

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Wednesday, 20th July, 2022, 2.00 pm - George Meehan House, 294 High Road, Wood Green, N22 8JZ (watch the live meeting [here](#) and watch the recording [here](#))

Members: Please see list attached on item 2

Quorum: 3

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

3. APOLOGIES

To receive any apologies for absence.

4. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item 15).

5. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

7. MINUTES (PAGES 3 - 10)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 16 March 2022 as a correct record.

8. START WELL: OPPORTUNITIES FOR IMPROVEMENT IN MATERNITY, NEONATAL, CHILDREN AND YOUNG PEOPLE'S SERVICES IN NORTH CENTRAL LONDON (PAGES 11 - 22)

To receive a presentation regarding the Start Well Programme.

9. UPDATE REGARDING NEW ARRANGEMENTS INVOLVING NCL AND ICS GOVERNANCE

To receive a verbal update on the new arrangements regarding the North Central London Integrated Care Systems

10. LOCAL UPDATE ON BOROUGH PARTNERSHIPS INCLUDING SEMINARS

To receive a verbal update from borough partnerships including seminars that had been held.

11. 2022 PHARMACEUTICAL NEEDS ASSESSMENT (PAGES 23 - 28)

To consider and agree the recommendations of the report of the Pharmaceutical Needs Assessment. 2022.

12. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY

To receive an update on work to tackle racism and inequalities in Haringey.

13. COVID-19 AND VACCINATIONS UPDATE

To receive a verbal update on the Covid-19 pandemic and the vaccination Programme.

14. WORK PROGRAMME (PAGES 29 - 30)

To consider and note the upcoming Work Programme for the Health and Wellbeing Board.

15. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

16. FUTURE AGENDA ITEMS AND MEETING DATES

Members of the Board are invited to suggest future agenda items.

To note the dates of future meetings:

21 September 2022
23 November 2022
25 January 2023
29 March 2023

Nazyer Choudhury, Principal Committee Co-ordinator
Tel – 020 8489 3321
Fax – 020 8881 5218
Email: nazyer.choudhury@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Tuesday, 12 July 2022

This page is intentionally left blank

Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	* Cabinet Member for Health, Social Care, and Wellbeing – Chair	Cllr Lucia Das Neves
			* Cabinet Member for Children, Schools and Families	Cllr Zena Brabazon
			* Cabinet Member for Climate Action Environment, Transport, and Deputy Leader of the Council	Cllr Mike Hakata
	Officer Representatives	4	Director of Adults and Health	Beverley Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
	NHS	North Central London Clinical Commissioning Group (CCG)	4	* Governing Board Member – Vice Chair
Governing Board Member				<i>Vacancy</i>
Chief Officer				Paul Sinden
* Lay Member				<i>Vacancy</i>
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

MINUTES OF MEETING Health and Wellbeing Board HELD ON Wednesday, 16th March, 2022, 2:00PM – 4:36PM

PRESENT:

Cllr Lucia das Neves, Chair - Cabinet Member for Health Social Care and Wellbeing*^

Cllr Zena Brabazon - Cabinet Member for Early Years, Children, and Families*^

Dr Peter Christian - NCL Clinical Commissioning Group (CCG) Board Member*

Charlotte Pomery - Assistant Director for Commissioning

Ann Graham - Director of Children's Services

Geoffrey Ocen - Bridge Renewal Trust Chief Executive^

Dr Will Maimaris - Director of Public Health^

Stephen Laurence-Orumwense – Assistant Head of Legal Services^

Rachel Lissaur - Director of Integration, Clinical Commissioning Group (CCG) ^

Sharon Grant - Healthwatch Haringey Chair*^

Beverley Tarka - Director of Adults and Health^

In attendance:

Nnenna Osuji - North Middlesex Hospital^

Lynette Charles - MIND Haringey^

Joanne Murfitt - NHS NCL^

Alex Smith – NHS Islington CCG^

Cassie Williams - Chief Executive Officer, NHS Haringey CCG^

*Voting Member ^Joining Virtually

1. FILMING AT MEETINGS

The Chair referred to the filming of meetings and this information was noted.

2. WELCOME AND INTRODUCTIONS

The Chair welcomed everybody to the meeting. The Chair noted that as the meeting was not quorate, the meeting would proceed informally.

3. APOLOGIES

Apologies had been received from Mr David Archibald, Mr Andy Donald and Cllr Mike Hakata.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

None received.

7. MINUTES

RESOLVED: That the minutes of the meeting held on 26 January 2021 be confirmed as a correct record.

