

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Wednesday, 23rd November, 2022, 2.00 pm - Woodside Room - George Meehan House, 294 High Road, 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 13).

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 21 September 2022 as a correct record.

8. HARINGEY BOROUGH WINTER SYSTEM RESILIENCE (PAGES 11 - 34)

To receive a report on the Haringey Winter System Resilience.

9. UPDATE ON NCL ICS POPULATION HEALTH APPROACH

A verbal update on NCL ICS population health approach by Katie Ferguson and Will Maimaris.

10. ROUTINE CHILDHOOD IMMUNISATIONS UPDATE (PAGES 35 - 48)

To receive a presentation on routine childhood immunisations.

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

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

12. NEW ITEMS OF URGENT BUSINESS

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

13. ANY OTHER BUSINESS

To receive an update on hospital discharge pathway for children.

14. FUTURE AGENDA ITEMS AND MEETING DATES

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

To note the dates of future meetings:

11 January 2023 – Joint Meeting with the Community Safety Partnership

25 January 2023

Nazyer Choudhury, Principal Committee Co-ordinator

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Fiona Alderman

Head of Legal & Governance (Monitoring Officer)

George Meehan House, 294 High Road, Wood Green, N22 8JZ

Tuesday, 15 November 2022

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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 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: did

^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 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

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Report for: Health and Wellbeing Board – 23 November 2022

Title: Haringey Borough Winter System Resilience

Report authorised by : N/a

Lead Officer: Rachel Lissauer, Director of Integration for Haringey, Development and Population Health Directorate, North Central London ICB

1. Describe the issue under consideration

- 1.1 Health and social care system partners in London at regional, ICS and local level are working together to deliver joined up, integrated care focused on enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time.
 - 1.1.1 Given the immediate and significant challenges facing the health and care system, there is a strong focus within health and care system winter planning on strengthening system capacity to respond to increased demand; managing system flow, from ambulance handovers and emergency department waits through to effective discharge; continuing to clear the elective backlog with better access to primary and secondary care services.
 - 1.1.2 Prevention and population health interventions are an important part of the health and care system's resilience, response to winter pressures, and efforts to ensure the current and future sustainability of these services.
 - 1.1.3 The draft London Winter Resilience & Prevention Framework recommends 10 key population health interventions that local systems can take over winter. We have highlighted actions we are taking for each of these recommended areas.
 - 1.1.4 We have also looked at the data provided at NCL and London level to help us to understand system pressures and have focused on the hospitals accessed most often by Haringey residents to understand the local picture.
 - 1.1.5 This presentation will outline what actions we are taking to support population health in Haringey over winter; help participants to understand the pressures on the Haringey health and care system; recognise areas of inter-dependence and consider how we maintain effective joint working as a borough.

2 Recommendations

To note the contents of the briefing and provide any comments to the NCL ICB Director of Integration for Haringey.

3 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

N/A

6.1 Finance and Procurement

6.1.1 This is an update report for noting and as such there are no recommendations for action that have a direct financial implication.

6.2 Legal

6.2.1 This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

6.3 Equality

6.3.1 This is an update report for noting and as such there are no recommendations for action arising from the report with an impact on equality.

6.4 Environmental Impact

6.4.1 This is an update report for noting and as such there are no recommendations for action arising from the report with an environmental impact.

7. Use of Appendices

Appendix – Haringey Borough Winter System Resilience presentation

Haringey Borough Winter System Resilience

Rachel Lissauer

Director of Integration (Haringey Borough), NCL ICB

Sara Sutton

Assistant Director Place Based Commissioning &
Partnerships, Haringey Council

Aim

Outline what actions we are taking to support population health in Haringey over winter

Understand the pressures on the Haringey health and care system

Recognise areas of inter-dependence and consider how we maintain effective joint working as a borough

Premise

Health and social care system partners in London at regional, ICS and local level are working together to deliver **joined up, integrated care** focused on enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time.

Given the immediate and significant challenges facing the health and care system, there is a strong focus within health and care system winter planning on:

- Strengthening system capacity to respond to increased demand;
- Managing system flow, from ambulance handovers and Emergency Department waits through to effective discharge;
- Continuing to clear the elective backlog with better access to primary and secondary care services.

Prevention and population health interventions are an important part of the health and care system's resilience, response to winter pressures, and ensure the current and future sustainability of these services

Challenges and influences on population health in London | Winter 2022/23

- Risk of a resurgence of **COVID-19** coinciding with the winter period, and potential for an earlier and **larger flu season**
- A growing backlog for elective care, **rising emergency demand, increasing waits in A&E** departments, longer ambulance response times, longer waits for cancer treatment
- Excess morbidity and mortality is usually seen each winter, especially if there are severe **cold weather episodes**.
- Disruption to the delivery of health care during the pandemic, and in particular to the **management of long-term conditions and preventive programmes** such as screening and immunisations,
- Longer-standing **structural challenges** in the health and care system, including workforce shortages and capacity challenges and the risk of **staff burnout and fatigue**
- The **cost of living crisis**, higher energy bills, poverty, food instability and mental health impacts will place undue pressures on the most vulnerable in society, and may also have specific direct impacts on peoples access to and use of health and care services
- **Exacerbation of inequalities** – there is potential for existing inequalities in health to be exacerbated. The pandemic highlighted the disproportionate impact of COVID-19 on London’s Black, Asian and ethnic minority communities, and the cost of living will hit those who are already disadvantaged the hardest

