, but this could be due to the smaller population size of the City. In terms of the timeline for EHCP, there were codes of practices and national frameworks which meant that it could take up to 20 weeks from the start of an application to its conclusion. During this period, independent advice was offered to support parents. With a new broader SEND framework, resourcing and capacity would have to be looked at in more depth in the future. Despite these challenges, there were good connections with schools, children and social care, and there was a strong commitment to deliver services.

Finally, the Board heard that increases in children requiring SEND support occurred in the transition to secondary school (Year 7). Following a request to have more detail on the statistics, the Board heard that this information was sensitive due to the smaller population within the City, which could make individuals identifiable. There would have to be careful consideration of how this data was presented to the Board in the future.

RESOLVED – That the report be received and its contents noted.

5. THE CITY & HACKNEY SAFEGUARDING CHILDREN PARTNERSHIP (CHSCP) ANNUAL REPORT 2022/23

The Board received a report of the Independent Chair of the City & Hackney Safeguarding Children Partnership (CHSCP) concerning the annual report for 2022/23. The Board heard that there had been recent changes to statutory guidance in December 2023. There were some concerns surrounding the implications behind the revised guidance, including the weakening of independent scrutiny. There would be decisions regarding organisational structure, for instance the combination of children in need functions, the targeted early help functions, and widening the cohort of professionals. The concerns arose due to public services being under significant pressure. The Board heard that the legislative changes were being reviewed from a City & Hackney partnership perspective and from a North East London perspective.

RESOLVED – That the report be received and its contents noted.

6. CITY & HACKNEY SEXUAL AND REPRODUCTIVE HEALTH STRATEGY, ACTION PLAN AND CONSULTATION REPORT

The Board received a report of the Director of Public Health, concerning the approval of the City & Hackney Sexual and Reproductive Health Strategy,

Action Plan and Consultation Report. Following an introduction of the report, Members of the Board asked questions and made comments, which are detailed below.

The Chairman thanked officers and commended the ambition and commitment to co-production. It was commented that advocating for more national investment was crucial. Some services were funded from the City & Hackney public health grant, and some services were commissioned directly by the NHS. The City of London has a high level of need, and there needed to be more work on education, prevention, and use of online services. This would require more investment at a national level.

Members of the Board queried whether there was difficulty in determining whether access to services was made by workers or residents within the City of London. The Board heard that the City of London had higher rates in comparison to the rest of the country in terms of access to sexual health services, and an atypical population. There was evidence that sexual health providers were not following the correct guidance when asking for a patient's address, which made it difficult to determine whether the patient was a resident or worker. There had been communications to providers, in order to improve the understanding of the need for sexual health services within the City.

Members of the Board asked questions with regards to managing the success of the action plan. The response was that officers had developed the strategy and action plan alongside each other. A sub-working group would agree responsibilities and outcomes of the action plan and would formally manage it in order to assist with working together with partners. A member requested an interim update report on the action plan be brought to the Board after six months, in addition to the annual update of the action plan and progress report.

Lastly, the Board heard that sexual assault referral centres (SARC) were known as Havens. There had been some staffing challenges and difficulty reinstating services following the Covid-19 lockdowns. Officers were keen to ensure there was greater public and professional awareness of when and how these services were accessed, and the action plan had specific actions to raise awareness of Havens. Havens were accessed by both referral and walk-ins, with the City of London and Met Police being a major source of referrals. NHS England, who commissioned the Havens, were looking to bring different Havens into a central London location with parking spaces for Police who may make the referral. Having a joined up approach would have an impact on the outcome and experience when using these services.

RESOLVED – That the Health and Wellbeing Board:

- (i) Note the consultation report;
- (ii) Reviewed and approved the revised strategy;
- (iii) Reviewed and approved the first year action plan with an interim report at six months on progress to come to the Health and Wellbeing Board;

- (iv) Confirmed setting up of a sub group of the Health and Wellbeing Board for the sexual and reproductive health strategy implementation group and annual reporting to the Board.

7. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - 2023

The Board received a report of the Director of Public Health, concerning the Director of Public Health's Annual Report for 2023.

The Board heard that the Annual Report had been used to inform the City and Hackney Sexual and Reproductive Health Strategy. Officers had been working with the communications team to promote and enhance the impact of the report.

