

London Borough of Hammersmith & Fulham  
**Health & Wellbeing Board**  
**Minutes**



**Tuesday 12 March 2024**

**PRESENT**

Councillor Ben Coleman (Chair) (Deputy Leader and Cabinet Member for Health and Social Care)

Carleen Duffy (Healthwatch H&F)

Linda Jackson (Strategic Director of Independent Living (DASS))

Detective Chief Inspector Mark Staples (Met Police)

Dr James Cavanagh (H&F GP)

**Nominated Deputy Members**

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)

Nadia Taylor (Healthwatch H&F)

**Guests, officers and other attendees**

Julius Olu (Assistant Director – Commissioning and Partnerships)

Helen Byrne (Head of Commissioning, Public Health)

Eve Penman (Public Health Officer)

Hilary Tovey (ICB Health Equity team)

Shad Haibatan (SOBUS)

David Abbott (Head of Governance)

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Alex Sanderson and Jacqui McShannon.

Nadia Taylor joined the meeting remotely.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. MINUTES AND ACTIONS**

The Board agreed the minutes of the meeting held on 20 September 2023 as an accurate record.

#### **4. BETTER CARE FUND QUARTER 3 SUBMISSION 2023-2025**

Julius Olu (Assistant Director for Independent Living, Commissioning & Partnerships) presented the item which set out Hammersmith & Fulham Council and the H&F Integrated Care Board's Better Care Fund quarter 3 submission 2023 - 2025 to NHS England detailing expenditure and outputs. He noted that the document had been submitted on the 9<sup>th</sup> of February with the agreement of Councillor Coleman and it was being presented to the Board for formal ratification.

Councillor Natalia Perez asked how performance was measured. Julius Olu noted that the quarterly submissions to NHS England followed a standard template that covered planned and actual activity. He added that there were regular service review meetings to track performance and give partners an opportunity to raise issues. Linda Jackson gave the example of reablement and some of the metrics that were tracked, including time spent at home.

The Chair noted that the submission said data was not available in three areas and two areas were marked as not on track to meet their target. He asked how that fit with the assessment that we were meeting the national requirements. Julius Olu said there were some quality issues with the data and assured the Board they had met the requirements.

The Chair noted that flu vaccine uptake in the borough had been low and asked why it was given a tick if the outcome was poor. Julius Olu said the tick suggested a service was in place. He said any queries about performance could be fed back to the ICB.

Nadia Taylor asked what mechanisms there were for hospitals when discharging patients to ensure there was adequate provision in place for patients at home. She gave the example of an elderly patient who may have a carer and asked how they would be assessed. Linda Jackson said it was outside of the scope of the Better Care Fund but acknowledged the Discharge Hub had identified areas for improvement. The Chair requested an item for a future meeting on the discharge arrangements from hospital, with a particular view to the patient experience. Councillor Perez asked that the item include a section on how patients with additional needs were supported through discharge process. The Board agreed the item for inclusion on the work programme.

**ACTION: Linda Jackson**

#### **RESOLVED**

1. That the Health & Wellbeing Board retrospectively agreed the BCF quarter 3 report that enabled submission to NHS England by the 9 February 2024 deadline.

2. That the Health and Wellbeing Board receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

## 5. **PUBLIC HEALTH UPDATE ON ORAL HEALTH IN HAMMERSMITH AND FULHAM**

Helen Byrne (Head of Commissioning, Public Health) and Hilary Tovey (ICP Health Equity team) presented the report which gave a summary of the borough's plan for oral health and access to NHS dental services.

Helen Byrne said the plan aimed to reduce tooth decay and increase access to dentistry. She noted that within Hammersmith & Fulham, only 40% of children and 44% of adults had access to dentistry. The Chair asked what lack of access meant in this context. Helen Byrne said there were 30 dentists in the borough, but officers didn't have data on how many NHS places were available. She said services were not promoting oral health early enough to young families and dentistry was not embedded into the early life health checks. She said officers wanted to work across the system to build a consistent oral health offer. Hilary Tovey said there needed to be a whole system response including better access to dentists and improved oral health promotion. Helen Byrne added that oral health was also an issue for adults, particularly in vulnerable populations like refugees, asylum seekers, and the homeless.

