

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 23RD NOVEMBER 2022, 2:00PM – 4:37PM

PRESENT:

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

IN ATTENDANCE:

Katie Ferguson (NHS, NCL)^
Alison Kett (Whittington)^
Rachel Lissauer – Director of Integration – NCL CCG^
Cassie Williams – NHS Haringey CCG^
Sara Sutton – Assistant Director, Adults Health and Community^
Damani Goldstein – Consultant in Public Health^
Christina Andrew – Strategic Lead - Community and Inequalities^
Ms Miranda Tapfumanei – Designated Nurse, CCG^

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 21 September 2022 be confirmed and signed as a correct record.

8. HARINGEY BOROUGH WINTER SYSTEM RESILIENCE

Ms Rachel Lissauer and Ms Sara Sutton introduced the item.

The Board heard that:

- It was still early into the winter and the cold seasonal period had only just begun.
- There were likely to be many issues about residents not being able to top up their meters as debt repayments were so high.
- There was concern about adult social care users not being able to get access to warm spaces. Consideration needed to be given to the effect on the workforce and the need to be flexible and to adapt to emerging needs.
- There needed to be a considerable amount of engagement to get to wider partnership groups from a broad range of partners and organisations.
- Each individual organisation and frontline workforce were likely to feel the most impacted and some of the elements of the warm welcome campaign including the pay it forward idea would need to become an increasing area of focus.
- Hospital trusts were looking to have foodbank provision within their spaces.
- The pre-payment meters had been discussed. Energy companies were changing tariffs for people and work was being done with energy providers about what this would look like for residents with pre-payment meters, but this had not yet been outlined.
- There were mechanisms for residents to come forward when energy costs needed to be paid.
- There were people who could not afford bus fare for hospital appointments.
- Public messaging for dealing with the winter months would be useful.
- Household support fund would continue to be funded for another year.
- Consideration needed to be given on how the disabled (including children and young people) could be supported such as provision of equipment.
- Some residents in the NHS Gloucestershire area would have their energy bills paid for through the Warm Home Prescription scheme. Some consideration needed to be given to see what would be possible for Haringey residents.
- In relation to potential blackouts, it was important to ensure that medical equipment was up-to-date.
- Some London boroughs were also investing in residents being given assistance to purchase healthy food.
- If parents were cutting back on heat, then children were likely to suffer and this may increase the need of for use of the health services.
- Household support fund also supported care leavers and would need to continue to be supported.
- More households which were not able to heat or have proper ventilation would need to be raised with Cabinet due to the cost of living.
- The Children and Young People Scrutiny Committee would be asked to add housing, mould and damp to the agenda.

- The attention of central government needed to be raised regarding issues of damp and mould. It was an issue that existed both in private rented accommodation and housing associations. There were also issues with overcrowding.
- It was not clear if charities or trusts such as Wood Green Urban District were being contacted enough or offering enough support. Any relevant websites needed to be adequately updated.
- The meeting noted that care leavers were included in the housing support payments.
- There were more warm centres and spaces but there were also informal spaces. Residents were making use of warm spaces where possible such as the Chestnuts Community Centre.
- In relation to Winter Access Programmes, North Middlesex Hospital was already running. The goal was to get them running by December 2022. Administrative recruitment would take time, but child clinics and nurses' appointments could start immediately. Pro-active care could start quite quickly.
- The GP Assistant role would involve managing documents and following specific protocol. They may also take a blood or undertake basic health checks. There was competency framework they had to follow and they would be reimbursed through the additional roles scheme. There was a particular focus on Rapid Response and virtual wards. These were services Whittington Health had been running for almost a decade. Last winter, there had been a request to support virtual wards for North Middlesex Hospital. Enfield Community Services and Whittington Health had assisted in developing the virtual wards further. Virtual wards were useful for assisting patients before they entered hospital and bringing patients home early from hospitals. Patients would remain under the oversight of a hospital consultant so that they would get expert clinical oversight.
- The Rapid Response service was where patients were seen at their home before going into hospital. There was an attempt to ensure that patients calling out an ambulance who did not need to be transferred to a hospital could be referred into Rapid Response or virtual ward service. Paramedics would be asked to shadow the services so that they could learn about them. Carers would also be asked to make referrals.
- Remote monitoring would be offered to patients to allow their blood pressure and other vital statistics to be monitored.
- Work was underway to for therapy sessions to be extended in to the weekends.
- Virtual wards did have carers but Haringey Reablement Service also provided carer facilities for those who had used virtual wards or Rapid Response.
- Whittington had a hospital at home service for the paediatric section. A virtual ward was also being funded for children's services. The service would be made available at North Middlesex Hospital (NMH).
- Discharge planning for those who did not need support when they went home came through the integrated discharge team would have a social worker present. When talking to patients and their relatives about their discharge home, their home environment would also be discussed.
- Individuals that come into the hospital via an ambulance would be given information on the patient and when they go and pick up patients, they have iPads to take pictures (with consent) of people's environments. This would be brought into hospital so that information would be present for discharge planning.
- More people wished to go home than be admitted anywhere else, but it was important for patients to be safe.
- Some individuals had been put off important procedures due to a housing issues.
- There was an increase of 256 referrals per month into reablement services. It was not just the cost of that care that was important but also the recovery opportunities. Where people were not reconditioned appropriately, quality of life deteriorated. It was important to highlight wholesale look at how to interpret recovery in light of the

significant challenges of volume and for the workforce to be able to respond to create better outcomes. This was particularly true for the social care area where people were not re-conditioned and needed more care at a higher cost and we are not even in the winter.