The Board heard that the topic for the Annual Report 2024 would be social capital. This concerned connections between people which were positive and fruitful for life experience and life outcomes. There was a particular interest in connections which promoted health, as communities with high levels of social capital were healthier and less fragmented. There would be a two-part approach over two years, with the latter year building upon an evidence base on social capital. In 2025, a practical action plan would be produced for communities. There would also be an advisory group which would provide insight and expertise to help guide the project.

RESOLVED – That the report be received and its contents noted.

8. TRADING STANDARDS UPDATE - NICOTINE INHALING PRODUCTS

The Board received a report of the Interim Executive Director for Environment, concerning an update on trading standards in relation to nicotine inhaling products. Following an introduction to the report, the Board noted that Central Government had recently announced plans to ban single use inhaling products, and to make them less appealing to children. The Board also noted that the report had been received at the Port Health and Environmental Services Committee, whose Members had raised concerns on the disposal of the products, and the test purchasing of inhaling products. The Board also noted that a paper would be received at a future meeting for the local approach to tobacco control. Inhaling products could support quitting adult smokers, but there needed to be discouragement for non-tobacco smokers from using inhaling products, and stopping the supply of illegal products.

The Board noted that issues and concerns surround inhaling products was a topic which covered many teams across the City Corporation, including health and waste management. Officers would take away points with regards to local campaigns to prevent smoking and safe disposal options. With regards to waste disposal, it would be quicker to report back to the Board with a strategy, but issues such as addiction and illegal products would take more time. However, it was agreed that an update report would be received at a future meeting.

The Board noted that it had been announced that it was aimed that those born from 1st January 2009 would not be able to purchase tobacco, and it was

queried whether this extended to inhaling products. The response was that the legislation focused on tobacco, as the intention was that inhaling products would be available to support those over the age of 18 with addiction issues.

The difference between legal and illegal disposal products was the size of the chamber and the strength of the nicotine. There was a piece of work to identify the origin of illegal products. The penalties for illegal products were unlimited fines and 5 years maximum, but the largest deterrent was seizing stock, which due to the value of the products was a larger penalty.

RESOLVED – That the report be received and its contents noted.

9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

The Board received a report from Healthwatch, City of London, to consider a progress update.

The Board heard from the Healthwatch representative who provided a summary of the progress update. This included updates regarding concerns on overprescribing at pharmacies (which has been reported to NHS England), patient panels, deaf awareness, sessions on CPR and resuscitation, the lease and provision at the Neaman Practice, digital apps, and services and access for foot health.

Following queries, the Board heard that Healthwatch were not consulted on the appearance of leaflets but were more consulted on strategic communications.

The Board discussed the Neaman Practice, and future opportunities at the facility. It was noted that a report would be received at a future meeting of the Board which would cover plans from commissioners on models for their primary care plans, including linking to population flow and changes to primary care.

RESOLVED – That the report be received and its contents noted.

10. **NORTH EAST LONDON INTEGRATED CARE BOARD: FORWARD PLAN REFRESH 2024/2025**

Note: During this item, the Board agreed that, under Standing Order 40, the meeting be extended to conclude its remaining items of business.

The Board received a report of the NHS North East London (NEL) Integrated Care System, concerning their forward plan refresh for 2024/25. The report sought the Board's views and comments on the forward plan.

Members of the Board commented that whilst it was appreciated that City and Hackney had its own individual pages within the plan, these did not address the specific needs of those areas, including homelessness and rough sleeping, the hidden workforce, and sexual health. The draft plan felt more health focused rather than partnership focused and needed to reflect the work in the City and Hackney with communities.

Members also commented that the plan felt high-level and Hackney-centric, as well as the language being NHS England focused rather than being broad and accessible for all. In addition, there was not enough detail on finances and how to close the gap with productivity and efficiency.

Finally, the Board heard that the finalised forward plan would be signed off by NHS England by the end of March 2024.

RESOLVED – That the report be received and its contents noted.

11. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no public questions.

12. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no public items of urgent business.

13. EXCLUSION OF PUBLIC

RESOLVED – That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

14. NON PUBLIC MINUTES

RESOLVED – That the non-public minutes of the previous meeting held on 24 November 2023 be approved as a correct record.

15. NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no non-public questions.

16. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED

There were no non-public items of urgent business.

The meeting ended at 1.00 pm

Chairman

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