8. NORTH CENTRAL LONDON COMMUNITY AND MENTAL HEALTH SERVICES REVIEW

Ms Joanne Murfitt introduced the item.

In response to questions relating to feedback from residents, Ms Murfitt informed the Board that:

- It was helpful to spend time to hear residents' views.
- Some of the views expressed frustration regarding waiting times, partly regarding access to autism and ADHD assessments.
- Money was being spent to reduce waiting times and examinations were being held on how services were being delivered.
- Many people reported that transition from mental health to adult social services was very difficult and needed to be better prepared.
- A system was required to be put in place to collect the information to see if the changes were making a difference.
- People had also reported that it was frustrating and depressing to continuously repeat their story any time that they had a new intervention and perhaps a method of sharing records amongst professionals could be established.

The Board heard that:

- It was often the case that those working in the health service were too busy to read patient notes and found it easier to ask the patient regarding their issue. Time needed to be given to staff to be able to read the notes. It may be possible to allow people an opportunity to tell their story via a short video.
- It was important to keep in mind that when a patient was repeating a story, it was sometimes the case that the individual hearing the story was judging whether or not the patient should receive the service they were seeking.
- In parts of the country such as Scotland, professionals were trauma informed and this had an impact on the way people accessed services in Scotland.
- It was difficult for young people to transition through the mental health system as the criteria for the work was different in relation to adult mental health services.
- Clinicians often wanted to hear the story and allow the patient the opportunity to repeat it as a retelling of the story often provided new information.
- The trauma informed approach was built into how Whittington staff were being trained.
- A gap analysis had been conducted by provider colleagues in each borough and their local commissioning leads. This assessed the core offer and examined whether or not it met the requirements. There were variations found between boroughs. In relation to a central point of access, care coordination and trusted assessments, there were areas which were still in development.
- It had not been possible to invest as much in Haringey and Enfield in relation to community services. There were many challenges regarding children services including issues regarding funding and implementation of processes.
- One of process to be implemented was to use system investment to the community services. Discussions were proposed regarding the funding, priorities and local discussions about what that may mean practically and how best to implement them in Haringey. The Chair felt it was important to note the long-term effects of the resources gap and how that would interplay with the inequalities or disparities in the borough.
- The equality of outcome was important for residents regardless of which parts of the borough they lived. This was more important than the record of the service delivery itself.
- There appeared to be fewer GPs in the more stressed areas in the borough and perhaps they needed to be invited to the Board for a discussion.
- Unless some services were put in place, it would be difficult to make progress in order to offer a more tailored approach to services.
- Mental health did not contain attention of physical health received but still a serious issue. It was particularly difficult to get hold of professionals for various issues such as receiving assistant housing. There may be some systemic problems relating to working with mental health services.
- Over the last couple of years, there had been an effort made to rebalance the investment made in metal health. There was additional funding going into mental health services and demand was also increasing. It was also the case that there was a lack of

investment in community services. Therefore, consideration was being given on how to provide better integrated working between community and mental health services to support local people.

- There was a recognition of mental health issues regarding people who lived in difficult housing circumstances.
- There was hope of a creation of a central point of access.
- Haringey's position with the primary care workforce was very challenged but was improving. Many initiatives were underway, in particular, the employment of pharmacists, social link prescribers, paramedics to support practices and the investment in technology in practices. There was significant investment in primary care estate in Haringey at the moment and there was an increase in the number of teaching practices used. Currently, 66% of Haringey's patients were being served by teaching practices and efforts were underway to increase this.
- Conversations had been held with providers regarding mixing skills in different areas and how they could work differently. There was an expectation that if funding was to be provided to support communities, then the money would be well-spent. Providers accept that they needed to do things differently. Approximately £2 - 3 million worth of efficiencies had been identified.
- There was a discrepancy on funding between Islington and Haringey in relation to investment. This largely related to need requirements and investment for Haringey, Barnet and Enfield would need to take a targeted approach.
- The Chair noted the importance of prevention as the length of time over a condition could lead to other conditions and other long-term complexities.
- The Chair also noted that it was important to work well together navigating the different working cultures in order to be efficient and effective.
- It was important to focus attention on investment and resources.
- The housing services had its own process but as the housing services were being reshaped, it was possible to re-consider if assistance could be given regarding housing issues.
- Whittington had for the last few years trying to even things out in relation to allocation of resources.
- It was important to think about the interconnections between primary and community mental health services.
- There was a large scope of consideration for Haringey as a borough as to the greatest gaps in service in relation to the core offer including those gaps that had the most impact on outcomes. Some of these would be a resource gap and some would be a cultural gap.

