

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 21ST SEPTEMBER, 2022, 2:00PM - 4:15PM

PRESENT:

Councillor Lucia das Neves, Cabinet Member for Health Social Care and Wellbeing (Chair),
Dr Peter Christian, NCL Clinical Commissioning Group Board Member
Sharon Grant, Healthwatch Haringey Chair,
Councillor Zena Brabazon, Cabinet Member for Early Years, Children and Families,
Dr Will Maimaris, Director of Public Health
Beverly Tarka, Director of Adults and Health

IN ATTENDANCE:

^Paul Allen, Head of Integrated Commissioning (Integrated Care & Frailty) North Central London Integrated Care Board and London Borough of Haringey
Ann Graham, Director of Children Services^
Chantelle Fatania, Consultant in Public Health^
Christina Andrew, Strategic Lead, Community and Inequalities^
Natalie Fox, Barnett and Haringey NHS Mental Health Trust^
Geoffrey Ocen, Bridge Renewal Trust^
Jackie Difolco, Assistant Director for Early Help and Prevention^
Rachel Lissauer, Director of integration NHS^
Lynette Charles, MIND Haringey^
Susan Otit, Assistant Director of Public Health^
Catriona Macrae, Health In All Policies Project Officer^

^Joining Virtually

1. FILMING AT MEETINGS

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

2. WELCOME AND INTRODUCTIONS

The Board welcomed everybody to the meeting.

3. APOLOGIES

Apologies for absence had been received from David Archibald, and Councillor Hakata.

4. URGENT BUSINESS

There was no urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

7. MINUTES

RESOLVED

That the minutes of the Health and Wellbeing Board meeting held on 20 July 2022 be confirmed and signed as a correct record.

8. FAMILY HUB AND BEST START FOR LIFE BRIEFING

Ms Jackie Difulco presented the item.

The Board heard that:

- It was important to engage families that spoke English as a second language in delivery and co-production. The role of families in the oversight structure would be useful.
- It was important to ensure that all communities typically referred to 'as hard to reach' communities were consulted using existing mechanisms, but a a broad range of families would be included.
- It was important that the right tools be provided for parent-carer engagement so that they felt supported.
- The Start Well Board would be responsible for the oversight of the programme and the Board could receive updates if required.
- The Triangle Children's Centre would be used as the central location and other areas would be agreed where required. The Triangle Children's Centre had a good location, size and had other partners working in the building.
- It was important to have the correct representation in the governing structures.
- A Primary Care Lead for Children and Young People in Haringey was Dr David Masters and it would be useful for his views to be sought for Primary Care.
- The care role for children started before the child was born and it was not clear what support was given after the child was born.
- Stillbirth rates in Haringey were being examined but the high rates are likely to be between socioeconomic factors and deprivation. It was important that the Family Hub take into consideration those equity issues.
- North Middlesex Hospital had been proactive in making sure there was a continuity of care for women experiencing poor perinatal mental health or deprivation issues. The midwives at the hospital had good ideas on areas which needed to be worked upon.
- The Triangle Children's Centre was well suited for the project. It had a Management Advisory Board there which had various groups such as women's groups, Jewish groups and other groups that could help with collaborative working.
- Debt, welfare and cost of living should be taken into consideration.
- The Triangle Children's Centre was a useful location as the largest number of children born in Haringey were born in the South Tottenham and Seven Sisters area. It was also an area of great deprivation. Work could be done with schools nearby, playgroups nurseries and the programme had potential to make good progress.
- Family hubs were important, but more work could be done regarding perinatal mental health.

- It was useful to note that perinatal mental health had a relationship with the social care assessment service.
- There was good support for the Family Hub, but it was good quality professional relationships that would deliver high quality outcomes.

The Chair felt that an update could be given at a future meeting so that outcomes could be monitored and a visit could be arranged to the Triangle Children's Centre.

RESOLVED:

That the contents of the briefing be noted.

9. BETTER CARE FUND PLANS

Ms Rachel Lissauer and Mr Paul Allen presented the report.