Councillor Natalia Perez asked if the solutions to these problems would involve the voluntary sector as she felt they were well placed to reach the groups we needed to engage. Helen Byrne said charities and the voluntary sector would be consulted on how best to communicate with different communities.

Shad Haibatan (SOBUS) felt there was a need for more granular data because different communities had different levels of poverty, distrust, and exclusion. He noted that SOBUS worked closely with diverse communities and health was a key area of focus for them.

Hilary Tovey said one of the challenges was that dentists could choose to offer either NHS or private places. The Chair said the dentists' contract was the key factor because currently it paid less to offer NHS places.

The Chair asked if the ICB could directly commission more dentists. Hilary Tovey said the ICB could not grant licenses for new dentists, but it had looked at using delegated commissioning to provide incentives for existing dentists. In 2024 the ICB had allocated £2.7m for enhanced Unique Dental Activities (UDAs) for new patients

to get people back to regularly seeing a dentist. She noted that since starting the programme there had been an increase in the number of new patients.

Nadia Taylor said it was a complex problem with many factors contributing to the current crisis. She noted that in her role as a School Governor she had seen the impact of the reduction in funding and services, and the cost-of-living crisis also had a big impact. She added that Healthwatch had produced a detailed report on the impact of the cost-of-living crisis and dental treatment was shown to be one of the most difficult services to access.

Carleen Duffy said residents regularly called Healthwatch to ask which dentists took NHS patients. There was an online list, but dentists were responsible for updating it and it was often out of date.

The Chair asked which public body was responsible for dentists in the local area. Helen Tovey said NHS London was responsible for dentists and the ICB was responsible for prevention and promotion of oral health services. The Chair asked if we could keep the information about NHS places updated ourselves. Hilary Tovey said we could make the information available in school settings.

Carleen Duffy reported that the Healthwatch survey showed 120 people out of 240 had or anticipated not being able to use dentist in the next 12 months. And many people didn't know about low band payments or what services were available. She suggested that a representative from the dental health team attend Healthwatch's family day.

The Chair noted that one of the ICBs stated intentions was to improve access to dentistry in areas of higher need and asked what they were doing to address that. Hilary Tovey said she could provide an update after the meeting.

**ACTION: Hilary Tovey**

The Chair asked how much difference the Government's plan would make in practice. Helen Tovey said there needed to be a consistent message, with local agreement around NHS places and dentists needed to keep their information up to date. She added that it was important there was a complete pathway, with both community dentistry and general practice services available where necessary.

Linda Jackson addressed the Board and noted that the paper set out the problem and the current gaps. The challenge for teams now was to come up with a more detailed plan, including measurements for success. She said the plan should also highlight areas that were outside of local control and needed to be raised at a national level. The Chair agreed and requested a further report with clear measures and success outcomes.

**ACTION: Linda Jackson / ICB**

Councillor Perez asked that Healthwatch share their findings so they could be considered and incorporated into any future plans.

**ACTION: Carleen Duffy**

Councillor Perez asked if schools could have an updated list of dentists accepting NHS patients. The Chair also asked how officers and the ICB were planning to work with local schools to encourage pupils to keep their teeth healthy. Helen Tovey said the ICB were working with CLCH to go into schools, and she could provide feedback once the work had started. The Chair requested a plan for improving oral health in schools.

**ACTION: Helen Tovey**

The Chair asked for more detail on what the changes to the Healthy Schools programme were and their impact on children's oral health. Helen Tovey said historically there was a Health Schools coordinator who helped schools, then they were removed, and schools were left to organise the programme themselves. Schools felt the transition was poorly handled and there was a lack of coordination.

The Chair thanked everyone for their contributions. He said he was disappointed at the current situation but was glad it was on the agenda and was a priority for the ICB. He said there were good opportunities with schools and Family Hubs, and he looked forward to seeing a more detailed action plan.

**RESOLVED**

1. Support the development of a Hammersmith and Fulham specific oral health plan aligned with the North West London Integrated Care System approach to improving child oral health.
2. Support the approach to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Hammersmith and Fulham population.
3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed.

**6. PUBLIC HEALTH UPDATE ON SUICIDE PREVENTION IN H&F**

Helen Byrne (Head of Commissioning, Public Health) introduced the report that provided an update on the incidence of deaths by suicide in Hammersmith and

Fulham and the work at both strategic and operational levels in the Council to examine the context and develop learnings to inform targeted and universal approaches for reducing the rate and preventing further occurrences.

