

## **HEALTH AND WELLBEING BOARD**

**Friday, 3 May 2024**

**Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 3 May 2024 at 11.00 am**

### **Present**

#### **Members:**

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

#### **Officers:**

Chris Lovitt	- City and Hackney Public Health Service
Emmanuel Ross	- City and Hackney Public Health Service
Ellie Ward	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services
Simon Young	- Community and Children's Services
Ruth Calderwood	- Environment Department
Kate Doidge	- Town Clerk's Department

**It was moved by Mary Durcan and agreed that Deputy Randall Anderson takes the Chair until Item 4, Election of Chairman.**

#### **1. APOLOGIES FOR ABSENCE**

Apologies were received from Dr Sandra Husbands (Director of Public Health). Chris Lovitt attended on her behalf.

Ceri Wilkins (Court of Common Council) and Chris Lovitt (attending on behalf of the Director of Public Health) observed the meeting virtually.

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

There were no declarations.

#### **3. ORDER OF THE COURT**

The Board received the Order of the Court of Common Council dated 25<sup>th</sup> April 2024, which appointed the Board and approved its Terms of Reference.

4. **ELECTION OF CHAIRMAN**

The Board proceeded to elect a Chairman in accordance with Standing Order No. 29. The Town Clerk informed the Board that Mary Durcan, being the only Member expressing their willingness to serve, was duly declared Chairman of the Health and Wellbeing Board for the ensuing year and took the Chair for the remainder of the meeting.

RESOLVED – That Mary Durcan be elected Chairman of the Health and Wellbeing Board for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**

The Board proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. The Town Clerk informed the Board that no expressions of interest were received ahead of the one full working day deadline and requested if there were any expressions of interest for the Deputy Chairman of the Health and Wellbeing Board. Helen Fentimen, being the only Member who indicated their willingness to serve, was duly declared to be Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

The Town Clerk informed the Board that, although Helen Fentimen was a Member of the Board in her capacity as Chairman of Community and Children's Services Committee, this was not an ex-officio position within the Board's Terms of Reference, and it was therefore considered acceptable that she serve as Deputy Chairman for the ensuing year. The Town Clerk confirmed that there would be consideration of clarifying which members of the Board were able to serve as Chairman or Deputy Chairman at its annual review of its Terms of Reference.

RESOLVED – That Helen Fentimen be elected Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

6. **MINUTES**

RESOLVED – That the public minutes and non-public summary of the previous meeting held on 2<sup>nd</sup> February 2024 be approved as a correct record.

7. **CITY OF LONDON JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024 - 2028**

The Board received a report of Executive Director of Community and Children's Services, concerning the approval of the City of London Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2028.

The action plan for the JLHWS would be developed with a wide range of partners to deliver the priorities, with the timescales for action plan to be finalised with the partnerships. An update on this action plan could be reported back to the next meeting of the Board. The 'join' was with the partners on the Board and reflected the priorities within the Hackney Joint Health and Wellbeing Strategy. The Integrated Care Board (ICB) and other partners should be reflecting the priorities of the JLHWS.

A Member of the Board raised the need for a higher profile on men's health, and particular for the father's role within maternity services, and that fathers did not appear on the equality analysis on maternity services. The Board heard that these points would be raised with East London Foundation Trust and the local Place Based Partnership.

A Member of the Board asked what the difference with the aims would be to improve the Child and Adolescent Mental Health Services (CAMHS), as the environment has changed since the Covid-19 Pandemic. They further highlighted the Food Pantry to build financial resilience and commented that there was a proportion of the residential population of the City who could not afford the shops within the surrounding area, and that food bills had risen since the pandemic. The Member said that they were interested in what the Corporation could do to tackle this issue.

On social isolation, the Board heard that this required partnership work both inside and outside of the City, and to ensure that resident engagement had depth within the community. It was explained that social capital (or lack thereof) and social isolation were different, as social capital related to the depth and value of the connection rather than isolation. There was an action to pilot an innovative and impactful befriending service. It was suggested that the Barts League of Nurses might have suggestions for the befriending service.

RESOLVED – That Members approve the City of London Joint Health and Wellbeing Strategy.

8. **BETTER CARE FUND Q3 RETURN**

The Board received a report of the Executive Director of Community and Children's Services, concerning approval of the Better Care Fund Quarter 3 return. Following an introduction to the report, the Board heard that officers were considering that the Board receive the annual end-of-year report, and that the interim Better Care Fund reports be signed off under Delegated Authority.

It was raised that Members frequently commented on a need for residential nursing facilities in the City, and requested an explanation as to why this would not be feasible. The response was that the City's Better Care Fund priorities were dominated by managing hospital discharges, capacity, and demand, rather than nursing facilities. These priorities were made more difficult for the City due to its smaller numbers in comparisons to other Local Authorities. However, the Fund could still be used to meet some local priorities, including support to carers and its own discharge scheme. The Board also heard that although the City appeared to be spending more than the decreed amount for Local Authorities, this was often resolved in the negotiations with the ICB, and therefore it often commissioned services that exceeded the funding from the ICB.

RESOLVED – That Members approve the Better Care Fund Quarter 3 return.

## 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 the concerns of the effectiveness of the Neighbourhoods Programme, their Public Board meetings, Patient Panels, and Digital Apps project.

Regarding the concerns raised by the Healthwatch representative on the Neighbourhoods Programme, the Board heard that these concerns and disappointment on effectiveness had been raised by officers at the City. The Programme had set up a board specifically for the City, including an evaluation of its neighbourhoods. Officers could look into this further and challenge what the model has actually delivered in the City.