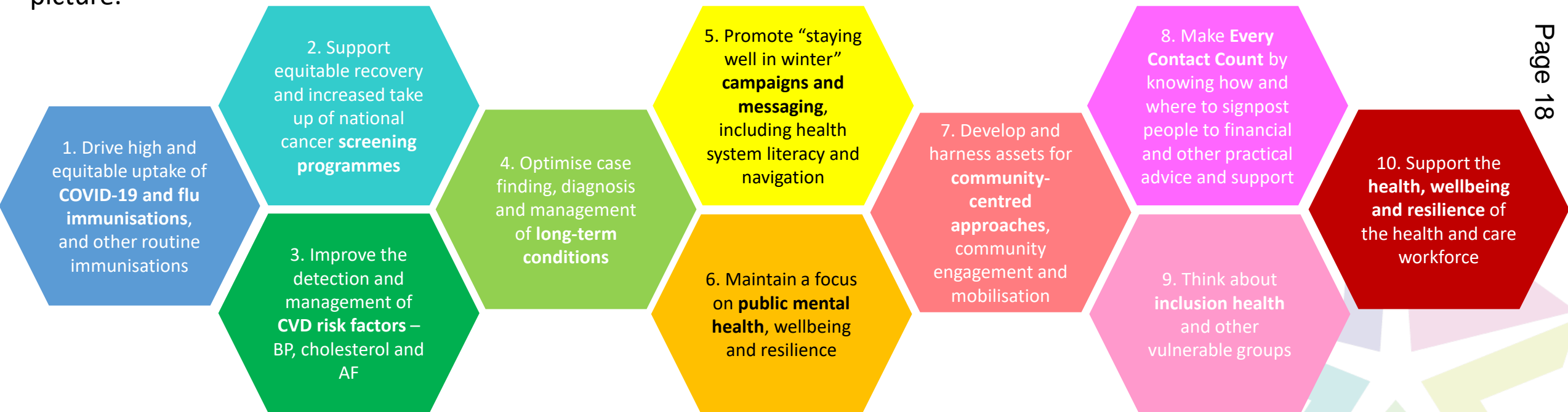
Potential Implications of Cost of Living on Health

There are 4 top areas of concern for cost of living related population health risks, with the potential for driving increased pressure on primary, mental health and emergency NHS care, as well as need for more local authority and voluntary and community sector support:

1. The **impact of cold homes and fuel poverty** on health, increasing risks of cardiovascular and respiratory diseases and pressures on primary and emergency services.
2. **Worsening diet as a result of food insecurity** (driven by increased food prices, availability and fuel prices and affordability) leading to poor dietary outcomes and worsening of diet related diseases.
3. **Worsening mental health** from rising costs, reduced purchasing power, and potential increases in unemployment impacting food security, problem debt, housing stability and financial security.
4. **Worsening or preventable and treatable ill health** due to people not accessing services as people fail to keep up with protective behaviours and a reduction in personal focus on health and an increase in health risk behaviours.

10 high impact population Health interventions

London Public Health organisations have produced a framework [London Winter Resilience & Prevention Framework](#) which recommends 10 key population health interventions that systems can take over winter. We have considered what actions we are taking towards these recommendations and reviewed the data provided at NCL and London level to help us to understand system pressures and have focused on the hospitals accessed most often by Haringey residents to understand the local picture.



Winter Resilience & Prevention Framework – Haringey Delivery



Population Health Intervention

1. Drive high and equitable uptake of **COVID-19 and flu immunisations**, and other routine immunisations

- Robust NCL/Haringey vaccine delivery plans, communications & infrastructure in place:
 - Haringey vaccination sites (Bounds Green, Hornsey, Lordship Lane, pharmacies)
 - UCLH-staffed covid and flu vaccination ‘pop up’ clinics planned for low uptake areas/low uptake groups
 - GP practices running ‘super Saturday’ flu clinics; GPs/Whittington provide home-based flu
 - Call & recall capacity in community languages; vaccination outreach clinics (at food banks, community sites; support to GPs to run more ‘super Saturdays’)

Autumn booster COVID-19 vaccination in Haringey	47.9%
Flu vaccine uptake in Haringey	21.2%

(data up to 7 November 2022)

2. Support equitable recovery and increased take up of national **cancer screening programmes**

- All NCL cancer screening services to complete recovery by end of December 2022
 - Screening uptake data will continue to be used to support equitable recovery and improvement of screening programmes
 - Uptake improvement initiatives are being delivered by primary care, screening providers, cancer alliance and local authorities.
 - Building health promotion teams with screening providers to address low uptake particularly in communities that experience the greatest health inequalities.
 - NCL Cancer Prevention, Awareness and Screening strategy is being refreshed, to maximise opportunities for NCL-wide and borough level action for increased and more equitable take up of national cancer screening programmes.

Population Health Intervention

3. Improve the detection and management of **CVD risk factors** – BP, cholesterol and AF

- To improve the detection and management of CVD risk factors, Haringey is:
 - Optimising the NHS Health Checks service to ensure the service is more accessible and to improve uptake. The service will be more targeted to people at higher risk of cardiovascular disease (CVD), considering deprivation, ethnicity and age
 - OneYou Haringey, Council-commissioned integrated lifestyle service (smoking cessation, weight management, physical activity and alcohol reduction) supports residents to reduce their risk of developing CVD
 - The OneYou service also supports development of community or clinical pathways and Make Every Contact Count training for local organisations.
 - The Council active community team also runs various physical activities including local walks, and the Get Out Get Active programme involving disabled people to enjoy being active together.

ONEYOU HARINGEY

4. Optimise case finding, diagnosis and management of **long-term conditions**

- NCL ICB commissions GPs to systematically case-find and co-ordinate the care of individuals with long-term conditions, including Asthma, COPD, Chronic Kidney Disease (CKD), Atrial Fibrillation, Hypertension.
 - Patients with heart Failure and Diabetes, who are in CVD high-risk groups, are discussed at monthly multi-disciplinary team meeting to ensure effective management of conditions.
- Haringey is optimising management of long-term conditions by:
 - Increasing referrals to Haringey’s structured and evidence-based exercise referral scheme for Haringey residents who have had cardiac and stroke events.
 - Delivering a Healthy Neighbourhoods Long-term conditions inequalities project, a case management service for patients with CKD/COPD/CVD in areas of high deprivation which is targeted to the Turkish-speaking & Afro-Caribbean communities, who are then invited to attend a ‘health check’/screening appointment

Population Health Intervention

5. Promote “staying well in winter” **campaigns and messaging**, including health system literacy and navigation

- Haringey and NCL ICB comms teams have agreed a winter comms strategy
 - Amended and refreshed last year’s ‘Stay Well This Winter – Information and services for Haringey residents’ leaflet. This includes signposting to the Council’s Here to Help webpages and helpline number.
 - Printed copies of the leaflet will be distributed to local libraries, North Middlesex University Hospital, Haringey GP Federation plus a range of local VCS partners.
 - A generic NCL version of the leaflet will be translated into Turkish, Polish, Somali, Bulgarian and Romanian. An Easy Read version will also be made available.

