

HEALTH AND WELLBEING BOARD

Friday, 24 November 2023

Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 24 November 2023 at 11.00 am

Present

Members:

Mary Durcan (Chair)
Ruby Sayed (Deputy Chairman)
Deputy Marianne Fredericks
Gail Beer
Johnathan McShane - City and Hackney Place Based Partnership and North East London Integrated Care Board
Helen Fentimen
Judith Finlay

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
Ellie Ward	- City and Hackney Public Health Service
Chris Pelham	- Community and Children's Services
Deborah Bell	- Community & Children's Services Department
Kate Doidge	- Town Clerk's Department

1. APOLOGIES FOR ABSENCE

Apologies were received from Deputy Randall Anderson and Matthew Bell.

Johnathan McShane attended on behalf of Nina Griffith, North East London Integrated Care Board.

Dr Sandra Husbands (Director of Public Health), Gavin Stedman (Port Health and Public Protection Director), and Tony de Wilde (City of London Police) observed the meeting virtually.

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

There were no declarations.

3. **MINUTES**

It was requested that the acronym CCLA within item 6 of the minutes of the previous meeting be clarified. This stood for Churches, Charities and Local Authorities (CCLA).

Under matters arising, the street triage hours for suicide prevention would be followed up and confirmed. The waiting times for therapies would be followed up with East London NHS Foundation Trust.

RESOLVED – That the public minutes and non-public summary of the previous meeting held on 22 September 2023 be approved as a correct record.

4. **BETTER CARE FUND Q2 RETURN**

The Board received a report of the Executive Director of Children's and Community Services, concerning approving the Better Care Fund Quarter 2 return. The Board heard that the chronic ambulatory care conditions target was not on track as this and how the conditions were managed within a community were the responsibility of an NHS Outcome Framework.

Following questions, the Board heard that it was social care that assisted with maintaining independence for patients within the community, which again was an NHS Outcome Framework on how conditions were managed within a community. There were some issues with the figures from the Integrated Care Board (ICB), due to when Clinical Commissioning Groups (CCGs) merged and what information could be released and provided. Officers would follow up with the ICB on this point.

RESOLVED – That the Board approve the Better Care Fund Q2 return.

5. **THE CHILD Q UPDATE REPORT**

The Board received a report of the City & Hackney Safeguarding Children Partnership, concerning a summary and update on the Local Child Safeguarding Practice following Child Q report.

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

6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD (CHSAB) ANNUAL REPORT 2022/23**

The Board received a report of the Group Director Adults, Health and Integration at London Borough of Hackney, concerning the City and Hackney Safeguarding Adults Board (CHSAB) Annual Report for 2022-23.

It was asked if a patient believed that a Local Authority was failing in its safeguarding duties could self-refer. The response was confirmation that patients could self-refer to organisations including health, the police, and any other social care organisation. This was actively being encouraged by CHSAB.

Officers would follow up with CHSAB to ensure that other organisations, aside from Homerton Healthcare NHS Foundation Trust (Homerton) and East London NHS Foundation Trust (ELFT), were captured within its annual report.

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

7. HOMELESSNESS & ROUGH SLEEPING STRATEGY 2023-27

The Board received a report of the Executive Director of Children's and Community Services, concerning the Homelessness & Rough Sleeping Strategy 2023-27, which had been endorsed by the Homelessness & Rough Sleeping Sub-Committee and approved by the Community and Children's Services Committee.

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

8. INTRODUCTION TO CITY OF LONDON HOMELESS HEALTH WORK

The Board received a report of the Executive Director of Community and Children's Services, concerning an introduction to the Homelessness Health Workplan. Following an introduction to the report, questions and comments were raised as follows:

The Board heard that there was no current capacity to change the day that the mobile primary care clinic was deployed, but a clinical outreach service was run on Wednesday mornings.

It was asked whether other health services, such as dentistry and podiatry, would be offered at the mobile clinic. On dentistry, the response was that dental referrals were offered, however generally there were difficulties accessing that health service within the City. The Board also later heard that oral hygiene packs were provided in the mobile clinic. Hygiene packs were also provided on the outreach service.

On podiatry, the Board heard that there was a priority within the workplan for access to extended services such as podiatry, but the mobile clinic focused on a 'wrap-around' service. At the Greenhouse Surgery, a podiatrist was attended monthly, but that space had to be shared with other services and was further away in distance from the City. It was later commented that there was a podiatry clinic at the Artesian health centre which could link to services within the City.

It was raised that weight was a key health concern among homelessness. The Board heard that patients were assessed and prescribed as necessary and would direct to other pathways such as access to food for those with weight concerns.

The Board raised its concerns that the Homeless Health Coordinator role was only funded until 2025 by the Department for Levelling Up, Housing and Communities (DLUHC) Rough Sleeping Initiative (RSI). The response was that continued funding was a priority, and DLUHC had not provided great assurance of its continuation. For the workplan to continue, it needed to be considered within the wider health modelling. The Board encouraged the gathering of data for an evidence base to DLUHC for the funding to continue. It was questioned whether the data should be reported quarterly rather than bi-annually to the

Homelessness and Rough Sleeping Sub-Committee, to which the response was that this could be considered but was likely reported bi-annually due to capacity restrictions.

