

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 25TH JANUARY, 2023, 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
Councillor Mike Hakata, Cabinet Member for Climate Action, Environment and Transport and Deputy Leader of the Council
Dr Peter Christian, NCL Clinical Commissioning Group Board Member
Sharon Grant, Healthwatch Haringey Chair
Dr Will Maimaris, Director of Public Health
Rachel Lissauer – Director of Integration – NCL CCG
Gary Passaway - Barnet, Enfield and Haringey - Mental Health NHS Trust

IN ATTENDANCE ONLINE:

Geoffrey Ocen – Chief Executive, Bridge Renewal Trust
Christina Andrew – Strategic Lead, Community and Inequalities
Ms Miranda Tapfumanei – Designated Nurse, CCG
Susan John – Business Manager, Strategy Communications and Collaboration
Sarah D'Souza – NHS NCL ICB
Angharad Shambler – Senior Public Health Strategist
Priyal Shah – Programme Manager, Communities, NHS NCL ICB
Susan Otitu – Assistant Director, Public Health
Lynette Charles – CEO, MIND
Linda Edward - Senior Public Health Commissioner,
Sophie Hawthorn – Public Health Officer, Healthy Schools Lead
Gill Taylor – Strategic Lead, SH and VA
Paul Allen - Head of Integrated Commissioning (Integrated Care & Frailty) NCL ICB

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 no questions, deputations or petitions.

7. MINUTES

RESOLVED:

That the minutes of the Health and Wellbeing Board meeting held on 23 November 2022 be confirmed and signed as a correct record.

8. WORK TO TACKLE RACISM AND RACIAL INEQUALITIES

Ms Christina Andrew and Mr Geoffrey Ocen presented the item and provided an update.

The meeting heard that:

- Issues of intersectionality had been considered. The Equalities Monitoring review had looked at all the categories and had highlighted race and nationality. Efforts had been made to capture different angles of diversity.
- It was important that the Health and Wellbeing Board have a real visibility on the data.
- There was a large amount of work going on regarding educational attainment and gap between certain groups and this needed further work.
- The key areas of work that had been started had been submitted through the community network. There was a Turkish and Kurdish community network and this had come through following a Healthwatch report. There had been a drive to encourage parents to get children into children's centres and make use of some of the offers in the Early Years.
- There was more work yet to be done in the community network. The Somali community network was interested in the details regarding the exclusion rate for young members in the Somali community. The Equal Start project was based in Leigh Valley and it was a pilot which had started during the coronavirus lockdown period and there had been laptops provided for children. The project found an increase from 13% completion rate in homework to a 97% completion rate.
- There was mentoring support that ran for a number of months discussing race issues, general issues and educational wellbeing.
- Connected communities provided drop ins for families for support regarding any emotional and financial support and further analysis would be done on the pilot.
- It was important to work with children in school and families to augment learning and attainment.
- It was important to bring connected communities to signpost families into different forms of support which would impact attainment.
- It was important that key members of staff were brought together to maximise results.
- It was important that highly focused aspects on healthcare inequalities are reported. If too much emphasis was placed on general wide-ranging issues of inequality, then there could be a loss of delivery focus. A report regarding this could be submitted to a future meeting inclusive of a few targets.

- Some aspects of attainment could be considered such as getting young girls into STEM subjects at an early age.
- There was a lack of representation in school governorship in some schools.
- Some work had been done in the Somali community to get children interested in a career in teaching.
- There was a tendency for primary care to deliver health care in a uniform way to those who asked for it. If health inequalities were to be actively addressed, it would be useful to tailor primary care for different demographics as different groups had different expectations based on past experiences. Passing the Board's learning points into primary care would be useful. The GP Federation could take this into consideration.

RESOLVED:

That the update be noted.

9. OVERVIEW OF INCLUSION HEALTH IN HARINGEY AND NORTH CENTRAL LONDON

Mr Will Maimaris, Ms Priyal Shah, Ms Sarah D'Souza and Ms Gill Taylor presented the item.