6. Maintain a focus on **public mental health**, wellbeing and resilience

- Haringey is focusing on public mental health by:
 - Working with ThriveLDN and Good Thinking to produce the Great Mental Health campaign
 - Haringey’s Great Mental Health programme works with local grassroots organisations delivering health promotion and preventative programmes for groups at higher risk of poor mental health.
 - The promotion and delivery of mental health and wellbeing training for frontline workers is conducted by Haringey’s Wellbeing Network (MHFA) and Public Health (Resilience Training).
 - Delivery of the Healthy Schools Programme, Anchor Approach and Kooth online counselling service to support a whole-school approach to health and wellbeing.
 - Strengthening multi-sectoral partnerships and collaboration in the Suicide Prevention Group, implementing mental health and suicide prevention activities to support people struggling with debt or financial anxiety.



Population Health Intervention

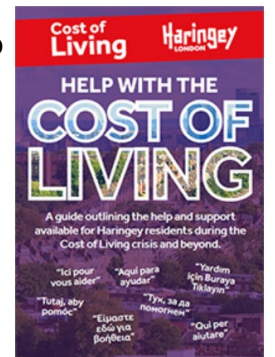
7. Develop and harness assets for **community-centred approaches**, community engagement and mobilisation

- Integrating care at a neighbourhood level to support improvements in outcomes and reduce inequalities
 - Haringey Warm Welcome campaign across the borough supports to mitigate the risk of cold homes and fuel poverty on health
 - Healthy Neighbourhoods: Using the Inequalities Fund to deliver targeted work in East Haringey. 18 projects organised under Start Well, Live Well & Age Well boards
 - Neighbourhoods/Localities programme: the development of multi-agency integrated hubs across Haringey. A 'test and learn' approach underway in Northumberland Park that is being co-produced by residents and stakeholders.
 - MACC (Multi Agency Care & Coordination) to support people with moderate and severe frailty



8. Make Every **Contact Count** by knowing how and where to signpost people to financial and other practical advice and support

- Support in place to ensure every contact counts
 - Haringey Council 'Here to Help' web page and Cost of Living booklet brings together information to help residents during the cost of living crisis – leaflets available in a range of settings and translated into various languages
 - Introduction process into Haringey Councils Financial Support Team and Connected Communities
 - Partners websites clearly signpost relevant information and advice



Population Health Intervention

9. Think about
inclusion health
and other
vulnerable groups

- A broad range of Health inclusion services and programmes in place:
 - Homeless Health Inclusion Team – an integrated Rough Sleeper health service will support
 - Find and Treat service will focus on vaccinations in hostel pathways and Home Office emergency hotels
 - Severe Weather Emergency Protocol refreshed for 2022
 - Additional 15 emergency accommodation beds in place over winter for rough sleepers
 - Canning Crescent will deliver an integrated approach to supporting mental health recovery – expected to go live in January
 - Expansion of migrant health and wellbeing services to support culturally sensitive therapeutic support offers

10. Support the
health, wellbeing
and resilience of
the health and care
workforce

- Haringey council is supporting council employed health and care workforce via the Employee Health and Wellbeing Hub (mental, physical, economic wellbeing) and through implementation of the Haringey Workforce Wellbeing Strategy 2022-2026.
- Haringey is currently delivering 'Talk Money', an awareness campaign to recognise and respond to the cost of living crisis and affects on staff wellbeing.
- Maximise uptake of flu and covid vaccination amongst health and care staff, using culturally competent and tailored delivery approaches to address barriers to uptake

System Pressures



System pressures over winter

Key messages

- Bed occupancy is now extremely high
- Waiting times in emergency departments and delays for ambulances are a result of this high bed occupancy
- Bed occupancy is driven by high acuity and complexity and also by difficulty with flow (i.e. the speed and efficiency of supporting people's recovery within hospital and organising people's discharge from hospital).

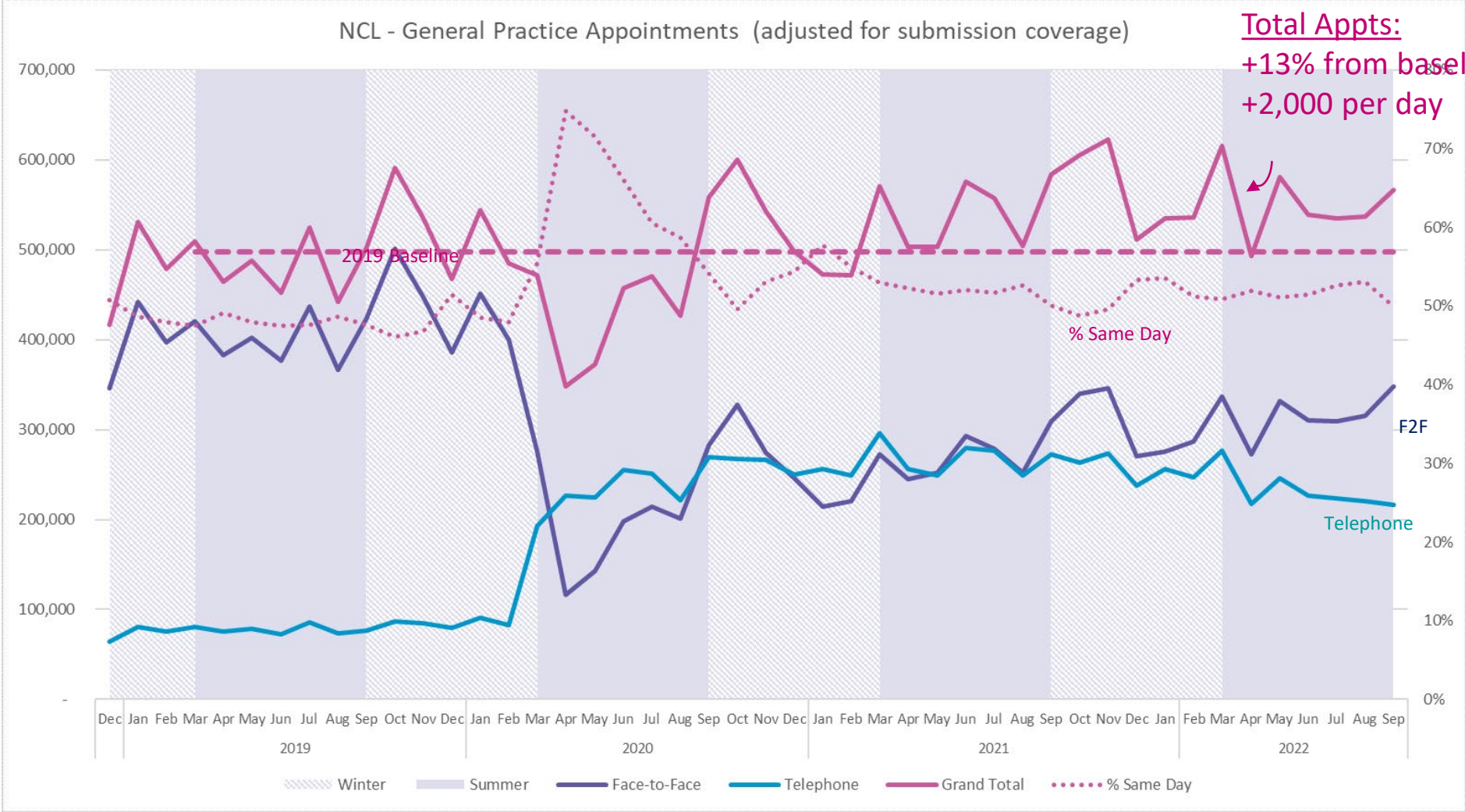
Shared focus areas for health and care organisations