The Board discussed an additional GP practice in the City to the Neaman Practice. The Board heard that the Hackney Health and Wellbeing Board has raised similar concerns on responsibility for GP practices and strategic priorities. It was agreed to request the ICB a session to discuss the specific needs of the City for members of the Board. It was noted that following a request at a previous meeting, the ICB had been contacted to bring a strategy on primary care to the Board before its approval, but that the ICB had pushed back on this until after a strategy had been approved.

On the Neaman Practice specifically, the actions that it required, such as drafting a business case, could be followed up. GP practices including the Neaman Practice had been caught in the difficulty of the ICB being unable to confirm any further investment. In terms of the Neaman Practice's business case, members raised whether this should be given more weight in the context of the wider need for primary care, and that this did require an effort and support from partners.

Following a point raised, it was agreed that data on where City residents registered their GP practices be shared with the Board.

The Board therefore agreed for the ICB to be re-contacted and to re-iterate its previous request on primary care, and that this be a priority for its next meeting in July 2024.

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

## 10. **COMBATING DRUGS PARTNERSHIP AND SUBSTANCE USE SUPPORT UPDATE**

The Board received a report of the Director of Public Health, concerning an update on the Combating Drugs Partnership (CDP) and Substance Use Support.

It was explained to the Board that the CDP had been trying to bring naloxone, an opioid antagonist used to reverse or reduce the effects of opioids, and

reduce the effects of harmful overdoses, into professional use, such as in frontline policing. There was a professional information network which was the route into the CDP's services if there was an identified heightened risk in certain areas and accessing support. The Board later heard that the Corporation had frontline staff who might be in scope for professional use of naloxone, including the City of London Police. This needed to be ensured that this progressed forward, and it was suggested to the Board that there be a report detailing the progress and action plan to maintain this momentum. The use of naloxone was a priority due for the potential fatal overdoses. The Board also heard that the Homelessness and Rough Sleeping Sub-Committee had recently received a report on drug use in rough sleeping and homelessness, and that the rough sleeping service carried naloxone. There was also weekly clinical mobile vehicle in the City, where naloxone was available.

A Member queried whether the approach was sensitive enough to target different substance user groups. The response was that there had been work to ensure that the different groups were targeted, such as the Incident Management Team to communicate the risks of drug use, ways to reduce harms, and engaging with recovery services.

It was commented those persons who had undiagnosed ADHD who took, or were addicted to, drugs, and it was questioned whether this had been considered in relation to their diagnosis. The response was that there was a workstream on the role of neurodiversity leading to continued harmful drug use, but this had not yet produced any findings to provide to the Board at this juncture.

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

#### **11. CITY AND HACKNEY OUTCOMES FRAMEWORK AND APPROACH TO IMPROVING OUTCOMES**

The Board received a report of the Head of Performance and Population Health for NHS North East London (NEL), to consider the City and Hackney Outcomes Framework, building on its strategic objectives and setting out its ambitions for partners and residents. It also included a proposal for the Local Government Association to support the development of the City of London Health and Wellbeing Board.

Members of the Board commented that they found the Outcomes Framework vague, and it should quantify the outcomes or goals, and demonstrate specific targets.

Members highlighted a development session for the Health and Wellbeing Board, which was suggested to use Members and would be hosted in the next few months. Officers noted the offer from the Local Government Association for a partnership action plan and would work with the Head of Performance and Population Health at NHS NEL for a proposal and dates for this session.

The Board heard that the follow up would be a summary of what 'good' looked like, what improvements had been made, and what could be done as a system to enable more improvements and outcomes for residents.

RESOLVED – That Members:

- Note the report and approach to improving outcomes.
- Agree the approach to report for City of London HWB.

12. **DRAFT AIR QUALITY STRATEGY 2025 TO 2030**

The Board received a report of the Interim Executive Director for Environment, concerning the draft Air Quality Strategy 2025 to 2030.

The polluting impact of generators, and of development in the City, generally was raised as a concern. The Board heard that a particular incident with a generator in the City had been resolved and was being monitored. There were officers who were funded through the construction levy who engaged with construction sites to ensure best practices and that the site met the latest standards and responded to any incidents.

A Member of the Board questioned how the draft Strategy would be presented and communicated to residents of the City of London. The response received was that the consultation would be hosted on Commonplace, an online platform. It was acknowledged that there was a high volume of complex data and information, and it was aimed to present this in a manageable and digestible manner.

It was queried whether the Corporation was working with neighbouring London Boroughs on air quality. The response was the affirmative, and that the Corporation chaired an air quality steering group and was involved in developing policy and work with its neighbours to drive projects, demonstrating leadership and innovation to influence those surrounding the City of London.

Members raised that the draft Strategy referenced an older version of the Health and Wellbeing Strategy which had an air quality priority, which was no longer the case. However, the Board agreed that it wished to endorse the sentiment, noting the health benefits for improved air quality.

The levels of nitrogen oxide produced by river vessels was highlighted. The Board heard that the data was provided by the Greater London Authority and could never be absolute. The Corporation worked with the Port of London Authority, including a trial of retrofitting diesel engines on river vessels to reduce pollution, albeit it was more difficult to retrofit boats than road vehicles. There had also been work to encourage industries based along the Thames to enable the most up to date machinery. It was said, however, that it could be expected that as road traffic reduced, the relative proportion of pollution would increase for other modes of transport such as the river.

Members of the Board referenced the levels of pollution around Smithfield Market shown on the maps within the Strategy. The Board heard that this was most likely due to the vehicles around the market rather than the machinery. It

was noted that refrigeration was not governed by the same euro standards as construction equipment, and this had yet to be addressed.

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

**13. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

There were no public questions.

**14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

There were no public items of urgent business.

**15. 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.

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

There were no non-public questions.

**17. 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 12.50 pm**

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Chairman

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