The meeting welcomed the report and heard that:

- It was important to have an understanding of the Gypsy-Roma community.
- The inclusion health categories were defined by NHS England. It was important to make sure that the complexities were drawn within those groupings. In relation to those who carried out interviews; the borough had a voluntary sector partner (a homeless charity) who had conducted the interviews. It was a peer interview but not all peers had lived experience of being a vulnerable migrant but it was as best as a peer interview that could be conducted.
- It would be useful to have a pool of resident researchers. This would help the borough work meaningfully on data collection and also had community employability benefits.
- It would be useful to have the Gypsy-Roma community involved in the work. Some don't identify as part of the community due to fear of prejudice. Perhaps some local research could be done in school through teachers. Working with universities could also help as some universities specialise in drawing greater knowledge of various communities.
- Many grassroots organisations were already working with various communities in the borough and were receiving funding.

RESOLVED:

That the presentation be noted.

10. SCHOOL HEALTH SURVEY AND HEALTHY SCHOOLS APPROACH

Ms Susan Otit, Ms Sophie Hawthorn and Ms Linda Edward presented the item.

The meeting noted that:

- The Youth Advisory Board would share the results but would also ask about shaping the next survey due to be carried out in the Autumn of 2023.
- The full report had been published as part of the agenda papers and data on ethnicity was available to view.
- It was important to remember that much of the data consisted of children and young people self-reporting. There would be some under-reporting and some over-reporting. However, the research provided a snapshot that schools could use in classes and assemblies.
- The survey could be taken to the People Board.
- The Combating Drugs Partnership had been established and within the action plan there was a section on Children and Young People and how support would be offered in various settings.
- The statistical comparison with other relevant boroughs could be found in the full report.
- Vaping had become popular amongst young people, many of whom could become addicted to it long term. There were some vapes that did not contain nicotine. Further research would be done regarding vaping, including research into counterfeit sales.
- Research could also be done on housing situation, how much reading young people did as emotional and intellectual health was important.
- It was notable that young people had stated that they were worried about SATs and tests. More research into the consideration and fear of crime could also be looked at.
- Queries could be made about community engagement, use of the libraries, what young people did in their spare time and general quality of life indicators.

RESOLVED:

That the presentation be noted.

11. UPDATE ON SOCIAL CARE DISCHARGE FUND

Mr Paul Allen presented the item.

The meeting heard that:

- There were many challenges in the process and the Government had put local authorities and their partners in difficult positions.
- The funding was tied in stages and was a small amount overall.
- It would be difficult to demonstrate additionality or achieve financial balance regardless of how the funding was allocated as the amount allocated was not adequate. Sustainable funding was required to employ staff to deliver services.
- The Government had not asked what was required in order to be able to deliver services adequately. The funding needed to be spent in a short period of time whilst new ideas were put forward.
- It was possible that the Government may provide more funding in the near future. However, there was concern regarding how the process was run; either the borough would run it entirely or it had to be contracted out externally. If the process was contracted out, it was not clear how it would be managed or what quality of service would be delivered. It was also not clear how robust the borough's systems were.

- The additional £200 million worth of funding needed to be spent on people within a care home setting and needed to come to an end on 31 March 2023. This was a difficult situation as people's care packages did not suddenly come to an end on 31 March 2023 and was something that could put people at risk.
- It was important to get into a position where the borough's services were not reliant on additional pots of funding (such as the Reablement Service). Being able to have a shared pot of funding where assessments could be carried out and funding responsibility could be assigned. A discharge fund that was made available during the coronavirus crises made the process smoother.
- It was important to assess people's needs and attribution of funding after people are out of an acute setting.
- A written update could be provided at a future meeting of the Health and Wellbeing Board.
- If the process could demonstrate value, then it could have a case for recurrent funding.

RESOLVED:

1. To note the contents of the briefing and provide any comments to the NCL ICB Director of Integration for Haringey and Director of Health & Adult Social Care.
2. To endorse the submission to the National BCF Plan team on this element of funding.

12. FUTURE AGENDA ITEMS AND MEETING DATES

Future agenda items to include:

- Workforce planning including for the voluntary and community sector
- Toilet strategy
- Look back at winter planning for last year
- Air quality and health and link to LTNs
- Violence against women and girls
- Modern slavery

13. ANY OTHER BUSINESS

Mr Will Maimaris stated that the Health and Wellbeing strategy for Haringey would be updated with a progress update to be brought forward in March 2023. The meeting agreed for this to go ahead.

Some consideration could be given to a report on issues regarding housing when people leave hospitals.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date