- Supporting people to stay well both physically and mentally
- Providing input that ensures ambulances have safe alternatives to conveyancing (e.g. mental health support workers with ambulance crews; referral into rapid response to provide care for people at home)
- Maximising same day emergency care and urgent community response (e.g. making sure people can see GPs quickly and face-to-face; making good use of urgent care centres; using rapid response services)
- Work to support discharge process (e.g. early planning and conversations with families; good communication between discharge teams and social workers with agreement on who is doing what; quick access to housing, equipment, repairs; effective 'virtual ward' arrangements).

How did we get here?

- More people are being seen in primary care and in the community
- There has been an increase in ED attendances, this is more pronounced at NCUH
- This has not translated into more people being admitted into hospital
- But length of stay has gone up and the amount of time people spend in hospital after they're physically well enough to go home has gone up
- Sickness levels have been higher across all staff groups post covid. The staff we have are working harder.
- All services are experiencing rising acuity, staffing problems, funding pressures and backlogs which make 'flow' more difficult.
- Huge amount of work going on to work across the system to act on opportunities to make improvements – small reductions in length of stay make a big contribution to enabling better flow within the system.

Primary Care Appointments Increasing

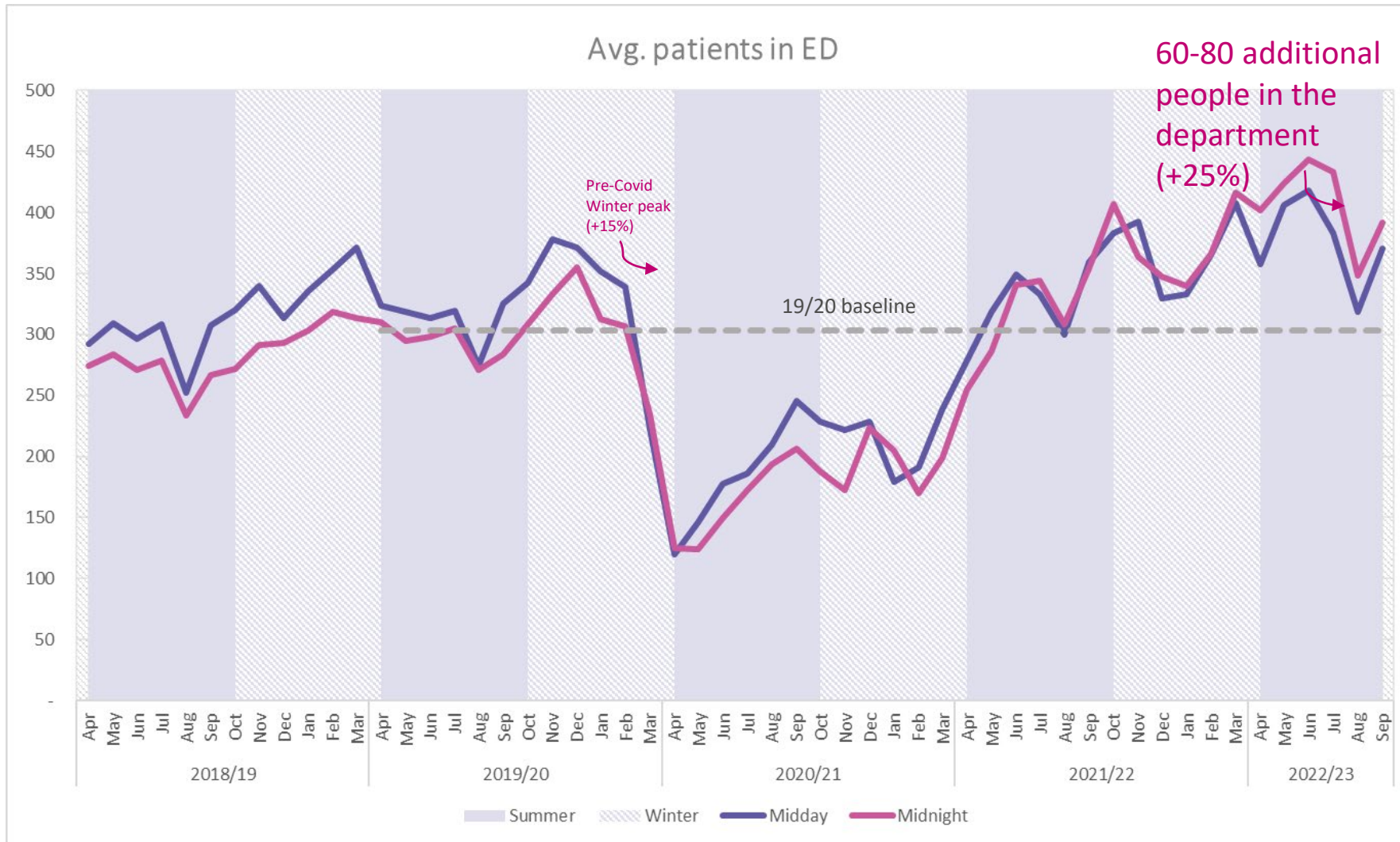


August 2022: NCL delivered 587,954 appointments (excluding vaccinations)