The Board commented that:

- One of the common causes for the admissions for the elderly was a secondary chest infection. The NHS was preparing for a difficult winter period and that places such as Australia and the Far East had seen an increase in influenza during the winter period. The general trend was that what happened in Australia and the Far East would occur in the UK six months later. It was therefore very important to make effort for the public to receive the annual flu vaccination this year.
- There was a requirement for a fifth coronavirus vaccination for the elderly.
- Due to the widespread mixing of the public during the Queen's funeral, there was likely to be a large increase in viral infections.
- The Better Care Fund would be under a lot of strain.
- There was a large number of inpatient hospital beds which had been taken up due to lack of social care.
- Hospital discharges had some challenges and some assistance may need to be provided for this.
- A hub for dementia was required for the East of the borough.

In response to questions, the Board heard that:

- There had been fewer admission to hospitals, but it may be important to consider the exacerbation of physical health conditions due to social conditions. Most of the hospitalisation was due to medical reasons.
- There was an entire section on the Better Care Fund plan narrative which talked about addressing equity of access and outcomes and experience and it was an area that had been invested into substantially in addition to the Better Care Fund plan and was focused on the east of the borough - the 20% most deprived. There were a number of different strands of issues that residents faced depending on their stage of life. The kind of themes included things like having the best start in life, improving long term conditions, improving mental well-being. Efforts needed to be made to ensure make sure that the borough continued to build on this as an integrated care board because it was part of the NHS plans' responsibility to make sure that the borough better served communities that would otherwise be underserved. The Better Care Fund plan played its part in that and some funding from the Better Care Fund would be placed for this. Investing in those groups needed to be done in the right way. Part of the approach was

about community empowerment involving the voluntary sector and partner investing in the voluntary sector to be that connection and link between partners.

- It was not yet clear how much money would be available next year from the Better Care Fund plan, but it was safe to say that there would be some form of uplift in funding and time could be spent during the remainder of the year planning the use of it wisely.
- The role within dementia area encouraged organisations to work out what could be done was part of that social model of dementia and aging. Raising awareness and working with the community to help recognise dementia and cognitive impairment would also be a progression in the area.
- Hospital discharges needed to be more efficient and better organised.
- There were issues with recruitment and staff capacity. Some partnership working could assist also in those areas.

RESOLVED:

That the presentation be noted.

10. HEALTHY PLACE / HEALTH IN ALL POLICIES UPDATE

Ms Susan Oti and Catriona MacRae presented the item.

The Board thanked Ms MacRae for the efforts made and commented that:

- There appeared to be quite a narrow parameters and there needed to be more emphasis on culture, libraries and cinema, For example, Hornsey library had a cinema.
- There was very little emphasis on reading or learning especially as all libraries in the borough had been kept open and improved upon including investing money in in new spaces and in meeting spaces.
- There was an elderly people's group that used to meet on Templeton Road and people became really upset when the group was cancelled.
- Access to food and celebration of food was important. The cost of living crisis meant that many people they did not have access to good food.
- It was difficult to avoid the impact of antisocial behaviour on people and how drugs and alcohol had an impact as well. These areas needed to be addressed and thought about more broadly.
- Healthwatch did not appear to be aware of this project.
- There had been no discussion regarding mental health or some of the faith groups.
- Some of the experience of the type of residents that lived in the borough had not been included.
- There was a lack of nature-based scenery in the borough and some discussion was required regarding how this could be instilled.
- More emphasis needed to be placed on safeguarding. There were areas in the borough where people were more vulnerable.
- Housing was an important topic and residents reported that their mental health had been affected by their housing environment.
- The membership looked very limited and was dominated a lot by groups that were already in the Council and more community involvement was required.
- Two new modern healthcare health centres had opened in Muswell Hill and Green Lanes and that was a cause for celebration.
- It was important to hear from voices which had not been heard including from the voluntary and community sector.

In response to questions, the Board commented that:

- The terms of reference for the group could be circulated and the team would take on board the suggestions particularly on the culture based points.
- The Public Health team had been working with the library management about increasing its offer to communities.
- The team would welcome the Board support in identifying those who could become involved in shaping health in all policies. Work had been done regarding planning developments and other policy areas.

The Chair felt it would be best for the team to report back to the Board at a future meeting.

The Board noted that there was a wider consideration around how the borough implemented the wider determinants of health, how it was linked into other parts of Council governance and how other parts the Council and community were included.