RESOLVED:

That the presentation be noted.

9. NORTH CENTRAL LONDON INTEGRATED CARE SYSTEM, HEALTH AND CARE INTEGRATION WHITE PAPER AND ADULT SOCIAL CARE REFORM WHITE PAPER

Ms Rachel Lissaur and Ms Charlotte Pomery introduced the item and provided a an overview of the documentation.

RESOLVED:

That the presentation be noted.

10. LONG COVID-19

Mr Dan Windross and Mr Tom Leonard introduced the item.

The Board heard that:

- This was a two-year project which was a few weeks and months into implementation with the Royal Free Hospital, NHS Charities and nine community grass roots organisations to provide a social model alongside clinical intervention.
- Long Covid was subject to a spectrum of severity. Awareness needed to be raised in areas such as employment, education and community activities.
- During the coronavirus crises, medical professionals were able to harness and collect large quantities of data. There was an increasing number of people with long term conditions. This was an opportunity to invite people to report on a daily basis. Data could be quickly downloaded and information on the best treatments could be delivered promptly. The post covid clinic can help monitor the long-term conditions digitally.
- The number of people affected with long-covid in Haringey was likely to be a minor count of people as residents have had trouble accessing the health care system
- Those suffering from long-covid have stated that they wish to be believed as many had not believed that they had ongoing symptoms and there was a feeling that GPs may not be considering the effect it had on people's families.
- Those suffering from long-covid also had a wide range of symptoms.
- Some work could be done regarding the impact of long-covid on social care. There needed to be a way of linking health care and social care data.
- It was an exciting opportunity to use the learning from long-covid and COVID-19 in general and to subsequently be able to apply that learning to other long-term conditions.
- Some of the ways access to healthcare was being improved was by improving GP education. This was done by holding educational events. GPs were also filling in forms for long-covid.

- Attempts were being made to reduce waiting time for patients by improving staffing structure.
- Plans had been discussed on how to approach deprived communities regarding long-covid.
- There was a specific pathway for under 18s via local paediatricians
- In relation to peer support, the Whittington had been testing a version of their expert patient programme for long-covid and it showed a significant impact on people's ability to manage their chronic disease.
- A Living With Covid app was scheduled to be introduced.
- A dedicated vocational rehab service in North Central London was being provided by the Royal Free Hospital. This could help people to get back to work, help with discussions with HR and about making adaptations. It was also starting to implement personal budgets through that so that people can get sort of personal health budgets, they can get a dedicated amount of money to support them in their return to work.
- The clinic and the community services response times were monitored. There was a link between long covid and those with pre-existing long-term conditions.

RESOLVED:

That the presentation be noted.

11. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY

Ms Charlotte Pomery provided an update to the meeting and informed that:

- The first meeting of Somali Community Network which had positive motion. A housing survey had been undertaken which was well attended and a further one would take place.
- Work was underway to support Ukrainian refugees. A meeting had been held on the local Ukrainians Support network
- A Diversity in Public Realm meeting had been held which would help consider how to connect with the local community to celebrate diversity and how to connect with local communities.

RESOLVED:

That the update be noted.

12. COVID-19 AND VACCINATIONS UPDATE

Dr Will Maimaris stated that coronavirus rates had fallen in the borough in the December – January period. In the last two-three weeks, there had been a rise in the figures mainly in the working age adult population. There had not been a significant increase in people becoming significantly ill. This had allowed the government to move into the Living With Covid phase. Vaccinations were still important and there would be a fourth vaccination recommendation for over 75s and those in high clinical vulnerability groups. There would be an offer for 5-11 year olds to be delivered in the community but not via schools. A vaccine bus would be in operation between April to May. PCR testing and the office of national statistics survey were available to help provide a wider understanding of the breakdown of age groups. There would be long-term surveillance systems implemented but it was unlikely to reflect the level of detail available with mass testing. Generally, vaccinations would protect individuals from contracting long-covid.

Countries around the world were relaxing restrictions, but the population had high levels of natural immunity or had been vaccinated. However, there could be increases in coronavirus rates due to ongoing mild strains of the virus.

RESOLVED:

That the update be noted.

13. NEW ITEMS OF URGENT BUSINESS

There were no items of urgent business.

14. FUTURE AGENDA ITEMS AND MEETING DATES

The meeting noted further items to be submitted at upcoming meetings. These included a further item on Long Covid, Better Health Care Plan, Child and Adolescence Mental Health, Draft Health and Wellbeing Strategy, ICS and States and Workforce and Dental Care and Pharmaceutical Needs Assessment

An update on Localities and an Adults Approach for making every adult matter would be put forward.

