

SUPPLEMENTARY AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 4th November, 2020, 2.30 pm - Remote Meeting - MS Teams (watch it [here](#))

12. THE IMPACT OF COVID-19 ON BLACK, ASIAN, AND MINORITY ETHNIC COMMUNITIES (PAGES 1 - 6)

To receive an update on the impact of Covid-19 on Black, Asian, and Minority Ethnic communities.

13. ESTABLISHING A COMMUNITY HEALTH ADVISORY BOARD FOR HARINGEY (PAGES 7 - 14)

To consider and agree the report about establishing a Community Health Advisory Board for Haringey.

The Chair has agreed that these reports should be considered at the meeting as a matter of urgency by reason of special circumstances. These circumstances are that the Health and Wellbeing Board is asked to provide its input on these issues as soon as possible.

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Monday, 02 November 2020

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Report for: Health and Wellbeing Board

Title: **Working in Partnership to address Racial Discrimination and Injustice**

Report

Authorised by: Charlotte Pomery, AD Commissioning, London Borough of Haringey

Lead Officer: Florence Guppy, Strategic Lead Community Enablement, florence.guppy@haringey.gov.uk, 020 8489 1258.

1. Describe the issue under consideration

- 1.1 This paper highlights the presentation of work which has been brought together as part of the borough response to addressing racism and racial discrimination, reflected through existing inequalities and highlighted both by the Black Lives Matter movement, and brought into sharp focus through the killing of George Floyd in the USA, and by the differential effects of the Covid-19 pandemic on black, Asian and minority ethnic communities.
- 1.2 This topic will be a standing item on each Health and Wellbeing Board agenda, updating the Board on timelines and progress against a range of indicators pertaining to health and wellbeing and recognising the wider work carried out under the auspices of the Joint Meeting of the Health and Wellbeing Board and Community Safety Partnership.

2. Recommendations

- 2.1 The Health and Wellbeing Board is asked to note and comment on the proposals set out in this paper.

3. Background Information

- 3.1 As Members of the Health and Wellbeing Board (the HWB) will understand, issues of inequality are not new for Haringey, although they have been exacerbated and highlighted through the Covid-19 pandemic and subsequent lockdown. There is growing understanding that inequalities do not just happen – they are often structural and embedded in the very ways that society operates, at all layers.
- 3.2 As continues to be seen through the Covid-19 pandemic, experiences of racism and racial discrimination may be lived through poorer relative outcomes across health and wellbeing as well as across the wider determinants of health: housing, employment, community safety, income and educational attainment for example.

- 3.3 In Haringey, work to address inequalities has been underway for some time through a number of initiatives, including the delivery of the Borough Plan; the Fairness Commission; Black, Asian and Minority Ethnic Attainment; Alternative Provision Review implementation; the Health and Wellbeing Strategy; the Young People at Risk Strategy; Housing and Homelessness Approaches and a range of others.
- 3.4 The Health and Wellbeing Board has previously agreed to adopt and oversee the implementation of the set of recommendations made following a Roundtable Meeting of Black, Asian and Minority Ethnic Organisations in the borough. This Roundtable was convened by Bridge Renewal Trust with the support of Haringey Council and NHS bodies to address key concerns about the disproportionate impacts – health, social and economic – of the Covid-19 pandemic on local communities.
- 3.5 Members of the Board will also know through its joint meeting with the Community Safety Partnership that a partnership co-ordinating group now meets regularly, co-chaired by the Bridge Renewal Trust and by the Council, bringing together community and voluntary sector and statutory partner representatives. The Co-ordinating Group has a broad span approach, working across eight priority strands, which have been drawn into a single Programme Plan, which remains at a high level and in draft form at this stage:
- Policy and Strategy
 - Health and Wellbeing
 - Community Safety, Social Justice and Policing
 - Education and Attainment
 - Faith and Identity
 - Place, Culture and Heritage
 - Economy and Employment
 - Workforce

This Co-ordinating Group feeds into the joint meeting of the HWB and CSP to ensure community and political leadership and governance of the work and to support prioritisation and allocation of resources.