- There was a mental health crisis number, but the service was not well known and mental health trusts needed to be consulted in a more wider and public manner.
- The new NHS West Green surgery needed more attention.
- There were various reasons why people visited A&E instead of going to their GP and this needed to be examined more closely.

RESOLVED:

That the contents of the briefing be noted.

9. UPDATE ON NCL ICS POPULATION HEALTH APPROACH

Dr Will Maimaris and Ms Katie Ferguson introduced the item. Dr Maimaris explained that the Integrated Care System (ICS) was still developing. One of the areas of work was on population health including inequalities. The population health strategy provided an opportunity to embed certain principles into the Integrated Care Board, which had taken on the commissioning resource allocation functions of the CCG and also the partnership boards and the community boards that sat alongside them. This would be sponsored by the Integrated Care Partnership Board. A lot of information would be taken from the individual boroughs' health and wellbeing strategies, so that there would be a common outcomes framework.

The meeting heard that:

- The disparity scores for Islington were much lower. Haringey also had the greatest gap for equality and disparity. It was clear that Haringey needed more funding.
- Equity of access was important and residents needed to be informed on how the new approach would work.
- The strategy would need to be co-produced by those most in need of the service and residents in general.
- Some investments have been made in the east of the borough to address health inequalities. The voluntary sector had also been engaged along with various community services. Families were engaging with various charities such as Wheely Tots and Grow Tottenham.
- It was important that the strategy was in line with other strategies that were already being implemented.
- The information needed to be used as evidence to assist with the increase in the required budget.
- The borough was starting to print light important measures that need to be taken regarding the health and care system.

The Board thanked Health colleagues for making efforts to keep resources in Haringey and were encouraged to keep going.

RESOLVED:

That the update be noted.

10. ROUTINE CHILDHOOD IMMUNISATIONS UPDATE

Mr Damani Goldstein presented the item.

The Board thanked Mr Goldstein and colleagues who were working hard on the issue. In 2018, the borough had outbreaks of measles in school and in the Arabic speaking community. The borough's immunisations were currently quite low and therefore with all the other external national pressures, it was possible that such infections would happen again. Commissioning and delivery sat with the NHS, but a collaborative approach was required and progress had been made to take a collaborative approach.

This item would return to the Health and Wellbeing Board to examine the improvements in a year's time.

The Board heard that:

- Information was required regarding where and how vaccinations occurred in the borough. It was important to get in-depth information on these issues. It was important that due to deprivation and the rising cost of living, the borough did not incur other kinds of illnesses into the population.
- Are targeted approach and a range of different things where required. This included having walk-ins, multi-language based phone calls, reinforcement with national communications. These were some of the tools used during the vaccination campaign during the coronavirus crisis.
- It was important to work collaboratively where possible.
- The use of interfaith groups and messaging across synagogues and churches for different communities would be useful. Seven community newspapers could also be used.

RESOLVED:

That the presentation be noted.

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

Ms Christina Andrew provided an update and stated that some forward planning work had been completed with the Coordinating Group addressing racism and discussions had been held regarding the kind of language that needed to be developed and used in order to describe the work tackling anti-racism and institutional racism. An examination was required on the culture of policy and practice rather than one off incidents. Staff members' own experiences of discrimination was also important. Discussions were also held about defining the reason for the work clearly and concisely, so that it can be described why race was being prioritised amongst other important things and what it meant for residents. This would feed into reviewing actions and objectives. The group would meet again in the new year.

A further update would be provided at the next meeting.

RESOLVED:

That the update be noted.

12. NEW ITEMS OF URGENT BUSINESS

There were none.

13. ANY OTHER BUSINESS

Ms Ann Graham and Ms Miranda Tapfumanei stated that they would be working on producing a policy for discharge from hospitals for babies. This was a critical area to address and a full update would be brought to the Health and Wellbeing Board at the next meeting. Currently, the policy was in draft form and an NCL aligned policy was required in any case.

On 8 December 2022, an engagement meeting would be held which would include the heads of services from various local boroughs.

The draft policy would have views of the wider system would be presented to a future Health and Wellbeing Board with an aim for it to be submitted to the wider governance for sign off. The sign off would likely occur by January 2023.

The policy would also be presented to the ASPIRE group.

14. FUTURE AGENDA ITEMS AND MEETING DATES

RESOLVED:

To note the dates of future meetings.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date