The Chair thanked everybody for their hard work and dedication.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date

Start Well: Opportunities for improvement in maternity, neonatal, children and young people's services in North Central London

Case for Change overview
July 2022

Introduction: NCL's Start Well ambition

To ensure our services for children, young people, maternity and neonates, deliver outstanding, safe and timely care for local people wherever they live.

Since November 2021, the partner organisations in NCL have been working together on the initial phase of Start Well: a long term programme looking at children and young people, maternity and neonatal services across NCL.

Partners from across the integrated care system have been working together to understand if we are:

- delivering the best services to meet the needs of children, young people, pregnant people and babies
- learning from, and responding to, national and international best practice, clinical standards and guidelines
- reducing inequalities in provision and health outcomes.

The focus is hospital **emergency and elective services for children and young people, and maternity and neonatal services** at North Mid, UCLH, the Royal Free, Barnet, Chase Farm and Whittington Health. The interface of services and pathways with specialist providers, including Great Ormond Street Hospital, are considered as part of the programme.

We have worked collaboratively, openly and transparently, and involved stakeholders throughout this initial phase.

Start Well reports into NCL's Children, Young People, Maternity and Neonatal Board under three clinical workstreams:

- Children and young people's **planned care** in acute setting
- Children and young people's **emergency care** in acute setting
- **Maternity and neonatal** services.

Communications and engagement activity to date



North Central London
Integrated Care System

We have carried out broad communications activity to introduce the programme to stakeholders including staff, partners, VCS organisations, borough partnerships, and MPs and councillors. During phase one we have **focused engagement activity** around:

- **Staff engagement** –
 - a series of staff briefings
 - clinical interviews and workstream reference groups
 - Leadership development workshops, coaching and action learning sets
 - staff feedback form open to all staff throughout this phase
- **Public engagement secondary information** – capturing insight from previous engagement activity as themed analysis for inclusion in the Case for Change; reports from Healthwatch, Maternity Voices Partnerships, national reports such as Better Births, trust patient experience information, evaluation of temporary changes to paediatric services during the pandemic, LMNS engagement with Birth Companions
- **Public engagement primary sources**
 - Online focus groups - themed discussions around maternity and neonates and children and young people's services
 - Feedback from the Start Well online patient panel and resident advisors to the workstreams
 - Insight discussion group with community organisations with women with experience of domestic Violence, Bengali/Syhleti speakers and young care leavers
 - Resident advisers recruited

The first phase has been a collaborative process, working with stakeholders from across the system

Case for change development journey



Interviewed **60** clinical and operational leaders from across the NCL system



Conducted **baseline analysis** and undertook an extensive **document and evidence review** to understand best practice



Supported leadership development through 1:1 coaching, action learning sets and **3** leadership development workshops



Tested outputs and captured clinical insights through **12** reference group meetings, **2** clinical workshops and **5** surgical deep dive sessions



Captured wider **staff views and experiences** on the current state of services through a staff survey



Engaged with **patients and the public** through patient forum and focus group events

Start Well case for change development process

Case for Change development has been collaborative, informed by outputs from the workstream reference groups, clinical workshops and surgical deep dives

- The Start Well case for change document outlines the opportunities for improvement for maternity, neonatal, children and young people services
- The document does not set out how to respond to the opportunities
- Throughout the development process, all Trusts have been engaged in a review and iteration process to refine and improve the document
- The document has now been presented at and endorsed by all NCL Trusts Boards and the Specialised Service Recovery Oversight Group

Opportunities for improvement: Maternity



Ensuring excellent experience, equitable access and optimal outcomes for pregnant women and people

- **Stillbirth rate varies between boroughs**, Haringey had the highest rate with 6.3 per 1,000 population between 2018-20 compared to 3.2 per 1,000 in Camden
- The babies of Black pregnant women and people are **twice as likely to be admitted to a neonatal unit after birth** compared to White pregnant women and people
- Only **4.9% of pregnant women and people in NCL access perinatal mental health services** which is significantly below the 8.6% NHS Long Term Plan ambition



Better utilisation of maternity capacity offered in NCL

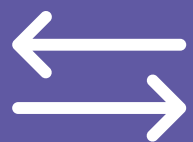
- Currently, the **range of units in NCL are not all used equally**, with many pregnant women and people either choosing to deliver, or being recommended to deliver, in an obstetric-led setting
- For some sites in NCL, **use of their midwifery-led units was around 30% or under**, whilst obstetric led units were dealing with significant capacity pressures.
- During times of high demand or low staffing levels, some **maternity units are sometimes forced to close** to ensure the safe care of pregnant women and people they are looking after