- 3.8 Whilst the Board has agreed to oversee the dedicated recommendations from the Roundtable mentioned above, it is worth noting that these are for practical purposes being responded to alongside the wider work affecting health and wellbeing indicated above given the overlap and synergy and all actions are being drawn into a single Programme Plan. In summary, the 9 key recommendations are being taken forward as set out below:

3.8.1 Data and evidence

- Recommendation: More research to collate local ethnicity data building on the research by North Mid Hospital and proposed Haringey Council's Community Impact Assessment and GLA audit. Research should not generalise BAME communities but look into different groups – eg Turkish, Somali etc

Actions taken so far:

- Healthwatch report on impact of COVID on Kurdish and Turkish communities shared and used as a basis for planning
- All North Central London boroughs have agreed for their registry offices to capture ethnicity on death registrations – this will support better monitoring of impacts of health conditions (including COVID) across ethnic groups
- Community Impact Assessment has been widely shared to support better planning
- Work on data collection to ensure more granular understanding of Haringey's diverse communities

3.8.2 Funding to build resilience

- Recommendation: Core and project funding for grassroots BAME organisations and wider voluntary and community sector including faith groups.

Actions taken so far:

- Haringey Council has funded a £600k package of support to VCS organisations affected by Covid-19, a number of whom are Black, Asian and Minority Ethnic led and targeted and covered a wide span of community organisations
- Support from the Joint VCS to enable bid writing

3.8.3 Bereavement and mental health

- Recommendation: Need accessible and targeted bereavement support. Bereavement Framework currently under development by Public Health to be co-produced with BAME groups.
- Actions taken so far:
 - CCG has commissioned Nafsiyat to provide language appropriate bereavement services
 - Work underway with Haringey IAPT to assess referrals, treatment completions and recovery for BAME communities and meetings scheduled to consider our available data on utilisation and outcomes for different BAME groups for MH services and approach to improving access and outcomes
 - Public health to carry out a survey on mental health in our varied ethnic communities in Haringey
 - Development of Community facing Bereavement Framework
 - CRUSE training widely available to community organisations

3.8.4 Domestic violence

- Recommendation: More support to tackle Violence Against Women and Girls and intergenerational conflicts (parents and children).
- Actions taken so far:
 - BAMER forum on VAWG held in June – action plan has been developed

- Focus on early stage awareness and access to emergency phone support

3.8.5 Communication and awareness raising

- Recommendation: More tailored communications that are culturally and linguistically appropriate.
- Actions so far
 - Communications and engagement work-stream set up to get messages e.g. about COVID testing out to our diverse communities
 - Funding directly to VCS partnership for onward funding of grass roots organisations to become champions for COVID health and public health messaging
 - Focus on ensuring key messages are tailored to specific communities and translated into different languages

3.8.6 Prevention and resilience building

- Recommendation: More support to various cohorts of BAME families and communities to build resilience for the long-term
- Actions so far
 - This is an area prioritised for co-production with local communities
 - Support for targeted work

3.8.7 Shielding of BAME staff and communities

- Recommendation: More to be done to identify and shield at risk BAME staff across different front-line services and BAME individuals within the community
- Actions so far
 - All NHS organisations including all GP practices and the Council have carried out risk-assessments for staff in terms of working environment
 - Shielding Programme has been paused nationally, but there remains a focus on working in an integrated way with residents who are Clinically Extremely Vulnerable to Covid-19

3.8.8 Equitable access to services

- Recommendation: Tackling the structural inequalities and underlying racism and racial bias ingrained in some services; make more infrastructure changes to improve access to services - health care, education and early help, jobs, housing, welfare, etc - for all sections of the BAME communities; co-production and change in conversation about tackling deep inequalities; need to do more to develop trust between BAME communities and statutory services; statutory services to reflect more the community they serve – in terms of ethnic mix
- Actions so far

- Developing an equity access tool for use across the partnership
- Using improved data as set out above to understand equity of access and treatment

3.8.9 Digital exclusion

- Recommendation: More work needs to be done to tackle digital exclusion experienced by BAME organisations and residents – including funding and training
- Actions so far
 - Successful bid through HealthWatch to support digital exclusion and primary care
 - Partnership Steering Group to address wider issues of digital exclusion now established across improved WiFi access, support with devices and practical advice on use

3.9 There will be opportunities at the Board meeting for discussion on the content of the eight strands and also for agreement as to how partners will ensure this oversight and leadership can be delivered.

4. Contribution to strategic outcomes

4.1 As noted above, this work directly supports a number of strategic outcomes, notably action to reduce inequalities in the borough, specifically here focused on those caused by racial discrimination and injustice.

