

HEALTH AND WELLBEING BOARD

Friday, 11 July 2025

Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 11 July 2025 at 11.00 am

Present

Members:

Deputy Helen Fentimen OBE JP (Chair)
Sarah Gillinson (Deputy Chair)
Gail Beer
Matthew Bell
Dr Stephanie Coughlin (External Member)
Judith Finlay (Executive Director, Community and Children's Services)
Jed Francique (External Member)
Deputy Ceri Wilkins

In Attendance

Officers:

Mark Gettleston	- Director of Campaigns and Engagement
Chris Lovitt	- Deputy Director of Public Health (City and Hackney)
Ellie Ward	- Community and Children's Services
Will Noman	- Community and Children's Services
Nana Choak	- Community and Children's Services
Emmanuel Ross	- City and Hackney Public Health Service
Ratidzo Chinyuku	- City and Hackney Public Health Service
John Bradley	- City and Hackney Autism and ADHD Services
Joia De Sa	- City and Hackney Public Health Service
Jessica Veltman	- City and Hackney Public Health Service
Melissa Matz	- City and Hackney Public Health Service
Andrew Trathen	- City and Hackney Public Health Service
Tim Munday	- Environment
Samantha Palfreyman	- London Ambulance Service
Rachel Cleave	- Healthwatch
Rhys Campbell	- Town Clerk's

1. APOLOGIES FOR ABSENCE

Apologies were received from Deputy Marianne Fredericks in advance of this meeting.

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

There were no declarations.

3. **MINUTES**

RESOLVED, that – the public minutes and non-public summary of the previous meeting held on 9 May 2025 were approved as a correct record.

4. **ADULT ADHD SERVICE UPDATE**

The Board received a report and presentation of the City and Hackney ADHD Service and Autism Service.

Following the presentation the following points were discussed:

1. Regarding post-diagnostic support, A Member asked for further details in relation to funding, overall support and screening. Officers explained that those already diagnosed with ADHD or Autism are given access to medication reviews however only those who are newly diagnosed are given access to all support. The post-diagnostic support featured a monthly peer support group which varied between online and in-person participation. A recording of educational workshops, one-off reasonable adjustment appointments and coaching was made available to service users. Officers were unable to confirm the amount required for funding, however the Board was advised that the service had a tiny resource with assessments taking place on monthly basis with a waiting list of approximately 1,500 people. A Member acknowledged that the lack of support for ADHD and Autism Services was not only a local problem but a national problem also as the current system was unsustainable. Regarding funding, and particularly ADHD services, comparatively with other services it had received a lack of investment and some resource was being spent within the private sector and it was suggested for officers to think how best to use this resource going forward. Work was expected to be undertaken between ELFT, St Bartholomew's Hospital and Homerton Hospital to create a hub for City and Hackney service users.
2. The Executive Director asked for further detail of patient outcomes and whether a different societal approach could be undertaken when managing those with Autism and ADHD. Officers confirmed that generally patients were satisfied with the service and the use of impactful psychiatric medication proved beneficial.
3. The Deputy Chair asked if there was any role in diagnosis or pre-assessment triage and the impact of Senior Practitioners post-diagnosis, and whether nationally steps had been taken to tackle the underfunding of the ADHD and Autism Services. Officers explained that strategically there was a focus on the future of ADHD and Autism services, and to further assist General Practitioners identifying those with severe ADHD and Autism. Officers noted the work of the Mental Health Integration Committee and how they were developing a new strategy including further discussion of allocation of funding and agreed to review what was agreed

when this presentation was shared with the Health and Social Care Scrutiny Committee in May 2025.

4. The Chair thanked officers for their presentation and suggested that this report and presentation be brought to the attention of the Integrated Care Board to facilitate a further discussion between City and Hackney to determine what further steps were needed to support ADHD and Autism Services.

RESOLVED, that – the report was received and its contents noted.

5. **WATER STRESS AND HEALTH - OPPORTUNITIES TO COLLABORATE BETWEEN PARTNERS**

The Board received a report of the Director of Public Health and the Executive Director, Environment in respect of the health and wellbeing risks relating to water stress arising from climate-related impacts.

Officers provided a presentation and advised the Board of the effects of climate change and its consequential links to overheating, water stress, pests, diseases and flooding. In relation to water stress, it was noted that this had a direct impact on health as it could reduce water quality supply and the propensity and transmission of various diseases. Water Stress could impact the frequency and intensity of wildfires, and also change the habitats of disease vectors such as mosquitoes and ticks. Water Stress was recognised as a national issue, however it was particularly severe in the South-East of England and with it being extensively connected to London's water system, the sudden loss of water during a heatwave would be significant for health and wellbeing outcomes. Officer advised the Board of the national arrangements, management by environment agencies and water companies, on how to manage water resources with a focus to reduce water use, reduce water wastage and finding new ways of accessing more water.