19,000 appointments offered per day

Slightly lower than national average on F2F, slightly higher than national average on same day appts

More People in the Emergency Department



ED attendances have been at previous peak levels through summer.

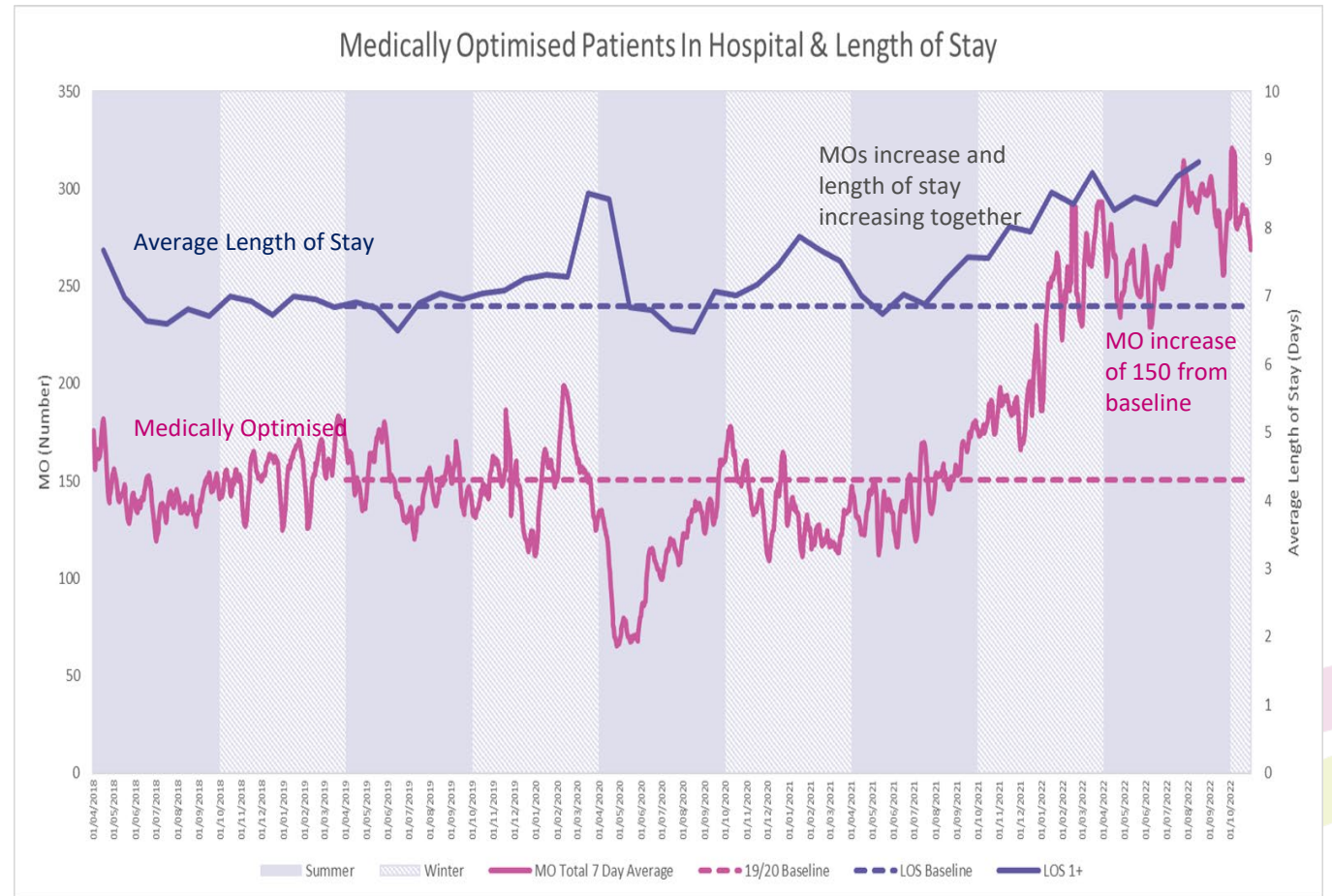
Growth in attendances particularly pronounced at NCUH (+ 7%).

Numbers waiting a long time in ED has increased across all sites, largely because of bed pressures

Ambulance handovers are challenged across London and at local hospitals.