5. Statutory Officer Comments (Legal and Finance)

5.1 There are no legal implications arising from the recommendations of the report.

6. Use of Appendices

None

7. Background Papers

None

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Report for: Haringey Health and Wellbeing Board

Title: Establishing a Community Health Advisory Board for Haringey

Report Authorised by: Charlotte Pomery, AD Commissioning, London Borough of Haringey

Lead Officer: Florence Guppy, Strategic Lead Community Enablement, florence.guppy@haringey.gov.uk, 020 8489 1258.

1. Describe the issue under consideration

- 1.1 This paper follows through the discussions to establish the Haringey Borough Partnership by setting up a Community Health and Care Advisory Board for the borough, to feed in directly to the Haringey Health and Wellbeing Board.

2. Recommendations

The Health and Wellbeing Board is asked:

- 2.1 To comment on the proposals set out in this report and expanded in more detail in the attached paper.
- 2.2 To agree to establish a Community Health and Care Advisory Board in Haringey.

3. Background Information

- 3.1 The overarching purpose of the Community Health and Care Advisory Board (CHACAB) is to take a community leadership role with regard to engagement, co-production, the development of the Community Impact Assessment, Equality Impact Assessments and Joint Strategic Needs Assessment for example. It will be a key conduit for community voices and perspectives into this Board – and would ensure that proposals coming forward to the Board for approval are where possible co-produced and at the least are cognisant and reflective of community views.
- 3.2 By way of background, there are already a number of structures in place for community, resident and patient engagement and participation across health, care and wider wellbeing. These include, but are not limited to, the Joint Partnership Board and Reference Groups, the Haringey Patient Engagement Network, the Adult Social Care Redesign Group, Disability Action Haringey, the Parent Carer Forums and the Patient Involvement Forums run by individual NHS Trusts. There are also a number of health and wellbeing focused organisations which interact effectively with users and residents, these would include Mind in Haringey, Markfield and Kith and Kids for example. There are

organisations which campaign on health and wellbeing issues such as Haringey Keep Our NHS Public and then there is HealthWatch which has a clear remit to act as the quasi community regulator for health and care delivery. Each has a different reach and purpose, although there is some cross-over of membership and of approach. It is not quite clear which proposals, papers, ideas and plans are taken through which Forum, at what stage of evolution, with what expectations and with what impact – and there are some opportunities to try to address this lack of a consistent approach.

- 3.3 The proposal is for leads (either the Chairs or nominated individuals) from each of these groups to form the CHACAB, with a direct link into the HWB. This link could be created by 2 nominated community members of the CHACAB sitting as non-voting members of the HWB. This way would ensure a mix of views from those who might identify primarily as residents, patients, users, carers, campaigners, activists, experts by experience. Whilst it is clear that adoption of an inclusive approach, it would be useful to have consistency of core membership at least. In addition, it is intended that senior officers of both the Council and the CCG would attend each meeting of the Board with engagement leads from the Trusts also attending for specific items.
- 3.4 The Community Health and Care Advisory Board would not seek to replace existing groups/meetings/structures/forums – unless they themselves agree that this is the right thing to do.
- 3.5 In summary, the proposal is for the Community Health and Care Advisory Board to:
- i. Be a forum for different perspectives and views to come together and be heard on the wider health and wellbeing system
 - ii. Ensure that community views are listened to and considered fully by those shaping and delivery the wider health and care system – both at the start and at the end of any process of redesign, transformation or change
 - iii. Offer support to enhance all opportunities for co-production and community engagement for the wider health and care system even to deliver business as usual
 - iv. Build some consistency about the pathways for consultation, engagement and co-production where new proposals are moving through the system, even those being taken forward in haste (e.g. due to the pandemic)
 - v. Consider proposals to consolidate engagement endeavours across the wider partnership
 - vi. Contribute to the development of the Forward Plan for the HWB in order to understand where it can have maximum impact, to enable formative discussion and to facilitate evaluative review
 - vii. Have sight of the agenda for the HWB in a timely fashion in order to contribute effectively to consideration of items
 - viii. Take forward pieces of work already in progress including the finalisation of the Co-Design Charter for the Borough Partnership and the requirement for all HWB papers to include consideration of co-production and engagement as standard

- 3.6 There are some aligned areas which require more consideration and work through the wider Borough Partnership, including a streamlined communications approach for the Borough Partnership
- 3.7 In principle, there are some things considered necessary in order to make this happen:
- i. Formal endorsement of, and agreement to, the proposal at the Health and Wellbeing Board and at the various forums which would be invited to participate
 - ii. Commitment by partners of some administrative resource to support the CHACAB, given the complexity of keeping track of proposals, building reliability and co-production
 - iii. Appointment of a Chair – it is suggested that the Chair of the HWB would also act as Chair of the CHACAB, at least in the short term.
 - iv. Allow for a period to test out the pathways for communication and engagement – given the range of groups feeding into the CHACAB
 - v. Establish a first meeting to talk through the above – inviting representatives from each of the groups highlighted above

4. Contribution to strategic outcomes

- 4.1 As noted above, this work directly supports engagement of communities in work to improve health and wellbeing across the whole population in the borough as required in both the Health and Wellbeing Strategy and the Borough Plan. There are opportunities through this approach to reduce inequalities, to improve health outcomes and to build community engagement.