Helen Byrne was joined by Eve Penman (Public Health Officer) who was beginning a contract to focus specifically on suicide prevention in the borough. She addressed the board and noted the following points:

- Hammersmith & Fulham had the highest suicide rate in London.
- The majority were male aged between 25 and 35, many with known mental health problems and drug and alcohol problems.
- Officers were working with partners to collect data and information on suicide attempts and incidents of self-harm to build a fuller picture of the problem.
- The Council was supported by the Listening Place, an award-winning volunteer-led suicide prevention organisation.
- Officers were working with partners to update the prevention strategy from 2020. They were also working with families who had lost loved ones to suicide.
- Key risk factors included contact with the criminal justice system, housing need, unemployment, and bereavement.

Helen Byrne noted that officers intended to bring the draft action plan to the Board in June 2024.

**ACTION: Helen Byrne**

Shad Haibatan (SOBUS) said it was sad that Hammersmith & Fulham had the highest suicide rate in London. He noted that mental health was a big factor, along with isolation, and early intervention was key. He wanted partners and communities to work together to tackle this issue. He also raised concerns about the promotion of suicide amongst certain groups of young people online.

Councillor Natalia Perez expressed her condolences to families who had lost someone from suicide. She noted that the risk factors included housing need and employment status – and asked about the role of the advice sector and if there was any preventative support they could give.

Helen Byrne said there was a lot of support available to people, but it was usually only accessed at the point of crisis. The Council wanted to take a more holistic approach and ensure people were aware of help and support earlier to prevent people getting to crisis point. Officers planned to work on this issue with partners like the Listening Place, H&F Law, Citizen's Advice Bureau, and housing providers.

The Chair asked about the work with housing providers. Eve Penman said work was being initiated with Council housing officers to offer suicide prevention training and

promote wellbeing services through them. Helen Byrne said the goal was that all frontline staff would get access to training.

Nadia Taylor asked why Hammersmith & Fulham had the highest suicide rate. Eve Penman said there were a range of factors and that more analysis needed to be done before coming to a robust conclusion.

The Chair noted that from September 2023, the police in England had stopped responding to mental health calls if there was no risk to life or crime being committed. He asked if there had been any impact on suicide numbers as a result. Linda Jackson said local police representatives had reported no impact on hospital or ambulance services from the change, but it had freed up officer time. Detective Chief Inspector Mark Staples agreed. He commented that the new policy was to ensure people were seen by the right service. The police had not seen any detrimental effects, but it would continue to be monitored.

Councillor Perez asked if young people being bullied on social media was an area of concern. Helen Byrne said they would be working with schools and looking at the different types of support that was available to young people. Officers were also working with the Youth Council to help develop training.

The Chair asked about the impact of the Listening Place. Eve Penman said they had done great work and were very effective when it came to prevention. They also referred clients on to other services for advice on employment and help with their finances.

A member of the public addressed the Board and spoke about a family member who had been involved with social services and the justice system and was at risk of suicide when they were younger. The Chair asked if young people involved with the justice system would be included in the strategy. Eve Penman said they would and noted officers would be co-producing the strategy with affected groups, in addition to partners such as the Police, Children's Services, and the Local Safeguarding Board.

The Chair thanked everyone for attending and for their contributions to the discussion.

## **RESOLVED**

1. That the Health and Wellbeing Board noted the current context relating to suicide prevention in the borough; and provides feedback to inform the development of a new suicide prevention strategy for the borough.

**7. WORK PROGRAMME**

The following items were requested and agreed in the meeting:

- An item on discharge arrangements from hospital, with a particular view to the patient experience. To a section on how patients with additional needs were supported through discharge process.
- Dentistry and Oral Health – a detailed plan with clear measures and success outcomes. Should also highlight areas that were outside of local control and needed to be raised at a national level.
- Suicide prevention draft action plan in June 2024.

**8. DATES OF FUTURE MEETINGS**

The following dates of future meetings were noted:

- 26 June 2024
- 11 September 2024
- 11 December 2024
- 19 March 2025

**9. DISCUSSION OF EXEMPT ELEMENTS (IF REQUIRED)**

Not required.

Meeting started: 6.30 pm  
Meeting ended: 8.30 pm

Chair .....

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