Finally, following queries on the mental health service provision, the Board heard that there was a low-threshold service that could assist with low-level cases. There was also a psychotherapy service. There was a need to build engagement and trust with patients for continued use of the mental health service.

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

9. **CLIMATE & HEALTH - OPPORTUNITIES FOR COLLABORATION**

The Board received a report of the Director of Public Health, concerning opportunities for collaboration within climate and health. The Board received a presentation as set out within the agenda papers. The presentation summarised the impacts of climate change on public health; health benefits to climate action; the climate action strategy; and the role of the North East London Integrated Care Strategy (ICS).

It was suggested and agreed that this topic be a regular item at the Health and Wellbeing Board, as climate and health needed to be linked together. It was commented that climate action had not yet become embedded, and there needed to be stronger links and focus on practical, and realistic, actions. It was also said that there needed to be more proactiveness rather than mitigation of impacts of climate change.

The Board heard that there needed to be an understanding between the objectives on climate change and its link to health inequalities, and that the Board should provide a strategic steer for opportunities for collaboration on the two topics. It was therefore agreed that this topic should return to future meetings of the Board. It was also raised that Members met regularly with the Director of Public health. Priorities for future actions and opportunities for collaboration could be considered during those meetings.

The Board also discussed actions taken in Housing and the impacts of housing conditions on health. This was a matter which the Housing department were aware and were considering direct actions.

Finally, the Board heard that the report templates were to be updated to capture the implications on climate and health. Further information would be provided to the Board once available.

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

10. **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 Healthwatch's Annual Group Meeting; appointments; overprescribing issues; Covid-19 vaccination rollout; patient panels; digital apps; and reviews at the primary care practices.

A Member queried the maximum patient list number for the Goodman's Field Medical Centre. The response was that the area covered more than one surgery so there would be more than one practice list. The maximum number would be checked and provided. The Board later heard that work had been undertaken in previous years for the Goodman's Field Medical Centre catchment area, and practice partners had indicated that it had not wanted to change the catchment area. This would be followed up.

The Board discussed the Neaman Practice, and that the location and condition of the space needed to be improved. The Board heard that the lease had not yet concluded, and the responsibility for providing the practice was the Integrated Care Board (ICB), who paid rent. There were hopes to utilise the third floor of the practice and upgrade the condition. 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.

The Board heard that issues relating to communications on neurodiversity were being dealt with by the Town Clerk and Executive Director of Community and Children's Services.

The Board also discussed podiatry and footcare, and that Healthwatch had been discussing with AgeUK on matters such as toenail clipping services. The Board heard that there needed to be a broader look at foot healthcare. The Board also heard that options had been suggested for mainstream funding, but foot healthcare had been reduced to care for specific foot health conditions.

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

11. ANNUAL REVIEW OF THE TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD

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

The Board received a report of the Town Clerk, concerning the Annual Review of the Terms of Reference of the Health and Wellbeing Board. The Board noted possible amendments for discussion, which were amending the quorum; and increasing the number of co-opted members or extending the external membership of the Board to East London Foundation Trust (ELFT), St Bartholomew's Hospital (Barts Health NHS Trust), and Homerton Healthcare NHS Foundation Trust).

The Board agreed to reduce the quorum to three. It was also agreed to extend the membership of Members from the Court of Common Council. It was raised that this would assist with quoracy and provide more continuity from members of the Board.

The Board considered its previous discussions on co-opted members, and discussed whether those organisations identified (ELFT, St Bartholomew's. And Homerton Healthcare) should be full external members of the Board. It was raised that there would be a benefit of a broader conversation with the membership of the health providers. The Board agreed to amend the membership of the Board to include those organisations, as listed above.

The Board agreed to delegate the revisions to the Terms of Reference to the Town Clerk, in consultation with the Chairman and Deputy Chairman. It was also agreed by the Board that the revisions should be made in time for its next meeting in order for the new external members to attend.

RESOLVED, That:

- (i) Approval of the final wording of the revisions to the Terms of Reference, as described above, be delegated to the Town Clerk, in consultation with the Chairman and Deputy Chairman of the Health & Wellbeing Board.
- (ii) The revisions to the Terms of Reference be approved subject to any comments for submission to Policy & Resource Committee and/or Court of Common Council.

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

There were no public questions.

13. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no public items of urgent business.

14. EXCLUSION OF PUBLIC

RESOLVED – That under Section 100A(4) 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.

15. NON PUBLIC MINUTES

RESOLVED – That the non-public minutes of the previous meeting held on 22 September 2023 be approved as a correct record.

16. SEXUAL HEALTH SERVICES IN THE CITY OF LONDON

The Board received a report of the Director of Public Health, concerning discussion on the sexual health service provision within the City of London.

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

RESOLVED - That this item be deferred until the next meeting of the Health & Wellbeing Board.

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

There were no non-public questions.

19. 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 1.15 pm

Chairman

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