Supporting maternity workforce sustainability

- All Trusts received a recurrent uplift in funded establishment to meet birthrate plus, however in many instances **bank and agency are used to fill shifts** to ensure compliance with this target due to vacancies
- For our units to comply with the new staffing standards we need to **recruit an additional 27 midwives** across the system
- **Collaborative work is ongoing** to address the recruitment challenges, however further work is needed to ensure that vacancies do not impact upon patient care and the experiences of our staff

Opportunities for improvement: Neonates



Matching neonatal care capacity and demand

- The UCLH NICU was on average **85% occupied which is higher than the maximum threshold** set out in the NHS neonatal service specification.
- Over stretched level 3 capacity in NCL resulted in **40 babies in 2020/21 needing to be transferred** to a NICU outside of area



Consider the sustainability of the Royal Free Hospital Special Care Unit

- Royal Free hospital special care unit delivers **111 respiratory care days which is significantly below** the 365 day BAPM upper threshold
- Low numbers of babies admitted to the Royal Free hospital special care unit **creates a challenge for staff to maintain the required competencies** to look after babies requiring respiratory support, although mitigating actions are in place to manage this in the short term.
- High risk pregnant women and people giving birth at the Royal Free **need to be transferred to a hospital with a higher level of neonatal care** provision if the baby is likely to be high risk



Minimising avoidable admissions to neonatal units

- The existing provision of neonatal community outreach programmes is **not consistent between our boroughs**
- For example, in Islington, phototherapy is available in the community whereas for babies living elsewhere, they would likely have to stay in hospital to receive this treatment



Addressing workforce vacancies and variation in provision and access to AHPs across neonatal units

- North Mid are **unable to open their full establishment of cot spaces** due to nursing vacancies
- The London Neonatal ODN has highlighted that in NCL we **require an uplift in nursing establishment by 26.1 WTEs** to meet the Dinning Tool requirements
- **AHP provision is inconsistent across units** – some have no access to certain therapists. The AHP staffing model in NCL is also fragile with staff working on units as part of their wider job plan.

Opportunities for improvement: Children and young people (1/2)



Increasing demand for emergency care

- NCL sites are providing emergency care to an **additional 73 children and young people** a day compared to 2016/17
- A **higher number of low acuity cases are being treated in ED** and equally an increasing number of complex cases puts pressure on emergency departments
- Increasing levels of low acuity attendances suggests that some demand for acute services could be **better served in alternative care settings**



Improving long-term conditions management

- There are some children and young people with long-term health conditions that **do not get enough support to manage their health and wellbeing**, and this can lead to unplanned time in hospital
- Children and young people with long term conditions who **live in the most deprived areas are more likely to be admitted to hospital**
- For example, children and young people with asthma living in the **most deprived areas were twice as likely to spend unplanned time in hospital** than those living in the least deprived areas.



Organisation of paediatric surgical care

- There is variation between and within hospitals on whether a child can be treated on site, **depending on the confidence and skills of adult surgeons and anaesthetists** covering the emergency rota
- Children with **lower complexity emergency cases are being transferred to specialist hospitals**, causing treatment delays for some children. An example of this is children with testicular torsion.
- Within NCL the role of GOSH, a specialist surgical centre, without an emergency front-door, could be **more clearly defined** as currently it is difficult for local sites to manage daily emergency care
- Opportunity to consider the GIRFT and best practice requirements which outline the benefits of **of a paediatric surgical network** to support implementation of consistent models of care and improve quality of care.

Opportunities for improvement: Children and young people (2/2)



Reducing long waits for elective care

- In NCL, 1 in 46 (32,000) children and young people are **currently waiting for treatment**
- For admitted care there are currently c.4,300 children and young people waiting for treatment at NCL sites. Of those waiting for care **over 330 have been waiting over a year** and 1,600 over 18 weeks.
- As of February 2022, there was c.24,000 children and young people waiting for a non-admitted care at NCL sites. Those waiting more than 18 weeks has increased by over 40% since May 2021.



Improving transition to adult services

- Across NCL there is a **challenge in providing consistent care across transition into adult services**
- There is **no consistent definition across NCL around the age cut off** for children's and young people's services
- There is an opportunity to **consider how to improve the current transition model of care across NCL** and work more collectively between children and adult services



Recruitment and retention of the paediatric workforce

- Vacancy rates are particularly high in paediatric nursing, ranging from **13%-36% across NCL sites**
- Often **our own staff are having to work to provide cover for shifts**, which at a time where staff have been under extreme pressure, is leading to significant burn out
- Considering the paediatric nursing workforce challenges in NCL there is an opportunity to consider how we could use networked approach to **develop innovative workforce solutions**



Meet national recommendations for the environment for paediatric surgical care

- Currently **not all sites provide dedicated paediatric theatres** or child-friendly environments
- The impact of the current estate and organisation means that **some sites are struggling to manage their activity**, and doing so in a way that doesn't meet best practice guidance
- Within NCL there are **challenges in respect to accessing paediatric high dependency beds**. This impacts planned and emergency surgical pathways and also some complex medical admissions.

Case for Change communications and engagement

The Case for Change was approved by NCL CCG's Governing Body on 30 June, and is followed by a ten week period of engagement (4 July to 9 Sept) where we will seek views from staff, patients and the public, and wider stakeholders on its findings through a diverse programme of structured engagement opportunities.

A comprehensive communications and engagement plan is in place to support this Case for Change engagement phase.

The engagement offer is being developed to ensure we gain a broad range of views and enable involvement for all NCL stakeholders. Deeper engagement will be sought with individuals and groups with direct interest or influence, those with protected characteristics, and those more likely to experience inequalities, ill health or deprivation.

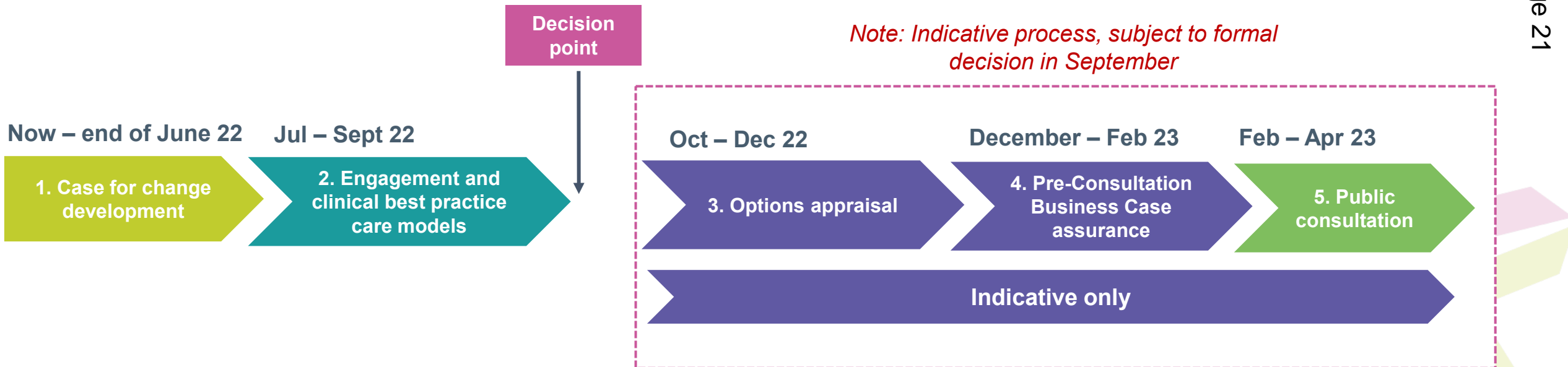
Specific activity will include:

- Communication and a briefing offer to MPs, Councillors, HWBBs, JHOSC and borough partnerships
- Timely communication, staff briefings and mechanisms for staff to feed in their views, developed with trust comms teams
- A full programme of patient and public engagement, including a questionnaire, discussion at forums/meetings, drop in events, interactive workshops, interviews, and online discussion groups, working with partners and VCS colleagues.
- Specialist engagement with children and young people
- Youth mentoring for clinical leaders.
- Publication of a report on feedback received on the case for change

The link to the Case for Change and engagement materials is: <https://nclhealthandcare.org.uk/get-involved/start-well/>

Timeline and next steps

- We will publish a report summarising the feedback received on the Case for Change after the engagement period concludes on 9 September.
- At the end of September, the ICB Board will make a decision on next steps for the programme.
- The outcome will be communicated to stakeholders before the next phase begins.
- An **indicative timeline** for a major change process, if this is required following the decision point, is shown below.