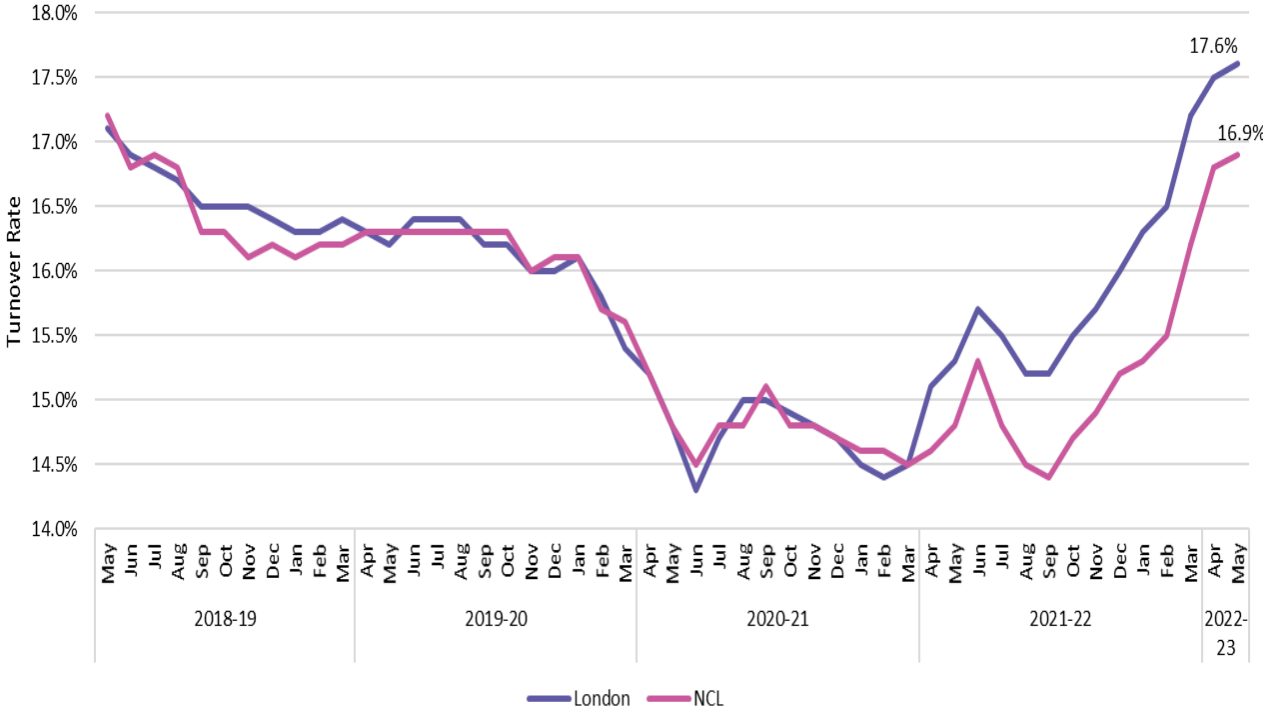
Length of Stay and Medically Optimised Patients

- We have seen increases in Medically Optimised patients
- Increases in delayed discharges appear to be driving up hospital length of stay, which has in turn pushed up bed occupancy
- Some of the increase in LOS is due to changes in case mix and rising acuity (which increase over winter)
- Bed pressures are also clear in community beds for people needing recovery / reablement and in mental health capacity, with very high occupancy at BEH Mental Health Trust which can result in people being placed out of area.



Workforce Challenges

Turnover Rate - Benchmarking



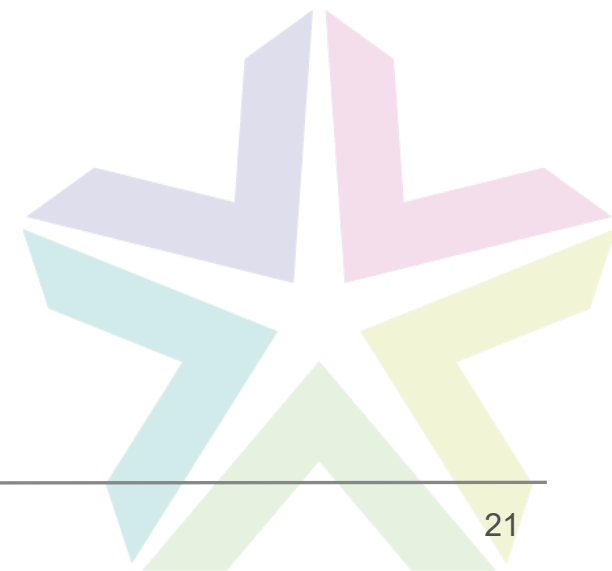
- Sickness rates remain higher than pre-Covid baseline in all staff groups
- Turnover rates increasing, in particular for more senior (band 6 & 7) nursing and AHP roles
- Increase in use of bank/agency (medical roles)
- Challenges with vacancies: e.g. GP workforce static for the last 5yrs (despite rising demand and activity); Social care: 5% reduction in filled posts (20/21 – 21/22); provider vacancy rate = 11% (~5k WTE)

Responses

- Small reductions in length of stay yield significant benefits – strong focus on ‘home by lunch’ & reducing longest lengths of stay
- Complexity / high acuity and deconditioning lead to higher demand for social care
- Significant investment going into community nursing
- Winter funding is being used for:
 - Additional F2F GP appointments for children and young people out of hours; additional support staff in primary care; pro-active visits to older patients
 - Re-opened GPs based within North Middlesex to relieve pressure on urgent treatment centre
 - Funding for virtual ward, rapid response – moving towards 7 day therapy service
 - ‘Winter’ operational meeting bringing operational leads together and used to flag particular pressures

Discussion

- Anything to add from your personal / professional / organisational perspective?
- Are there areas of interdependence where we could be doing more or working differently?








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Routine Childhood Immunisations Update

Health & Wellbeing Board

23 November 2022

Damani Goldstein

Proposed NCL population health improvement Areas for Development		Key rationale for these 5 Areas for Development
START WELL		
 Childhood immunisations	NCL is an outlier in London for coverage	
LIVE, WORK AND AGE WELL		
 Cardiovascular disease - preventing heart disease and strokes	Biggest causes of avoidable death (largely preventable and treatable) with common risk factors	
 Cancer - prevention, early detection and good quality care for all		
 Respiratory disease (e.g. asthma and COPD*)	Next highest cause of avoidable mortality and long term health problems	
WHOLE LIFECOURSE		
 Mental health and wellbeing (all ages)	Increasing prevalence and underpins other aspects of wellbeing	

*Chronic obstructive pulmonary disease

0-5s Vaccinations

- GPs are main provider of routine vaccinations for children aged 0-5 years
- Immunisations are considered a key indicator of primary health care performance and a proven intervention to improve public health
- Disparities in uptake continue across the borough, with lower vaccination uptake in the east of the borough

Overall, lowest vaccine uptake remains for the 2nd dose MMR at 5 years at 74% uptake (remaining 671), where Romanian and Bulgarian are first language spoken.