A Member asked for further information regarding planning actions and officers noted that some actions included was to reduce how much water was being used in developments and determining water efficiency in commercial units, aiming for high efficiency of water usage. The Deputy Chair highlighted the sensibility of these suggestions however asked officers to advise of further actions, and officers advised that improving water resilience relied on the progression of wider London resource schemes such as the building of a new reservoir in Oxfordshire and overall the Board would need to support these schemes as it was essential to the health of City and Hackney residents.

The Chair advised officers that the City of London might be able to utilise its methods and relationships to encourage conversation with central government and the Greater London Authority (GLA) to discuss structural changes to mitigate the impacts of water stress. She also highlighted that this report and presentation would be of interest to the Port Health and Environment Services Committee, the Planning and Transportation Committee and the Policy and Resources Committee due to the implications listed within the report.

RESOLVED, that – the Health and Wellbeing Board:

1. Approve the continued collaboration between system partners on the issues outlined in the report.
2. Approve that actions are taken forward through the City of London Climate Action Strategy and NHS Green Plans, and that progress is reported back to the Health and Wellbeing Board annually.

6. MATCH PROJECT ON EMBEDDING HEALTH EQUITY

The Board received a presentation and report of the City and Hackney Director of Public Health in respect of an overview of the eMbedding heAlth equiTy in City & Hackney (MATCH) programme.

Following the presentation a discussion was held, and the following points were noted:

1. The Deputy Chair was in support of the approach of developing new solutions and asked if in year three if there would be an opportunity for these solutions to be embedded as mainstream in City and Hackney's approach. Officers explained that having learnt from previous years, wider engagement should be maintained to prevent officers from working in silos with a view of having further collaborative projects, and a focus on upstream ideas which would be embedded within existing services.
2. The Chair asked officers to clarify the impact of MATCH Project on Embedding Health Equity, and the Board was advised that work had been undertaken to determine the impacts of the projects and year one was expected to have more outcomes and there was a key focus on the development of the capacity and capabilities of partners across the system to undertake work in relation to this project.
3. Members were keen to see focus on Portsoken Ward and wanted to understand the health inequalities which existed there, and the response of the City Corporation to these inequalities. For Members to consider approval of the recommendations listed within the report, they would require a focus on the project's impact for year three. Officers agreed to provide the Board with more detail regarding measuring outcomes/impact to the plan for year 3.

RESOLVED, that – the Health and Wellbeing Board approve the proposed outline for MATCH Year 3.

7. MEETING HEALTH NEEDS FOR PEOPLE ROUGH SLEEPING IN THE CITY OF LONDON

The Board received a report of the Executive Director, Community and Children's Services in respect of an overview of support offered across the City of London

to address the health needs of the rough sleeping population, both in the context of local services and wider policy developments at the North East London level.

The Chair raised concern since primary care services did not seem easily accessible and questioned the adequacy of mental health services, and wondered if there was sufficient resource in this area for those sleeping rough. It was noted that provision of services was key to supporting rough sleepers, and it was suggested whether the City Corporation could ask property developers to contribute to a neighbourhood centre containing a host of services such as dental services and primary care to help tackle the increase of rough sleepers. In terms of gaining support from the City's business community which aligned with their Corporate Social Responsibility and Environmental, Social and Governance strategies officers suggested that a campaign could be launched to encourage occupiers to consider a community space or funding for a holistic City approach to tackling homelessness and rough sleeping. Further consideration on whether the Community Infrastructure Levy Fund and Neighbourhood Community Infrastructure Levy Fund could be used for such a community facility was expected to take place also. Officers agreed to produce a further report which would provide Members with an update on work undertaken across the system, working alongside with the Director of Campaigns and Engagement and his team on campaigns.

The Deputy Chair asked if more could be done on behalf of the Board to support meeting the health needs of rough sleepers with a focus on developing further housing being mentioned. Officers explained that building accommodation for those sleeping rough was necessary but not sufficient since other health issues also influenced rough sleeping and this would need to be addressed also.

A Member advised the Board that ELFT had begun the process of transforming their community mental health services and that there was a national focus for community mental health services to address the needs of rough sleepers.

RESOLVED, that – the report was received and its contents noted.

8. HEALTHWATCH CITY OF LONDON PROGRESS REPORT

The Board received a report of Healthwatch City of London detailing the work of Healthwatch City of London for Q1 2025/26.

The Chair, Healthwatch advised the Board of the work of the adult social care advisory group and that over the next few weeks following the meeting a series of workshops were expected to take place with a focus on intermediate lower-level intervention such as service users accessing aid assistance for their flats. Three meetings shall be taken across geographical areas with a Head Occupational Therapist available to discuss the services on offer such as attendance allowance which can deter those from accessing social care.

Events in anticipation of the Launch of the Entry Review Report were to take place at St. Bartholomew's Hospital and also an event in relation to men's health,

and how better for service users to access services such as minor injuries unit. The Chair, Healthwatch thanked a Member for their work regarding young people and their health and wellbeing.

Work had continued in respect of the Neighbourhood Engagement Forum and more work was expected to take place to determine how best neighbourhoods could work together. A Health in the City day event had taken place, and the Chair, Healthwatch thanked all who had supported the event including the Neaman Practice.

In respect of the Health and Social Care act and the Dash Report, officers were aware of the change to Healthwatch and how it would operate, and how localism would overall be reduced. The Dash Report stated that Healthwatch would be abolished along with Integrated Care Partnerships (ICPS) and a number of other groups, and social care would fall under the remit of local authorities, whilst health scrutiny shall be managed inhouse by the Integrated Care Board (ICB) with the intention to utilise online services. However, the utilisation of online services was raised with the Department of Health as an inequalities issue given that there were those who were unable to access online services. The abolition of Healthwatch was expected to take place in Autumn 2026 or Summer 2027.

The Executive Director, Community and Children's Services thanked the Chair, Healthwatch for their work and was also concerned about the abolition of Healthwatch and acknowledged that Healthwatch had been a "driver for good" for many years across the healthcare system and particularly within the City Corporation. She confirmed that officers would continue to work closely with NHS Colleagues to ensure that the opinions and needs of patients and service users were recognised.

The Deputy Chair noted the importance of the role which Healthwatch played and recognised that the following two years could be used as an opportunity to prototype the works of Healthwatch to ensure that there was a solid plan going forward following its abolition.

RESOLVED, that – the report and its contents be noted.

9. SAVING LIVES WITH FIRST AID INTERVENTIONS

The Board received a joint report of the Director of Public Health and Director of Community and Children's Services which asked Members to consider the role of Health and Wellbeing partners in maximising the benefits of first aid interventions and, if additional resources were required, potential sources of funding or staff time.

Officers provided a presentation and following the presentation a Member asked if it was possible for defibrillators to be placed in telephone boxes due to its high visibility, however officers explained that this concept had been explored but it was deemed not suitable since telephone boxes were difficult to monitor. The Executive Director, Community and Children's Services advised that it was important for the Board to ensure that city residents were aware of the locations

of defibrillators to increase access and encouraged those who had unregistered defibrillators to register them. Officers agreed to liaise with the Neighbourhood Forums to expand on the strategic context of defibrillator provision and support.

The Board were advised of the interaction between businesses and the local community such as the Safe Havens Project being utilised to support homelessness projects, and suggested that businesses and building management companies be asked to help increase access to defibrillators.

The Deputy Chair asked officers to provide a leading recommendation to changing the culture of saving lives with first aid interventions and it was suggested that stories of how a life has been saved using CPR or a public accessed defibrillator helped to change people's perspective.

RESOLVED, that – the report was received and its contents noted.

10. * ADULT SOCIAL CARE STRATEGY 2025-29

The Board received a report of the Executive Director, Community & Children's Services which presented the City of London Corporation's draft Adult Social Care Strategy 2025-29.

RESOLVED, that – the report was received, and its contents were noted.

11. *ADULT SOCIAL CARE SELF-EVALUATION FRAMEWORK 2024-5

The Board received a report of the Executive Director, Community and Children's Services in respect of the City of London Corporation (City Corporation) Department of Community and Children's Services (DCCS) Adult Social Care Self-Evaluation Framework (SEF) 2024.

RESOLVED, that – the report was received, and its contents were noted.

12. *COMMERCIAL ENVIRONMENTAL HEALTH SERVICE PLAN 2025-26

The Board received a report of the Executive Director, Environment Department in respect of the Commercial Environmental Health Service Plan 2025-26.

RESOLVED, that – the report was received, and its contents were noted.

13. *PORT HEALTH FOOD SAFETY ENFORCEMENT PLAN AND PORT HEALTH SERVICE PLAN 2025/26

The Board received a report of the Executive Director, Environment Department in respect of the Port Health Food Safety Enforcement Plan and Port Health Service Plan 2025/26.

RESOLVED, that – the report was received, and its contents were noted.

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

There were no questions.

15. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

Officers advised the Board of the Gloji Smokefree City & Hackney local stop smoking service for adults and children (12+ years) who live, work, study or have a GP in Hackney or in the City of London.

The service offered 12 weeks of free support to help smokers quit, with dedicated stop smoking advisors and easy access to free stop smoking aids (e.g. e-cigarettes/vapes, nicotine patches, and more). The service also offered face to face support in the North Wing of The Guildhall every Wednesday between 12-2pm.

Members of the public could drop in or contact Smokefree City & Hackney by calling 0800 046 9946 or emailing cityandhackney@gloji.co.uk.

16. 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 item(s) on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of the Schedule 12A of the Local Government Act.

17. NON PUBLIC MINUTES

RESOLVED, that –the non-public minutes of the previous meeting held on 9 May 2025 be approved as a correct record.

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

There was one non-public question.

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 urgent items of business.

The meeting ended at 13:17pm.

Chairman

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