This page is intentionally left blank

Report to Haringey Council Health and Wellbeing Board

Item No:		Date:	20 July 2022
Subject:	2022 Pharmaceutical Needs Assessment		
Report From:	Dr Will Maimaris, Director of Public Health, LB Haringey		
Summary:	<p>Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA).</p> <p>The PNA is written by Soar Beyond, on behalf of a local steering group including Public Health, ICB, LPC, and Healthwatch participants, following joint commissioning of PNAs by all five North Central London boroughs.</p> <p>The production of the 2022 PNA for Haringey is underway. The draft PNA report is out for consultation, until Monday 19 August 2022. The final report will be published in October 2022.</p> <p>The PNA process has not identified any gaps in the provision of or access to pharmaceutical services in Haringey.</p> <p>Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations. In reviewing the provision of services for Haringey as part of the PNA process, it was possible to identify further opportunities for service delivery via the community pharmacy infrastructure, that could positively impact the population.</p>		
Opportunities:	<p>These opportunities are described in more detail in pages 157-163 of the draft PNA report. The opportunities include:</p> <ol style="list-style-type: none"> 1. Highlight to the public the services that are currently available from community pharmacies. This will help to manage the following issues: <ul style="list-style-type: none"> • The existing services can have improved use • The public questionnaire made it clear that members of the public were not aware of all the available services 2. Identify the best way to deliver the recently introduced Advanced Services: smoking cessation, hepatitis C screening and hypertension case-finding 3. Consider the provision of new locally commissioned services to meet specific health needs in Haringey, e.g. for cardiovascular disease, cancer, diabetes or respiratory conditions. 		
Recommendations:	<ul style="list-style-type: none"> • To note that the process to produce a revised PNA by 1st October 2022 is underway and on track • To receive the Terms of Reference (ToR) for the Haringey PNA Steering Group • To receive an update on progress and the project plan timelines from the Haringey PNA Steering Group' on the production of the 2022 Haringey PNA. • To formally delegate the sign-off of the draft and final PNAs to the Director of Public Health / Steering Group 		
Contacts:	<p>Damani Goldstein: damani.goldstein@haringey.gov.uk Rick Geer: rick.geer@haringey.gov.uk</p>		

Introduction

1.1 The PNA is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

1.2 The PNA Steering Group had its first meeting on 13 January 2022. At this meeting a Terms of Reference (Appendix A) for the group and Project Plan (Appendix B) for the PNA were agreed.

1.3 The steering group are presently collecting information from service providers, commissioners, and the Haringey public on current pharmaceutical service provision.

1.4 An external expert resource, Soar Beyond Ltd, has been commissioned to support the preparation of the draft PNA 2022 report. Soar Beyond have extensive expertise in producing PNAs, having produced 8 in 2015 and 12 in 2018.

Key Considerations and Sustainability

- 2.1 'Pharmaceutical Needs Assessments' or 'PNAs' are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area. It is a mandatory exercise. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.
- 2.2 Surveys will be undertaken with the public, commissioners in Haringey, and community pharmacy contractors in the borough, to seek opinion on current pharmaceutical services provided in Haringey. These surveys will be conducted and completed over the coming month.
- 2.3 The draft PNA 2022 is currently being provided by the external consultants, Soar Beyond Ltd, commissioned by LB Haringey to support the production of the PNA. The draft assessment was considered by the Steering Group at a meeting on 24 May 2022.
- 2.4 The PNA has been made available for a 60-day consultation between the 20 June 2022 to 19 August 2022.
- 2.5 The results of consultation will be considered by the Steering Group at its meeting on 7 September 2022 and a final PNA produced for publication.
- 2.6 The final PNA must be published no later than 1st October 2022.
- 2.7 It is proposed that the approval to publish the final PNA is delegated to the Director of Public Health for Adults and Health / Steering Group and the final assessment provided for information to the Health and Wellbeing Board in October 2022.

Financial Considerations

- 3.1 Funding for the production of the Pharmaceutical Needs Assessment for 2022 has already been allocated by Haringey Council.

Legal Considerations

4.1 None

5 Equality Impact Assessment

5.1 An Equality Impact Assessment has been produced and maintained by the provider, Soar Beyond Ltd.

Appendix A Terms of Reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment on behalf of the Health and Well Being Boards in North Central London, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated Responsibility

LB Haringey has been delegated responsibility from Haringey Health and Wellbeing Board.

Accountability

The Steering Group is to report to Haringey Health and Wellbeing Board.

Membership

Core members for each council:

- Consultant for Public Health / Nominated PH Lead per Council
- NHS England representative. • Local Pharmaceutical Committee representative.
- CCG representative.
- Health Watch representative (lay member).