	% Uptake (remaining to vaccinate)	Uptake in Black & Minority Ethnic groups%	Uptake in the Most Deprived population %	Lowest Uptake by Ethnicity	Lowest Uptake by First Spoken Language
All vaccinations at 1 year	78% (566)	79%	70%	Black Caribbean, White-Irish/Gypsy or Irish Travellers	Bulgarian, Romanian
All vaccinations at 2 years	76% (612)	72%	70%	Black African/ Caribbean	Bulgarian, Romanian
All vaccinations at 5 years	71% (785)	68%	63%	White Irish, Mixed- White & Black African	Bulgarian, Romanian, Spanish

School Aged Vaccinations

- Vaccination UK is commissioned by NHS England to deliver vaccinations in schools across Haringey
- Year 8: Human papillomavirus infection (HPV)
- Year 9: Meningitis ACWY and DTP (Diphtheria, Tetanus and Polio School Leaver Booster)
- In the 21/22 school year, a total of 4005 children were vaccinated through the programme, a 2% decrease in the uptake in comparison to last year and 7% decrease from 2019/20

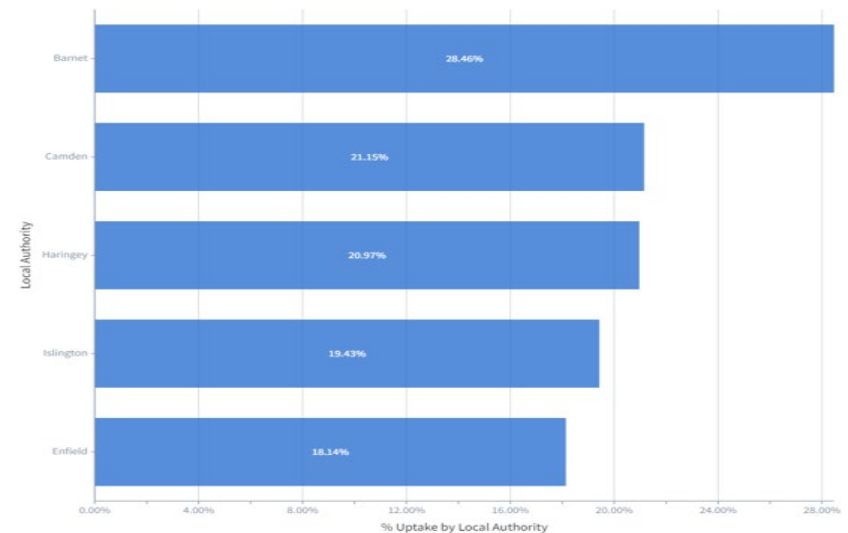
20/21 number of doses given	21/22 number of doses given	Percentage Uptake	Vaccine Programme
1076	1042	24%	HPV 1 Female
929	476	24%	HPV 2 Female
912	866	54%	HPV 1 Male
712	428	22%	HPV 2 Male
2060	2094	56%	DTP
2063	2097	56%	ACWY

Polio Booster Vaccination

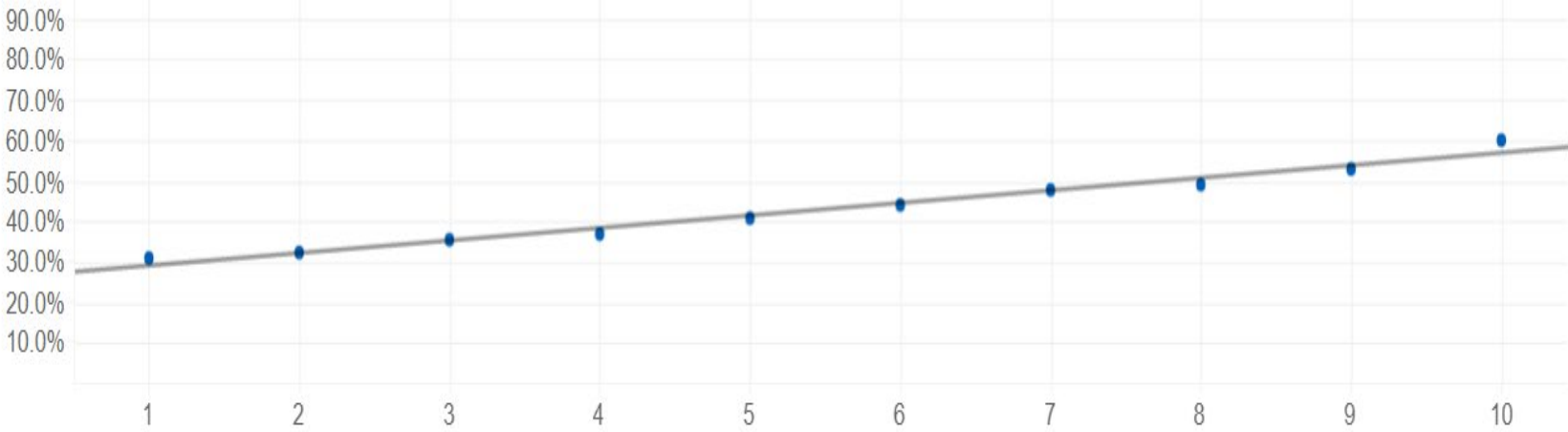
- Vaccination UK and GPs are largely responsible for delivering Polio catch-up campaign
- The campaign is likely to run until end of Dec
- Uptake is being supported by central clinic in Hornsey, as well as outreach efforts from GP practices & Vaccination UK
- In Haringey, the campaign has boosted 20.97% of eligible population (with 6,091 administered)
- There are disparities in uptake across NCL, including notably lower uptake in Black communities.

Uptake by Local Authority (%)

ICB: North Central London



Uptake amongst schools in NCL: Most deprived postcodes is 27.8% lower than the least deprived



Source: NHS Futures – Flu Dash Board

Six Vaccination Action Plan Workstreams

Service delivery

Strengthen relationships with Hospitals, Haringey GP Federation, PCN Clinical Directors and Vaccination UK. Obtain an understanding of service delivery schedules and **offer of support to GPs and schools with lowest uptake for routine preschool vaccinations.**

Access to trusted and accurate information

Update all Council website pages around [vaccinations and immunisation](#) (inc [childhood vaccinations](#)) in accordance with the latest guidance and develop information leaflets for parents of preschool children

Raising public awareness of childhood immunisations and vaccinations

To raise awareness we will design, develop and implement **multi-channelled public marketing and advertising campaigns** bespoke to the target audiences. This will complement the rollout of NHS E/I London, GP, Vaccination UK's and other locally developed call and recall systems.