5. Statutory Officer Comments (Legal and Finance)

Legal

- 5.1 In the Council's Constitution (Part Three - Responsibility for Functions – Section B Paragraph 8.3) the Board roles and responsibilities include to “collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources” The Board has the power to establish sub-groups or committees to facilitate the discharge of its responsibilities. If the Board is minded to agree to the recommendation to establish the CHACAB, the Board must ensure there is a defined terms of reference for the advisory body.

Finance

- 5.2 This report is seeking to establish a Community Health and Care Advisory Board (CHACAB) to feed into the Health and Wellbeing Board. This will not have any direct financial implications for the London Borough of Haringey. The administration commitment and officer time will come from existing agreed resources.

6. Use of Appendices

6.1 Proposal in full

7. Background Papers

None

Shaping the landscape of health and care integration: Governance, the Haringey Borough Partnership and the Community Health and Care Advisory Board

1. Introduction

This brief note builds on the work already done to establish appropriate governance for the Borough Partnership as part of the Health and Wellbeing Board, within the wider context of the North Central London Integrated Care System (ICS) and recognising the significant impacts of the Covid-19 pandemic and its aftermath.

Here, we specifically focus on plans to set in place a Community Health and Care Advisory Board to support the work of the Health and Wellbeing Board Borough Partnership.

2. Background

Local partners have now agreed structures which align the Borough Partnership with the Health and Wellbeing Board to ensure a focus on both Strategy and Delivery to improve population health and wellbeing. In setting up the new arrangements, we have been mindful of the wider work to create the North Central London CCG and Integrated Care System across the same footprint during this financial year.

The Covid-19 pandemic, the subsequent lockdown and restrictions and the levels of demand for acute care capacity had an immediate and profound impact on these arrangements. The strength of the existing partnerships has been evidenced by the continued focus on collaboration and joint working and the sustained ambition to work together more in the future. As we move into the next phases of responding to the pandemic, the Borough Partnership has emerged as a critical focal point of local work to deliver improved health outcomes, which link into wider pieces of work on the economy, housing, community and civil society.

We know there are some new and specific roles for the local system which have arisen from Covid-19, such as overseeing local outbreaks, linking to testing and contact tracing and a renewed focus on a sustainable adult social care system which now form part of the wider governance. All of these rely on effective community engagement and leadership to have the maximum impact on reducing community transmission and preventing further harm to local health and wellbeing.

We know too that a number of local health and care services have operated very differently over the past few months. Some of the changes happened very rapidly and without the levels of engagement and consultation usually required – and there is understandable apprehensiveness across communities that this may reflect a normal way of working for the future.

In light of these concerns and the wider environment in which the health and care system is operating, this paper puts further detail on the proposal for a Community Health and Care Advisory Board to strengthen community engagement and involvement in decision making about health and wellbeing in the borough. Senior representatives of the CCG (Haringey Directorate Commissioning and Communication), Public Voice and Haringey Council recently met to discuss how to take forward this work and are making the proposal set out below for initial feedback.

3. Proposal

As already agreed, the Health and Wellbeing Borough Partnership Board, the HWBP Board, remains the focal point for strategic oversight, development and decision making with relation to health and wellbeing going forward. It is a key focal point too of transparency, accountability and involvement for local residents meeting as it does in public and as a sub-committee of the local authority.

The HWBP Board remains responsible for the production and delivery of the Health and Wellbeing Strategy as well as for liaison across the system in Haringey and with partners across North Central London and notably as part of developing the Integrated Care System.

It is recognised that the HWBP Board has only the delegated powers of its membership and that some decisions will need, therefore, to be referred to the Cabinet (for the Council) and to the NCL Clinical Commissioning Group and individual Trust Boards (for the NHS) as appropriate.

Whilst there may be other Groups that directly support the HWBP Board, this paper focuses on the Community Health and Care Advisory Board, which at a high level has already been agreed to ensure a wide pool of community voices are heard directly by the HWBP Board.