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Consultant in Public Health / nominated PH lead per council will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance per council, one of which must be an LPC member from the respective council. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG Commissioning Managers
- NHS Trust Chief Pharmacists
- Local Medical Committee representative.

Frequency of meetings

Meetings will be arranged at key stages of the project plan.

Responsibilities

- Soar Beyond will provide a clear and concise PNA process that is recommended by the Department of Health and Social Care Pharmaceutical Needs Assessment Information pack for local authority health and wellbeing boards published on Oct 2021.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - o Any Local Pharmaceutical Committee for its area.
 - o Any Local Medical Committee for its area.
 - o Any persons on the pharmaceutical lists and any dispensing Doctors list for its area.

- o Any LPS Chemist in its area.
 - o Any Local HealthWatch organisation for its area.
 - o Any NHS Trust or NHS Foundation Trust in its area.
 - o NHS England.
 - o Any neighbouring HWB.
- Ensure that due process is followed.
 - Report to Health & Wellbeing Board on both the draft and final PNA.
 - Publish the final PNA by end 1st October 2022

Appendix B Project Plan

		29/11/2021	06/12/2021	20/12/2021	27/12/2021	03/01/2022	10/01/2022	17/01/2022	24/01/2022	31/01/2022	07/02/2022	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	21/03/2022	28/03/2022	04/04/2022	11/04/2022	18/04/2022	25/04/2022	02/05/2022	09/05/2022	16/05/2022	23/05/2022	30/05/2022	06/06/2022	13/06/2022	20/06/2022	27/06/2022	04/07/2022	11/07/2022	18/07/2022	25/07/2022	01/08/2022	08/08/2022	15/08/2022	22/08/2022	29/08/2022	05/09/2022	12/09/2022	19/09/2022							
				BH	BH														BH	BH					BH	X																								
NCL Draft PNA Haringey																																																		
Stage One: Project Planning and Governance																																																		
Haringey	Contract Award																																																	
Haringey	Kick Off Meeting																																																	
Haringey	First Steering Group Meeting - agree what data is to																																																	
Haringey	Data and information requests CCG, NHSE and LA																																																	
Haringey	Comms plans agreed for mobilisation questionnaires																																																	
Haringey	Sign off Contractor list for map production																																																	
Haringey	Questionnaires Live																																																	
Haringey	Questionnaires Closed																																																	
Haringey	Health Needs Chapter Ready																																																	
Haringey	Receive back all data, information and strategic																																																	
Haringey	Maps Ready																																																	
Haringey	Analyse questionnaires																																																	
Haringey	Second Steering Group Meeting - Sign off data																																																	
Stage Two: PNA Development - Haringey																																																		
Haringey	Populate PNA Template																																																	
Haringey	Complete draft PNA including recommendations																																																	
Haringey	Proof read and format draft PNA																																																	
Haringey	Circulate draft PNA to Steering Group and NHSE																																																	
Haringey	Third Steering Group - Agree the draft																																																	
Haringey	Finalise draft PNA following Steering Group meeting																																																	
Haringey	Final proof read and format of draft PNA																																																	
Stage Three: Consultation - Haringey																																																		
Haringey	Consultation Start																																																	
Haringey	Consultation End																																																	
Haringey	Produce consultation report																																																	
Stage Four: Final PNA Production - Haringey																																																		
Haringey	Produce draft final PNA from consultation report																																																	
Haringey	Circulate draft Final PNA to Steering Group																																																	
Haringey	Fourth Steering Group Meeting - Sign Off Final																																																	
Haringey	Amend final PNA for feedback from Steering Group																																																	
Haringey	Final proof read and format of draft PNA																																																	
Haringey	Submit final PNA to local authority																																																	

Work Programme

Upcoming Health and Wellbeing Board meetings:

Date of meeting	Items	Notes
20 July 2022	N/a	N/a
21 September 2022	Better Care Fund	
23 November 2022		
25 January 2023		
29 March 2023		

Future items to be submitted:

- **Locality based working**
- **Health inequalities**
- **Migrant and refugee health**
- **Early years and SEND**
- **Dentistry**
- **Workforce linking into our communities**
- **Mental Health (including focus on young people)**

Current provisional future agenda items:

1. Better Care Fund Plan, 2. Child and Adolescent Mental Health Services (CAMHS), 3. Joint Strategic Needs Assessments, 4. Draft Health and Wellbeing Strategy, 5. Integrated Care Systems, 6. Children's Services items, including Special Educational Needs and Disabilities (SEND) update (inspection and key points of transition) and 7. Start Well Board, Estates and workforce

This page is intentionally left blank