RESOLVED:

That the presentation be noted.

11. UPDATE ON COVID, POLIO AND FLU VACCINATION PROGRAMMES

Dr Maimaris updated the Board on Polio and stated that the Polio virus had been found in sewage in London, with Harringay being one of the boroughs impacted. There had not been any clinical cases of polio as yet in London. It was unusual to see the polio virus in sewage and was from the vaccine derived polio given in other parts of the world, not in the UK. It was transmissible and there had been a clinical case of polio in New York polio had also been found in sewage in Israel. There was some concern around making sure Jewish communities who were highly mobile between those different locations were protected. As a result of this, the Joint Committee on Vaccines and Immunisations (JCVI) had recommended that all children be up to date with their immunisations.

This was being done through primary care. Vaccinations were also being done in Hornsey Central. The risk remained low to the population.

The COVID-19 and flu vaccination programs would be important in the coming winter season. Australia also had an early flu season and there was quite a significant flu impact in Australia.

The emphasis on COVID-19 vaccines was for over 65s and other risk groups and the offer was being made through general practice, pharmacy and various locations in the borough.

The emphasis for flu vaccines was also for over 65s and other vulnerable groups. Pharmacists had already started stocking the flu vaccination and the GPS would begin inviting people to take it. There was also a school-based program for flu, which went from primary through to secondary. This was to prevent transmission in the community.

It was important to keep on promoting these vaccinations for all different parts of the community. It was important to understand the pressures that this was putting on the primary care workforce and to support the primary care workforce in delivery. It was also important that the hospital trusts and other employers including health and social care staff had a good uptake of flu vaccination.

The Board heard that:

- The JCVI were not recommending an additional COVID-19 vaccination for children and young people during the winter period, but access to it was still available.
- A lot of work was being done on providing wrap around support for people from Ukraine and other refugees with a focus on catch up on routine vaccinations.
- It was the nurses and practices who already administered polio vaccines who were doing it together with the school vaccinators who were offering some additional clinics.
- Additional polio clinics was being funded at a small scale by the ICB and a small amount of funding has been made available for support.
- There had been an outbreak of monkeypox across the world. It was a particular concern and particular risk groups included gay, bisexual and other men who have sex with men. It was important to work with that community to ensure that they were protected. An emphasis had been placed on vaccination and there had been an improvement in the number of recorded cases. A further update would be brought at a future meeting.

RESOLVED:

That the update be noted.

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

Ms Christina Andrew stated that she would provide a highlight update across partnership program plan and stated that work had been done specifically on mental health with local black males and who were identified as a cohort who often did not speak about their mental health and had felt that there were a range of issues in terms of engagement with services and kind of treatment within services and listening session was held. Some of the some of the key themes were around lack of trust in services, access to alternative and complementary therapies, trust in the system and over medication and sectioning. A follow up discussion would be held. The next Health, Racial Equity and Health and Care group would have a focus on mental health.

Positive progress had been made on mental health and cultural awareness with Police. These sessions had been received positively. Officers having the space dedicated to how they were feeling, how they coped with incidents and issues that cropped up in the day-to-day job was wellreceived. Those relationships being built between the Police and the Council and MIND was positive.

Theory of Change work was being done with our colleagues from the policy team. Some of the themes included improving trust and confidence in the Police.

The welcome and resettlement work that was being done around the different refugee schemes and the support that the Council was providing to people seeking asylum and migrants in the borough more broadly. There had been some specific work to improve migrant access to primary care. Schools had been in touch to say they had received quite significant numbers of young people arriving from Ukraine and so the borough were examining what kind of provision may be available in terms of mental health support and general assistance. Housing had also had an impact that that has across all communities who were newly arrived in the borough.

There borough had three welcome hubs, one in Wood Green Library and one in Tottenham and one in Muswell Hill and was providing lots of practical support and guidance including being registered with the GP and getting settled into the borough.

The next coordinating group addressing racism and racial discrimination would be on the 12 October 2022. This would consider ways of working and change.

RESOLVED:

That the update be noted.

13. NEW ITEMS OF URGENT BUSINESS

None.

14. FUTURE AGENDA ITEMS AND MEETING DATES

RESOLVED

To note the dates of future meetings:

Wednesday, 23 November 2022

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date