Community Health and Care Advisory Board

The overarching purpose of the Community Health and Care Advisory Board (CHAB) is to take a community leadership role with regard to engagement, co-production, the development of the Community Impact Assessment/Equality Impact Assessments and the production of the JSNA for example. It will be a key conduit for community voices and perspectives into the HWBP Board – and would ensure that proposals coming forward to the Board for approval are where possible co-produced and at the least are cognisant and reflective of community views.

By way of background, there are already a number of structures in place for community, resident and patient engagement and participation across health, care and wider wellbeing. These include, but are not limited to, the Joint Partnership Board and Reference Groups, the Haringey Patient Engagement Network, the Adult Social Care Redesign Group, Disability Action Haringey, the Parent Carer Forums and the Patient Involvement Forums run by individual NHS Trusts. There are also a number of health and wellbeing focused organisations which interact effectively with users and residents, these would include Mind in Haringey, Markfield and Kith and Kids for example. There are organisations which lobby and campaign on health and wellbeing issues such as Haringey Keep Our NHS Public and then there is HealthWatch which has a clear remit to act as the quasi community regulator for health and care delivery. Each has a different reach and purpose, although there is some cross-over of membership and of approach. It is not quite clear which proposals, papers, ideas and plans are taken through which Forum, at what stage of evolution, with what expectations and with what impact – and there are some opportunities to try to address this lack of a consistent approach.

The proposal is for leads (either the Chairs or nominated individuals) from each of these groups to form the Community Health and Care Advisory Board (CHACAB), with a direct link into the HWBP Board. We see this link being created by 2 nominated community members of the CHACAB sitting as non-voting members of the HWBP Board. So we would see a mix of views from those who might identify primarily as residents, patients, users, carers, campaigners, activists, experts by experience. Whilst we would seek to adopt an inclusive approach, it would be useful to have consistency of core membership at least. In addition, it is intended that senior officers of both the Council and the CCG would attend each meeting of the Board with engagement leads from the Trusts also attending for specific items.

The Community Health and Care Advisory Board would not seek to replace existing groups/meetings/structures/forums – unless they themselves agree that this is the right thing to do.

We would propose the Community Health and Care Advisory Board would:

- Be a forum for different perspectives and views to come together and be heard on the wider health and wellbeing system
- Ensure that community views are listened to and considered fully by those shaping and delivery the wider health and care system – both at the start and at the end of any process of redesign, transformation or change
- Offer support to enhance all opportunities for co-production and community engagement for the wider health and care system even to deliver business as usual
- Build some consistency about the pathways for consultation, engagement and co-production where new proposals are moving through the system, even those being taken forward in haste (e.g. due to the pandemic)
- Consider proposals to consolidate our engagement endeavours across the wider partnership
- Contribute to the development of the Forward Plan for the HWBP Board in order to understand where it can have maximum impact, to enable formative discussion and to facilitate evaluative review
- Have sight of the agenda for the HWBP Board in a timely fashion in order to contribute effectively to consideration of items
- Take forward pieces of work already in progress including the finalisation of the Co-Design Charter for the Borough Partnership and the requirement for all HWBP Board papers to include consideration of co-production and engagement as standard

There are some aligned areas which we see as requiring more consideration and work through the wider Borough Partnership, including a streamlined communications approach for the Borough Partnership, and which we are not intending to take forward at this time.

4. Next steps

If this proposal is agreed in principle, there are some things we feel are necessary in order to make this happen:

- a. formal endorsement of, and agreement to, the proposal at the Health and Wellbeing Borough Partnership Board and at the various forums which would be invited to participate
- b. commitment by partners of some administrative resource to support the CHACAB, given the complexity of keeping track of proposals, building reliability and co-production
- c. appointment of a Chair – it is suggested that the Chair of the HWBP Board would also act as Chair of the CHACAB, at least in the short term.
- d. allow for a period to test out the pathways for communication and engagement which we would seek to use – given the range of groups feeding into the CHACAB
- e. establish a first meeting to talk through the above – inviting representatives from each of the groups highlighted above

5. Conclusion

This paper sets out proposals for a new community engagement forum with a focus on Health and Wellbeing and to ensure community voices are listened to and taken into account in strategic planning and delivery across the health and care landscape. The Community Health and Care Advisory Board will develop alongside the Health and Wellbeing Borough Partnership Board and will act as a key partner in embedding co-production and community engagement.

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