Key stakeholder communications and engagement

Develop and implement an **engagement plan for key message carriers and professionals** that come into contact with parents and guardians e.g. Hospitals, Headteachers, Children's Centres, Practice Managers, School Nurses and Health Visitors

Data collection, collation and analyses

Enhance **understanding of vaccination barriers and motivations**, define success measures and develop a monitoring and evaluation framework for coverage and uptake in eligible cohorts

Tackling disparities and inequalities in childhood vaccine uptake

Undertake literature search around effective interventions. Refine and develop targeted public marketing and advertising campaign, engage identified key message carriers including, healthcare professionals and community leaders for lowest uptake cohorts. **Undertake and support communication and engagement with underserved and low uptake communities**

GP Federation Preschool Pilot: 2021/22 Phase 2

In 2020/21 supported 11 practices in Haringey with lowest coverage to improve uptake of routine childhood vaccinations and immunisations.

Extended the offer to 20 lowest performing practices in 2021/22. Objectives include:

- **Improving practice data** through supporting with correct coding, updating templates and identifying deductions
- **Improving call and recall**, plus supporting practices with identifying and working with declines
- **Increasing capacity of nurse-led appointments** through the Federation Hub
- **Timely tracking of activity** through developing a bespoke dashboard
- **Delivering training** for practices and providing dedicated support
- **Working with Public Health to raise awareness**



GP Federation Preschool Pilot: Outputs & Outcomes

Feb 22

Federation Outputs

- Updated list with to do task list sent out to 20 practices.
- Webinar and How to guide sent out to all Haringey Practices
- 2 rounds of call/recall completed, and actions sent out to practices
- Feedback & training 1:1 session carried out for each practice
- Monthly dashboard sent out Via PCN dashboard
- Training webinar and Q&A completed.
- 1:1 session completed for 15 out 20 practices.
- Dedicated support email QIST.Enquiries@nhs.net set up
- Regular updates to the Portal & Practice Newsletter
- Short patient telephone survey used during call/recall.
- Excel list of vaccinations decliners and main reason why

GP Outcomes

- 7 Practices saw an improvement in primary and preschool vaccinations
- Activity across 10 Practices have remain steady overall across 3 categorises
- 3 Practices had a decline in coverage attributable to admin capacity and limited engagement with the GP Federation

Approach to engage parents/carers of 0-5s

- MMR press release
- Display advertising on Haringey Council website inc intranet and key webpages (school admissions, nursery places etc)
- Posters & postcard distribution to over 400 venues with accompanying cover letters & emails
- 5 month programmatic digital advertising east of borough focus
- School admissions brochures
- Social Media – Haringey Council, NCL, GPs and Key organisations
- Video content with key message carriers including faith and community leaders as well as healthcare professionals
- Public Haringey Council childhood vaccination webpage:
www.haringey.gov.uk/childhood-vaccinations

HAS YOUR CHILD HAD THEIR VACCINATIONS?

CHECK THEIR RED BOOK AND MAKE AN APPOINTMENT WITH THEIR GP TODAY

HAS YOUR CHILD HAD THEIR CHILDHOOD VACCINATIONS?

CHECK THEIR RED BOOK OR SPEAK TO THEIR HEALTH VISITOR TO FIND OUT IF THEY ARE DUE

NHS

Haringey LONDON

Bibi Khan MBE President of the London Islamic Cultural Centre promoting childhood vaccinations

Resources for Professionals to Share

Making Every Contact Count

Haringey Council Webpage:

www.hariney.gov.uk/childhood-vaccinations-resources

- Social media posts and suggested copy
- A4 posters and postcards for display
- Childhood vaccination information leaflets for download or printing in English, Bulgarian, Polish, Spanish, Romanian and Turkish
- Videos created by Haringey Federated4Health about childhood vaccinations in key community languages
- National MMR campaign materials
- Flu vaccinations for children leaflet

HAS YOUR CHILD HAD THEIR VACCINATIONS? CHECK THEIR RED BOOK AND MAKE AN APPOINTMENT WITH THEIR GP TODAY

Talaalka caruurnimadu waa hab muhiim a... Copy link

PROTECT YOUR CHILD FROM FLU THIS WINTER Page 44

THE FACTS ABOUT VACCINES CHILDHOOD VACCINE INFORMATION LEAFLET

Watch on YouTube

Watch on YouTube

Find out more: haringey.gov.uk/winter-vaccinations Haringey NHS

Preschool Digital Advertising Campaign

5 month campaign Feb-July 2022

More than over 1.4 million adverts were displayed on over 70,000 devices used by parents and guardians in the east of the borough.

Almost 8.5% of these adverts were clicked on, watched for more than 10 seconds, liked or shared.

Facebook and Instagram adverts yielded the most interactions (clicks/video views etc)

Somali, Turkish, Polish and English childhood vaccinations animations created by the GP Federation as well as assets with just Black children in the visuals yielded the highest interaction rates



Next steps

1. Support to targeted offer of polio vaccinations for Charedi residents
2. Hackney/Haringey joint vaccination plans for Charedi residents
3. Planning to increase uptake among Black communities
4. Expanding vaccination clinic locations (e.g. Children's Centres)
5. Targeted digital advertising
6. Make Contact Count (health visitors/school nurses/early years)
7. Continued advocacy for opportunistic vaccinations at hospitals
8. Improving uptake of school-based vaccinations
 1. learning from other areas
 2. focused engagement with low and high uptake schools (and local partners)
 3. repeat health equity audits

Appendix

Childhood Vaccination Schedule 2022

Routine vaccination schedule spans from 8 weeks old to 13-14 years old.

By the time a child is 14, they should have had 17 vaccinations against preventable infections and diseases



The routine immunisation schedule				from February 2022
Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus ²	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus ²	Rotarix ²	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{3,5}	Fluenz Tetra ^{3,5}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm